

Children Are Special Health Care Policies Emergency Contact List

Agency Name: Children Are Special
Street: 700 Sharon Ave E
City/State/Zip: Moses Lake WA, 98837
Telephone: (509) 764-8536
Email: childrenarespecial2004@gmail.com
Website: www.children-r-special.com

Out-of-area emergency contact: (425) 931-3894
Cross Street: Monroe

Emergency telephone numbers:

Fire/Police/Ambulance: **911**
Poison Center: 1-800-222-1222
Animal Control: (509) 762-1160
CPS: (509) 764-5740

Hospital used for life-threatening emergencies:

Name of Hospital: Samaritan Hospital
Address: 1550 S. Pioneer Way
Phone: (509) 764-2933

Other important telephone numbers:

DCYF Licensor: Alma Bustos (509) 665-5288
Infant Consultant Nurse: Michelle Starnes (509) 521-4496
Public Health Communicable Disease Reporting: (509) 766-7960

The Purpose and Use of Health Policies

This document is a collection of health and safety policies that reflect the practices at **Children Are Special Early Learning Center**. Staff are trained with it, and sections may be in the Parent Handbook.

This Policy was prepared by **Crystal Kast**.

Staff will be oriented to this Policy by **Crystal Kast or Josh Kast**.
Every November.

Our policy is accessible to staff and parents and is located:
In every Classroom, the office area of our center and can be found on our website at children-r-special.com.

INJURY/ EMERGENCY PROCEDURES

Injuries

At least one staff member responsible for a group of children will have a current national first aid and age appropriate CPR certificate. First Aid and CPR training must be updated as required on the card or certificate, reviewed by **Josh Kast (Director)**. First Aid and CPR card or certificate must have a date of expiration.

Staff will provide first aid for injury as needed. Gloves will be worn if any body fluids are present.

Staff trained in first aid will refer to the First Aid manual located next to our First Aid Kit.

Staff will refer to the child's emergency form and call parents/guardians, emergency contacts *or health care provider, as necessary*.

Major injuries/Life-Threatening Emergencies

If more than one staff person: one staff person will stay with the injured/ill/poisoned child and send another staff person to call 911. *If only one staff person:* person will assess for breathing and circulation, administer CPR for one minute if necessary, and then call 911.

Staff will provide first aid as needed. Gloves will be worn if any body fluids are present. A staff person will stay with the injured/ill child, including transport to a hospital if necessary, until a parent, guardian or emergency contact arrives.

Reporting

Information on how to contact the parents in emergencies will be readily available.

Staff will report incidents both by phone and in writing on:

The injury/incident form

The individual report form will include:

- Date AND
- Treatment provided AND
- Name of staff providing treatment
- *Time*
- *Place*
- *Possible cause of the illness or injury*
- Signature of staff person in charge

A copy will be offered to the parent/guardian the same day and another copy placed in the child's individual, confidential file.

When incidents required medical treatment or hospitalization happen, reporting will be done by phone and in writing, to the parent, licenser and the child's social worker if they have one.

A copy of the Individual report will be sent to the licenser as soon as possible.

Asthma and Allergic Reactions

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

Asthma:

- An emergency treatment plan shall be kept on file for any child with asthma, *or any condition described by the parent as a breathing difficulty. Such a care plan can be obtained from your Public Health Nurse consultant.*
- An emergency treatment plan *shall be implemented when child exhibits breathing problems at childcare.*

Allergies:

• An emergency treatment plan shall be filled out and kept on file for children whose registration form or parent report indicates life threatening (i.e. peanuts, latex, bees) allergies. This center will use the Child Care Emergency Plan for Allergic Reactions. The emergency treatment plan *shall be implemented when a child exhibits symptom as described on the Plan.*

Staff will record incidents as described above.

FIRST AID KITS

Our fully stocked First Aid Kits, in a clean and safe container such as a tackle box, inaccessible to children, separate from food and chemicals, are in *the kitchen* and in each vehicle used to transport children.

Our First Aid Kits must contain:

- ◆ Current First Aid Guide
- ◆ Sterile gauze pads
- ◆ Small scissors
- ◆ Adhesive tape
- ◆ Roller bandages
- ◆ Large triangular bandage
- ◆ Nonsterile Gloves (*nitrile, vinyl or latex*)
- ◆ Band-Aids (different sizes)
- ◆ Bottle of Ipecac Syrup * (check date)
- ◆ One way CPR barrier or mask
- ◆ *Digital thermometer with sleeves*
- ◆ *Blood clean-up kit*
- ◆ *Tweezers for surface splinters*

A portable First Aid Kit will be taken on all walks, field trips and playground trips. These travel first aid kits should also contain:

- ◆ *Liquid Soap-paper towels*
- ◆ *Water*
- ◆ *Chemical Ice (non-toxic)*
- ◆ *Change for phone calls and/or cell phone*
- ◆ *An emergency dose of critical medication such as an Epi-Pen, Jr. TM or asthma inhaler for those children who need it.*

All first aid kits will be checked by **Josh Kast (every December)** and restocked monthly or sooner if necessary.

CONTACT OR EXPOSURE TO BODY FLUIDS

All staff will have written proof of HIV/AIDS and Bloodborne Pathogen training that includes prevention, transmission, and confidentiality issues.

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. 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:

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.

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.

All surfaces in contact with body fluids will be cleaned immediately and disinfected with the Center approved disinfectant or bleach in the concentration used for disinfecting body fluids:

- *¼ cup bleach to 1-gallon water*
- *Or what the bleach container instructions recommend*

Used gloves and cleaning material used to wipe up body fluids will be put in a plastic bag, closed with a tie, and placed in a covered waste container. Any brushes, brooms, dustpans, mops, etc. used to clean-up body fluids will be washed in detergent, rinsed, and soaked in a disinfecting solution for at least 2 minutes. Washable items, such as cloth items or mops can be washed with hot water and soap in the washing machine. All items will be hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach in an area ventilated to the outside.

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.

Hands are always washed after handling soiled laundry or equipment or any other potential exposures of body fluids.

Blood Contact or Exposure

*When a staff person or child comes into contact with blood (i.e. 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 **Josh Kast** immediately.*

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Staff will check all children for signs of illness when they arrive at the center and throughout the day. If these signs of a possibly contagious illness are present, a child will not be admitted to the center that day. If a child needs to be excluded from group care, the parent will be called to pick up their child and **an employee** will care for the child **in office area if possible or classroom away from other children if office area is not available** until the parent arrives.

*When parents do not pick up their child in a timely manner, the following will happen: **The first time will be a warning. Termination will happen if it happens again.***

Children and staff with the following symptoms will be excluded:

Fever of at least 100.4° F **AND** who also have one or more of the following:

- ◆ Headache
- ◆ Earache
- ◆ Sore throat
- ◆ Rash

- ◆ Fatigue that prevents participation in regular activities.

Oral temperatures, done with single use disposable covers over the thermometer, can be taken on preschool through school-age children; *under arm (axillary) on all others*; no rectal nor ear temperatures will be taken. *Digital thermometers are recommended.*

Vomiting on 2 or more occasions within the past 24 hours.

Diarrhea: 3 or more watery stools, or 1 bloody stool, within a 24-hour period.

Any suspected communicable skin infection such as impetigo, pinkeye, and scabies.

Open or oozing sores, unless properly covered and 24 hours has passed since starting antibiotic treatment, if treatment is necessary.

Lice or nits. *For head lice, children and staff may return to childcare after treatment and if no nits are visible.*

Fatigue, irritability, or confusion that prevents participation in regular activities, such as *sleeping or resting more than usual for that child, not wanting to eat, or multiple cold symptoms that keep the child from regular activities.*

Following an illness or injury, children will be readmitted to the program when:

- ♦ *They have been without fever for 24 hours without being treated by an antipyretic such as acetaminophen (Tylenol™) or ibuprofen, OR*
- ♦ Advised by a Public Health Nurse on communicable disease guidelines for Child Care.

COMMUNICABLE DISEASE REPORTING

Licensed childcare facilities are required to report communicable diseases to their local Public Health department and the licensor, by phone. The following is a partial list of the official diseases that should be reported. They were selected because they represent diseases that most likely to be found in childcare settings. For a complete list of notifiable diseases, call the Health District. *Even though a disease may not require a report, you are encouraged to consult with the Health District for information about common childhood illness or disease prevention, information and to determine when a child or staff member may return to the Center.* Children and staff who have a reportable disease may not be in attendance at the Center unless approved by the local Health Authority.

The following communicable diseases will be reported to the Health District at The Moses Lake Health District, giving the caller's name, the name of the childcare program, address and telephone number and name of child involved:

MEDICATION MANAGEMENT

If a child has a condition where the Americans with disabilities Act (ADA) applies, reasonable accommodations will be made to give any prescription medication and/or over-the-counter medication prescribed for a child by their health care provider. _

Parent/Guardian Consent.

This Center **will** give the following over-the-counter medication. Then, 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.

- 1) The medication is over the counter AND is one of the following types:
 - Ointments or lotions, specifically intended to reduce or stop itching, dry skin
 - Diaper ointments or non-talc powders intended for use in the diaper area**AND**
 - Sunscreen for children over 6 months of age
- 2) The medication is in the original container and labeled with the child's name.
- 3) The medication has instructions and dosage for the child's weight and age; **AND**
- 4) The medication is not expired.

The consent will only be good for the duration of a single illness.

The Center will have **written** consent from the child's parent/legal guardian BEFORE giving any medication. You must fill out our Medication Permission Form before we are able to administer any medications.

The consent is good for the number of days stated on the medication bottle prescription label. Medication is not given past the days prescribed on the medication bottle even if there is medication left.

Staff will not administer medication when there is not appropriate consent, or if the consent is over 1 month old for short-term (acute) illness or over 6 months old for long-term (chronic) illness.

Health Care Provider Consent

A health care provider's consent, along with parent/guardian consent, will be required for prescription medications and over-the-counter medications (including vitamins, *teething gel*, herbal supplements i.e. *teething tablets*, and fluoride) that are not listed above or if directions for the over-the-counter medication do not include the age or weight of the child being treated.

A health care provider's consent may be given in 3 different ways:

- ◆ The provider signs a note or prescription that includes the information required on the pharmacist's label; **or**
- ◆ The provider signs a completed "Directions & Consent to Give/ Documenting Medication Given Form" **or**
- ◆ 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);

If a health care provider's information is on a separate note or form other than the

medication, the medication is only be accepted if it is in its original container.

Medications for chronic conditions such as: asthma or allergies

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

Bulk medications

Bulk containers of sunscreen, diaper ointments and non-talc powders, intended for use in the diaper area, can be used if the following criteria are met:

- 1) Obtain written parental consent prior to use
- 2) Use for no longer than six months (*write the dated opened on the container*)
- 3) Notify the parents of the name of the product used, it's active ingredients, and Sun Protection Factor (SPF) of the sunscreen **AND**
- 4) Apply ointments in a manner to prevent contaminating the bulk container.

Children taking their own medication

Children may take their own medication if all following criteria are met:

- 1) There's a written statement from the parent requesting the child take their own medication
- 2) There's a written statement from the health care provider with prescriptive authority stating
- 3) That the child is physically and mentally capable of taking their own medication **AND**
- 4) All the criteria in WAC 170-295 including storage of medications are met

A staff member will observe and document that the child took the medication.

Medication Administration Procedure

Only staff persons who have been oriented to your center's medication policies and procedures can give medications. There must be documentation that such orientation was provided.

Before a staff member may administer medications, they will ask parents to provide instruction on specialized medication administration procedures or observations, i.e. how to use the nebulizer, epi-pens, or individualized child's preference for swallowing pills.

To give liquid medication staff will use a measuring device designed specifically for oral or liquid medication. Parents should provide the measuring devices for individual use.

Medications will not be mixed in formula or food unless you have written directions to do so from a health care provider with prescriptive authority before you give the medication.

- Staff will **Wash hands** before preparing.
- Medication(s) are prepared on a clean surface away from toileting/ diapering areas.
- Staff will carefully read labels on medications, noting:
 - ◆ Child's name
 - ◆ Medication name
 - ◆ Amount to be given
 - ◆ Time and dates to be given
 - ◆ How long to give
 - ◆ How to give (e.g. by mouth, to diaper area, in ear, etc.)

Staff will make sure **information on the label is consistent with 'Directions & Consent to Give/ Documenting Medication Given' Form.**

- *For capsules/pills, medication is measured into a paper cup and dispensed as directed by the parent/health care provider.*
- *Staff will identify the child and explain the procedure in a firm yet matter of fact manner. Do not ask the child if he/she would like to take the medication. Do not refer to it as candy. Then praise the child for taking the medication. Have the child open his/her mouth to be sure medication was swallowed.*
- Staff will **Wash hands** after administering medication.
- Observe the child for side effects of medications, which may be documented on 'Directions & Consent to Give/ Documenting Medication Given' Form.

Staff Documentation

Staff will report and document any observations of the child in relation to the medication taken (e.g. side effects) on 'Directions & Consent to Give/ Documenting Medication Given' Form *located in the office.*

On the 'Directions & Consent to Give/ Documenting Medication Given' Form staff will also document a written explanation why a medication was not given.

Medication authorization and documentation is considered confidential and must be stored out of general view. Outdated medication authorization forms and logs will be kept in the child's file while in care and up to one year after the child leaves care.

Medication Storage

Medication will be stored in original containers labeled with the child's first and last name, the expiration date and easy to read instructions on how to give the medication.

Children's medication will be stored **in locked drawer behind the front desk.**

This in a location is inaccessible to children, as required on the label or prescription information sheet, away from sources of moisture, heat, light and protected from sources of contamination.

Staff medication, clearly labeled as such, will be stored: in locked drawer behind front desk, also inaccessible to children.

External medications that go on the skin will be stored as above **AND** separate from oral or injectable medications.

All controlled substances will be stored as above **AND** in a locked container.

Medications requiring refrigeration will be stored in a labeled container to keep them separated from food.

Outdated medications or those no longer being used will be returned to parents or guardians. When not possible, dispose of them by flushing medication(s) down the toilet.

Epi-Pens will be stored in an unlocked location, inaccessible to children, but easily accessible to staff in an emergency. This location is in the kitchen.

IMMUNIZATIONS

To protect all children and staff, parents complete and sign a Certificate of Immunization Status (CIS) on site. The official CIS form or a copy of both sides of the form used. 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. We have on file, in a confidential manner, on or before the first day of childcare, the Certificate of Immunization status (CIS form) to show the Department of Early Learning (DEL) that we follow licensing standards. The CIS forms are reviewed and updated **yearly by Crystal Kast. The infant CIS forms will be reviewed monthly and parents will be asked to bring in a new form every time the child has immunizations.**

Children are required to be immunized for the following:

- DTaP (Diphtheria, Tetanus, Pertussis)
- IPV (Polio)
- MMR (Measles, Mumps, Rubella)
- Hepatitis B
- HIB (Hemophilus Influenza Type B)
- Varicella (Chicken Pox)
- PCV

If parents and guardians choose to exempt their child from one or more of the required vaccines, they must fill out a Certificate of Exemption (COE) form.

A current list of exempted children is always maintained.

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.

Kids are in “conditional” status if they do not have one or more required vaccines on their first day of attendance or, in some cases, after they have begun childcare. These kids can attend childcare for a limited time until they finish their paperwork. From the time they get notified that their child has conditional status, parents or guardians have 30 days to:

- Get the child vaccinated.
- Show a record of past vaccination.
- Exempt their child for the missing vaccine.

Current immunization information and schedules are available at
<http://www.doh.wa.gov/cfh/Immunize/schools/>

HEALTH RECORDS

Each child’s file will have a health history with:

- 1) Identifying information for the child.
- 2) Date of last physical exam or date last seen by a health provider for reasons other than for immunizations.
- 3) Health or developmental concerns or issues
- 4) A list of current medications (*even if center is not giving them*)
- 5) Health care provider and dentist names, addresses and phone numbers
- 6) Individual plan of care including emergencies for *special needs: extra needs of the child beyond the ordinary/ chronic health conditions or life-threatening medical conditions that require any medical, physical, or behavioral interventions*)
- 7) Allergies, expected symptoms and method of treatment if necessary
- 8) Current immunization record (CIS form); **AND**
- 9) Consent for emergency care: written consent from a parent to seek and obtain medical care and parent emergency contact information.

*The above information will be collected by **Crystal Kast** before entry into the program.*

Staff and/or support staff will be oriented to any special needs or diet restrictions before the child first enters the program. Plans for special needs will be documented and posted in each classroom and other areas (e.g. kitchen or bus) as necessary. Staff who have been oriented to a special needs care plan will sign the plan.

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

CHILD ABUSE AND NEGLECT

If there is an immediate danger to a child, you must make a report to local law enforcement.

Any instance when staff have reason to suspect the occurrence of any physical, sexual, or emotional child abuse or neglect, child endangerment or child exploitation as required under RCW chapter 26.44, you must protect the child and a report should be made *by the staff directly involved with the child. Have the child's file on hand in placing the call.* Call CPS at 1-800-363-4267.

Documentation of staff orientation or training on the indicators of child abuse and neglect will be kept in staff files. *Regular training occurs every other year.*

STAFF HEALTH

New employees must have the results of a one-step Mantoux TB skin test prior to starting work. The new employee does not need the test if:

- They had a documented negative tuberculin skin test within one year prior to employment **OR**
- They who have had a positive tuberculin skin test in the past. Instead, documentation must be on record that the employee has had a negative (normal) chest x-ray, or documented proof of treatment.

Staff must be re-tested for TB when the Center is notified that any staff has been exposed to TB. We will comply with our Public Health Department with follow-up.

Staff will also follow the same procedures listed under “Exclusion of Ill Children” in this policy.

In Washington State, the Washington Industrial Safety and Health Act (WISHA), gives the Department of Labor and Industries (L&I) primary responsibility for worker health and safety. The purpose of WISHA is to ensure that employers of Washington provide a safe and healthful workplace for their employees. This Center has a plan developed to meet the requirements of the Department of Labor and Industries (WISHA) Services Workplace Safety and Health Rules, WAC 296-823, Occupational Exposure to Bloodborne Pathogens. This plan outlines the protective measures to eliminate or minimize employee exposure to bloodborne pathogens. Employees who have occupational exposure to blood or other potentially infectious material must follow the procedures and work practices in this plan.

Staff will be reminded that hand washing is the best way to keep themselves healthy, following the same procedures listed under “Hand washing” in this policy.

Staff members who are pregnant or considering pregnancy should inform their Health care provider that they work with young children and discuss possible risks.

HAND WASHING

Plain soap, warm water (between 85 ° and 120 °F) and individual towels will always be available for staff and children at all sink. Antibacterial soap is not necessary. Hand washing is to be performed at sinks dedicated to this purpose only. Hand washing will not be done at food preparation sinks.

Our procedure will be posted at each hand washing sink.

Staff will wash hands with soap and water:

- 1) Upon arrival at the site.
- 2) Before handling foods, cooking activities, eating, or serving food.
- 3) After toileting self, children or diaper changing
- 4) After handling or meeting body fluids such as mucus, blood, saliva or urine.
- 5) Before and after giving medication.
- 6) After attending to an ill child.
- 7) After smoking.
- 8) After feeding, cleaning or touching pets/animals
- 9) After being outdoors or involved in outdoor play **AND**
- 10) As needed

Children will be assisted or supervised washing of hands with soap and water:

- 1) Upon arrival at the site.
- 2) Before meals or cooking activities (in separate sink from the food prep sink).
- 3) After toileting or diapering. Staff may wipe the hands of infants under 12 months old with a diaper wipe after diaper changing.
- 4) After outdoor play.
- 5) After meeting body fluids.
- 6) After touching animals. 7) As needed.

CLEANING, DISINFECTING AND LAUNDERING

Surfaces in the childcare will be easily cleanable. A cleanable surface is one that is:

- Designed to be cleaned frequently,
- Moisture resistant **AND**
- Free from cracks, chips, or tears.

Examples of cleanable surfaces include linoleum, tile, sealed wood, and plastic.

Cleaning supplies are stored in the original containers, inaccessible to children, and separate from food and food products. Cleaning supplies for the kitchen are stored: **next to sink**. Other cleaning products are stored: **in the back-storage area**.

Cleaning means the removal of dirt, grease, food, art materials, body fluids or other substance from a surface. Cleaning can be done with any cleaning solution such as soap and water, a cleanser, or cleaning spray, using a concentration according to label directions and rinsed as needed per label directions. This Center will use: **Strong Bleach Solution**.

Sanitizing

Our Center will use bleach and water as our **sanitizing** solution. *When using bleach as the sanitizing solution, these concentrations will be used:*

<i>Disinfecting:</i>	<i>Amount of Bleach:</i>	<i>Amount of Water:</i>
<i>Diapering areas, surfaces exposed to body fluids, bathrooms</i>	<i>1 tablespoon</i>	<i>1 quart</i>
	<i>¼ cup</i>	<i>1 gallon</i>
<i>Eating tables, high chairs, dishes, utensils, pots and pans, toys, floors, sleeping mats</i>	<i>¼ teaspoon</i>	<i>1 quart</i>
	<i>1 teaspoon</i>	<i>gallon</i>

This sanitizer solution is best mixed daily and stored in spray bottles, clearly labeled such. A minimum contact time of this sanitizer with the surface is 1 minute. After that length of time, the sanitizer may be wiped off with paper towels or the surface may be allowed to air dry.

This center’s **minimum schedule for general cleaning** is:

- **Tables, highchairs, and counters used for food serving**, will be cleaned and sanitized, before and after each meal or snack.
- **Bathroom(s)** will be cleaned and sanitized daily. This includes sinks, counters, toilets and floors. Toilet seat inserts will be cleaned and disinfected after every use.
- **Carpeting, furniture, and rugs** in all areas will be vacuumed daily. *General carpet cleaning will be scheduled at least bi-annually. This Center’s carpet will be shampooed by: A commercial Carpet Cleaning Company. Spot cleaning will be*

done as necessary.

- **Bare floors** will be swept and mopped with Water.
- **Toys that children place in their mouths**, will be washed and sanitized in between use by different children.
- **Infant and toddler toys** (that are not mouth toys) will be cleaned *and sanitized* daily. Toy shelves are cleaned: **weekly**.
- **All toys that are dishwasher safe** can be run through a full wash and dry cycle as needed. *If not, the toys will be hand washed in warm soapy water, rinsed and dipped into a solution of 1 tablespoon of bleach per gallon of water for 1 minute and allowed to air dry.*
- **Cloth toys and dress up toys** will also be laundered as needed.
- **Bedding** will be washed monthly, if soiled, and between uses of children. *Mats, cots, and cribs will be cleaned and disinfected daily. Mats will be stored to prevent sleeping surfaces from touching one another.*
- **Water tables** will be emptied and sanitized after each use or more often as needed.

General Cleaning of the entire center will be done **every night** or more often when children or staff are sick. Dusting is done **as needed**. *Wastebaskets (with disposable liners) will be available to children and staff and will be emptied when full. Door handles and faucets are cleaned **daily**.*

*Cleaning duties are assigned to specific staff, with assignments posted: **In classrooms.***

INFANT CARE

Program

Infants will be at least one month of age when enrolled.

Our infant room provides the following to our infants:

- Do not leave them in car seats once they arrive at the Center even if they are asleep
- Encourage them to handle and manipulate a variety of objects. Toys, objects, and other play materials are of nontoxic materials, cleanable and pose no choking

hazard.

- Provide a safe environment for climbing, moving, exploring
- Provide materials and opportunities for large and small muscle development
- Read and talk to them daily
- Provide daily indoor opportunities for freedom of movement outside their cribs, in an open, uncluttered space. Placing them on their tummy part of the time when they are awake, and staff are observing them.
- We don't use baby walkers. Infants are not left in playpens for extended periods of time excluding sleep time. *Infants will spend limited time in swings, infant seats or saucers.*
- Talk and interact with each infant often and encourage them to respond. Naming objects and describing care encourages language development
- Hold and cuddle infants to encourage strong relationships
- Respond to and investigate cries or other signs of distress immediately

Because this Center is **licensed for 4 infants**, there will be monthly nurse consultation visits in the infant room. Our nurse's background is: **Registered Nurse**. Our written agreement/duties reflect the center's needs for consultation. There will be at least one monthly on-site visit unless no infants are enrolled. Otherwise, the nurse or a designee will be available for consultation by phone, as needed. The Center has dated and signed written notes of the nurse's visits that include topics discussed, and areas on concern.

Napping

(Infant policy) This center provides **Cribs for infants** for sleeping. These cannot be next to windows unless it is of safety glass.

Beds will not contain bumper pads, pillows, soft toys, lambskins, *cushions* or thick blankets. Only one thin blanket will be used.

Infants will not sleep in car seats, *swings* and infant seats. Children who arrive at the center, asleep in car seats, will be immediately transferred to their bed. *(Sleeping in infant seats or swings makes it harder for infants to breathe fully and may inhibit gross motor*

development.)

Infants will be placed to sleep on their backs, to reduce the risk of SIDS. Once infants are able to turn over, they are allowed to roll themselves on to their stomachs and remain in that position. An alternate to sleep position must be specified in writing by the parent/guardian and the child's health care provider.

(Toddler policy) Children 29 months of age or younger will follow their individual sleep pattern. Alternative, quiet activities will be provided for the child who is not napping. *A child need not sleep in a crib when the childcare provider and parent agree he can safely sleep on a mat, cot or other approved sleeping equipment.*

Diapering

(Infant and toddler policy) *Diapers are changed at the changing area only.* You may require parents to bring a change of clothes. If a parent forgets a change of clothes, the Center must have clothing available.

Children are not left unattended during the procedure.

Nothing but the child, changing pad and diaper changing supplies are used on the diaper changing surface. The changing area is not used for any other activities, *including writing.*

Our diaper changing procedure is posted for staff to follow.

Used disposable diapers are removed from the facility and garbage liner changed at least daily and more often if odor is present. These diapers are disposed of with curbside garbage.

Soiled clothing is not rinsed, is individually bagged, and returned to the parent or guardian.

Parents may use cloth diapers at the Center. Cloth diapers are not rinsed, individually bagged and returned to the parent or guardian.

INFANT BOTTLE FEEDING

Food preparation areas in the infant room will be cleaned and sanitized daily.

All bottles and containers of frozen breast milk must be labeled with the infant's full name and the date, so the correct formula or breast milk is given to each infant. This is done by **infant room Lead Staff.**

The refrigerator located *in the kitchen* is used to store bottles and un-served, leftover infant food. *The refrigerator temperature is checked to ensure it is not more than 41 °F.*

Bottles will be stored in the coldest part of the refrigerator, not on the door.

If parent provide bottles:

All bottles and containers of frozen breast milk must be labeled with the infant's full name and the date, so the correct bottle, formula or breast milk is given to each infant. This is done by **Infant room Lead Staff**.

Any prepared formula or liquid breast milk will be refrigerated upon arrival at the center. Frozen breast milk is stored in a freezer at 10° F or less, for no more than 2 weeks.

Any prepared formula or thawed breast milk did not use that day will be sent home with the family at the end of the day.

If Center prepares bottles:

- 1) Staff wash hands
- 2) All baby bottles and baby foods are prepared **in Infant Room**.
- 3) Water used to mix formula or drinking is from bottle Prep Sink in Infant Room.
Do not use water from a hand washing sink.
- 4) *Powdered formula in cans will be dated when opened and stored in a cool, dark place. Unused portions will be discarded or sent home one month after opening. We don't serve any infant formula past the expiration date on the manufacturer's container. Formula will be mixed as directed on the can.*
- 5) If not served immediately, store formula bottles and un-served, leftover infant food in refrigerator. **All bottles** and containers must be labeled with the infant's full name and the date. We keep nipples covered when not in use to reduce cross contamination and exposure.
- 6) Frozen breast milk may be thawed under **warm running water**.
- 7) We warm formula and breast milk bottles under warm running water.

Do not heat ANY baby bottles or food in a microwave.

- 8) Our bottles will not be reused without first being cleaned and sanitized **in the dishwasher**

Infant Feeding Practice

Infants will be fed according to their need rather than an adult prescribed time schedule.
Bottles will be mixed or prepared as needed.

Infants will not be given a bottle while reclining unless the bottle contains only water.
(Lying with a bottle puts a baby at risk for baby bottle tooth decay, choking and ear

infections.)

Infants are held when fed bottles. Bottles will not be propped. Infants able to hold their own bottle will be held or seated while feeding.

Juice is offered only from a cup.

Throw away the contents of any bottle not fully consumed within an hour. Bottles that have been used don't go back into the refrigerator. Thawed breast milk will not be refrozen. (*Bacteria begin to multiply once bottles are taken from the refrigerator and warmed.*)

When feeding an infant, staff will watch for cues (signs) to know when the infant has had enough.

Bottles will be removed from the infant when he/she finishes feeding.

Infant Food Safety

All baby food containers must be labeled with the infant's full name and the date. This is done by **Lead Infant Room Staff**.

Infant hands are washed before self-feeding. Staff wash hands. Baby foods are prepared: **in infant room or in Kitchen**.

Children will eat from developmentally appropriate plates, utensils, or paper napkin. Bare highchair trays or tabletops are not approved for food. Serve food wearing gloves, using tongs or spoons.

INFANT developmentally appropriate SOLID FOODS

We work with the infant's parent to develop a plan for the infant's feedings that is acceptable to the parent and incorporates the following guidelines:

Developmental Stage/Age of Infant	Type of Feeding
(a) Under 4 months of age	Serve only formula or breast milk unless you have a written order from the child's health care provider.

<p>(b) When baby can: (at about 4-6 months of age) Sit with support Hold head steady Close lips over the spoon Keep food in mouth and swallow it.</p>	<p>Serve only formula or breast milk unless you have a written order from the child's health care provider.</p> <p>Begin iron fortified baby cereal and plain pureed fruits and vegetables upon consultation with parents.</p>
<p>(c) When baby can: (at about 6-8 months) Sit without support Begin to chew Sip from a cup with help Grasp and hold onto things</p>	<p>Serve only formula or breast milk unless you have a written order from the child's health care provider. Start small amounts of juice, or water in a cup.</p> <p>Let baby begin to feed self. Start semi-solid foods such as cottage cheese, mashed tofu, mashed soft vegetables or fruits.</p>
<p>(d) When baby can: (at about 8-10 months) Take a bite of food Pick up finger foods and get them into the mouth Begin to hold a cup while sipping from it</p>	<p>Serve only formula or breast milk unless you have a written order from the child's health care provider.</p> <p>Small pieces of cheese, tofu, chicken, turkey, fish or ground meat. Small pieces of soft cooked vegetables, peeled soft fruits. Toasted bread squares, unsalted crackers or pieces of soft tortilla. Cooked plain rice or noodles. Only formula, breast milk, juice or water in the cup.</p>
<p>(e) When a baby can: (10-12 months) Finger Feed Chew and swallow soft, mashed and chopped foods Start to hold and use a spoon Drink from a cup</p>	<p>Serve only formula or breast milk unless you have a written order from the child's health care provider.</p> <p>Begin offering small sized, cooked foods. Variety of whole grain cereals, bread and crackers, tortillas. Cooked soft meats, mashed legumes (lentils, pinto beans, kidney beans, etc.), cooked egg yolks, soft casseroles.</p>
<p>(f) When a baby can eat a variety of foods from all food groups without signs of an allergic reaction</p>	<p>Offer small amounts of formula, breast milk or water in the cup during meals.</p> <p>Fruit pieces and cooked vegetables. Yogurt, cheese slices.</p>

FOOD SERVICE

If a child has a **food allergy** or special menu requirement due to a health requirement, the Center posts each child's food allergies in locations where food is prepared and served.

Food worker education is required by all staff and can be done at www.foodworkercard.wa.gov.

The cook and at least one staff member per classroom have current WA state Food Worker's card. The cook will provide orientation and on-going training as needed for all staff involved in food handling.

Food storage

Chemicals and cleaning supplies are stored away from food and food preparation areas.

Raw meats and unpasteurized eggs are stored away and below all other foods.

All food items are stored off the floor. All dry goods are stored in labeled containers with tight-fitting lids.

All refrigerated foods are kept sealed or covered (except when cooling foods to 41 °F). All refrigerated foods are dated.

Temperature Control

Refrigerators and freezers have thermometers placed in or near the door. Refrigerator temperature is maintained at 41 °F or less. *Freezer temperatures are maintained at 10 °F or less.*

Our system for monitoring food temperatures is with a *metal stem thermometer stored: in all refrigerators and freezers.*

Food will be cooked to the correct internal temperature:

Ground Beef/pork sausage 155° F

Fish/seafood 140° F

Pork 160° F

Poultry/stuffing 165° F

Eggs 140° F

Beef (not ground) /lamb 140° F

Reheating foods: previously prepared food can be reheated one time only to a internal temperature of 165° Fahrenheit within 60 minutes. **Leftover foods** that were prepared more than 48 hours ago are discarded.

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

Holding cold food: food requiring refrigeration will be held at a temperature of 41°F or less.

Before storing cooked foods, food is cooled by the following methods:

- ◆ *Cover, date, and store food once it has cooled to a temperature of 41° F or less.*

Microwave ovens are used to heat food:

- 1) Rotated or stirred during heating
- 2) Covered to retain moisture
- 3) *The internal temperature is monitored, and the food cooked to its proper cooking temperature (as stated in above box) and*
- 4) Then allowed to sit for *5 minutes* prior to serving to allow the temperature to spread evenly throughout the food *and come down to 120°F for serving.*

Thawing frozen food will be done:

- In the refrigerator **OR** microwave **OR**
- By placing a pan in the sink with cool water running under the food **OR**
- As part of the cooking process if the food is to be cooked immediately

Food Handling

Staff will wash hands with soap and warm running water prior to food preparation and service in a designated hand washing sink. *Ill staff will not prepare or handle food.*

If the center serves meals or snacks family-style:

When meals are served family style, children use utensils to serve themselves. Steps are taken to ensure children only touch their own food. Children are supervised so that they do not touch each other's food. Staff members sit with the children during meals and snacks.

Cleaning and Sanitizing

Hand washing facilities located in or adjacent to the food preparation area, with hand washing procedures posted at each sink, are used for hand washing by all persons who participate in food preparation.

Kitchen counter, sinks, and faucets will be washed, rinsed, and sanitized before any food preparation and as needed during food preparation.

Floors will be washed, rinsed, and sanitized at least daily, more often if needed.

Tabletops where children eat are washed and disinfected before every meal and snack.

Refrigerators will be cleaned and sanitized monthly, or more often as needed.

Sponges are not used on food contact surfaces. Cutting boards will be washed, rinsed, and sanitized between uses.

Dishwashing - washing, rinsing, and sanitizing will be done:

- ◆ Using a three-compartment sink method where sink one is used to wash, sink two is used to rinse, and sink three contains a sanitizing ingredient **Or**
- ◆ through a two-compartment sink and an automatic dishwasher capable of reaching 140°F

NUTRITION

Parents can bring in food for on special occasions:

Parents can bring in snacks for all the children that may not meet the nutritional requirements on special occasions such as birthdays. The snacks provided by parents must be limited to store purchased:

- Uncut fruits and vegetables and
- Foods prepackaged in original manufacturer’s containers.

Only pasteurized milk or pasteurized milk products are served. Nondairy milk substitutions will only be served with written permission of the child’s parent for children over the age of twelve months. The amount of required milk fat in the milk product is determined by the child's age:

If the age of the child is:	Then the fat content of the milk must be:
(a) Under 12 months	Full strength formula or full strength breast milk unless there is specific written instructions from a licensed health care provider.
(b) Between 12 months and 24 months	Full strength whole milk or breast milk unless there is specific written instruction from a licensed health care provider.
(c) Over 24 months	With or without fat content of providers or parents choice.

The center will prepare, date, and conspicuously post menus of **meals** and snacks at least one week in advance. They keep six months of past menus on-site. If needed, substitutions of comparable nutrient value may be made, and any changes will be recorded on the menu.

The menu will provide daily source of **Vitamin C and foods high in Vitamin A** three or more times weekly.

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

If the center serves breakfast: Each breakfast meal contains:

- A fruit or vegetable or one hundred percent fruit or vegetable juice.
- A dairy product (such as milk, cheese, yogurt, or cottage cheese).
- A grain product (such as bread, cereal, rice cake or bagel).

Each lunch and dinner meal contains:

- A dairy product (such as milk, cheese, yogurt, or cottage cheese).
- Meat or meat alternative (such as beef, fish, poultry, legumes, tofu, or beans)
- A grain product (such as bread, cereal, rice cake or bagel).
- Fruits or vegetables (two fruits or two vegetables or one fruit and one vegetable to equal the total portion size required). When juice is served in place of a fruit or vegetable it must be one hundred percent fruit or vegetable juice.

Each snack contains two of the four components:

- A dairy product (such as milk, cheese, yogurt, or cottage cheese).
- Meat or meat alternative (such as meat, legumes, beans, egg)
- A grain product (such as bread, cereal, rice cake or bagel).
- Fruit or vegetable.

Each snack or meal includes a liquid to drink. The drink could be water or one of the required components such as milk, fruit, or vegetable juice.

If a child has a food allergy or special menu requirement due to a health requirement, the parent and the child's health care provider will identify the foods the child is allergic to. The Center will

- require the parents to supply food for the special diet

INJURY PREVENTION

*The childcare site will be inspected by **Josh Kast every Month** for hazards. Hazards or contamination will be reported immediately to **Josh Kast**. This person will ensure that the*

hazards or contamination is removed, made inaccessible or repaired *immediately* to prevent injury. *Staff will review their rooms daily and remove any broken or damaged equipment, toys, etc.*

- Burns
- Drowning
- Choking (i.e. ropes, wires, blind cords, fences, etc.)
- Cuts (i.e. broken glass, sharp objects, abrasive surfaces, etc.)
- Entrapments (items with openings three and one-half inches and nine inches wide: deck and fence rails, stair rails, etc.)
- Falls from heights
- ensuring no firearms or another weapon is on the premises
- Hearing loss by keeping noise at a level where a normal conversation can be heard
- Objects falling on children (i.e. heavy items on open shelving shaken by earthquake)
- Pinches from equipment (i.e. broken or cracked areas)
- Poison (i.e. cleaning supplies or paint)
- Puncture (i.e. building edges, play equipment with sharp points)
- Shear or crush (i.e. lawn and garden equipment)
- Shock by electricity
- Trap (i.e. compost bins)
- Trip (i.e. cable wires, ropes, jagged walkways)

Toys will be age-appropriate, safe, in good repair and not broken. Mirrors will be shatterproof.

The playground will be inspected daily before use for broken equipment, environmental hazards, garbage, animal contamination, areas of low surfacing material such as at the end of slides and under swings and other hazards by **The Lead Staff**. The assigned person will correct all areas identified. Loose-fill surfacing material will be raked **every night**.

Playground equipment will be free from entrapments, entanglements, and protrusions. This equipment will be checked for hazards by **Lead Staff**.

Proper supervision will be maintained during all outdoor play. Staff will position themselves to observe the entire play area.

DISASTER PREPAREDNESS

The Center has developed a disaster preparedness policy. See **the Disaster Preparedness Plan located in the lobby** and a copy is kept in the disaster kit.

Annually, staff and parents will be oriented to this policy and documentation of orientation will be kept in the disaster plan manual. Parents should read, review, sign and date our plan upon enrollment and annually thereafter. **Crystal Kast** will be responsible for orienting new staff and substitutes to these plans.

Procedures for medical, dental, poison, earthquake, fire, or other emergency situations will be posted in each classroom. These plans include:

- Which staff is responsible for each part of the plan?
- Our procedure for accounting for all children and staff during and after an emergency
- Evacuation routes and meeting location
- Care Plans for our special need's children
- How we will care for the children until parents are able to pick them up
- How we will contact parents, or parents contact us, *when normal lines of communication are not available*
- Transportation arrangements, if necessary

Monthly fire drills will be conducted, as per the state fire marshal in WAC 212-12.

Documentation of the dates and times of drills and a debriefing/ evaluation of the drill is kept **in the lobby**.

Disaster and earthquake preparation, and prevention training are documented.

Quarterly, the center conducts and documents a disaster drill.

Food, water, medication and supplies for 72 hours of survival are available for each staff and child. These supplies are **in the back-storage area** and are checked **yearly**.

SPECIAL NEEDS

Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA). Confidentiality is assured with all families and

staff in our program.

A Written Plan of Care will be developed by the director, parent/guardian, and teacher for each child with special needs. It includes instructions from the parent and Health Care providers related to medications, specific food or feeding requirements, life-threatening allergies, treatments and special equipment or health needs - This includes for instructions on handling food allergies or special menu requirements.

This plan will include how the child's special need would be met in case of a disaster. At the minimum the Center will plan for the child's safety at childcare for 72 hours without being able to contact the child's parents.

Directions & Consent to Give Medication

Licensing rules permit childcare facilities to administer medications, prescription and over the counter (bought without a prescription) to children only with a parent's written authorization. If the over the counter (bought without a prescription) medication/ lotion/ cream/ointment label does not give the dosage directions for the child's age or weight, you must have written instructions from a Health Care Provider with prescriptive authority.

All Medications will be documented after giving them to the child on our Medication Permission Form.

This Health Care Plan has been reviewed and signed by:

Name

Date