

HEALTH POLICY

Childcare center name: Olympia Waldorf School

DCYF
Director: Nathaniel Michael

Street: P.O.Box 130

City, state, zip: East Olympia, WA 98540

Telephone: 360-493-0906

Cross street: Rich Rd & Normandy St SE

Email:

Website: www.olympiawaldorf.org

Hours of operation: 7:30 am - 5:30 pm

Ages served: 3 - 14 years old

Emergency telephone numbers:

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

Poison Center: **1-800-222-1222** Animal Control: 360-352-2510

Other important telephone numbers:

DCYF Licensor: _____ Phone: _____

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

Communicable Disease Report Line: (206) 296-4774

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CHILD CARE HEALTH PROGRAM CONTACT INFORMATION

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

WEBSITE www.kingcounty.gov/health/childcare

PURPOSE AND USE OF HEALTH POLICY

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

Staff will be oriented to our health policy by _____ DCYF Director (Name) under the _____ (who),
direction of Business Administrator/
Designee

_____ annually and upon hire _____ (when).

Our policy is accessible to staff and parents and is located:
In the school Office; KinderHaus; and on the OWS website.
(recommended for staff: copy in each classroom).

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

PROCEDURES FOR INJURIES AND MEDICAL EMERGENCIES

1. Child is assessed and appropriate supplies are obtained.
2. If further information is needed, staff trained in first aid will refer to the First Aid Guide located in every first aid kit.
3. First aid is administered. Non-porous gloves (nitrile, vinyl or latex*) are used if blood is present. If injury/medical emergency is life-threatening, one staff person stays with the injured/ill child and administers appropriate first aid, while another staff person calls 911. If only one staff member is present, person assesses for breathing and circulation, administers CPR for one minute if necessary, and then calls 911.
4. Staff call parent/guardian or designated emergency contact if necessary. For major injuries/medical emergencies, a staff person stays with the injured/ill child until a parent/guardian or emergency contact arrives, including during transport to a hospital.
5. Staff record the injury/medical emergency on an "Accident/Incident Report" form.
The report includes:
 - Date, time, place and cause of the injury/medical emergency (if known),
 - Treatment provided,
 - Name(s) of staff providing treatment, and
 - Persons contacted.A copy is given to the parent/guardian the same day and a copy is placed in the child's file. For major injuries/medical emergencies, parent/guardian signs for receipt of the report and a copy is sent to the licensor.
6. The childcare licensor is called immediately for serious injuries/incidents which require medical attention.
7. An injury is also recorded on the Injury Log. The entry will include the child's name, staff involved, and a brief description of incident. We maintain confidentiality of this log.

**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.*

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 each “Grab n’ Go” bag, in each classroom, as well as in the Director’s office.

First aid kits are identified by a First Aid Sign.

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

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

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:

- ◆ Hand sanitizer wipes
- ◆ Water
- ◆ Chemical ice (non-toxic) for injuries
- ◆ Copies of completed ‘consent for emergency treatment’ & (.....)

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.

**“First Aid Kit Checklist” is available at www.kingcounty.gov/health/childcare

BLOOD/BODY FLUID CONTACT OR EXPOSURE

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

1. Any open cuts or sores on children or Staff is kept covered.
2. Whenever a child or staff comes into contact with any body fluids, the exposed area is washed immediately with soap and warm water, rinsed, and dried with paper towels.
3. All surfaces in contact with body fluids are cleaned immediately with detergent and water, rinsed, and sanitized with an agent such as bleach in the concentration used for sanitizing body fluids (1/4 cup bleach per gallon of water or 1 tablespoon/quart).
4. Gloves and paper towels or other material used to wipe up body fluids are put in a plastic bag, tied closed, and placed in a covered waste container. All items used to clean-up body fluids are washed with detergent, rinsed, and soaked in a 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 comes into contact with blood (e.g. staff provides first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters the cut or mucous membrane of another person), the staff person informs the Director immediately.

When staff report blood contact or exposure, we follow current guidelines set by Washington Industrial Safety and Health Act (WISHA), as outlined in our "Bloodborne Pathogen Exposure Plan" - *template available* www.kingcounty.gov/health/childcare

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.

Hazards include, but are not limited to:

 - *Security issues (unsecured doors, inadequate supervision, etc.)*
 - *General safety hazards (broken toys & equipment, standing water, chokable & sharp objects, etc.)*
 - *Strangulation hazards*
 - *Trip/fall hazards (rugs, cords, etc.)*
 - *Poisoning hazards (plants, chemicals, etc.)*
 - *Burn hazards (hot coffee in child-accessible areas, unanchored or too-hot crock pots, etc.)*
3. The playground is inspected daily for broken equipment, environmental hazards, garbage, animal contamination, and required depth of cushion material under and around equipment by Facilities Manager (assigned person). It is free from entrapments, entanglements, and protrusions.
4. Toys are age appropriate, safe (lead and toxin free), and in good repair. Broken toys are discarded. Mirrors are shatterproof.
5. Rooms with children under 3 years old are free of push pins, thumbtacks, and staples.
6. Cords from window blinds/treatments are inaccessible to children.

(Many infants and young children have died from strangling in window cords. The Consumer Product Safety Commission recommends cordless window treatments. See the Window Covering Safety Council's website, www.windowcoverings.org, for more information.)
7. Staff does not step over gates or other barriers while carrying infants or children.
8. Hazards are reported immediately to the Director. The Director will insure that they are removed, made inaccessible or repaired immediately to prevent injury.
9. The Injury Log is monitored monthly by the Director to identify accident trends and implement a plan of correction. ***"Injury Log" @ www.kingcounty.gov/health/childcare
10. Children will wear helmets when using riding equipment. Helmets will be removed prior to other play.
11. Recalled items will be removed from the site immediately. (We routinely get updates 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 ° F as read on forehead (axillary temp.) using a digital thermometer **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.

(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 be used.)

2. **Vomiting:** 2 or more occasions within the past 24 hours
3. **Diarrhea:** 3 or more watery stools within the past 24 hours or any bloody stool
4. **Rash** (especially with fever or itching)
5. **Eye discharge or conjunctivitis (pinkeye):** until clear or until 24 hours of antibiotic treatment
6. **Sick appearance, not feeling well, and/or not able to keep up with program activities**
7. **Open or oozing sores**, unless properly covered **and** 24 hours has passed since starting antibiotic treatment, if antibiotic treatment is necessary.
8. **Lice or scabies:**
 - Head lice: until no lice or nits are present.
 - Scabies: until after treatment

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

Children with any of the above symptoms/conditions are separated from the group

| | | |
|---------------------------------------|----------------------|--|
| and cared for | in the school office | (location). Parent/guardian or emergency |
| contact is notified to pick up child. | | |

We notify parents and guardians when their children may have been exposed to a

| | | |
|--|-------|------------------------|
| communicable disease or condition (on attached list) and provide them | | |
| with information about that disease or condition. We notify parents and guardians of | | |
| possible exposure by | email | <i>(letter, posted</i> |

notice, or other means). Individual child confidentiality is maintained. ***Communicable

Disease Letters for Families” are available online at www.kingcounty.gov/health/childcare

In order to keep track of contagious illnesses (other than the common cold), an Illness Log is kept. Each entry includes the child’s name, classroom, and type of illness. We maintain confidentiality of this log. ***Illness Log*” template is available at www.kingcounty.gov/health/childcare

Staff members follow the same exclusion criteria as children.

NOTIFIABLE CONDITIONS and COMMUNICABLE DISEASE REPORTING

Licensed childcare providers in Washington are required to notify Public Health when they learn that a child has been diagnosed with one of the communicable diseases listed below. **In addition, providers should also notify their Public Health Nurse when an unusual number of children and/or Staff is 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.

- | | |
|---|---|
| <ul style="list-style-type: none"> Acquired immunodeficiency syndrome(AIDS) Animal Bites Anthrax Arboviral disease (for example, West Nile virus) Botulism (foodborne, wound, and infant) Brucellosis Burkholder mallei and pseudomallei Campylobacteriosis Chancroid Chlamydia Cholera Cryptosporidiosis Cyclosporiasis Diphtheria Diseases of suspected bioterrorism origin Diseases of suspected foodborne origin Diseases of suspected waterborne origin Domoic acid poisoning Enterohemorrhagic E. coli, (including <i>E. coli</i> O157:H7 infection) Giardiasis Gonorrhea Granuloma inguinale Haemophilus influenzae invasive disease Hantavirus pulmonary syndrome Hemolytic uremic syndrome Hepatitis A, acute Hepatitis B, acute Hepatitis B, chronic Hepatitis C, acute, or chronic Hepatitis, unspecified (D, E) HIV infection Immunization reactions, (severe, adverse) Influenza, novel or untypable strain Legionellosis Leptospirosis Listeriosis | <ul style="list-style-type: none"> Lymphogranuloma venereum Malaria Measles Meningococcal disease Monkeypox Mumps Paralytic shellfish poisoning Pertussis Plague Poliomyelitis Prion disease Psittacosis Q fever Rabies and Rabies Exposures Rare diseases of public health significance Relapsing fever Rubella Salmonellosis SARS Sexually Transmitted Diseases (chancroid, gonorrhea, syphilis, genital herpes simplex, granuloma inguinale, lymphogranuloma venerium, <i>Chlamydia trachomatis</i>) Shigellosis Smallpox Tetanus Trichinosis Tuberculosis Tularemia Vaccinia transmission Vancomycin resistant S. Aureus Typhus Unexplained critical illness or death Vibriosis Viral hemorrhagic fever 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) 263-8262 for information about childhood illness or disease prevention. More information about communicable diseases can be found at www.kingcounty.gov/health/cd

January 2020 Last Reviewed:
12/15/2019
Olympia Waldorf School

IMMUNIZATIONS

To protect all children and staff, each child in our center has a completed and signed Certificate of Immunization Status (CIS) on site. The official CIS form or a copy of both sides of that form is required. (Other forms/printouts are not accepted in place of the CIS form.) The CIS form is returned to parent/guardian when the child leaves the program.

Immunization records are reviewed quarterly until the child is fully immunized by

Administrative Assistant under the direction of the _____ (whom).
Business Administrator

Children are required to have the following immunizations:

As Required by WA State Law

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

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

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

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

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

Current immunization information and schedules are available at <http://www.doh.wa.gov/YouandYourFamily/Immunization/Children.aspx>

MEDICATION POLICY

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

**"Medication Authorization Form" is available at www.kingcounty.gov/health/childcare

Health Care Provider Consent

1. The written consent of a health care provider with prescriptive authority is required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, iron, supplements, oral re-hydration solutions, fluoride, herbal remedies, and teething gels and tablets).
2. Medication is added to a child's food or liquid only with the **written consent of health care provider**.
3. A licensed health care provider's consent is accepted in one way:
 - The provider signs a completed medication authorization form.

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

Medication Storage

1. Medication is stored: in the office cabinet (where).

It is:

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

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

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

3. Controlled substances (e.g., ADHD medication) are stored in a locked container. Controlled substances are counted and tracked with a controlled substance form.
***“Controlled Substances Medication form” is available at www.kingcounty.gov/health/childcare*
4. Medications no longer being used are promptly returned to parents/guardians, discarded in trash inaccessible to children, or in accordance with current hazardous waste recommendations. (Medications are not disposed of in sink or toilet.) *More information is available at www.takebackyourmeds.org*
5. Staff medication is stored _____ in the office cabinet _____ (where),
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 is 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

On the office desk in the “Grab Me” binder and in the office cabinet _____ (where),

Medication is kept current (not expired). ***“3-day Critical Medication form” is available at www.kingcounty.gov/health/childcare*

Staff Administration and Documentation

1. Medication is administered by staff trained in medication administration.
2. Staff members who administer medication to children are trained in medication procedure and center policy. A record of the training is kept in staff files.
3. The parent/guardian of each child requiring medication involving special procedures (e.g., nebulizer, inhaler, EpiPen®) trains staff on those procedures. A record of trained staff is maintained on/with the medication authorization form.
4. Staff giving medication documents the time, date, and dosage of the medication given on the child’s medication authorization form. Each staff member initials each time a medication is given and signs full signature once at the bottom of the page.
5. Any observed side effects are documented by staff on the child’s medication authorization form and reported to parent/guardian. Notification is documented.
6. If a medication is not given, a written explanation is provided on authorization form.
7. Outdated medication authorization forms are promptly removed from the classroom and placed in the child’s file.
8. All information related to medication authorization and documentation is considered confidential and is stored out of general view.

Medication Administration Procedure

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

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

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

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

3. Prepare medication on a clean surface away from diapering or toileting areas.
 - Do not add medication to child's bottle/cup or food without health care provider's written consent.
 - For liquid medications, use clean medication spoons, syringes, droppers, or medicine cups with measurements provided by the parent/guardian (not table service spoons).
 - Bulk medication is dispensed in a sanitary manner (sunscreen, diaper ointment)
4. Administer medication.
5. **Wash hands** after administering medication.
6. Observe the child for side effects of medication and document on the child's medication authorization form.
7. Document medication administration

Self-Administration by Child

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

1. A written statement from the child's health care provider *and* parent/legal guardian is obtained, indicating the child is capable of self-medication without assistance.
2. The child's medications and supplies are inaccessible to other children.
3. Staff supervise and document each self-administration.

HEALTH RECORDS

Each child's health record will contain:

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

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

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

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

CHILDREN WITH SPECIAL NEEDS

Our center is committed to meeting the needs of all children. This includes children with special health care needs such as asthma and allergies, as well as children with emotional or behavior issues or chronic illness and disability. Inclusion of children with special needs enriches the 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 accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
4. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with our public health nurse consultant and other agencies/organizations as needed.
5. An individual plan of care is developed for each child with a special health care need. The plan of care includes information and instructions for
 - Daily care
 - Potential emergency situations
 - Care during and after a disaster

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

6. 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.

***“CARE PLAN TRACKING FORM” is available at www.kingcounty.gov/health/childcare*

HANDWASHING

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

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

- (a) Before and after handling foods, cooking activities, eating or serving food
- (b) After toileting self or children
- (c) Before, during (with wet wipe - this step only), and after diaper changing
- (d) After handling or coming in contact with body fluids such as mucus, blood, saliva, or urine
- (e) Before and after giving medication
- (f) After attending to an ill child
- (g) After smoking
- (h) After feeding, cleaning, or touching pets/animals
- (i) After giving first aid

Children are assisted or supervised in handwashing:

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

Handwashing Procedure

The following handwashing procedure is followed:

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

Handwashing procedures are posted at each bathroom sink used for handwashing.

CLEANING, SANITIZING, AND LAUNDERING

Cleaning, rinsing, and sanitizing are required on most surfaces in childcare facilities, including tables, counters, toys, 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 decrease the effectiveness of sanitizers.
2. **Rinsing** further removes the above, along with any excess detergent/soap.
3. **Sanitizing** kills the vast majority of remaining germs.

Storage

Our cleaning and sanitizing supplies are stored in a safe manner

in locked janitor closets or cabinets

(where).

All such chemicals are:

1. Inaccessible to children,
2. In clear labeled container,
3. Separate from food and food areas (not above food areas),
4. 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 2-minutes or allow to air dry.

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 | 1 quart | 2 minutes |
| | ¼ cup | 1 gallon | |
| Diapering areas and bathrooms | 1 tablespoon | 1 quart | 2 minutes |
| | ¼ cup | 1 gallon | |
| Solution for sanitizing in kitchen: | Amount of Bleach | Amount of Water | Contact Time |
| Kitchen and dishes/utensils | ¼ teaspoon | 1 quart | 2 minutes |
| | 1 teaspoon | 1 gallon | |

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.

January 2020 Last Reviewed:

12/15/2019

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- Bleach solutions are made up daily by extended care staff & janitor (whom), using measuring equipment. For those staff handling full-strength bleach, we supply protective gear, including gloves and eye protection, as per manufacturer's instructions in accordance with WISHA.
- Bleach solutions are prepared in the kitchen & janitor's closet (where)

**"3-Step Cleaning poster" and Sanitizer labels are available at www.kingcounty.gov/health/childcare

Cleaning and Sanitizing Specific Areas and Items

Bathrooms

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

Cribs, cots, and mats

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

Door handles

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

Drinking Fountains

- Any drinking fountains are cleaned, rinsed, and sanitized daily or as needed.

Floors

- Solid-surface floors are swept, washed, rinsed, and sanitized daily. Sanitizer is not used when children are present.
- Carpets and rugs in all areas are vacuumed daily and professionally steam-cleaned every 1 year. Carpets are not vacuumed when young children are present (*due to noise and dust*).

Furniture

- Upholstered furniture is cleaned monthly 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.

Kitchen

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

Laundry

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

Mops

- Mops are cleaned, rinsed, and 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.**
- Cloth toys and dress-up clothes are washed weekly (or as necessary) with hot water.
- Other toys are washed, rinsed, and sanitized weekly (and as necessary) as described above for “mouthed toys.”

General cleaning of the entire facility is done as needed.

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

Air fresheners and room deodorizers are not used.

SOCIAL-EMOTIONAL-DEVELOPMENTAL CARE

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

Always address children with respect and a calm voice.

See yourself as a learning partner not a power figure.

Allow children to have a voice in solutions to their problems.

Program and Environment

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

FOOD SERVICE

We prepare meals and 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 staff files and in the Kinderhaus kitchen billboard

(where; in the kitchen area and/or in staff files).

2. **Orientation and training** in safe food handling is given to all preparing food.
3. **Ill staff or children** do not prepare or handle food. Food workers may not work with food if they have:
 - Diarrhea, vomiting or jaundice
 - Diagnosed infections that can be spread through food such as Salmonella, Shigella, E. coli or hepatitis A
 - Infected, uncovered wounds
 - Continual sneezing, coughing or runny nose
4. **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.
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 is wearing fingernail polish or has artificial nails. We highly recommend that food service staff keep fingernails trimmed to a short length for easy cleaning. (Long fingernails are known to harbor bacteria).*
6. **Employees preparing food** shall keep their hair out of food by using some method of restraining hair. Hair restraints include hairnets, hats, barrettes, ponytail holders and tight braids.
7. **Refrigerators and freezers** have thermometers placed in the warmest section (usually the door). Thermometers stay at or below 41° F in the refrigerator and 10°F in the freezer. Temperature is logged daily.
8. **Microwave ovens**, if used to reheat food, are used with special care. Food is heated to 165 degrees, stirred during heating, and allowed to cool at least 2 minutes before serving. *Due to the additional staff time required, and potential for burns from "hot spots," use of microwave ovens is not recommended.*
9. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
10. **Cleaning and sanitizing** of the kitchen is done according to the *Cleaning, Sanitizing and Laundering* section of this policy.
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.
13. **Food prep sink** is not used for general purposes or post-toilet/post-diapering handwashing.

14. **Kitchen counters, sinks, and faucets** are washed, rinsed, and sanitized before food production.
15. **Tabletops** where children eat are washed, rinsed, and sanitized before and after every meal and snack.
16. **Thawing frozen food:** frozen food is thawed in the refrigerator 1-2 days before the food is on the menu, or under cold running water. *Food may be thawed during the cooking process IF the item weighs less than 3 pounds. If cooking frozen foods, plan for the extra time needed to cook the food to the proper temperature. Microwave ovens cannot be used for cooking meats, but may be used to cook vegetables.*

17. **Food is cooked to the correct internal temperature:**

Ground Beef 155° F

Fish 145° F

Pork 145° F

Poultry 165° F

18. **Holding hot food:** hot food is held at 140° F or above until served.
19. **Holding cold food:** food requiring refrigeration is held at 41°F or less.
20. **A digital thermometer** is used to test the temperature of foods as indicated above, and to ensure foods are served to children at a safe temperature.
21. **Cooling foods** is done by one of the following methods:
 - Shallow Pan Method: Place food in shallow containers (metal pans are best) 2" deep or less, on the top shelf of the refrigerator. Leave uncovered and then either put the pan into the refrigerator immediately or into an ice bath or freezer (stirring occasionally).
 - Size Reduction Method: Cut cooked meat into pieces no more than 4 inches thick.

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

22. **Leftover foods** (*foods that have been below 41° F or above 140° F and have not been served*) are cooled, covered, dated, and stored in the refrigerator or freezer. Leftover food is refrigerated immediately and is not allowed to cool on the counter.
23. **Reheating foods:** foods are reheated to at least 165° F in 30 minutes or less.
24. We do not use catered foods at our center.
We use **catered foods** at our center, and
Be sure to keep "back up" food available to serve, should the food arrive out of the proper temperature range. Good items to have on hand include tuna fish and baked beans.
25. **Food substitutions**, due to allergies or special diets and authorized by a licensed health care, are provided within reason by the center.
26. When children are involved in cooking projects our center assures safety by:
 - Closely supervising children,
 - Ensuring all children and staff involved wash hands thoroughly,
 - Planning developmentally appropriate cooking activities,
 - Following all food safety guidelines.

NUTRITION

1. Menus are posted at least one week in advance and dated for early childhood classes.
2. Menus do not repeat food combinations within a 2-week period.
3. Menus list specific types of fruits, vegetables, crackers etc.
4. 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:

| <u>Time</u> | <u>Meal/Snack</u> |
|-------------|-------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

5. Each snack or meal includes water to drink.
6. For children at the center for 1 or more hours a 2-component snack must be served.
7. A fruit or vegetable is served as part of the PM snack.
8. Foods high in fat, added sugar and salt are limited.
9. Permanent menu copies are kept on file for at least six months. *(USDA requires food menus to be kept for 3 years including the current year.)*
10. Families who provide sack lunches are notified in writing of the food requirements for mealtime. We have available food supplies to supplement food brought from home that **does not meet** the nutrition requirements.
11. Children have free access to drinking water throughout the day (individual disposable cups or single use glasses only).
12. 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.
13. Children with severe and/or life-threatening food allergies have a completed individual care plan signed by the parent and health care provider.
14. Diet modifications for food allergies, religious and/or cultural beliefs are accommodated and posted in the kitchen and eating area. All food substitutions are of equal nutrient value and are recorded on the menu or on an attached sheet of paper.

Mealtime Environment and Socialization

1. Mealtime and snack environments are developmentally appropriate and support children's development of positive eating and nutritional habits.
 - Staff sit (and preferably eat) with children and have casual conversations with children during mealtimes.
 - Children are not coerced or forced to eat any food.
 - Children decide how much and which foods to choose to eat of the foods available.
 - Food is not used as a reward or punishment.
 - Foods are served family style to promote self-regulation.
 - Staff provide healthy nutritional role modeling (serving sizes of foods, appropriate mealtime behavior and socialization during mealtime).
2. Staff do not eat foods other than those the children eat (unless the children's lunches are brought from home).
3. Coffee, tea, pop and beverages other than water or those served to the children are not consumed by staff while children are in their care, in order to prevent scalding injuries and to role model healthy eat.

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

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

PHYSICAL ACTIVITY

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

- Our center ensures that **all children** get at least 20-30 minutes of moderate to vigorous physical activity per every 3 hours of care. Children in care for more than one hour are ensured at least 20 minutes of **outdoor play**.

CHILD ABUSE AND NEGLECT

1. 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). The phone # for CPS is 1-800-609-8764.
2. Signs of child abuse and/or neglect are documented, and that information is kept confidentially in the Director's office.
3. Training on identifying and reporting child abuse and neglect is provided to all staff and documentation kept in staff files.
4. Licensor is notified of any CPS report made.

Emergency Operation Plan

Plan and Training

Our Center has developed an Emergency Operation 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 Emergency Operation plan/policy is posted in each classroom and in our parent information area.

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

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

Facilities Manager

Disaster and earthquake preparation and training are documented.

Supplies

Our center has a supply of food and water for children and staff for at least 72 hours, in case parents/guardians are unable to pick up children at usual time.

Facilities Manager is responsible for stocking supplies.

Expiration dates of food, water, and supplies are checked at least annually, and supplies are rotated accordingly. Essential prescribed medications and medical supplies are also kept on hand for individuals needing them. Each room has a fully stocked "Grab n' Go" bag. "Grab n' Go" bag supply list is available at www.kingcounty.gov/health/childcare

Hazard Mitigation

We have taken action to make our center earthquake/disaster safe. Bookshelves, tall furniture, refrigerators, crock pots, and other potential hazards are secured to wall studs. We continuously monitor all rooms and offices for anything that could fall and hurt someone or block an exit – and take action to correct these things.

Facilities Manager is the primary person responsible for

hazard mitigation, although all staff members are expected to be aware of their environment and make changes as necessary to increase safety.

Drills

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

quarterly (how often; quarterly at a minimum – monthly

recommended). **The "Disaster Drill Record" template is available at www.kingcounty.gov/health/childcare

STAFF HEALTH

1. New staff and volunteers must document a tuberculin skin test (Mantoux method) within the past year, unless not recommended by a licensed health care provider.
2. Staff members who have had a positive tuberculin skin test in the past will always have a positive skin test, despite having undergone treatment. These employees do not need documentation of a skin test. Instead, by the first day of employment, documentation must be on record that the employee has had a negative (normal) chest x-ray and/or completion of treatment.
3. Staff members do not need to be retested for tuberculosis unless they have an exposure. If a staff member converts from a negative test to a positive test during employment, medical follow up will be required and a letter from the health care provider must be on record that indicates the employee has been treated or is undergoing treatment.
4. Our center complies with all recommendations from the local health jurisdiction. (TB is a reportable disease.).
5. Staff members who have a communicable disease are expected to remain at home until no longer contagious. Staff is required to follow the same guidelines outlined in EXCLUSION OF ILL CHILDREN in this policy.
6. Staff members are encouraged to consult with their health care provider regarding their susceptibility to vaccine-preventable diseases.
7. Staff who are pregnant or considering pregnancy are encouraged to inform their health care provider that they work with young children. *When working in child care settings there is a risk of acquiring infections which can harm a fetus or newborn. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles). In addition to the infections listed here, other common infections such as influenza and Hand Foot and Mouth disease can be more serious for pregnant women and newborns. Good handwashing, avoiding contact with ill children and adults, and cleaning of contaminated surfaces can help reduce those risks.*
8. Adult sized chairs will be provided for staff.
9. Staff will not step over gates or other barriers.

Recommendations for adult immunizations are available at <http://www.doh.wa.gov/YouandYourFamily/Immunization/Adult.aspx>

ANIMALS ON SITE

We have no animals on site.

We have animal visitors: regularly occasionally. Please list animal visitors.

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1. We have an animal policy, which is located In policy & procedure manual
 2. Animals at or visiting our center are carefully chosen in regards to care, temperament, health risks, and appropriateness for young children.
 3. Parents are notified in writing when animals will be on the premises. Children with an allergic response to animals are accommodated.
 4. Animals, their cages, and any other animal equipment are never allowed in kitchen or food preparation areas.
 5. Children and adults wash hands after feeding animals or touching/handling animals or animal homes or equipment.



"NO SMOKING" POLICY

1. Staff will not smoke in the presence of children or parents while at work.
2. There will be no smoking on site or in outdoor areas immediately adjacent to any buildings (not within 25 feet of an entrance, exit, or ventilation intake of the building) where there are classrooms regardless of whether or not children are on the premises. (Rationale: residual toxins from smoking can trigger asthma and allergies when children do use the space). There is no smoking allowed in any vehicle that children are transported in.
3. If staff members smoke, they must do so away from the school property, and out of sight of parents and children. They should make every attempt to not smell of smoke when they return to the classroom. Wearing a smoking jacket that is not brought into the building is helpful.
4. Public Health Department staff will be available to provide trainings and resources regarding the effects of smoking to families as requested by the centers.

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