

HEALTH POLICY

Revised 12/8/2011

Pre K & School Age Child Care, ages 4-12.

Coe Child Care

Doug Chidgey, Senior Director

2424 7th Avenue West

Seattle, WA 98119

206-281-9197

www.coeclub.org

coeclub@positiveplace.org

Emergency telephone numbers:

Fire/Police/Ambulance: 911

Poison Center: 206-526-2121

Animal Control: 206-386-4254

Cross Street: 7th Avenue West and Wheeler

Hospital used for life-threatening emergencies*

Harborview Medical Center

325 Ninth Ave

Seattle, WA 98104 - 2420

(206) 731-3000

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

Other important telephone numbers

DCCEL Health Surveyor _____ Phone _____

DEL Licensor: Kimberly Early Phone 760-2034

Public Health Nurse: Jeannie Chamberlain Phone 263-8370

Public Health Nutritionist: Katy Levenhagen Phone 263-8680

Communicable Disease/Immunization Hotline (206) 296-4949

Communicable Disease Report Line (206) 296-4774

Out-of-Area Emergency Contact: _____



PURPOSE AND USE OF HEALTH POLICY

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

Our policy was prepared by Doug Chidgey, Senior Director.

Staff will be oriented to our health policy by The Program Director or Lead Staff,

at the time of hire and again annually during an October or March full day staff training.

Our policy is accessible to staff and parents and copies are located 1) in the lobby of the child care center, 2) in the Staff Room and 3) in the Director's office.

Periodic changes to the health policy will be approved by a Health Professional as per WAC 170-295-3010; 1(d): "Reviewed, signed and dated by a physician, a physician's assistant or registered nurse when you change your policies and procedures or type of care that you provide, or at least every three years when you are due for relicensing".

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

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

KING COUNTY CHILD CARE HEALTH CONTACT INFORMATION

CHILD CARE HEALTH PROGRAM
401 FIFTH AVENUE, SUITE 1000
SEATTLE, WA 98104
TELEPHONE (206) 263-8503
FAX (206) 205-6236

WEBSITE www.kingcounty.gov/health/childcare

TABLE OF CONTENTS

PROCEDURES FOR INJURIES AND MEDICAL EMERGENCIES	3
FIRST AID	4
BODY FLUID CONTACT OR EXPOSURE	5
INJURY PREVENTION	6
POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN	7
COMMUNICABLE DISEASE REPORTING	8
IMMUNIZATIONS	9
MEDICATION MANAGEMENT	10-13
HEALTH RECORDS	14
CHILDREN WITH SPECIAL NEEDS	15
HANDWASHING	16
CLEANING, SANITIZING, AND LAUNDERING	17-19
SOCIAL-EMOTIONAL-DEVELOPMENTAL CARE	19
SOILED CLOTHING PROCEDURES	19-20
TOOTHBRUSHING	20
FOOD SERVICE & NUTRITION	20-23
DISASTER PREPAREDNESS	24
STAFF HEALTH	24
CHILD ABUSE AND NEGLECT	25
ANIMALS ON SITE	25

PROCEDURES FOR INJURIES AND MEDICAL EMERGENCIES

1. Child is assessed and appropriate supplies are obtained.
2. Staff trained in first aid will refer to the “National Safety Council First Aid Guide” located with each 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.
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 will record information regarding the injury on an Incident Report, which will be kept in each classroom above the sinks along with first aid supplies. 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. For major injuries/medical emergencies, staff will record the incident on Boys & Girls Clubs of King County Accident Form, which will be kept in the child’s file in the director’s office. The parent/guardian will sign a receipt for the report and a copy is sent to the licensor no later than the day after the incident.
5. The incident will also be recorded on the Illness/Injury Log, which is located in the Staff Room. Injury/Illness Logs will be reviewed monthly by the Assistant Director. 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 and accessible only by staff.
6. The child care licensor is called immediately for serious injuries/incidents which require medical attention.

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

FIRST AID

1. When children are in our care, staff with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid is with each group or classroom. Documentation of staff training is kept in personnel files.
2. Our First Aid Kits are located above each sink in the classrooms, in a backpack in the cafeteria and under the driver seats of each van. Our First Aid Kits contain:

- ◆ First Aid Guide
- ◆ Sterile gauze pads
- ◆ Small scissors
- ◆ Adhesive tape
- ◆ Band-Aids (different sizes)
- ◆ Roller bandages
- ◆ Large triangular bandage
- ◆ Gloves (Nitrile or latex, non-powdered)
- ◆ Tweezers for surface splinters
- ◆ Minimum of 2 bottles of Ipecac Syrup*(unexpired)
- ◆ CPR mouth barrier

***Syrup of Ipecac is administered only with consent of Poison Control (206-526-2121). As it is a medication it will be inaccessible to children at all times.**

3. 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:
 - (a) Liquid Soap-paper towels
 - (b) Water
 - (c) Chemical Ice (non-toxic)
 - (d) Change for phone calls and/or cell phone
4. All first aid kits will be checked by the Assistant Director and restocked **each month** or sooner if necessary.

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. Depending on the type of wound a covering may be a bandage or clothing or staff may wear latex or neoprene vinyl gloves.
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 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. Used 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 soaked in a disinfecting solution and rinsed thoroughly. Cloth items or mops, after soaking, should be washed with hot water in the washing machine. All items are hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach.
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 are always 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 the Director or their designate immediately.

When staff report blood contact or exposure, we follow current guidelines set by Washington Industrial Safety and Health Act (WISHA), as outlined in our Bloodborne Pathogen Exposure Control Plan (*separate document*). We review the BBP Exposure Control Plan annually with our staff and document this review.

INJURY PREVENTION

1. The childcare site will be inspected at least quarterly for safety hazards by the Assistant Director or designated Safety Coordinator.
2. Staff will review their rooms daily and remove any broken or damaged equipment. Toys are age appropriate, safe, and in good repair. Broken toys are discarded. Mirrors are shatterproof.
3. The playground will be inspected daily for broken equipment, environmental hazards, garbage, animal contamination, etc. and proper amount of cushion material under and around equipment by the Morning Staff Lead or designated Safety Coordinator.
4. Hazards will be reported immediately to the Assistant Director or designated Safety Coordinator.
5. The assigned person will insure that they are removed, made inaccessible or repaired immediately to prevent injury.
6. The accident and illness log will be monitored by the Assistant Director in the middle of each month to identify accident trends and implement a plan of correction.

Hazards include, but are not limited to:

- Security issues (unsecured doors, inadequate supervision, etc.)
- General safety hazards (broken toys & equipment, standing water, objects know to cause choking or 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.)

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

1. Children with any of the following symptoms will not be permitted to remain in care. The child will be separated from the groups and cared for in the Director's office. Parent/guardian or emergency contact will be notified to pick up the child.
 - (a) **Fever*** of at least 100 ° F (as read by a digital thermometer), **and** who also have one or more of the following:
 - Diarrhea/vomiting
 - Earache
 - Signs of irritability or confusion
 - Sore throat
 - Rash
 - Fatigue that limits participation in daily activities
 - (b) **Vomiting** on 2 or more occasions within the past 24 hours.
 - (c) **Diarrhea:** 3 or more watery stools within a 24-hour period or any bloody stools.
 - (d) **Rash**, especially with fever or itching.
 - (e) **Eye discharge or conjunctivitis (pinkeye)** until clear or until 24 hours of antibiotic treatment.
 - (f) **Sick appearance**, not feeling well and/or not able to keep up with program activities.
 - (g) **Open or oozing sores**, unless properly covered **and** 24 hours has passed since starting antibiotic treatment, if treatment is necessary.
 - (h) **Lice or scabies.** For head lice, children and staff may return to childcare after treatment and no nits. For scabies, return after treatment.
2. Following an illness or injury, children will be readmitted to the program when they no longer have the above symptoms, no longer have significant discomfort and Public Health and Communicable Disease guidelines for Child Care are met. Staff members will follow the same exclusion criteria as children.
3. We post a notification for parents/guardians when their children may have been exposed to a communicable disease or condition (other than the common cold) and provide them with information about that disease or condition. Individual child confidentiality is maintained.
4. In order to keep track of contagious illnesses, an Illness Log is kept. Each entry includes the child's name, room, and illness. This is secured and located in the staff room.

COMMUNICABLE DISEASE REPORTING

Communicable diseases can spread quickly in childcare settings. Because some of these diseases can be very serious in children, licensed childcare providers in Washington are required to notify Public Health when they learn that a child has been diagnosed with one of the communicable diseases listed below (WAC 246-101-415¹). **In addition, providers should also notify their Public Health Nurse when an unusual number of children and/or staff are ill (for example, >10% of children in a center, or most of the children in the toddler room), even if the disease is not on this list or has not yet been identified.**

To report any of the following conditions, call Public Health at (206) 296-4774.

Acquired immunodeficiency syndrome (AIDS)	Malaria
Animal bites	Measles
Arboviral disease (for example, West Nile virus)	Meningococcal disease
Botulism (foodborne, wound, or infant)	Mumps
Brucellosis	Paralytic shellfish poisoning
Campylobacteriosis	Pertussis
Cholera	Plague
Cryptosporidiosis	Poliomyelitis
Cyclosporiasis	Psittacosis
Diphtheria	Q fever
Diseases of suspected bioterrorism origin (including anthrax and smallpox)	Rabies and Rabies Exposures
Diseases of suspected foodborne origin	Rare diseases of public health significance
Diseases of suspected waterborne origin	Relapsing fever
Enterohemorrhagic <i>E. coli</i> , (including <i>E. coli</i> O157:H7 infection)	Rubella
Giardiasis	Salmonellosis
<i>Haemophilus influenzae</i> invasive disease	Sexually Transmitted Diseases (chancroid, gonorrhea, syphilis, genital herpes simplex, granuloma inguinale, lymphogranuloma venerium, <i>Chlamydia trachomatis</i>)
Hantavirus pulmonary syndrome	Shigellosis
Hemolytic uremic syndrome	Tetanus
Hepatitis A, acute	Trichinosis
Hepatitis B, acute	Tuberculosis
Hepatitis B, chronic	Tularemia
Hepatitis C, acute, or chronic	Typhus
Hepatitis, unspecified	Unexplained critical illness or death
HIV infection	Vibriosis
Immunization reactions, severe	Yellow fever
Legionellosis	Yersiniosis
Leptospirosis	
Listeriosis	
Lyme disease	

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

IMMUNIZATIONS

1. To protect all children in our care and our staff, and to meet state health requirements, we only accept children fully immunized for their age. We keep on file the Certificate of Immunization Status (CIS) to show the Department of Health that we are in compliance with licensing standards (returned to parents when the child leaves the program). Immunization records are reviewed quarterly by the Director or Records Administrator.
2. Children need to be immunized for the following:
 - (a) DaPT (Diphtheria, Tetanus, Pertussis)
 - (b) IPV (Polio)
 - (c) MMR (Measles, Mumps, Rubella)
 - (d) Hepatitis B
 - (e) HIB (Hemophilus Influenza Type B)
 - (f) Varicella (Chicken Pox)
 - (g) PCV (Pneumococcal bacteria) *until age 5 (as of 7/1/09)*
3. Children may attend child care without an immunization:
 - (a) When the parent signs the back of the CIS form stating they have personal, religious or philosophical reasons for not obtaining the immunization(s)

OR

The health care provider signs that the child is medically exempted. **A current list of exempted children is maintained at all times.**

Children who are not immunized will not be accepted for care during an outbreak for diseases that can be prevented by immunization. This is for the un-immunized child's protection and to reduce the spread of the disease. This determination will be made by Public Health's Communicable Disease and Epidemiology division.

MEDICATION MANAGEMENT

Parent/Guardian Consent

1. Medication will only be given with prior **written** consent of the child's parent/legal guardian. The Medication Authorization form, (copies are located in the front lobby), will include:
 - Child's name
 - Name of the medication
 - Reason for the medication
 - Method of Administration
 - Frequency (Cannot be given "as needed" but only for a specific time or symptom)
 - Dosage
 - Duration (start and stop dates)
 - Storage requirements
 - Possible side effects (use package insert or pharmacist's written information).
2. A parent/legal 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:
 - (a) The medication is over-the-counter and is one of the following:
 - Antihistamine
 - Non-aspirin fever reducer/pain reliever
 - Non-narcotic cough suppressant
 - Decongestant
 - Ointments or lotions intended specifically to relieve itching
 - Diaper ointments or powders intended for use with "diaper rash"
 - Sunscreen or hand sanitizer (written consent is valid up to six months).
 - (b) The medication is in the original container and labeled with the child's name; *and*
 - (c) The medication has instructions and dosage recommendations for the child's age and weight; *and*
 - (d) The medication is not expired; *and*
 - (e) The medication duration, dosage and amount to be given does not exceed label-specific recommendations for how often or how long to be given.
3. For sunscreen, diaper ointment and hand sanitizer, the written consent may cover an extended time period of up to six months.
4. For all other medications (such as fever reducers, cough medicine, or antibiotics), 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/guardian consent, will be required for prescription medications and all over-the-counter medications that do not meet the above criteria.
2. A licensed health care provider's consent may be given in 3 different ways:
 - (a) The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, duration and expiration date); *or*
 - (b) The provider signs a note or prescription that includes the information required on the pharmacist's label; *or*
 - (c) The provider signs a completed Medication Authorization form.

MEDICATIONS STORAGE

1. Medication will be stored in the staff room and as follows:
 - (a) Inaccessible to children
 - (b) Separate from staff or household medication
 - (c) Protected from sources of contamination
 - (d) Away from heat and light
 - (e) At temperature specified on the label (refrigerated if required)
 - (f) So that internal and external medications are separated
 - (g) Separate from food
 - (h) In a sanitary and orderly manner
 - (i) Controlled substances (e.g. ADHD medications) in a locked container counted and tracked with a controlled substance form.
 - (j) Staff medication is clearly labeled as such.
2. Medications no longer being used will promptly be returned to parents/guardians or discarded.

Emergency supply of critical medications

For children's critical medications, including those taken at home, we ask for a 3-day supply to be stored on site along with our disaster supplies. Staff are also encouraged to supply the same. Critical medications – to be used only in an emergency when a child has not been picked up by a parent, guardian, or emergency contact – are stored in the staff room.

Medications for chronic conditions such as Asthma or allergies

For chronic conditions, the parent 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. These records are to be found in the child's enrollment file in the director's office.

Emergency supply of critical medications

For children's critical medications, including those taken at home, we ask for a 3-day supply to be stored on site along with our disaster supplies. Staff are also encouraged to supply the same. Critical medications – to be used only in an emergency when a child has not been picked up by a parent, guardian, or emergency contact – are stored

Staff Administration and Documentation

1. Staff giving medicine will document the time, date and dosage of the medicine given on the Medication Log and will sign with their initials each time a medication is given (with a one-time full signature at the bottom of the page.)
2. Staff will report and document any observed side effects on the Authorization Form, located on a clip board in the staff room.
3. Outdated medication authorization forms and logs will be kept in the child's file.
4. Staff will only administer medication when all conditions listed above are met.

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/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. Staff must record documentation of self-administered medications.

Medication authorization and documentation is considered confidential and will be stored out of general view in the staff office.

MEDICATION ADMINISTRATION PROCEDURE

1. **Wash hands** before preparing medications.
2. Carefully read labels on medications, noting:
 - (a) Child's name
 - (b) Medication name
 - (c) Reason for the medication
 - (d) Amount to be given
 - (e) Method of administration
 - (f) Time and dates to be given
 - (g) How long to give
 - (h) Possible side effects
 - (i) Any special instructions

Information on the label must be consistent with the Medication Authorization form.

3. Prepare medication on a clean surface.
4. For *liquid* medications, use clean medication spoons, syringes, droppers or medicine cups that have measurements on them (not table service spoons).
5. For *capsules/pills*, medication is measured into a paper cup and dispensed as directed by the parent/health care provider.
6. For bulk medication such as hand sanitizer or sunscreen, dispense in a sanitary manner.
7. **Wash hands** after administering medication.
8. Observe the child for side effects of medications, which are specified on the Medication Authorization Form and document in the child's record.

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 will be available in the classroom located on the attendance clipboard.

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

The above information will be updated each year for any changes.

SPECIAL NEEDS

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

1. Confidentiality is assured with all families and staff in our program.
2. All families will be treated with dignity and with respect for their individual needs and/or differences.
3. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
4. 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 each year or more often as needed for changes. Plans are reviewed by the director, initialed, and dated quarterly by the parent/guardian. Children with special needs are not present without plan on site.

5. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. This may be supported by consulting with outside agencies/organizations.
6. All staff will receive general training on working with children with special needs and updated trainings on specific special needs that are encountered in their classrooms.
7. Teachers, cooks, and other staff will be oriented to any special needs or diet restrictions by the Program Director or Director.

HAND WASHING

1. 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, or assisting children in the restroom
- (d) After contact or handling 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 or after feeding, cleaning or touching pets/animals

Children will be assisted or supervised in hand washing:

- (a) Upon arrival at the site 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 outdoors play
- (e) After coming in contact with body fluids
- (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 at all sinks for staff and children at all times.
2. Turn on water and adjust temperature.
3. Wet hands and apply a liberal amount of soap.
4. Rub hands from wrists to fingertips for a period of not less than 10 seconds.
5. Rinse hands thoroughly.
6. Dry hands, using an individual towel
7. Use hand-drying towel to turn off water faucet(s).

CLEANING, DISINFECTING AND LAUNDERING

Cleaning will consist of washing surfaces with liquid detergent added to water and rinsing with clean water. Single-use cloths are used to wipe surfaces. Our cleaning supplies are stored out of reach above the adult sinks in classrooms, in the staff room and locked under the sink in the kitchen. All such chemicals are:

- Inaccessible to children,
- In their original container,
- Separate from food and food areas,
- In a place which is ventilated to the outside,
- Kept apart from other incompatible chemicals
(e.g., *bleach and ammonia create a toxic gas when mixed*), **and**
- In a secured cabinet, to avoid a potential chemical spill in an earthquake

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

Solution for classrooms:	Amount of Bleach	Amount of Water	Contact Time
General areas and body fluids	1 tablespoon	1 quart	2 minutes
Bathrooms	1 tablespoon	1 quart	2 minutes
Solution for kitchen:	Amount of Bleach	Amount of Water	Contact Time
Kitchen and dishes/utensils	¼ teaspoon	1 quart	2 minutes

To avoid cross-contamination, 2 sets of bottles are used in the classroom: one set for general areas (including tables) and one set for diaper changing/bathrooms.

- Bleach solution is applied to surfaces that have been cleaned and rinsed.
- Bleach solution is allowed to remain on surface for at least 2 minutes or air dry.
- Bleach solutions are made up daily by the Teacher Aide, using measuring equipment. For staff handling full-strength bleach, we supply protective gear, including gloves and eye protection, as per manufacturer's instructions.

Cleaning and Sanitizing Specific Areas and Items

Custodial Services are schedule each evening after we closed to clean the following: Floors are swept, vacuumed and mopped. Restrooms and all hand washing sinks are cleaned and sanitized. Garbage and recycling is removed and cans sanitized.

Other cleaning is as followed:

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.

Door handles

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

Drinking Fountains

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

Floors

- Solid-surface floors are swept, washed, rinsed, and sanitized daily. While children are napping on mats or cots, mopping is done with water or detergent and water only.
- Carpets and rugs in all areas are vacuumed daily and professionally steam-cleaned every 3 months or as necessary. Carpets are not vacuumed when children are present.

Furniture

- Upholstered furniture is vacuumed daily. Removable cushions and covers are washed every month or as necessary.
- Painted furniture is kept free of paint chips. No bare wood is exposed; paint is touched up as necessary.

Garbage

- Garbage cans are lined with disposable bags and are emptied when full.
- Diaper cans are additionally emptied when odor is present in classroom.
- Outside surfaces of garbage cans are cleaned, rinsed, and sanitized daily. Inside surfaces of garbage cans are cleaned, rinsed, and sanitized as needed.

Kitchen

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

Laundry

Child care laundry is done on site.

Laundry is washed at a temperature of at least 140°F or with bleach added during rinse cycle (measured amount as per manufacturer's instructions). Cloths used for cleaning or rinsing are laundered after each use.

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 and chairs

- Tables and chairs are cleaned, rinsed, and sanitized before and after snacks or meals.

Toys

- **Only washable toys are used.**
- Toys are washed, rinsed, and sanitized either in a full wash and dry cycle in the dishwasher or by the use of buckets, sinks, or spray bottles containing liquid detergent and water, rinse water, and bleach solution.
- Cloth toys and dress-up clothes are washed weekly (or as necessary) with 140°F water. Dress-up clothes are laundered and stored during an outbreak of lice or scabies.
- Other toys are washed, rinsed, and sanitized weekly (or more often, as necessary) as described above for “mouthed toys.”

Water Tables

- Water tables are emptied and cleaned, rinsed, and sanitized after each use.
- Children wash hands before and after water table play.

General cleaning of the entire facility is done as needed. There are no strong odors of cleaning products in our facility. Air fresheners and room deodorizers are not used.

SOCIAL-EMOTIONAL-DEVELOPMENTAL CARE

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

ASSISTING WITH SOILED UNDERPANTS

Soiled underpants changing procedure is posted in Main Room Restroom. We use the following procedure:

1. Staff will wash hands.
2. Gather necessary supplies (underpants, wipes, cleaner and sanitizer, paper towels, gloves, plastic bag).
3. Put on disposable gloves, if desired.
4. From the doorway, staff will coach child in removing pants or skirt and removing underpants (assisting only as needed).
5. Staff will coach child in placing soiled underpants in plastic bag.
6. Coach child in cleaning soiled area front to back using a clean, damp wipe for each stroke; putting soiled wipes in plastic bag when completed.
7. Close and dispose of plastic bag into hands-free covered trash can lined with a plastic garbage bag.
8. Remove gloves, if worn.
9. Wash hands (in sink or with wipe) and coach child in doing the same.

10. Coach child in putting on clean underpants and clothing and washing hands (in bathroom hand washing sink).
11. Close, seal and double bag any soiled clothing or underpants and place into child's backpack or cubby.
12. Use 3-step method on floor where change has occurred:
 - a. Clean with detergent and water.
 - b. Rinse with water.
 - c. Sanitize with bleach solution (1 T. bleach in 1 quart water). Allow the bleach solution to air dry or to remain on the surface for at least 2 minutes before drying with a paper towel.
13. Wash hands in hand washing sink.

TOOTHBRUSHING

We do not do tooth brushing at our center.

FOOD SERVICE

We prepare only snacks at our center.

1. **Food handler permits** are required for staff that prepare full meals and are encouraged for all staff. An "in charge" person with a food handler permit is onsite during all hours of operation, to assure that all food safety steps are followed.
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.
3. **Ill staff** will 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 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 handling, preparation or service sink.
5. **Gloves are worn or utensils are used** for direct contact with food.

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** will have thermometers placed in the warmest sections, generally the doors. Thermometers will stay between the range of 35° F and 45° F in the refrigerator and 0° F or less in the freezer.
8. **Microwave ovens**, if used to heat food, require special care. Food must be heated to 165 degrees 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.
9. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
10. **Cleaning and disinfecting** of the kitchen will be according to the Cleaning, Disinfecting and Laundering section of this policy.
11. **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.
12. **Cutting boards** will be washed, rinsed and disinfected between each use. No wood cutting boards.
13. **Food prep sink** will not be used for general purposes or post toilet/diapering handwashing.
14. **Kitchen counter, sinks & faucets** will be washed rinsed and disinfected before food production.
15. **Tabletops** where children eat are washed and disinfected before and after every meal and snack.
16. **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.
17. **Food will be cooked to the correct internal temperature:**

Ground Beef 155° F	Fish 140° F
Pork 160° F	Poultry 165° F
18. **Holding hot food:** hot food will be held at a temperature of 140° F or above until served.
19. **Holding cold food:** food requiring refrigeration will be held at a temperature of 41° or less.

20. **A digital 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** be done by the following methods:

- ◆ Place food in shallow containers (metal pans are best) 2” deep or less. Leave uncovered and then either put the pan into the refrigerator immediately or an ice bath or freezer (stirring occasionally).
- ◆ Cool to 70° F within 2 hours or to 45° F within 4 hours or less.
- ◆ Cool “high density” foods (i.e. refried beans, clam chowder, chili, etc.) in uncovered shallow container (metal pans are best) 2” deep or less until food is cooled to 45° F or less.
- ◆ **Cover** foods once they have cooled to a temperature of 41° F or less.

22. **Leftover foods** (foods that have been held lower than 41° F or above 140° F and have not been served) will be cooled, covered, dated and stored in the refrigerator or freezer.

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

24. We do not use catered foods at our center

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 assures safety by:

- Closely supervising children,
- Ensuring all children and staff involved wash hands thoroughly,
- Planning developmentally-appropriate cooking activities (*e.g., no sharp knives*),
- Following all food safety guidelines.

27. Perishable items in sack lunches are refrigerated upon arrival at the center.

28. Birthday or party treats may only be purchased foodstuff and arrive with manufacturer wrapping intact. Home cooked foods or treats cannot be served at this center.

NUTRITION

Menus are posted and show 2 weeks or more of variety. Menus show dates and portions.

1. Breakfast is made available to any child who arrives on the premises before 7 a.m.
2. Any child who spends from 1-3 hours before or after school is offered a snack consisting of 2 components. One of the snack components offered daily is a protein or dairy product.
3. During school breaks when children spend a full day at the program, meals and/or snacks are offered at intervals not less than 2 hours and not more than 3 ½ hours apart.

<u>Time</u>	<u>Meal/Snack</u>
<u>10:00 AM</u>	<u>SNACK</u>
<u>3:00 PM</u>	<u>SNACK</u>
<u>5:45 PM</u>	<u>SNACK</u>

Pre K children or children in care during full days will bring a cold lunch from home to be eaten at noon.

1. Menus are posted at least one week in advance. Menus will include dates and portion sizes.
2. The menus will include hot and cold food and vary in colors, flavors and textures.
3. Ethnic and cultural foods will be incorporated into the menu.
4. Menus will list specific types of meats, fruits, vegetables, juices, etc.
5. Menus will include a variety of fruits, vegetables and entrée items.
6. Foods served will generally be low in fat, sugar and salt.
7. Children will have free access to drinking water.
8. Menu modifications will be planned and written for children needing special diets.
9. Menus will be followed. Necessary substitutions will be noted on the permanent menu copy.
10. Permanent menu copies will be kept on file for at least six months.
11. 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 and the child's classroom.
12. Children with severe &/or life threatening food allergies will have a completed emergency plan signed by the parent and health care provider.
13. Diet modifications for food allergies, religious &/or cultural beliefs are accommodated and posted in the kitchen and eating area. All food substitutions will be of equal nutrient value and recorded on the menu or on an attached sheet of paper.
14. Meal time 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 meal times.
15. Coffee, tea and other hot beverages will not be consumed by staff while children are in their care, in order to prevent scalding injuries. Staff provides healthy nutritional role modeling.

16. Families who provide sack lunches are notified in writing of the food requirements for mealtime. Supplemental food is available when sack lunches do not meet requirements.

DISASTER PREPAREDNESS

1. Procedures for medical, dental, poison, earthquake, fire or other emergency situations will be posted in each classroom. The Assistant Director or designated Safety Coordinator will review the policies with each staff team regularly. The Assistant Director or designated Safety Coordinator will be responsible for orienting classroom volunteers, new staff or substitutes to these plans.
2. Evacuation plans and routes will be posted in each classroom.
3. Fire and earthquake drills will be conducted and documented each month.
4. Staff will be familiar with use of the fire extinguisher.
5. Earthquake safety precautions will include: pictures and other wall hangings are secured to the walls; shelving and book cases will not be overfilled; and heavy items will be secured and not stored too high.
6. Food, water and supplies for 72 hours of survival will be available for each child and staff. The Safety Coordinator is responsible for stocking supplies. Expiration dates of food, water, and supplies are checked yearly. Essential medications and supplies are also kept on hand for individuals needing them.
7. Disaster and earthquake preparation training will occur bi-annually and be documented. Parents/guardians are directed to review the plan each quarter.
8. The Assistant Director or designated Safety Coordinator will attend Coe Elementary School Safety Committee meeting when they are held to be able to work in conjunction with Coe School's Disaster Preparedness plan.

STAFF HEALTH

1. Staff members must document a tuberculin skin test within the past 2 years, 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 hand washing, avoiding contact with ill children and adults, and cleaning of contaminated surfaces can help reduce those risks.

CHILD ABUSE AND NEGLECT

1. Suspected or witnessed child abuse or neglect will be immediately reported Child Protective Services (CPS). Phone # for CPS is (206) 721-6500 ext. 5.
2. Signs of suspected child abuse or neglect will be recorded in the Incident/Accident log book and is located in the Staff Room.
3. Documentation of staff orientation or training on the indicators of child abuse and neglect will be kept in staff files.
4. Licensor is notified of any CPS report made.

PET HEALTH

Coe Child Care will not “keep” pets on the premises. The following protocol is reserved for small pets visiting from home or held in transit to and from home and a school classroom.

1. Parents will be notified when pets are on the premises. Signs will be posted on the entry doors listing:
 - The type of animal

- The location of the animal
2. Animals are properly cared for (clean water, food, clean cages, and immunized).
 3. No live animals in food prep area.
 4. Children are closely supervised when handling pets.
 5. No turtles, lizards, birds in the parrot family, wild animals.
 6. Children with allergy response to animals are accommodated.
 7. Children/adults wash hands after handling, feeding animals or cleaning cages. **Children do not clean cages.**