

HEALTH POLICY

Agency Name: County Kids Childcare & Preschool

Owner: Lorena Martinez

Street: 2917 Brian LN.

City/State/Zip: Kennewick, WA.99338

Telephone: 509-380-3930

Cross Street: Canterbury

Emergency telephone numbers:

Fire/Police/Ambulance: 911

C.P.S.: (509)-737-2800

Poison Center: (800) 222-1222

Animal Control: 509-460-4923

Hospital used for life-threatening emergencies*:

Name of Hospital: Trios

Address: 3810 West Plaza Way Kennewick, WA 99338

Phone: 509-221-7000

*For non-threatening emergencies, we will defer to parent preference as listed in the child's registration form.

Other important telephone numbers:

DCYF Health Surveyor: _____ phone: _____

DCYF Licensor: _____ phone: _____

Public Health Nurse: _____ phone: _____

Public Health Nutritionist: _____ phone: _____

Infant Consultant Nurse: _____ phone: _____

Communicable Disease Report Line: 509-460-4200

Reviewed By: _____

Date: _____

TABLE OF CONTENTS

Emergency Procedures	3 – 4
Medication Management	5 – 8
Policy and Procedure for Excluding Ill Children	9 – 10
Communicable Disease Reporting	11
Immunizations	12
First Aid	13
Health Records	14
Hand washing and Tooth brushing	15 – 16
Cleaning, Disinfecting and Laundering	17 – 19
Infant Care	20 – 21
Infant Bottle Feeding	22 – 25
Infant and Toddler Solid Foods	25
Diapering	26
Contact or Exposure to Body Fluids	27
Food Service	28 – 30
Nutrition	31 – 32
Injury Prevention	33
Disaster Preparedness	33 - 34
Staff Health	34
Child Abuse and Neglect	35

Pet Health

Attachment A

EMERGENCY PROCEDURES

Minor Emergencies

1. Staff trained in first aid will refer to the first aid guide.
Located in the first aid kit.

Gloves (Nitrile or latex) will be used if any body fluids are present. Staff will refer to the child's emergency form and call parents/guardians, emergency contacts or health care provider as necessary.

2. Staff will record the incident on incident/ injury report, which will be kept in each classroom. The form will include the date, time, place, and cause of the illness or injury, if known. A copy will be given to the parent/guardian the same day and another copy placed in the child's file.
3. The incident will also be recorded on the Incident Log, which will be located in health binder in office.
4. Incident Logs will be reviewed monthly by Lorena Martinez
The logs will be reviewed for trends. Corrective action will be taken to prevent further injury or illness. All reports, including this log, are considered confidential.

Life-Threatening Emergencies

1. If more than one staff person: one staff person will stay with the injured/ill child and send another staff person to call 911. If only one staff person: person will assess for breathing and circulation, administer CPR for one minute if necessary, and then call 911.
2. Staff will provide first aid as needed according to the American Red Cross.
Nitrile or latex gloves will be worn if any body fluids are present.
3. A staff person will contact the parent/guardian(s) or the child's alternate emergency contact person.
4. A staff person will stay with the injured/ill child, including transport to a hospital if necessary, until a parent, guardian or emergency contact arrives.
5. The incident will be recorded on Injury/ Incident report and Incident Log as described in "Minor Emergencies.
6. Serious injuries/illnesses, which require medical attention, will be reported to the licensor immediately (name and phone on first page).
7. Staff will record the incident on Injury/ Incident report and Log

which will be kept in the office. The form will include the information as stated in #2 under Minor Emergencies. The parent/guardian will sign receipt for a copy of the report. A copy will be sent to the licensor no later than the day after the incident. A copy will be placed in the child's record.

Asthma and Allergic Reactions

An individual written plan of care will be followed in emergency situations. For example:

Asthma:

- * An asthma care plan and an individual emergency treatment plan shall be kept on file for any child with asthma.
- * The asthma care plan shall be implemented when child exhibits asthma symptoms at childcare.
- * Parents shall receive a written report

Allergies:

* A food allergy care plan shall be filled out and kept on file for children whose registration form or parent report indicates severe food allergies. This form lists food to avoid a brief description of how the child reacts to the food, appropriate substitute food(s) and must be signed by a Health Care Provider. There should be a space on the form for the Health Care Provider to indicate if the reaction is severe or not. If the reaction is severe, staff should follow an emergency protocol indicated by the provider such as the following:

- * Administer prescribed epinephrine (EpiPen) immediately
AND/OR
- * Administer other prescribed medication
- * **Call 911**
- * Call child's Health Care Provider
- * **Stay with child at all times**

MEDICATION MANAGEMENT

Parent/Guardian Consent

1. Medication will only be given with prior written consent of the child's parent/legal guardian. This consent (The Medication Authorization Form), will include the child's name, the name of the medication, dosage, method of administration, frequency (can NOT be given "as needed), duration (start and stop dates), special storage requirements and any possible side effects (use package insert of pharmacist's written information).

2. A parent/guardian will be the sole consent to medication being given, without the consent of a health care provider, **if and only if** the medication meets all of the following criteria:

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

- Antihistamine
- Non-aspirin fever reducer/pain reliever
- Non-narcotic cough suppressant
- Decongestant
- Ointments or lotions intended specifically to relieve itching or dry skin
- Diaper ointments intended for use with "diaper rash"
- Sunscreen for children over 6 months of age

☞ The medication is in the original container and labeled with the child's name; and

☞ The medication has instruction and dosage and amount to be given does not exceed label specific recommendations for how often or how long to be given.

3. For sunscreen and diaper ointment, the written consent may cover an extended time period of up to 12 months.

4. For all other medications the written consent may only cover the course of the illness.

Health Care Provider Consent

1. A licensed Health Care Provider's consent, along with parent/legal guardian consent, will be required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, supplements and fluoride).

2. A Health Care Provider's written consent must be obtained to add medication to food or liquid.

3. A licensed Health Care Provider's consent may be given in 3 different ways:

- The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, frequency (can NOT be "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.

Medications for chronic conditions such as: asthma or allergies

For chronic conditions (such as asthma), the parent/legal guardian written consent must be renewed monthly. An individual care plan must be provided that lists symptoms or conditions under which the medication will be given.

Emergency supply of medication for chronic illness

For medication taken at home, we ask for a three-day supply to be kept with our disaster kit in case of an earthquake or other disaster.

Staff Documentation

1. Staff administering medications to children will be trained in medication procedure by Lorena Martinez and a record of training will be kept in staffs file.
2. Staff giving medications will document the time, date and dosage of the medication given on the child's Medication Authorization Form and will sign with their initials each time a medication is given. Staff's full signature will be at the bottom of the page.
3. Staff will report and document any observed side effects on the child's individual medication form.
4. Staff will provide a written explanation why a medication was not given.
5. Outdated Medication Authorization Forms and documentation will be kept in the child's file.
6. Staff will only administer medication when all conditions listed above are met.

Medication authorization and documentation is considered confidential and must be stored out of general view.

Medication Storage

1. Medication will be stored as follows:

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

2. Controlled substances (i.e. Ritalin) will be stored in a locked container and stored in the office. Center implements the following system for tracking administration of controlled substances: Staff will document on medication administration form.

3. Medications no longer being used will promptly be returned to parents/guardians or discarded.

Self-Administration by Child

A school-aged child will be allowed to administer his or her own inhaler or Epi-pen 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 must observe and record documentation of self-administered medications.

Medication Administration Procedure

1. Wash hands before preparing medications.
2. Carefully read labels on medications, noting:

Child's name

Medication name

Amount to be given

Time and dates to be given (can NOT be given "as needed")

How long to give

How to give (e.g. by mouth, to diaper area, in ear, etc.)

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.
4. Do not add medication to the child's bottle or food (HCP authorization required).
5. For liquid medications, use clean medication spoons, syringes, droppers or medicine cups that have measurements on them (not table service spoons) provided by parent/legal guardian.
6. For capsules/pills, medication is measured into a paper cup and dispensed as directed by the Health Care Provider/legal guardian.
7. Wash Hands after administering medication.
8. Observe the child for side effects of medications and document on the child's Medication Authorization Form.
9. If bulk medications (diaper ointment and sunscreen) are used they will be administered in the following manner to prevent cross-contamination:

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Children with any of the following symptoms will not be permitted to remain in care at centers with programs not specifically approved for the care of ill children.

- fever of 100 degrees or more
- diarrhea/vomiting
- earache
- headache
- signs of irritability or confusion
- sore throat
- rash
- fatigue that limits participation in daily activities

No rectal or ear temperatures will be taken. Digital thermometers are recommended due to concerns about mercury exposure if glass thermometers break. (Temperature strips are frequently inaccurate and will not be used). Oral temperatures may be taken for preschool through school age children if single use covers are used over the thermometer.

2. Vomiting on 2 or more occasions within the past 24 hours.
3. Diarrhea: 3 or more watery stools within a 24-hour period, 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 treatment is necessary.
8. Lice or scabies. For head lice, children and staff may return to childcare after treatment and no nits are present. For scabies, return after treatment.

Following an illness or injury, children will be readmitted to childcare when they no longer have the above symptoms, no longer have significant discomfort and public Health exclusion guidelines for child care.

You must notify parent/guardian in writing, either by letter or posting notice in a visible location, when their children have been exposed to a communicable disease. Contact your local childcare health consultant for fact sheets and sample letters.

Children with the above signs and symptoms will be separated from the group and care for another staff member is available or will still be in audio and visual of person in charge.

Parent/guardian or emergency contact will be notified to pick up child.

Staff members will follow the same exclusion criteria as children.

COMMUNICABLE DISEASE REPORTING

Licensed childcare facilities are required to report communicable diseases to their local health department. The following is a partial list of the official diseases that should be reported. For a complete list of diseases refer to www.doh.wa.gov/OS/Policy/246-101prp3.pdf. Even though a disease may not require a report, you are encouraged to consult with the Child Care Health Program Public Health Nurse for information about common childhood illness or disease prevention.

The following communicable diseases will be reported to the Public Health Communicable Disease, giving the caller’s name, the name of the child care program, address and telephone number:

<ul style="list-style-type: none"> <input type="checkbox"/> AIDS (Acquired Immune Deficiency Syndrome) <input type="checkbox"/> Animal bites <input type="checkbox"/> Bacterial Meningitis <input type="checkbox"/> Campylobacteriosis (Campy) <input type="checkbox"/> Cryptosporidiosis <input type="checkbox"/> Cyclosporiasis <input type="checkbox"/> Diphtheria <input type="checkbox"/> Enterohemorrhagic E. Coli, such as E. Coli 0157:H7 <input type="checkbox"/> Food or waterborne illness <input type="checkbox"/> Giardiasis <input type="checkbox"/> Haemophilus Influenza Type B (HIB) 	<ul style="list-style-type: none"> <input type="checkbox"/> Hepatitis A (acute infection) <input type="checkbox"/> Hepatitis B (acute and chronic infection) <input type="checkbox"/> Hepatitis C (acute and chronic infection) <input type="checkbox"/> Human Immunodeficiency Virus (HIV) infection <input type="checkbox"/> Influenza (if more than 10% of children and staff are out ill) <input type="checkbox"/> Listeriosis <input type="checkbox"/> Measles <input type="checkbox"/> Meningococcal infections <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis (Whooping cough) <input type="checkbox"/> Polio
--	--

Our First Aid Kits contain:

- ◆ First Aid Guide
- ◆ Sterile gauze pads
- ◆ Small scissors
- ◆ Adhesive tape bandage
- ◆ Band-Aids (different sizes)
- ◆ Syrup of Ipecac *
- ◆ Roller bandages
- ◆ Gloves (Nitrile or latex, non-powdered)
- ◆ Tweezers for surface splinters
- ◆ Large triangular
- ◆ CPR mouth barrier

A fully stocked First Aid Kit will be taken on all field trips and playground trips and will be kept in each vehicle used to transport children. These travel first aid kits will also contain;

- ◆ Liquid Soap-paper towels
- ◆ Water
- ◆ Chemical Ice (non-toxic)
- ◆ Change for phone calls and /or cell phone

All first aid kits will be checked by Lorena Martinez and restocked each month, or sooner if necessary.

HEALTH RECORDS

Each child's health records will contain:

- ◆ health, developmental, nutrition and dental histories
- ◆ date of last physical exam
- ◆ health care provider and dentist name and phone number
- ◆ individualized care plans for special needs or considerations (medical, physical or behavioral)
- ◆ list of current medications
- ◆ current immunization records completed by child doctor (CIS form)

- ◆ consents for emergency care
- ◆ preferred hospital for emergency care

The above information will be collected by Lorena Martinez before entry into the program.

Teachers and/or cooks will be oriented to any special needs or diet restrictions before the child first enters the program. Plans for children with special needs will be documented and staff will be oriented to the individual special needs plan.

The above information will be updated annually or sooner if changes are brought to the attention of a staff person.

HANDWASHING AND TOOTHBRUSHING

Handwashing

Staff will wash hands:

- 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, children or diaper changing (3 step handwashing for 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 being outdoors.
- i) After feeding, cleaning or touching pets/animals

Children will be assisted or supervised in hand washing:

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

- b) Before and after meals or cooking activities (in separate sink from 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 outdoors play.
- f) After touching animals
- g) Before and after water table play.

Hand washing procedures are posted at each sink and include the following:

1. Soap, warm water (between 85° and 120° F) and individual towels will be available for staff and children at all sinks, at all times.
2. Turn on water and adjust temperature.
3. Wet hands and apply a liberal amount of soap.
4. Rub hands in a wringing motion from wrists to fingertips for a period of not less than 10 seconds.
5. Rinse hands thoroughly.
6. Dry hands, using an individual paper towel.
7. Use hand-drying towel to turn off water faucet(s).

CLEANING, DISINFECTION AND LAUNDERING

Cleaning supplies are stored in the original containers, inaccessible to children and separate from food and food area.

Our cleaning supplies are stored in laundry room / garage.

Cleaning will consist of washing surfaces with soap and water and rinsing with clean water.

Disinfecting/Sanitizing will consist of using a bleach/water solution as follows:

Disinfecting (Sanitizing):	Amount of Bleach:	Amount of Water:
Diapering areas, body fluids, bathrooms and bathroom equipment. (Bleach solution should remain in contact with surface for 2 minutes).	1 tablespoon ¼ cup	1 quart 1 gallon
Table tops, dishes, toys, mats, etc. (Bleach solution should remain in contact with surface for 2 minutes)	¼ teaspoon 1 teaspoon	1 quart 1 gallon

1. **Tables** used for food serving will be cleaned with soap and water, rinsed, then disinfected with bleach solution before and after each meal or snack.
2. **Kitchen** will be cleaned daily and more often if necessary. Sinks, counters and floors will be cleaned and disinfected daily. Refrigerator will be cleaned and disinfected monthly or more often as needed.
3. **Bathroom(s)** will be cleaned daily or more often if necessary. Sinks, counters, toilets and floors will be cleaned and disinfected at least daily.
4. **Furniture, rugs and carpeting** in all areas will be vacuumed daily. This includes carpeting that may be on walls or other surfaces than the floor. Clean carpets monthly in infant areas and every three months in other areas or more frequently as needed.
5. **Cribs/ playpen** will be washed, rinsed and sanitized weekly, before use by a different child, after a child has been ill and as needed.
6. **Highchairs** will be washed, rinsed and sanitized after each use.
7. **Hard floors** will be swept and mopped (with cleaning detergent) daily and disinfected (with above bleach solution) daily.
8. **Utility Mops** will be washed rinsed and sanitized then air dried in an area with ventilation to the outside and inaccessible to children.
9. **Toilet seats** will be cleaned and disinfected throughout the day and as needed.
10. **Mouthed toys**, including machine washable toys and cloth books, will be washed, rinsed and disinfected in between use by different children. A system for ongoing

rotation of mouth toys will be implemented in infant and young toddlers rooms (i.e. a labeled “mouthed toy” bin). **Only washable toys will be used.**

11. Toys (that are not mouthed toys) will be washed, rinsed, disinfected and air-dried weekly or toys that are dishwasher safe can be run through a full wash and dry cycle.
12. Cloth toys and dress up toys will be laundered monthly or more often, as needed, for young children. If they cannot be washed in the washing machine, they will be hand washed in warm soapy water, rinsed and dipped into a solution of 1 tablespoon of bleach per gallon of water for 1 minute and allowed to air dry.
13. Bedding (e.g. mat covers and blankets) will be washed weekly, or more frequently as needed, at a temperature of at least 140° F, or with disinfectant in the rinse cycle. Mats will be cleaned and disinfected weekly or between uses by different children. Bedding will be removed from mats and stored separately. Mats will be stored so Those surfaces do not touch.
14. Children’s items including bedding, coats, etc... will be stored separately.
15. Child care Laundry will be washed as needed at a temperature of at least 140 degrees or with added disinfecting agent such as bleach.
16. Professional Steam cleaning will be scheduled bi-annually. Rented equipment is often unsatisfactory and can actually worsen the condition of the carpet and the indoor air quality.
17. Water tables will be emptied and sanitized after each use or more often as needed. Children will wash hands before and after play and be closely supervised.
19. General Cleaning of the home will be done as needed. Wastebaskets (with disposable liners) will be available to children and staff and will be emptied when full. Step-cans will be used to prevent recontamination of hands when disposing of used towels, etc. There should be no strong odors of cleaning products. Room deodorizers are not used due to the risk of allergic reaction. Door handles and faucets are cleaned at least daily and more often when children/staff are ill.
20. Vacuuming and mopping will not occur while children are present (carpet sweepers are ok to use).
21. Staff are encouraged to wear an apron over street clothes (or change clothes on site to decrease the spread of communicable disease).

INFANT CARE

Program

1. Infants will be at least one month of age when enrolled.
2. Infants can be safely placed on the floor at any given time while being supervised. Mats are recommended because they are easy to clean and disinfect when soiled. Blankets may be placed on the floor if they are used only for that purpose and are changed when soiled with vomit or other body fluids.
3. Infants will not be in swings, infant seats or saucers more than 20 minutes per day. Saucers are adjusted so the infant's feet will be in contact with the bottom surface of the equipment at all times.

Napping Practices for Infants and Toddlers

Children 29 months of age or younger will follow their individual sleep pattern. Alternative, quiet activities will be provided for the child who is not napping.

1. Cribs will meet the following safety requirements:
 - ◆ Constructed with vertical slats that re no more than 2 3/8 inches apart or solid Plexiglas.
 - ◆ Corner posts should be the same height as the side and end panel.
 - ◆ Not have cutout designs.
 - ◆ Sturdy and in good repair (no sharp edges, points, unsealed rough surfaces, splinters, peeling paint, cracks, missing/broken parts).
 - ◆ Mattresses are firm, snug fitting, intact and waterproof.
2. Infants will sleep on their backs. (*Infants sleeping on their stomachs are at a higher risk of death from Sudden Infant Death Syndrome, S.I.D.S.*)
3. Crib sheets will fit the mattress snugly and securely in all corners and sides.
4. Cribs will not contain bumper pads, pillows, soft toys, fleece, cushions or thick blankets. Only one thin blanket will be used and kept no higher than chest level. The blanket will be tucked around the foot of the mattress. (Soft bedding and toys In the crib while baby is sleeping are associated with an increased risk of S.I.D.S.).

5. Infants will not sleep in car seats, swings and infant seats. An alternate sleep position must be specified in writing by the parent/guardian and the child's health care provider. Children who arrive at the center, asleep in care seats, will be immediately transferred to their crib or playpen. (Sleeping in infant seats or swings makes it harder for infants to breathe fully and may inhibit gross motor development).
6. Children 29 months of age or younger must follow their own individual sleep schedule per licensing requirements.
7. Cribs will be spaced at least 30 inches apart or separated by Plexiglas barrier.
8. Light levels will be high enough so children can be easily observed when sleeping.
9. Cribs will not be located directly under windows unless windows are constructed of safety glass or have an applied polymer safety coating.

Evacuation Cribs

Will have:

- ◆ Four inch or larger wheels
- ◆ A reinforced bottom
- ◆ A maximum of four infants per crib

Bottle/Food Preparation Area

1. Before preparing bottles or food, staff will wash their hands in the sink.
2. A minimum of eight feet will be maintained between the food preparation area and the diapering area. If this is not possible, a moisture-proof, transparent 24-inch barrier of ¼ inch Plexiglas or safety glass will be installed.
3. If only one sink is available infant room must obtain a clean source of water for preparing bottles (i.e., water from the kitchen kept in an airtight container).
4. Used bottles and dishes will not be stored within eight feet of the diapering area or placed in the diapering sink.
5. Preparation surfaces will be cleaned, rinsed and disinfected before preparing formula or food.
6. Microwave ovens will **NOT** be used to heat formula, breast milk or baby food.

7. If a crockpot is used the water temperature must be monitored and held below 120°F and contain no more than 1 ½ inches of water (Crockpots pose a risk of scalding). The crockpot must be secured to the counter. Crockpots will be cleaned and disinfected daily. Consider replacing the crockpot with a bottle warmer, which heats with steam and has an automatic turnoff, or heat bottles by holding the bottle under running tap water until the fluid is no longer cold. All unused formula and non-frozen breast milk will be returned to the parent when they pick up their child at the end of each day.
8. Bottles will be warmed no longer than 5 minutes.

Bottle Labeling and Cleaning

1. Hands will be washed at the sink before handling
2. All bottles will be labeled with the child's full name, date prepared and time feeding begins (discard within one hour if not consumed).
3. Bottles will not be washed and re-used. The family will provide a sufficient number of bottles to meet the daily needs of the infant.
4. If bottles are to be re-used, we will wash, rinse and sanitize bottles or place them in a dishwasher with a sanitizing cycle. Used bottles can not be cleaned in a food sink. Place them in a tub to be cleaned in the kitchen.
5. Nipples needing to be re-used will be washed, rinsed and boiled for 1 minute then allowed to air dry.
6. All bottle nipples should be covered at all times (to reduce the risk of contamination and exposure).

Refrigeration

1. Filled bottles will be capped and refrigerated immediately upon arrival at the center or after mixing, unless being fed to an infant immediately.
2. Bottles that babies have drunk from will not be placed back in the refrigerator or re-warmed. (*Bacteria from baby's mouth are introduced into milk and begin to multiply once bottles are taken from the refrigerator and warmed*).
3. Bottles will be stored in the coldest part of the refrigerator, not in the refrigerator door.
4. A thermometer will be kept in the warmest part of the refrigerator (usually the door) and will be between 35° and 45° F at all times. It is recommended that the

refrigerator be adjusted between 35° and 40° to allow for a slight rise when opening and closing the door.

5. Frozen breast milk will be stored at 10 degrees F or less and for no longer than 2 weeks.

Feeding Practice

1. Infants will be fed on demand, by a caregiver who holds and makes eye contact with the infant during feeding and talks to and touches the infant in a nurturing way.
2. Bottles will be mixed or prepared, as needed and capped if not immediately used.
3. Bottles and food will be discarded after 1 hour of being out of the refrigerator, to prevent bacterial growth. Unconsumed portions will be thrown away.
4. Infants will be held when fed with a bottle. Bottles will not be propped. Infants will not be allowed to walk around with food, bottles or cups.
5. Infants will not be given a bottle while lying down or in bed. (Lying down with a bottle puts a baby at risk for baby bottle tooth decay, ear infections and choking).
6. Staff will watch for and respond appropriately to cues such as:
 - ◆ Hunger Cues – fussiness/crying, opening mouth as if searching for a bottle/breast, hands to mouth and turning to caregiver, hands clenched.
 - ◆ Fullness Cues – falling asleep, decreased sucking, arms and hands relaxed, pulling or pushing away.
7. Cup drinking of water, formula or breast milk will be introduced by 6 months or age.
8. Infants and young children will be closely supervised when eating.

Contents of Bottle

1. Infants will be fed breast milk or iron-fortified infant formula until they are one year of age.
2. Written permission from the child's licensed health care provider will be required if an infant is to be fed Pedialyte or a special diet formula.
3. No medication will be added to breast milk or formula.

4. No honey, or products made with honey, will be given to infants less than 12 months of age, because of the risk of botulism.
5. Bottles will only contain formula or breast milk. Juice will be given only in a cup.

Formula

1. Powdered formula in cans will be dated when opened and stored in a cool, dark place. Unused portions will be discarded or sent home 1 month after opening.
2. Formula will be mixed as directed on the can. The water will be from the food preparation sink or bottled water. Water from the hand washing sink may NOT be used for bottle preparation.

Breast milk

1. Frozen breast milk will be stored a 10 degrees F or less and for no longer than 2 weeks. The container will be labeled with the child's full name and date.
2. Frozen breast milk will be thawed in the refrigerator or in warm water (under 120 degrees) and then warmed as needed before feeding. Thawed breast milk will not be refrozen.
3. Unused thawed breast milk will be returned to the family at the end of the day.

INFANT AND TODDLER SOLID FOODS

1. When parents provide food from home, it will be labeled with the child's name and date. Perishable foods will be stored below 45° F.
2. Food will be introduced to infants when they are developmentally ready for pureed, semi-solid and solid foods. Food, other than formula or breast milk, will not be given to infants younger than 4 months of age, unless there is a written order by a health care provider.
3. No egg whites (allergy risk) or honey (botulism risk) will be given to children less than 12 months of age (this includes other foods containing such as honey grahams).
4. Children 12-23 months will be given whole milk, unless the child's parent/guardian and health care provider has requested low-fat milk or an not-dairy milk substitute in writing (low fat diets for children under age 2 may affect brain development

5. Chopped soft table food are encouraged after 10 months of age.
6. Cups and spoons are encouraged by 9 months of age.
7. For allergies or special diets, see the Nutrition section to this policy.
- 8: Staff will serve commercially packaged baby food from a dish, not from the containers. Foods from opened containers will be discarded or sent home at the end of day.
9. Children will eat from plates and utensils. Food will not be placed on table tray.

Diapering

The child will not be left unattended on the diaper-changing table. Safety belts will not be used (They are neither washable nor safe).

The diaper changing table will only be used for diapering (toys, pacifiers, papers, dishes, etc., will not be placed on diapering surface).

The diaper-changing surface will remain impervious to moisture and intact (no tears, rips, duct tape).

The following diapering procedure will be posted (Department of Health poster) and Followed at our center:

1. Wash Hands
2. Gather necessary materials.
3. Place child gently on table and remove diaper. Child is not left unattended.
4. Dispose of diaper in container with cover (foot pedal type preferred).
5. Clean the child's diaper area from front to back, using a clean, damp wipe for each stroke.
6. Apply topical cream/ointment/lotion when written consent is on file.
7. **Wash Hands or remove gloves if worn.** A wet wipe or damp paper towel may be used for this handwashing only.
8. Put on clean diaper and protective pants (if cloth diaper used). Dress child.

9. **Wash child's hands** with soap and running water or with a wet wipe for young infants.

10. Place child in a safe place.

11. Wash and rinse the diaper changing pad with soap and water, if soiled, and disinfect with 1 – Tablespoon bleach/1 quart water. Allow the bleach solution to remain on the surface for at least 2 minutes before drying.

12. **Wash Hands.**

If gloves are used, all of the above steps must still take place.

CONTACT OR EXPOSURE TO BODY FLUIDS

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. Gloves will always be used when blood is present. When anyone has been in contact with body fluids, or is at risk for being in contact with body fluids, the following precautions will be taken:

1. Any open cuts or sores on children or staff will be kept covered.
2. Whenever a child or staff comes into contact with any body fluids, the area (hands, etc.) will be washed immediately with soap and warm water and dried with paper towels.
3. All surfaces in contact with body fluids will be cleaned immediately with soap, water and disinfected with an agent such as bleach in the concentration used for disinfecting body fluids (1/4 cup bleach per gallon of water or 1 Tablespoon/quart).
4. Latex or neoprene vinyl gloves and cleaning material used to wipe up body fluids will be put in a plastic bag, closed with a tie, and placed in a covered waste container. Any brushes, brooms, dustpans, mops, etc. used to clean-up body fluids will be washed in detergent, rinsed and soaked in a disinfecting solution for at least 2 minutes and air dried. Washable items, such as mop heads can then be washed with hot water and soap in the washing machine. All items will be hung off the floor or ground to dry. Equipment used for cleaning will be stored safely out of children's reach in an area ventilated to the outside.
5. Children's clothes soiled with body fluids will be put into a closed plastic bag and sent home with the child's parent. A change of clothing will be available for children in care, as well as staff.
6. Hands will always be washed after handling soiled laundry or equipment or any other potential exposures to body fluids.

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 will inform Lorena immediately.

When staff report blood contact or exposure, we follow current guidelines set by Washington Industrial Safety and Health Act (WISHA).

FOOD SERVICE

1. Food handler permits will be required for staff that prepare full meals and are encouraged for all staff.
2. Orientation and training in safe food handling will be given to all staff. Documentation will be posted in the kitchen area and/or in staff files
4. Staff will 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. Refrigerators and freezers will have thermometers placed in the warmest section (usually the door). Thermometers will stay between the range of 35° F and 45° F in the refrigerator and 10° F or less in the freezer.
6. Microwave ovens, if used to heat food, require special care. Food must be heated to 165 degrees, stirred during heating and allowed to cool at least 2 minutes before serving. Due to the additional staff time required, use of the microwave ovens is not recommended.
7. Chemicals and cleaning supplies will be stored away from food and food preparation areas.
8. Cleaning and disinfection of the kitchen will be according to the Cleaning, Disinfection and Laundering section of this policy.
9. Dishwashing will comply with safety practices:
 - ◆ Hand dishwashing will use three sinks or wash basins (wash, rinse and sanitize).
 - ◆ Dishwashers will have a high temperature sanitizing rinse (140° F residential or 160° F commercial) or chemical disinfectant.
11. Cutting boards will be washed, rinsed and sanitized between each use. No wooden cutting boards.

12. Food prep sink will not be used for general purposes or post toilet/diapering hand washing.

13. Kitchen counter, sinks & faucets will be washed, rinsed and sanitized before food production.

14. Tabletops where children eat will be washed, rinsed and sanitized before and after every meal and snack.

15. Thawing frozen food: frozen food will be thawed in the refrigerator 1 – 2 days before the food is on the menu, or under cold running water. The 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.

16. Food will be cooked to correct internal temperature:

Ground beef 155° F

Fish 140° F

Pork 150° F

Poultry 165° F

17. Holding hot food: hot food will be held at a temperature of 140° F or above until served.

18. Holding cold food: food requiring refrigeration will be held at a temperature of 45° or less.

19. Hot food will be served to children at or near 120°.

20. A metal stem thermometer will be 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 will be done by the following methods:

- ◆ 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).
- ◆ Cool to 45° F within 4 hours or less.
- ◆ Cover foods once they have cooled to a temperature of 45° F or less.

22. Leftover foods (foods that have been held lower than 45° F or above 140° F and have not been served) will be cooled, covered, dated and stored in the refrigerator or freezer. Leftover food must be refrigerated immediately and not be allowed to cool on counter.

23. Reheating foods: foods to be reheated will be heated to at least 165° F in 30 minutes or less.

24. Catered foods: the temperature of catered food provided by a caterer or satellite kitchen will be checked with a metal stem thermometer upon arrival. Foods that need to be kept cool must arrive at a temperature less than or at 45° F. Foods that need to be kept hot must arrive at a temperature of 140° F or more. Foods that do not meet these criteria will be deemed unsafe and will be returned to the caterer.

The initials or name of the person accepting the food will be recorded.

A permanent copy of the menu (including any changes made or food returned) will be kept for at least 6 months in office.

25. Food substitutions, due to allergies or special diets and authorized by a licensed health care provider will be provided within reason by the center.

26. When children are involved in cooking projects our center will assure food safety by the following: supervising and assisting children.

27. Perishable items in sack lunches will be kept cold, either by refrigeration or use of ice packs in.

NUTRITION

1. Menus will be posted at least one week in advance. Menus will include date and include portion sizes.

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

3. If your site is open 9 hours or less, you must provide two snacks and one meal or one snack and two meals. If your site is open over 9 hours, you must provide two snacks and two meals or three snacks and one meal.

The following meals and snacks are served by the center:

<u>Time</u>	<u>Meal/Snack</u>
8:00am – 8:30am	Breakfast
11:00am- 11:30am	Lunch

2:00pm

Afternoon Snack

4:00pm

Evening Snack

4. Each snack or meal must include a liquid to drink. This drink could be water or one of the required components such as: milk or 100% fruit juice.
5. The menus will include hot and cold food and vary in colors, flavors and textures.
6. Ethnic and cultural foods will be incorporated into the menu.
7. Menus will list specific types of meats, fruits, vegetables, juices, etc.
8. Menus will include a variety of fruits, vegetables and entrée items.
9. Foods served will generally be moderate in fat, sugar and salt content.
10. Children will have free access to drinking water (individual disposable cups or single use glasses only).
11. Menu modifications will be planned and written for children with allergies.
12. Menus will be followed. Necessary substitutions will be noted on the permanent menu copy.
13. Permanent menu copies will be kept on file for at least six months (USDA requires food menus to be kept for 3 years plus the current year).
14. Children with food allergies and medically required special diets will have diet prescriptions signed by a health care provider on file. Names of children and their specific food allergies will be posted in the kitchen, the child's classroom and any other room the child may occupy.
15. Children with severe &/or life threatening food allergies will have a completed emergency plan signed by the parent and health care provider.
16. Diet modification for food allergies, religious &/or cultural beliefs are accommodated and posted in the kitchen and classroom and eating area. All food substitutions are to be provided by parent and must have equal nutritional value .
17. Mealtime and snack environments will be developmentally appropriate and will 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. Families who provide sack lunches will be notified in writing of the food requirements for mealtime.

INJUURY PREVENTION

1. The childcare site will be inspected at least quarterly for safety hazards by Lorena. We will review rooms daily and remove any broken or damaged equipment.
2. The playground will be inspected daily for broken equipment, environmental hazards, garbage, animal contamination, etc. and required depth of cushion material under and around equipment by Lorena
3. Toys will be age appropriate, safe, in good repair and not broken.
4. Hazards will be reported immediately to Lorena. The assigned person will insure that they are removed, made inaccessible or repaired Immediately to prevent injury.
5. The accident and injury log will be monitored by Lorena every other week to identify accident trends and implement a plan of correction.

DISASTER PREPAREDNESS

We have developed a disaster preparedness policy. Annually, staff and parent/guardian will be oriented to this policy and documentation of orientation will be kept in files. Our disaster preparedness policy is located in parent information binder.

1. Procedures for medical, dental, poison, earthquake, fire or other emergency situations will be posted in the home.
Lorena will review the policies with staff and families regularly. As well for orienting classroom volunteers, new staff or substitutes to these plans.
2. Evacuation plans and routes will be posted in the childcare.
3. Fire and earthquake drills will be conducted and documented each month.
4. Infants will be evacuated form center in evacuation cribs (four-inch or larger wheels, reinforced bottom and limited to four infants per crib).
5. Staff will be familiar with use of the fire extinguisher.
6. Center will identify and mitigate earthquake hazards i.e. securing bookshelves and pictures to walls.
7. Food, water, medication and supplies for 72 hours of survival will be available for each child and staff (checked yearly for expiration dates).

8. Disaster and earthquake preparation and prevention training will be documented.

STAFF HEALTH

1. 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 will comply with all recommendations from the local health jurisdiction (TB is a reportable disease).
5. Staff who has a communicable disease is expected to remain at home until the period of communicability has passed. Staff will also follow the same procedures listed under “Exclusion of Ill Children” in this policy. Staff with cuts on their hands should not handle food.
6. Staff who are pregnant or considering pregnancy should 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. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles).
7. Recommendations of immunizations for childcare providers will be available to staff.

CHILD ABUSE AND NEGLECT

1. Suspected or witnessed child abuse or neglect will be immediately reported to Child Protective Services (CPS). Phone # for C.P.S. is 734-7400
(Phone number)
2. Signs of child abuse or neglect will be recorded on incident report which is located in the office.

3. Training will be provided to all staff and documentation kept in staff files.

SPECIAL NEEDS/INCLUSION

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. Written individual health care plans will be developed collaboratively with the center director, parent/guardian, Health Care Provider and center health consultant. (Your local Public Health consultant can be of assistance).
5. 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.
6. Before the child begins the program the staff will receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms.