St. Luke Preschool Program

Health Policy

Public Health
Seattle & King County

Preschool
HEALTH POLICY

Child Care Center Name: St. Luke Preschool & Extended Day

Director: Amy Yarno

Street: 17533 St. Luke PL N

City, State, & Zip: Shoreline, WA 98133

Telephone: 206-542-1133

Cross Street: N 175th S & Dayton Ave

Email: ayarno@stlukeshoreline.org Website: www.stlukeshoreline.org

Hours of operation: 8:30am-3:00pm

Ages served: 4yr-5yr olds, not enrolled in kindergarten

Emergency telephone numbers:

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

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

Other important telephone numbers:

Public Health Nurse Consultant: Peggy King phone: _____

Public Health Nutrition Consultant: _____ phone: _____

DEL Licensor: Carol A. Artz, phone: 425-677-0409

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

Communicable Disease Report Line: (206) 296-4774

Out-of-Area Emergency Contact: Archdiocese of Portland of Oregon (503) 234-5334

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CHILD CARE HEALTH PROGRAM CONTACT INFORMATION

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

WEBSITE *www.kingcounty.gov/health/childcare*

PURPOSE AND USE OF HEALTH POLICY

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

Our policy was prepared by Amy Yarno

Staff will be oriented to our health policy by Amy Yarno, during orientation and on an as needed basis.

Our policy is accessible to staff and parents and is located on the wall next to parent's board. This policy is subject to change at any time.

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

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

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

PROCEDURES FOR INJURIES AND MEDICAL EMERGENCIES

1. Child is assessed and appropriate supplies are obtained.

2. 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.

3. Staff call parent/guardian or designated emergency contact if necessary. For major injuries/medical emergencies, a staff person stays with the injured/ill child until a parent/guardian or emergency contact arrives, including during transport to a hospital.

4. Staff record the injury/medical emergency on Accident/Injury Report Form, which is kept in the file cabinet in appropriate file.
   The report includes:
   - date, time, place and cause of the injury/medical emergency (if known),
   - treatment provided,
   - name(s) of staff providing treatment, and
   - persons contacted.

   A copy is given to the parent/guardian the same day and a copy is placed in the child's file. For major injuries/medical emergencies, parent/guardian signs for receipt of the report and a copy is sent to the licensor no later than the day after the incident.

5. An injury is also recorded on the Injury Log, which is located in the file cabinet in appropriate file. The entry will include the child's name, staff involved, and a brief description of incident. We maintain confidentiality of this log by keeping it in the file cabinet.

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.*

Please see Appendix I: INJURY LOG TEMPLATE.

FIRST AID

At least one staff person with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid is present with each group or classroom **at all times**. Training includes: instruction, demonstration of skills, and test or assessment. Documentation of staff training is kept in personnel files.

Our first aid kits are inaccessible to children and located in the "Grab and Go Bags" and another on the wall behind teacher's desk

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

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

Travel First Aid Kit(s)

A fully stocked first aid kit is taken on all field trips and playground trips and is kept in each vehicle used to transport children. These travel first aid kits **also** contain:

- Liquid soap and paper towels
- Water
- Chemical ice (non-toxic) for injuries
- Cell phone or walkie-talkies
- Copies of completed 'consent for emergency treatment' & 'emergency contact' forms

All first aid kits are checked by Director & Lead Teacher and restocked monthly or sooner if necessary. The expiration date for syrup of ipecac is also checked at this time.

Please see Appendix II: FIRST AID KIT CHECKLIST

BLOOD/BODY FLUID CONTACT OR EXPOSURE

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

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

Blood Contact or Exposure

When a staff person or child comes into contact with blood (e.g. staff provides first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters the cut or mucous membrane of another person), the staff person informs Director and/or Lead Teacher immediately.

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

INJURY PREVENTION

1. Proper supervision is maintained at all times, both indoors and outdoors. Staff position themselves to observe the entire play area.

2. The site is inspected weekly for safety hazards by director and/or lead teacher. Staff review their rooms daily and remove any broken or damaged equipment.

   Hazards include, but are not limited to:
   - *Security issues (unsecured doors, inadequate supervision, etc.)*
   - *General safety hazards (broken toys & equipment, standing water, chokable & sharp objects, etc.)*
   - *Strangulation hazards*
   - *Trip/fall hazards (rugs, cords, etc.)*
   - *Poisoning hazards (plants, chemicals, etc.)*
   - *Burn hazards (hot coffee in child-accessible areas, unanchored or too-hot crock pots, etc.)*

3. The playground is inspected daily for broken equipment, environmental hazards, garbage, animal contamination, and required depth of cushion material under and around equipment by lead teacher. It is free from entrapments, entanglements, and protrusions.

4. Toys are age appropriate, safe, and in good repair. Broken toys are discarded. Mirrors are shatterproof.

5. Cords from window blinds/treatments are inaccessible to children.
   (Many infants and young children have died from strangling in window cords. Consider cordless window treatments, or replace or retrofit corded models. See the Window Covering Safety Council's website, www.windowcoverings.org, for more information.)

6. Staff do not step over gates or other barriers while carrying infants or children.

7. Hazards are reported immediately to director. The assigned person will insure that they are removed, made inaccessible or repaired immediately to prevent injury.

8. The Injury Log is monitored by director on a monthly basis to identify accident trends and implement a plan of correction.

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

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Children with any of the following symptoms are not permitted to remain in care:

1. **Fever** of at least 100 ° F as read under arm (axillary temp.) ***accompanied by*** one or more of the following:
   - diarrhea or vomiting
   - earache
   - headache
   - signs of irritability or confusion
   - sore throat
   - rash
   - fatigue that limits participation in daily activities

   No rectal or ear temperatures are taken. Digital thermometers are used.

   (Oral temperatures may be taken for preschool through school age children if single use covers are used over the thermometer. Glass thermometers contain mercury, a toxic substance, and are therefore should not be used. Temperature strips should not be used because they are frequently inaccurate.)

2. **Vomiting:** 2 or more occasions within the past 24 hours.
3. **Diarrhea:** 3 or more watery stools within the past 24 hours or any bloody stool.
4. **Rash,** especially with fever or itching.
5. **Eye discharge or conjunctivitis (pinkeye)** until clear or until 24 hours of antibiotic treatment.
6. **Sick appearance, not feeling well, and/or not able to keep up with program activities.**
7. **Open or oozing sores**, unless properly covered **and** 24 hours has passed since starting antibiotic treatment, if antibiotic treatment is necessary.
8. **Lice or scabies:**

   Head lice: until no nits are present.

   Scabies: until after treatment is begun.

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

Children with any of the above symptoms/conditions are separated from the group and cared for in a quiet location inside our classroom. Parent/guardian or emergency contact is notified to pick up child.

We notify parents and guardians when their children may have been exposed to a communicable disease or condition (other than the common cold) and provide them with information about that disease or condition. We notify parents and guardians of possible exposure by email. Individual child confidentiality is maintained.

In order to keep track of contagious illnesses (other than the common cold), an Illness Log is kept. Each entry includes the child's name, classroom, and type of illness. This is located in file cabinet in appropriate file. We maintain confidentiality of this log by keeping it in the file cabinet.

Please see Appendix III: ILLNESS LOG TEMPLATE.

Fact sheets and sample letters are available from your public health nurse consultant and are also online at www.kingcounty.gov/health/childcare (listed in "Model Policies and Forms").

Staff members follow the same exclusion criteria as children.

Public Health
Seattle & King County

NOTIFIABLE CONDITIONS and COMMUNICABLE DISEASE REPORTING

Licensed childcare providers in Washington are required to notify Public Health when they learn that a child has been diagnosed with one of the communicable diseases listed below. **In addition, providers should also notify their Public Health Nurse when an unusual number of children and/or staff 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)
Animal Bites
Anthrax
Arboviral disease (for example, West Nile virus)
Botulism (foodborne, wound, and infant)
Brucellosis
Burkholder mallei and pseudomallei
Campylobacteriosis
Chancroid
Chlamydia
Cholera
Cryptosporidiosis
Cyclosporiasis
Diphtheria
Diseases of suspected **bioterrorism origin**
Diseases of suspected **foodborne origin**
Diseases of suspected **waterborne origin**
Domoic acid poisoning
Enterohemorrhagic ***E. coli,*** (including *E. coli* O157:H7 infection)
Giardiasis
Gonorrhea
Granuloma inguinale
Haemophilus influenzae **invasive disease**
Hantavirus pulmonary syndrome
Hemolytic uremic syndrome
Hepatitis A, acute
Hepatitis B, acute
Hepatitis B, chronic
Hepatitis C, acute, or chronic
Hepatitis, unspecified (D, E)
HIV infection
Immunization reactions, (severe, adverse)
Influenza, novel or untypable strain
Legionellosis
Leptospirosis
Listeriosis
Lyme disease
Lymphogranuloma venereum
Malaria
Measles
Meningococcal disease
Monkeypox
Mumps
Paralytic shellfish poisoning
Pertussis
Plague
Poliomyelitis
Prion disease
Psittacosis
Q fever
Rabies and Rabies Exposures
Rare diseases of public health significance
Relapsing fever
Rubella
Salmonellosis
SARS
Sexually Transmitted Diseases (chancroid, gonorrhea, syphilis, genital herpes simplex, granuloma inguinale, lymphogranuloma venerium, *Chlamydia trachomatis*)
Shigellosis
Smallpox
Tetanus
Trichinosis
Tuberculosis
Tularemia
Vaccinia transmission
Vancomyacin resistant S. Aureus
Typhus
Unexplained critical illness or death
Vibriosis
Viral hemorrhagic fever
Yellow fever
Yersiniosis

Rev. February 2011

Even though a disease may not require a report, you are encouraged to consult with a Child Care Health Program Public Health Nurse at (206) 263-8262 for information about childhood illness or disease prevention. More information about communicable diseases can be found at http://www.kingcounty.gov/healthservices/health/communicable/diseases.aspx

IMMUNIZATIONS

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

Immunization records are reviewed beginning of the year by a volunteer nurse.

Children are required to have the following immunizations:

DTaP (Diphtheria, Tetanus, Pertussis)

IPV (Polio)

MMR (Measles, Mumps, Rubella)

Hepatitis B

HIB (Haemophilus influenzae type b) *until age 5*

Varicella (Chicken Pox) or Health Care Provider verification of disease

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

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

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

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

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

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

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

MEDICATION POLICY

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

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

Parent /Guardian Consent

1. A parent/guardian may provide the sole consent for a medication, (without the consent of a health care provider), **if and only if** the medication meets all of the following criteria:

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

      - Antihistamine
      - Non-aspirin fever reducer/pain reliever
      - Non-narcotic cough suppressant
      - Decongestant
      - Ointment or lotion intended specifically to relieve itching or dry skin
      - Hand sanitizers for children over 12 months of age ***and***

   b. The medication has instructions and dosage recommendations for the child's age and weight; *and*
   c. The medication duration, dosage, amount, and frequency specified on consent form is consistent with label directions and does not exceed label recommendations.

2. Written consent for medications covers only the course of illness or specific "time limited" episode.

   Please note: As with all medications, label directions must be followed.

Health Care Provider Consent

1. The written consent of a health care provider with prescriptive authority is required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, iron, supplements, oral re-hydration solutions, fluoride, herbal remedies, and teething gels and tablets).

2. Medication is added to a child's food or liquid only with the **written consent of health care provider.**

3. A licensed health care provider's consent is accepted in one of 3 ways:

   - The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, frequency [cannot be given "as needed"], duration, and expiration date); *or*
   - The provider signs a note or prescription that includes the information required on the pharmacist's label; *or*
   - The provider signs a completed medication authorization form.

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

Medication Storage

1. Medication is stored: in a locked cabinet or in preschool refrigerator (if refrigeration is needed).

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

2. Rescue medication (e.g., EpiPen® or inhaler) is stored: in a locked cabinet.

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

3. Controlled substances (e.g., ADHD medication) are stored in a locked cabinet. Controlled substances are counted and tracked with a controlled substance form.
   ***"Controlled Substances Medication form" is available at www.kingcounty.gov/health/childcare*

   Please see Appendix IV: CONTROLLED SUBSTANCES RECORD.

4. Medications no longer being used are promptly returned to parents/guardians, discarded in trash inaccessible to children, or in accordance with current hazardous waste recommendations. (Medications are not disposed of in sink or toilet.)
   More information is available at www.takebackyourmeds.org

5. Staff medication is stored in school office out of reach of children. Staff medication is clearly labeled as such.

Emergency supply of critical medications

For children's critical medications, including those taken at home, we ask for a 3-day supply to be stored on site along with our disaster supplies. Staff are also encouraged to supply the same. Critical medications – to be used only in an emergency when a child has not been picked up by a parent, guardian, or emergency contact – are stored in "Grab and Go Bag" Medication is kept current (not expired). ***"3-day Critical Medication form" is available at www.kingcounty.gov/health/childcare*

Staff Administration and Documentation

1. Medication is administered by staff trained in medication administration.

2. Staff members who administer medication to children are trained in medication procedure and center policy. A record of the training is kept in staff files.

3. The parent/guardian of each child requiring medication involving special procedures (e.g., nebulizer, inhaler, EpiPen®) trains staff on those procedures. A record of trained staff is maintained on/with the medication authorization form.

4. Staff giving medication document the time, date, and dosage of the medication given on the child's medication authorization form. Each staff member signs her/his initials each time a medication is given and her/his full signature once at the bottom of the page.

5. Any observed side effects are documented by staff on the child's medication authorization form and reported to parent/guardian. Notification is documented.

6. If a medication is not given, a written explanation is provided on authorization form.

7. Outdated medication authorization forms are promptly removed from medication binder/clipboard and placed in child's file.

8. All information related to medication authorization and documentation is considered confidential and is stored out of general view.

Medication Administration Procedure

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

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

2. *Carefully read all relevant instructions, including labels on medications, noting:*
   - *child's name,*
   - *name of the medication,*
   - *reason for the medication,*
   - *dosage,*
   - *method of administration,*
   - *frequency,*
   - *duration (start and stop dates),*
   - *any possible side effects, and*
   - *any special instructions*

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

3. *Prepare medication on a clean surface away from diapering or toileting areas.*

   - *Do not add medication to child's bottle/cup or food without health care provider's written consent.*
   - *For liquid medications, use clean medication spoons, syringes, droppers, or medicine cups with measurements provided by the parent/guardian (not table service spoons).*
   - *For capsules/pills, measure medication into a paper cup.*

4. *Administer medication.*

5. ***Wash hands*** *after administering medication.*

6. *Observe the child for side effects of medication and document on the child's medication authorization form.*

7. *Document medication administration*

HEALTH RECORDS

Each child's health record will contain:

- health, developmental, nutrition, and dental histories
- date of last physical exam
- name and phone number of health care provider and dentist
- allergy information and food intolerances
- individualized care plan for child with special health care needs (medical, physical, developmental or behavioral)

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

- list of current medications
- current immunization records (CIS form)
- consent for emergency care
- preferred hospital
- any assistive devices used (e.g., glasses, hearing aids, braces)

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

CHILDREN WITH SPECIAL NEEDS

Our center is committed to meeting the needs of all children. 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. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with our public health nurse consultant and other agencies/organizations as needed.

5. An individual plan of care is developed for each child with a special health care need. The plan of care includes information and instructions for

   - daily care
   - potential emergency situations
   - care during and after a disaster

   Completed plans are requested from health care provider every 6 months or more often as needed for changes. Plans are reviewed, initialed, and dated monthly by parent/guardian. Director and Lead teacher are responsible for ensuring care plans are kept updated. Children with special needs are not present without plan on site.

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

7. Teachers, cooks, and other staff will be oriented to any special needs or diet restrictions by parent/guardian.

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

HANDWASHING

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

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

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

(b) Before and after handling foods, cooking activities, eating or serving food

(c) After toileting self or children

(d) 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

(j) After giving first aid

Children are assisted or supervised in handwashing:

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

(b) Before and after meals and snacks or cooking activities (in handwashing, not in food prep sink)

(c) After toileting

(d) After handling or coming in contact with body fluids such as mucus, blood, saliva or urine

(e) After outdoor play

(f) After touching animals

(g) Before and after water table play

Handwashing Procedure

The following handwashing procedure is followed:

1. Turn on water and adjust temperature.
2. Wet hands and apply a liberal amount of soap.
3. Rub hands in a wringing motion from wrists to fingertips for a period of not less than 20 seconds.
4. Rinse hands thoroughly.
5. Dry hands using an individual paper towel.
6. Use hand-drying towel to turn off water faucet(s) and open any door knob/latch before discarding.
7. Apply lotion, if desired, to protect the integrity of skin.

Handwashing procedures are posted at each sink used for handwashing.

CLEANING, SANITIZING, AND LAUNDERING

Cleaning, rinsing, and sanitizing are required on most surfaces in child care facilities, including tables, counters, toys, etc. This 3-step method helps maintain a more sanitary child care environment and healthier children and staff.

1. ***Cleaning*** *removes a large portion of germs, along with organic materials - food, saliva, dirt, etc. – which decrease the effectiveness of sanitizers.*
2. ***Rinsing*** *further removes the above, along with any excess detergent/soap.*
3. ***Sanitizing*** *kills the vast majority of remaining germs.*

Storage

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

1. Inaccessible to children,
2. In their original container,
3. Separate from food and food areas (not above food areas)
4. In a place which is ventilated to the outside,
5. Kept apart from other incompatible chemicals
    a. *(e.g., bleach and ammonia create a toxic gas when mixed),* ***and*** in a secured cabinet, to avoid a potential chemical spill in an earthquake

Cleaning

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

Rinsing

Spray with clear water and wipe with a paper towel.

Sanitizing

Spray with a dilution of bleach and water (see table), leave on surface for a minimum of 2-minutes or allow to air dry.

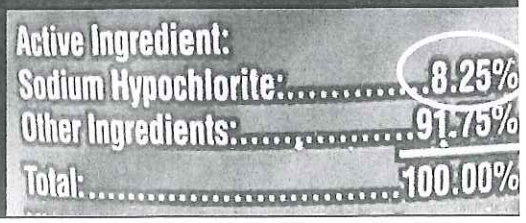
Bleach Solutions for 8.25%

REGULAR BLEACH CONCENTRATION IS NOW STRONGER (8.25%)

READ THE LABELS AND TAKE THE FOLLOWING STEPS TO ENSURE SAFETY IN YOUR CHILD CARE FACILITY

1

Identify what bleach concentration is in your facility.
Refer to the chart below for mixing instructions.
Find the % sodium hypochlorite on the bottle.
Avoid splashless and scented bleaches.



2

Clean

- Scrub with soap and warm water and rinse.
- Always clean surfaces to remove visible soil, dirt and contamination before using bleach solution.

3

Mix

- **Mix fresh solutions daily** for sanitizing and disinfecting.
- Mix bleach with cool water.
- Do not mix liquid bleach with other cleaning products, toilet bowl cleaners or ammonia, which may release hazardous gases into the air.

4

Sanitize, Disinfect, Special Clean-up

- Wet entire surface
- Leave solution on surface for two minutes
- Dry with paper towel or air-dry

Sanitize (100 PPM)	Disinfect (600 PPM)	Special Clean-up (5000 PPM)
LEAN & SANITIZE AFTER EACH USE: • Children's mouthed toys • Food service areas, dishes	**CLEAN & DISINFECT AFTER EACH USE:** • Diaper changing surface	**CLEAN & USE AS NEEDED FOR VOMIT AND DIARRHEA:** • Not for other bodily fluids
ANITIZE DAILY OR WHEN SOILED: • Dishcloths, synthetic sponges • Common surfaces (other than in bathrooms), floors, mats, tables, countertops and hard surfaces, door knobs, etc.	**DISINFECT DAILY OR WHEN SOILED:** • Bathroom areas	**MIX SOLUTION WHEN NEEDED** **WEAR GLOVES AND MASKS TO PROTECT YOURSELF**
teaspoon bleach/ **pint** water	**¾ teaspoon** bleach/ **pint** water	**2 tablespoon** bleach/ **pint** water
teaspoon bleach/ **quart** water	**1 ½ teaspoon** bleach/ **quart** water	**4 tablespoon** bleach/ **quart** water
teaspoon bleach/ **gallon** water	**2 tablespoons** bleach/ **gallon** water	**1 cup** (8 oz) bleach/ **gallon** water

Go to Metro's web site to order bleach kits for making sanitizing and disinfection easy.
videos for staff training, bleach pumps, posters, etc. at www.oregonmetro.gov/cleangreen

Visit Oregon Kids Healthy and Safe to find this and other information for child care providers:
www.healthoregon.org/childcare

If you have questions about mixing and using bleach solutions for sanitizing

Oregon Health Authority

Cleaning and Sanitizing Specific Areas and Items

We do all of our own cleaning and sanitizing of tables.

We have a janitorial service for cleaning the following: floors and bathrooms

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

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

Floors

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

Furniture

- Painted furniture is kept free of paint chips. No bare wood is exposed; paint is touched up as necessary. *(Bare wood cannot be adequately cleaned and sanitized.)*

Garbage

- Garbage cans are lined with disposable bags and are emptied when full
- Outside surfaces of garbage cans are cleaned, rinsed, and sanitized daily. Inside surfaces of garbage cans are cleaned, rinsed, and sanitized as needed.

  (Food-waste cans must have tight-fitting lids and be hands-free. Garbage cans for paper towels must be hands-free; that is, lid-free or with a pedal-operated lid.)

Tables

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

Toys

- **Only washable toys are used.**
- Dress-up clothes are washed weekly (or as necessary) with hot water.
- Other toys are washed, rinsed, and sanitized weekly (and as necessary).

Water Tables

- Water tables are emptied and cleaned, rinsed, and sanitized after each use, or more often as necessary.
- 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.

FOOD SERVICE

We do NOT prepare any snacks or full meals.
Snacks and meals are provided by parents and are clearly labeled.

1. **Food handler permits** are required for staff who prepare full meals and are encouraged for all staff. An "in charge" person with a food handler permit is onsite during all hours of operation, to assure that all food safety steps are followed.
2. **Orientation and training** in safe food handling is given to all staff.
3. **Ill staff or children** do not prepare or handle food. Food workers may not work with food if they have:
    - diarrhea, vomiting or jaundice
    - diagnosed infections that can be spread through food such as Salmonella, Shigella, E. coli or hepatitis A
    - infected, uncovered wounds
    - continual sneezing, coughing or runny nose
4. **Child care cooks** do not clean toilets.
5. **Staff wash hands** with soap and warm running water prior to food preparation and service in a designated hand-washing sink – never in a food preparation sink.
6. **Gloves are worn or utensils are used** for direct contact with food. *(No bare hand contact with ready-to-eat food is allowed.) Gloves must also be worn if the food preparation person is wearing fingernail polish or has artificial nails. We highly recommend that food service staff keep fingernails trimmed to a short length for easy cleaning. (Long fingernails are known to harbor bacteria).*
7. **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.
8. **Refrigerators and freezers** have thermometers placed in the warmest section (usually the door). Thermometers stay at or below 41° F in the refrigerator and 10°F in the freezer.
9. **Microwave ovens,** if used to reheat food, are used with special care. Food is heated to 165 degrees, stirred during heating, and allowed to cool at least 2 minutes before serving. *Due to the additional staff time required, and potential for burns from "hot spots," use of microwave ovens is not recommended.*
10. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
11. **Cleaning and sanitizing** of the kitchen is done according to the *Cleaning, Sanitizing and Laundering* section of this policy.

12. **Dishwashing** complies with safety practices:
    - Hand dishwashing is done with three sinks or basins (wash, rinse, sanitize).
    - Dishwashers have a high temperature sanitizing rinse (140° F residential or 160°F commercial) or chemical sanitizer.
13. **Cutting boards** are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.
14. **Food prep sink** is not used for general purposes or post-toilet/post-diapering handwashing.
15. **Kitchen counters, sinks, and faucets** are washed, rinsed, and sanitized before food production.
16. **Tabletops** where children eat are washed, rinsed, and sanitized before and after every meal and snack.
17. **Thawing frozen food:** frozen food is thawed in the refrigerator 1-2 days before the food is on the menu, or under cold running water. *Food may be thawed during 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.*
18. **Food is cooked to the correct internal temperature:**

Ground Beef 155° F	Fish 145° F
Pork 145° F	Poultry 165° F

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

    Foods are covered once they have cooled to a temperature of 41° F or less.
23. **Leftover foods** *(foods that have been below 41° F or above 140° F and have not been served)* are cooled, covered, dated, and stored in the refrigerator or freezer. Leftover food is refrigerated immediately and is not allowed to cool on the counter.
24. **Reheating foods:** foods are reheated to at least 165° F in 30 minutes or less.

25. We do not use catered foods at our center.
26. **Food substitutions**, due to allergies or special diets and authorized by a licensed health care provider, are provided within reason by the center.
27. When children are involved in cooking projects our center assures safety by:
    - 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.
28. Perishable items in sack lunches and snacks are refrigerated upon arrival at the center.

NUTRITION FOR PRESCHOOL PROGRAMS

1. Food is offered at intervals not less than 2 hours and not more than 3 ½ hours apart.
2. Our site is open 9.5 hours or less
3. All meals and snacks will be provided from the child's home unless utilizing the St. Luke school hot lunch program.
4. All meals and snacks need to follow the WA State nutritional guidelines.
5. Each snack or meal includes a liquid to drink. This drink is water or one of the required components such as milk or 100% fruit juice.
6. Menus include hot and cold food and vary in colors, flavors and textures.
7. Meals include types of meats, fruits, vegetables, etc.
8. Meals include a variety of fruits and vegetables.
9. Foods served are generally moderate in fat, sugar, and salt content.
10. Children have free access to drinking water
11. Menus are followed. Necessary substitutions are noted on the permanent menu copy.
12. Permanent menu copies are kept on file for at least six months. *(USDA requires food menus to be kept for 3 years plus the current year.)*
13. Children with food allergies and medically-required special diets have diet prescriptions signed by a health care provider on file. Names of children and their specific food allergies are posted in the child's classroom.
14. Children with severe and/or life threatening food allergies have a completed individual care plan signed by the parent and health care provider.
15. Diet modifications for food allergies, religious and/or cultural beliefs are accommodated and posted in classroom. All food substitutions are of equal nutrient value and are recorded on the menu or on an attached sheet of paper.
16. Snack environments are developmentally appropriate and support children's development of positive eating and nutritional habits. We encourage staff to sit, eat and have casual conversations with children during mealtimes.
17. Coffee, tea, and other hot beverages consumed by staff while children are in their care, have lids and remain in teacher's area in order to prevent scalding injuries.

18. Staff provide healthy nutritional role modeling.

19. Families who provide sack lunches/snacks are notified in writing of the food requirements for mealtime.

DISASTER PREPAREDNESS

Plan and Training

Our Center has developed a disaster preparedness plan/policy. Our plan includes responses to the different disasters our site is vulnerable to, as well as procedures for on- and off-site evacuation and shelter-in-place. Evacuation routes are posted in each classroom. Our disaster preparedness plan/policy is located next to classroom door.

Staff is oriented to our disaster policy at orientation.

Parents/guardians are oriented to this plan during parent orientation night.

Staff is trained in the use of fire extinguishers at the beginning of the year by St. Luke maintenance manager. Staff persons are trained in utility control (how to turn off gas, electric, water).

Disaster and earthquake preparation and training are documented.

Supplies

Our center has a supply of food and water for children and staff for at least 72 hours, in case parents/guardians are unable to pick up children at usual time. Director and lead teacher are responsible for stocking supplies. Expiration dates of food, water, and supplies are checked twice yearly and supplies are rotated accordingly. Essential medications and medical supplies are also kept on hand for individuals needing them.

Hazard Mitigation

We have taken action to make our center earthquake/disaster-safe. Bookshelves, tall furniture, refrigerators, crock pots, and other potential hazards are secured to wall studs. We continuously monitor all rooms and offices for anything that could fall and hurt someone or block an exit – and take action to correct these things. The director is the primary person responsible for hazard mitigation, although all staff members are expected to be aware of their environment and make changes as necessary to increase safety.

Drills

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

Please see Appendix VII: 3-DAY CRITICAL MEDICATION AUTHORIZATION FORM and Appendix VIII: DISASTER DRILL RECORD. For more detailed information on disaster preparation, please contact your Public Health Nurse Consultant.

STAFF HEALTH

1. New staff and volunteers must document a tuberculin skin test (Mantoux method) within the past year, unless not recommended by a licensed health care provider.

2. Staff members who have had a positive tuberculin skin test in the past will always have a positive skin test, despite having undergone treatment. These employees do not need documentation of a skin test. Instead, by the first day of employment, documentation must be on record that the employee has had a negative (normal) chest x-ray and/or completion of treatment.

3. Staff members do not need to be retested for tuberculosis unless they have an exposure. If a staff member converts from a negative test to a positive test during employment, medical follow up will be required and a letter from the health care provider must be on record that indicates the employee has been treated or is undergoing treatment.

4. Our center complies with all recommendations from the local health jurisdiction. (TB is a reportable disease.).

5. Staff members who have a communicable disease are expected to remain at home until no longer contagious. Staff are required to follow the same guidelines outlined in EXCLUSION OF ILL CHILDREN in this policy.

6. Staff members are encouraged to consult with their health care provider regarding their susceptibility to vaccine-preventable diseases.

7. Staff who are pregnant or considering pregnancy are encouraged to inform their health care provider that they work with young children. *When working in child care settings there is a risk of acquiring infections which can harm a fetus or newborn. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles), In addition to the infections listed here, other common infections such as influenza and Hand Foot and Mouth disease can be more serious for pregnant women and newborns. Good handwashing, avoiding contact with ill children and adults, and cleaning of contaminated surfaces can help reduce those risks.*

Recommendations for adult immunizations are available at
http://www.doh.wa.gov/cfh/Immunize/immunization/adults.htm

CHILD ABUSE AND NEGLECT

1. Child care providers are state mandated reporters of child abuse and neglect; we immediately report suspected or witnessed child abuse or neglect to Child Protective Services (CPS). The phone # for CPS is 1-800-609-8764.

2. Signs of child abuse or neglect are documented on _____ *(name of report form)*, which is located _____ *(where)*.

3. Training on identifying and reporting child abuse and neglect is provided to all staff and documentation kept in staff files.

4. Licensor is notified of any CPS report made.

ANIMALS ON SITE

☒ We have no animals on site or animal visitors at any time.

☐ We have animals on site

☐ We have animal visitors: □ regularly □occasionally

Injury Log

Date & Time	Child's Full Name	Injury/Incident	Where/ Equipment	Action Taken	Staff Involved

Public Health
Seattle & King County

First Aid Kit Checklist

Room _____ Location_____

	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
First Aid Guide												
Band-Aids (different sizes)												
Tweezers for surface splinters												
Sterile gauze pads (2, 3 and 4 inch sizes)												
Roller bandages (gauze)												
Large Triangular Bandage												
Adhesive tape												
Small Scissors												
Gloves (nitrile, vinyl or latex)												
CPR mouth barrier												
Syrup of Ipecac												

Public Health
Seattle & King County

Illness Log

Date & Time Identified	Check Appropriate Box		Child's First & Last Name	Symptoms of Illness or Diagnosis, If known	Action Taken: Persons notified Child sent home? Parent/guardian notification posted?	Staff involved
	Child At Home	Child At Center				

Public Health
Seattle & King County

Controlled Substances in Child Care Centers

Child Care Center _____

Child's Name: _____ Diagnosis: _____

Medication: _____ Date Received: _____

Amount Received: _____ Refrigeration Required: ☐ Yes ☐ No

Start Date: _____ Stop Date: _____

Amount Returned to Parent/Guardian: _____ Date Returned: _____

DATE	TIME	STARTING AMOUNT/ QUANTITY	AMOUNT/QUANITY GIVEN	SIGNATURE 1	SIGNATURE 2

Signature _____ Signature _____

Signature _____ Signature _____

Signature _____ Signature _____

Public Health
Seattle & King County

Care Plan Tracking

To ensure the best care for all children!

Child	Class Room	Health Concern	Date Care Plan Completed	Date Care Plan Updated			

Alternate Cleaning/Sanitizing/Disinfecting Chemicals

The nationwide standard for sanitizing in child care is a bleach and water solution. All sanitizing products other than bleach must be approved by the Department of Early Learning for use in child care. Products must be used according to label instructions. (Complete the following for each product used.)

- Product name: _____
  _____
- Product is used to ☐ clean ☐ sanitize the following: _____
  _____
  _____
  _____
- Product is labeled for use on food contact surfaces (if used in kitchens or food preparation areas, on tables or high chair trays, for infant and toddler toys, or in infant and toddler areas).
- The contact time required for sanitizing/disinfecting is _____
  _____*(Product must remain wet on surface for this amount of time.)*
- Rinsing after use _____ *(is/is not)* required.
- Other manufacturer instructions:
  _____
  _____
  _____
  _____
  _____.

This Product was approved by _____

From the Department of Early Learning on _____

Public Health
Seattle & King County

3 – Day Critical Medication Authorization Form

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

Child's Name:	Date of Birth/Age:
Name of Medication:	Reason for Medication:
Date:	Date to be replaced/rotated*: Expiration date of medication:
☐ Scheduled Times to be given:	Amount to be given:
☐ Medication is to be given as needed for the following symptoms:	
Possible Side Effects:	☐ Oral ☐ Topical ☐ Other
☐ Above information consistent with label:	Requires Refrigeration ☐ Yes ☐ No
Special Instructions:	

* Maximum 6 months – sooner as needed

_____ _____

Parent/Guardian Signature** Date

_____

Daytime Phone Number

_____ _____

Physician Signature (Required) Date

_____

Physician Phone Number

**** Please be sure to inform program if child's health status/medication changes!**

Public Health
Seattle & King County

Child Care/Early Learning Disaster Drill Record

Date of Drill _____ Time of Drill _____ Name of Program _____

Brief Description of Drill

Rooms Participating in Drill

Objectives	Evaluation	Change to be Made	When Changes Made

Name of Person Organizing Drill _____