

WAC

WAC 170-295-3010

What kind of health policies and procedures must I have?

- You must have written health policies and procedures that are:
 - Written in a clear and easily understood manner
 - Shared with all new staff during orientation
 - Posted for staff and families to review, and
 - Reviewed, signed and dated by a physician, a physician's assistant or registered nurse when you change your policies and procedures or type of care that you provide, or at least every three years when you are due for re-licensing. (For example, if you go from caring for children from twelve months and older to caring for infants, you must update your health policies and procedures and have them reviewed and signed.)
- Your health policies and procedures must have information regarding how you plan to:
 - Provide general cleaning of areas including but not limited to the bathrooms, floors, walls, and doorknobs
 - Clean and sanitize areas including but not limited to food contact surfaces, kitchen equipment, diapering areas, toys, toileting equipment and areas, equipment that might be shared with several children such as sleep mats, cribs or high chairs
 - Prevent, manage and report communicable diseases
 - Handle minor injuries such as nosebleeds, scrapes and bruises
 - Provide first aid
 - Screen children daily for illnesses
 - Notify parents that children have been exposed to infectious diseases and parasites
 - Handle minor illnesses
 - Handle major injuries and medical emergencies that require emergency medical treatment or hospitalization
 - Manage medication
 - Assist with handwashing and general hygiene including diapering and toileting
 - Handle food
 - Provide nutritious meals and snacks
 - Respond during any disasters
 - Care for children that may have special needs
 - Care for infants and obtain infant nurse consultation (if licensed for four or more infants), and
 - Place infants to sleep on their backs to reduce the risk of Sudden Infant Death Syndrome (SIDS).
- Your health policies and procedures must have information on when you plan to:
 - Require ill children to stay home and for how long
 - Allow the ill child to return, and
 - Call a parent to pick up their child and how you will care for the child until the parent arrives.

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High quality programs promote safe and healthy environments where children can thrive and grow. Young children depend upon the adults in their lives to make healthful choices for them and to teach them to make such choices for themselves.

You can designate specific people or positions on staff to be responsible for specific health-related duties. For example you could assign a staff person to be in charge of checking the First Aid kits every month and restocking them when needed. Another staff person could be assigned the task of checking medication boxes once a month to be sure outdated medicines have been returned to the parents or discarded, and that the Medication Authorization Form and the Medication Record that the staff signs are filed in the child's file. A staff person could be in charge of checking immunization forms once a month to ensure they are kept up to date.

Health policy

Your written health policy is not approved until signed by a physician, physician's assistant, registered nurse, or public health nurse. The policy must be reviewed and approved whenever any changes are made in your health practices or procedures, but at least every three years (usually at re-licensing time).

All new staff must be trained in the details of your health policy. This should be completed at the time of the new employee orientation. Keep documentation that the staff person has been trained in the staff files (see Orientation of Employees and Volunteers Checklist in Section 2).



Note: All policies must be available for review by staff, parents, or others (licensors, health care consultants, etc.). Many centers have a three-ring binder at a central location that contains the Health Policy, Disaster Plan, Pesticide Policy, and Animals on the Premises Policy.

Health policies are usually quite lengthy and detailed. A complete copy must always be available for parents and staff to review, however you may want to summarize particular sections and post them in appropriate places to make it easier to use. For example, you could post:

- ♦ Food handling policies in the kitchen (or wherever food is served, handled, or stored)
- ♦ First aid policies near the first aid supplies, and
- ♦ Emergency medical procedures near the telephone.

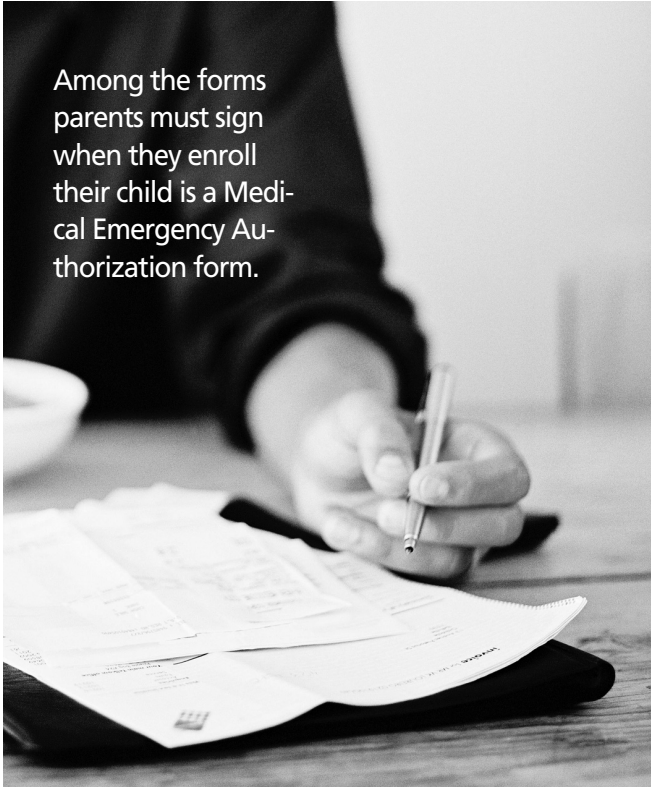
A sample Health Policy can be found in Appendix A. Use it as a guide to help you create your own health care policies and procedures plan.

Preparing for medical emergencies

As part of preventing illness and developing a health care policy, you will need to plan ahead for what you will do in the case of a medical emergency at your facility. Among the forms parents must sign when they enroll their child is a Medical Emergency Authorization form (also referred to as a Medical Consent form). With this form, parents authorize and give personal consent for medical personnel to begin emergency medical treatment before parents arrive. Medical personnel cannot legally provide services for a minor without the consent of his/her guardian. For your protection and the safety of the child:

- ◆ You should not accept a child for care before the parent signs the medical emergency authorization form.
- ◆ The medical emergency authorization form should be with the child at all times they are in your care. This includes field trips.

The example below is included for your convenience.

A black and white photograph showing a person's hands signing a document with a pen. The document is a Medical Emergency Authorization form, which is partially visible and shows some text and checkboxes. The person is wearing a dark long-sleeved shirt.

Among the forms parents must sign when they enroll their child is a Medical Emergency Authorization form.

Sample consent to medical care and treatment of minor children

I _____ (the parent or legal guardian) hereby give permission that my child, _____, may be given emergency treatment to include first aid and CPR by a qualified child care staff member at _____.

I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when the physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

WAC**WAC 170-295-3020****How often must staff wash their hands?**

Staff and volunteers must wash their hands with soap and warm water:

- When arriving at work
- After toileting a child
- Before, during (may use a wet wipe) and after diapering a child
- After personal toileting
- After attending to an ill child
- Before and after preparing, serving, or eating food
- Before and after giving medication
- After handling, feeding, or cleaning up after animals
- After handling body fluids
- After smoking
- After being outdoors or involved in outdoor play
- As needed

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Frequent handwashing by staff and children is the single best protection centers have against the spread of germs.

How to wash hands

- ◆ Check to be sure a paper towel is available
- ◆ Turn on water to a comfortable temperature
- ◆ Moisten hands with water and apply heavy lather of liquid soap
- ◆ Wash well under running water for at least 10 seconds
- ◆ Pay particular attention to areas between fingers, around nail beds, under fingernails, and back of hands
- ◆ Rinse well under running water until free of soap and dirt. Hold hands so that water flows from wrist to fingertips
- ◆ Dry hands with paper towels
- ◆ Use paper towel to turn off faucet; then discard towel, and
- ◆ Use hand lotion, if desired.

WAC**WAC 170-295-3030****When is a child or staff member too ill to be at child care?**

Your staff must check all children for signs of illness when they arrive at the center and throughout the day.

You must exclude children and staff with the following symptoms from care:

- Diarrhea (three or more water stools or one bloody stool within twenty-four hours)
- Vomiting (two or more times within twenty-four hours)
- Open or oozing sores, unless properly covered with cloths or with bandages
- For suspected communicable skin infection such as impetigo, pinkeye, and scabies: The child may return twenty-four hours after starting antibiotic treatment
- Lice or nits, and
- Fever of 100 degrees Fahrenheit or higher and who also have one or more of the following:
 - Earache
 - Headache
 - Sore throat
 - Rash, or
 - Fatigue that prevents participation in regular activities.
- Children and staff who have a reportable disease may not be in attendance at the child care center unless approved by the local health authority.
- You must not take ear or rectal temperatures. Oral temperatures can be taken for preschool through school age if single use disposable covers are used over the thermometer.
- When a child becomes ill or injured while in your care, you must:
 - Keep a confidential, individualized, written record in the child's file that includes the:
 - Date of an illness or injury
 - Treatment provided while in care, and
 - Names of the staff providing the treatment.
 - Provide a copy of the illness or injury report to the parent, and

- Keep a current, written incident log listing date of illness or injury, the child's name, names of staff involved, and a brief description of the incident for tracking and analysis.
- You must notify parents in writing when their children have been exposed to infectious diseases or parasites. The notification may consist of either a letter to parents or posting a notification for parents in a visible location.
- You are a mandated disease reporter to the health department per WAC 246-101-415. You can obtain a list of reportable diseases, timeframes for reporting and reporting phone numbers from your local health department.

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Children with common colds do not need to stay home. Usually a child has already exposed others before appearing sick. Many illnesses stop being contagious shortly after medication is started. Other conditions are no longer contagious when children first show signs of illness. To exclude or isolate children with non-contagious, mild illnesses can be a hardship on the family and child.

Some infections such as chickenpox, hepatitis, and meningitis require the child to stay home for a lengthy recovery period. Talk to your health consultant or your local health department if you have questions about a particular illness.

You can ask parents to keep their child home for the child's comfort. If children are uncomfortable, disoriented, or irritable, they are better off at home getting the rest and individual attention they need.

The center must have a clear policy on excluding a child from care. This policy should be reviewed when a child is enrolled and must be included in the Parent Handbook. Advise parents to have a back-up plan for their child's care when the child is too sick to be at the center. Children's grandparents or a neighbor may be able to look after them occasionally.

A poster is included on the following page that you can post for parents letting them know when they must keep their child at home.

Note: Encourage parents to allow their child to participate in outdoor activities, even if their child does have a slight cough or runny nose. Fresh air is invigorating and does not cause illness. Germs do. Active play often helps to clear clogged lungs and sinuses and can raise a child's spirits. However, if parents insist that their child stay inside and you agree to care for the child that day, you should respect their wishes.

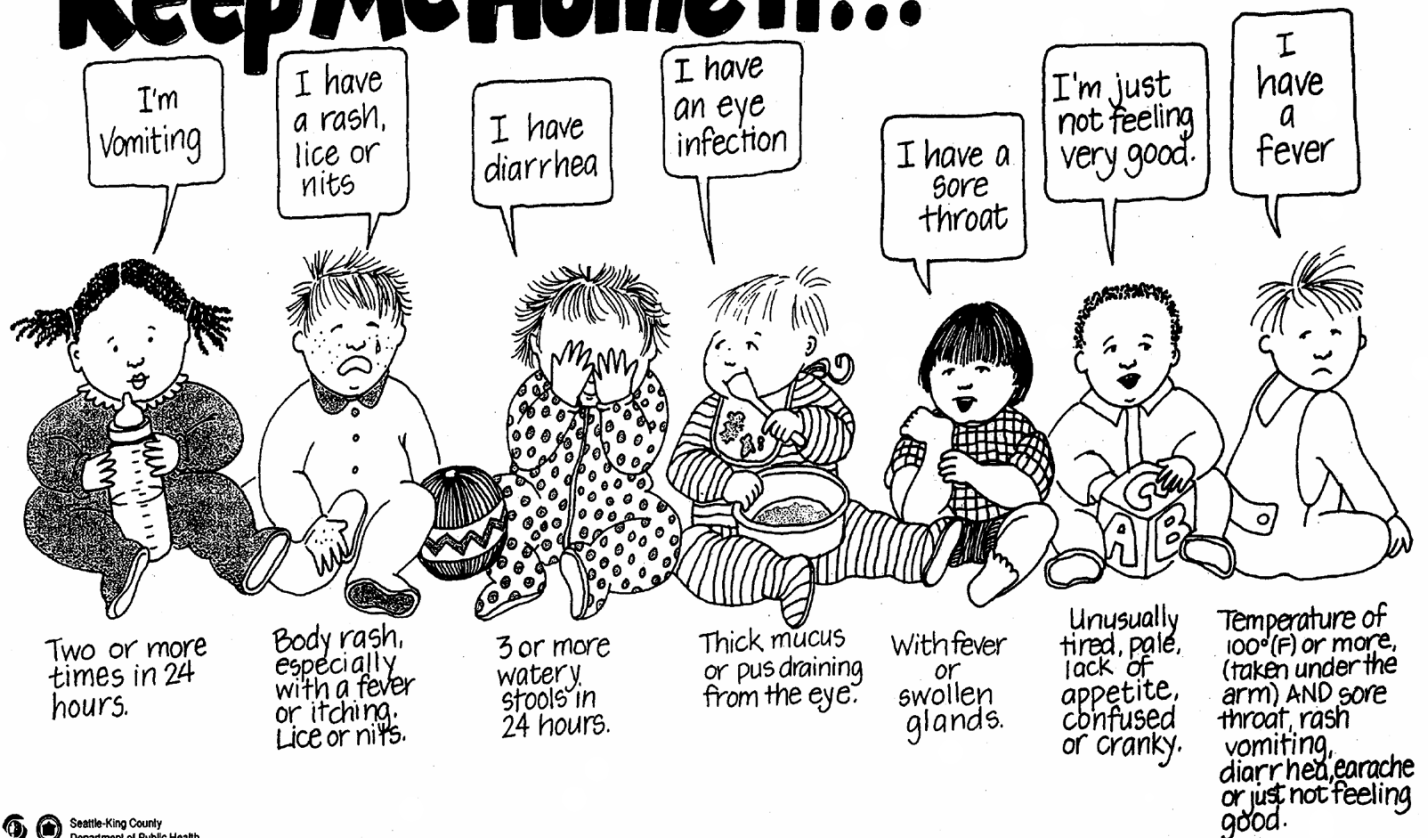
Forms used to document accidents, injuries and illnesses

If a child becomes ill or injured at your center, you are required to write an incident report describing the injury, illness, or incident. A copy of this written record must be given to the parent and a copy placed in the child's file.

You are also required to keep an illness and injury log, listing the date of the illness or injury, the child's name, names of staff who assisted the child, and a brief description of the incident. You should periodically check these logs to determine if there are any patterns of illness or injury at your center that might be preventable with different staffing patterns or equipment changes.

Sample forms are included on the following pages.

Keep Me Home If...



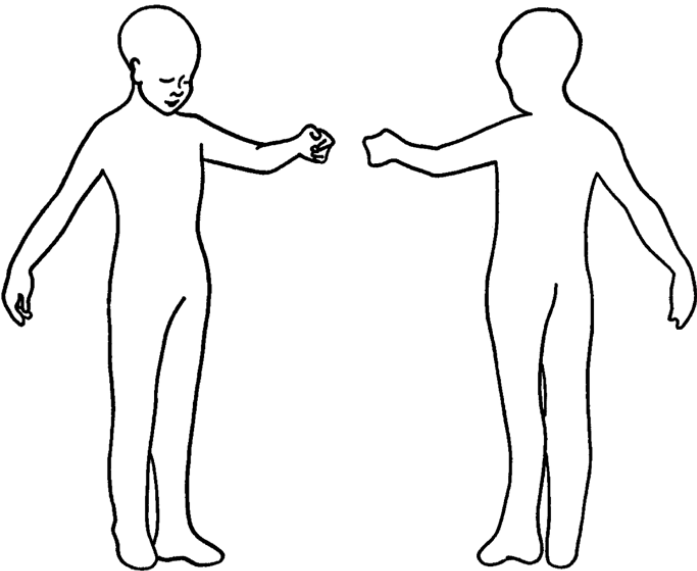
Seattle-King County
Department of Public Health

When Your Child is Sick:

1. Have plans for back up child care.
2. Tell your caregiver what is wrong with your child, even if your child stays home.



DIVISION OF CHILD CARE AND EARLY LEARNING
CHILDCARE INJURY/INCIDENT REPORT

PROVIDER NAME(S)			
NAME OF CHILD		DATE OF INCIDENT	TIME OF INCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM
DESCRIBE CIRCUMSTANCES OF INJURY/INCIDENT			
LOCATION OF INJURY/INCIDENT			
PLAY EQUIPMENT OR OTHER ITEMS INVOLVED			
FIRST AID GIVEN		OTHER TREATMENT GIVEN	
Were there witnesses?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give name: _____	
Was physician contacted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give name: _____ AND time of contact: _____	
Was parent contacted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give time: _____	
Was licensor contacted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give time: _____	
Any other contacts?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give name: _____ AND time of contact: _____	
<p>Mark and describe area of injury:</p> <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="flex: 1; text-align: center;">  </div> </div>			
PARENT/GUARDIAN COMMENTS			
PARENT/GUARDIAN SIGNATURE		DATE	
PROVIDER SIGNATURE		DATE	

[illegible]

[illegible]

When a child becomes ill at the center

Children who become ill at the center must be isolated. Have them lie down in a quiet space away from the other children, but within view of the staff. Staff must supervise ill children at all times. It is important to be consistent and follow your exclusion policy. Contact the parents to come pick up their child.

If you suspect the child has a communicable disease, remember to sanitize all equipment that the ill child used.

If an injury or illness results in a visit to the child's doctor, casting, stitches, or hospitalization, you are required to notify your child care licenser.

Staff health

During the first year of working with children, a caregiver may be sick more than any other time in their life. Working in child care exposes staff to a wide variety of germs. There are several things you can do to help keep your staff healthy:

- ◆ Emphasize frequent handwashing
- ◆ Make sure their immunizations are current (especially measles, Hepatitis B, and Tetanus) and encourage staff to get annual flu shots
- ◆ Use nontoxic cleaning and art materials at the center (if you occasionally use permanent markers or rubber cement, make sure you do so in a well-ventilated area)
- ◆ Provide health care benefits, and
- ◆ Be sure to exclude ill staff from working using the same policy as for excluding ill children.

Back problems are a common complaint among child care workers. There are safe practices you and your staff should keep in mind when working with young children.

- ◆ Get down on your knees or squat when caring for children, rather than bend over.
- ◆ Be careful when lifting things. Lift with your legs, not with your back. If it is too heavy, do not lift it.
- ◆ When lifting, plant your feet apart and under your hips to give yourself a wide base of support.

- ◆ Never lift and turn at the same time. Lift a child up then turn your body.
- ◆ Keep a child or the object you are lifting close to your body.
- ◆ Lower a child or item in the reverse fashion: feet planted and apart, child or object close to your body, turn then lower, and use your muscles.
- ◆ Push heavy objects across the floor rather than pull them.
- ◆ Make sure you have a clear pathway when carrying things across a room or down stairs.
- ◆ Do back strengthening and stretching exercises. A flexible back is a strong back.

Reducing Stress/Burnout in Staff

Child care is a potentially stressful occupation. Stress may be related to tension between families and caregivers, parenting/caregiver styles, staff to child ratios, noise, low wages, inadequate benefits, no time away from the children, long hours, etc. Staff burnout is a very real problem. It is important to remember that staff (as well as directors) experience stress. To keep staff healthy it is important to help reduce the stress in the workplace. To help reduce stress in your staff, make sure you schedule regular break times (and that they take them!) and give staff paid leave for vacations and illnesses. Encourage your staff to continue their education and provide substitutes and payment to do so. Scholarships may be available. You can contact the Washington Association for the Education of Young Children (WAEYC), your local Resource and Referral agency, or a community and technical college for more information about scholarships, classes, and workshops.

Communicable disease reporting

You are a mandated disease reporter and must make reports to your licenser, the health department and to parents. The following communicable diseases must be reported to the local/state Health Department by physicians. Call your local Health Department for information when a child or staff member has contracted any of these illnesses:

AIDS (Acquired Immune Deficiency Syndrome)
 Animal Bites
 Bacterial Meningitis
 Campylobacteriosis (Campy)
 Cryptosporidiosis
 Cyclosporiasis
 Diphtheria
 Enterohemorrhagic E. Coli, such as E. Coli 0157-H7
 Food or waterborne illness
 Giardiasis
 Haemophilus Influenza Type B (HIB)
 Hepatitis A (acute infection)
 Hepatitis B (acute and chronic infection)
 Hepatitis C (acute and chronic infection)
 Human Immunodeficiency Virus (HIV)
 Infection
 Infant Botulism
 Influenza (if more than 10% of children and staff are out ill)
 Listeriosis
 Measles
 Meningococcal infections
 Mumps
 Pertussis (Whooping Cough)
 Polio
 Rubella
 Salmonellosis including Typhoid
 Shigellosis
 Tetanus
 Tuberculosis (TB)
 Viral Encephalitis
 Yersiniosis

You must notify parents in writing when their children have been exposed to an infectious disease, a communicable disease, or a parasite. The notification may either be a letter or a posting of the notification in a visible location.

Best Practice: Ensure that all parents receive notification of a communicable or infectious disease by personally handing them a notice and/or talking with them.

Head lice

When there is an outbreak of head lice, all staff, adults, and children should be checked on a daily basis. If head lice or nits are found, the person will need to be asked to leave the center. The staff, adults, or children having head lice/nits may return after treatment and when all nits have been removed.

A letter should be sent home to notify all families when a lice outbreak occurs.

WAC

WAC 170-295-3040

How often must children wash their hands?

Children must wash their hands with soap and warm water:

- On arrival at the center
- After using the toilet
- After the child is diapered
- After outdoor play
- After playing with animals
- After touching body fluids (such as blood or after nose blowing or sneezing; and
- Before and after the child eats or participates in food activities.

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Call your local Health Department for information about other communicable diseases specific to your community and add them to the list.

Handwashing for Infants/Toddlers

Use soap and water at a sink if you can. If older infants are too heavy to hold for handwashing at the sink, or if young infants cannot hold their heads up, you may follow this procedure:

- ♦ Wipe the child's hand with a soft damp paper towel or wash cloth moistened with a drop of liquid soap
- ♦ Wipe the child's hands with a wet paper towel or wash cloth, and
- ♦ Dry the child's hands with a soft paper towel.

Handwashing for Older Children

- ♦ Squirt a drop of liquid soap on children's hands
- ♦ Wash and rinse their hands in running water, directing flow from wrist to fingertips
- ♦ Dry hands with paper towel
- ♦ Turn off faucet with paper towel and discard, and
- ♦ Teach older children to carry out the procedure themselves. Supervise younger children in carrying out this handwashing procedure.

Water play is one of children's favorite activities, so it is not difficult to teach them the proper way to wash their hands. Gentle reminders can help children develop habits that will keep them healthy the rest of their lives. A staff member should be available to see that children wash their hands properly and to assist children who need help. Hot water temperature must be between 85°F and 120°F.

Note: Next to handwashing, the best way to limit spreading germs is to teach children how to cough, sneeze, and blow their noses correctly. Help them to:

- Keep a tissue handy (use a tissue rather than a coat sleeve or the back of their hand to catch a sneeze, cover a cough, or wipe a runny nose)
- Turn their head away from others and toward the floor before they cough, sneeze, or blow their nose
- Throw away used tissues and do not reuse or share a tissue
- Use disposable tissues rather than handkerchiefs, and
- Wash hands afterwards to reduce the spread of germs.

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WAC 170-295-3050

Am I required to give medications to the children in my care?

If a child has a condition where the American with Disabilities Act (ADA) would apply, you must make reasonable accommodation and give the medication.

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If medications are required by the ADA, the parent must provide training and written instructions to caregivers on the proper administration of the medications or treatment required for the child.

Centers are free to choose whether or not to give medications outside of those required by the ADA. Your decision must be clearly documented in your health care policy and the parent handbook. Most physicians will prescribe medications for children in child care two times per day or daily if possible so that parents can administer it at home.

Centers cannot give medications "as needed". There must be a start and stop date for each medication and you can only give the medication for the duration of the illness. You must then give the remainder of the medication back to the parents or discard it if the parents are no longer at the center.

Aspirin warning

Do not give aspirin to children under 18 years of age unless the child's health care provider prescribes it and you have written parent permission. Aspirin use is linked to Reye's Syndrome, a serious disease that can be fatal to children. There are plenty of non-aspirin medications that ease pain and reduce fever. Make sure to check multi-symptom cold remedies that parents may bring in because some may include aspirin in their list of ingredients. Read all labels carefully!

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WAC 170-295-3060**Who can provide consent for me to give medication to the children in my care?**

Parents must give written consent before you give any child any medication. The parent's written consent must include:

- Child's first and last name
- Name of medication
- Reason for giving medication
- Amount of medication to give
- How to give the medication (route)
- How often to give the medication
- Start and stop dates
- Expected side effects, and
- How to store the medication consistent with directions on the medication label.

The parent consent form is good for the number of days stated on the medication bottle for prescriptions. You may not give medication past the days prescribed on the medication bottle even if there is medication left.

You may give the following non-prescription medications with written parent consent if the medication bottle label states how much medication to give based on the child's age and weight:

- Antihistamines
- Non-aspirin fever reducers/pain relievers
- Non-narcotic cough suppressants
- Decongestants
- Ointments or lotions intended to reduce or stop itching or dry skin
- Diaper ointments and non-talc powders intended only for use in the diaper area, and
- Sunscreen for children over six months of age.

All other over the counter medications must have written directions from a health care provider with prescriptive authority before giving the medication.

You may not mix medications in formula or food unless you have written directions to do so from a health care provider with prescriptive authority.

You may not give the medication differently than the age and weight appropriate directions or the prescription directions on the medication label unless you have written directions from a health care provider with prescriptive authority before you give the medication.

If the medication 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 in addition to the parent consent prior to giving the medication.

You must have written consent from a health care provider with prescriptive authority prior to providing:

- Vitamins
- Herbal supplements, and
- Fluoride.

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You may be authorized to give medications for a long period of time to children with chronic or life threatening illnesses. A signed statement must accompany such medication from the child's health care provider or a prescription indicating the treatment is ongoing. Prescription medication must be in the original prescription bottle.

Non-prescription medication must be in the original manufacturer's container with a label. The label needs to indicate recommended dosages for different ages and how long to use the medication if symptoms continue.

Note: For children two years and under, many over-the-counter medications require a doctor's authorization. Most cold medications are in this category. Make sure you read the labels on bottles parents bring to your center. If instructions recommend consulting a doctor for a particular age group (for example children under 2 years of age), let the parents know they will need to get their health provider's authorization. Otherwise, you cannot give the medication at the center.

You may wish to designate a particular staff member as the person in charge of giving medications. That way there is less likelihood that someone will forget to give a needed medicine. You will also want to designate a backup person in charge of medications for days when the regular person is absent.

Remember, licensing requires that only staff who have been trained and oriented to your medication policies can give medications to children.

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WAC 170-295-3070

How must I store medications?

You must store medications in the original container labeled with:

- The child's first and last names
- If a prescription, the date the prescription was filled
- The expiration date, and
- Easy to read instructions for giving the medication (i.e., the bottle is in the original package or container with a clean and readable label).

You must store medications:

- In a container inaccessible to children (including staff medications)
- Away from sources of moisture
- Away from heat or light
- Protected from sources of contamination
- According to specific manufacturer's or pharmacist's directions
- Separate from food (medications that must be refrigerated must be in a container to keep them separate from food), and
- In a manner to keep external medications that go on the skin separate from internal medications that go in the mouth or are injected into the body.

All controlled substances must be in a locked container.

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Refrigerate only those medications requiring it. Store refrigerated medications in a container so that if they spill they will not contaminate other items in the refrigerator. All medications should be stored in a separate container not accessible to children. Many centers use plastic fishing tackle boxes or plastic file boxes to hold the medications. Any controlled substances (such as narcotics) must be kept in a locked container.

Only staff should be allowed to put medicines in your storage area or take them out. It would be easy for a parent in a hurry to walk out with the wrong medication or forget to fill out an authorization form.

Make sure that medications are returned to the parents or disposed of when the medication period expires.

Note: *If the child's parents do not want to take medicine home every night and bring it back the next morning, they can:*

- Request that the pharmacist prepare two containers when they fill the prescription.
- Send the container with the pharmacist or manufacturer's label to the center and keep a supply in a self-labeled container at home.

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WAC 170-295-3080

Can I use bulk medications (use one container for all the children, such as with diaper ointments)?

You can keep bulk containers of diaper ointments and non-talc type powders intended for use in the diaper area and sunscreen if you:

- Obtain written parental consent prior to use
- Use for no longer than six months, and
- Notify the parents of the:
 - Name of the product used
 - Active ingredients in the product, and
 - Sun protective factor (SPF) in sunscreen.
- Apply the ointments in a manner to prevent contaminating the bulk container.

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Baby powders, diaper ointments, and sunscreen are medications requiring signed parent consent. Parents also need to agree in writing that you may use these items from a common bulk supply on their child. Notify the parents of the names of the bulk items, their active ingredients and the staff procedures for application that will avoid contamination.

If you choose to use a bulk container, you must ensure that there is no cross contamination. For example, if you use a tube ointment, squeeze a small amount on a paper towel, then administer the ointment.

WAC

WAC 170-295-3090**How do I handle left over medications?**

You must not keep old medication on site. When a child is finished with a medication, you must either:

- Give it back to the parent; or
- Dispose of it by flushing medication(s) down the toilet.

WAC

Check with your local public health department about disposal of medication. There are different local requirements, depending on where you live. Never dispose of old medication in the toilet if you are on a septic system.

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WAC 170-295-3100**When can children take their own medications?**

Children can take their own medication if they:

- Have a written statement from the parent requesting the child take his/her own medication
- Have a written statement from a health care provider with prescriptive authority stating that the child is physically and mentally capable of taking his/her own medication, and

- Meet all other criteria in this chapter 170-295 WAC including storage of medications.

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

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Children are allowed to administer their own medication only under special circumstances. For example, older children with asthma may be allowed to use their own inhaler when it is needed.

WAC

WAC 170-295-3110**Do I need special equipment to give medication?**

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

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WAC 170-295-3120**What documentation is required when giving children medication?**

You must keep a confidential, written record in the child's file of:

- Child's full name, date, time, name of medication and amount given (indicate if self-administered);
- Initial of staff person giving medication or observing the child taking the medication with a corresponding signature on the medication record to validate the initials; and
- Provide a written explanation of why a medication that should have been given was not given.

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A Medication Authorization Form and Medication Recording Form are included on the following pages for you to use as a model as you develop your own.

Medication Authorization Form

Child's Name:	Date of Birth/Age:
Name of Medication:	Reason for Medication:
Start Date:	Stop Date:
Times to be given: (*Can NOT be given "as needed")	Amount to be given:
Possible Side Effects:	<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Other
<input type="checkbox"/> Above information consistent with label?	Requires Refrigeration: <input type="checkbox"/> yes <input type="checkbox"/> no
Special Instructions:	

Parent/Guardian Signature

Date

Daytime Phone Number

Physician Signature

Date

Physician Phone Number

- ☐ Medications returned to parents or discarded
(must be completed after stop date and before filing form in child's file)

Medication Record

(must be filled out by the person who gives the medication)

Child's Name:					
Name of Medication:					
Date	Time	Dosage	Initials	Reason NOT Given	Side Effects Observed

Signatures that correspond to initials of persons giving medication:

Nutrition and food safety

WAC

WAC 170-295-3140

What kind of milk can I serve?

- Only pasteurized milk or pasteurized milk products can be served to children in your care.
- Nondairy milk substitutes may be served only 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 are 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 are specific written instructions from a licensed health care provider.
(c) Over 24 months	With or without fat content of provider’s or parent’s choice.

WAC

Cow’s milk is a significant source of nutrients that are important for growth in children over twelve months of age. Milk substitutes for children over twelve months may be served with parent permission. Children between twelve and twenty-four months of age should consume whole milk and children over the age of twenty-four months can consume whole milk or lower fat milk. Because the typical American diet has a high fat content, it is

usually recommended that children over the age of twenty-four months consume lower fat milks such as 1% (low fat) milk or non-fat milk as a means to lower the total fat content of the diet. (This WAC section is related to milk, not formulas. Formulas are discussed in Section 5, Taking Care of Young Children.)

WAC

WAC 170-295-3150

How many meals and snacks must I serve?

The number of meals or snacks you must serve is based on the number of hours you are open.

If you are open:	You must serve at least:
(a) Nine hours	Two snacks and one meal, or One snack and two meals.
(a) Over nine hours	Two snacks and two meals, or three snacks and one meal.

You must also offer:

- Food at intervals of not less than two hours and not more than three and one-half hours apart
- Breakfast or snack to children in morning care whether or not the child ate before arriving at the center
- Breakfast to the child in nighttime care if the child remains at the center after the child’s usual breakfast time
- A snack or meal for children arriving after school
- Dinner to children in nighttime care if the children are at the center after their usual dinnertime or have not had dinner, and
- An evening snack to children in nighttime care.

WAC

Children have small stomachs and they need to eat small amounts of food often. The following is a guide to help you meet the nutritional needs of the children in your care:

- ◆ Children in care for 5 hours are served at least breakfast or lunch and a snack. If the children are hungry, feed them.
- ◆ Children in care for more than 5 hours a day and up to 9 hours are served at least a mid-morning and mid-afternoon snack and lunch. Or they could have breakfast, lunch and at least one snack.
- ◆ Children who remain in care for 9 or more hours need more food. They could have breakfast (or a mid-morning snack), lunch, a mid-afternoon and a late afternoon snack.

Children still in your care after 4:30 or 5:00 p.m. need to be served a late afternoon snack. Most children are hungry at that time because it has been several hours since the mid-afternoon snack was served.

You can keep the late snack simple. Easy to serve foods allow children to take the snack with them if the parent arrives before they are finished. Foods served for this snack are often just crackers and juice or a cube of cheese and a piece of fruit.

Note: Some children may need more food than others. It is important that children are provided enough food to be satisfied.

WAC

WAC 170-295-3160

What kind of food and menus must I have?

You must:

- Prepare, date, and conspicuously post menus one week or more in advance, containing the meals and snacks to be served
 - Provide two weeks or more of meal and snack menu variety before repeating the menu
 - Keep six months of past menus on-site for inspection by the department
 - Make substitutions of comparable nutrient value and record changes on the menu, when needed
 - Provide daily a minimum of one serving of Vitamin C fruit, vegetable, or juice
 - Provide three or more times weekly foods high in Vitamin A, and
 - Maintain at least a three day supply of food and water for emergency purposes based on the number of children in child care.
- Meals eaten at the center must contain the following:
- Each breakfast meal the child eats at the center must contain:
 - 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 the child eats at the center must contain:
 - A dairy product (such as milk, cottage cheese, yogurt, cheese)
 - Meat or meat alternative (such as beef, fish, poultry, legumes, tofu, or beans)
 - A grain product (such as bread, cereal, bagel, or rice cake)
 - 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.
- When meals are not provided by the center you must:
- Notify parents in writing that meals they provide for their children must meet the daily nutritional requirements
 - Provide adequate refrigeration for keeping potentially hazardous foods (such as meats of any type, cooked potato, cooked legumes, cooked rice, sprouts, cut melons or cantaloupes, milk, cheese)
 - Refrigerate foods requiring refrigeration at 45 degrees Fahrenheit or less and keep frozen foods at 10 degrees Fahrenheit or less until they are cooked or consumed.

Each snack the child eats at the center must include at least two of the following four components:

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

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

You may allow parents to 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.

If a child has a food allergy or special menu requirements due to a health condition, you must:

- Receive written directions from the child's health care provider and parent to provide nutritional supplements (such as iron) or a medically modified diet (such as a diabetic or an allergy diet). For allergy diets, the parent and the child's health care provider must identify the foods the child is allergic to
- Post each child's food allergies in locations where food is prepared and served
- Include the allergies on the individual health care plan
- Specify an alternative food with comparable nutritive value, and
- Notify staff of the allergies and reactions. NOTE: You can require parents to supply food for supplements and special diets.

WAC

Families need to know what menus are planned and what food is actually served to their children. This is

particularly true for very young children who cannot communicate about food intake.

You must serve at least one food rich in Vitamin C daily. Vitamin C has a major role in the body. It helps heal cuts, scrapes, burns and infections. It helps form collagen (connective tissue) and promotes healthy bones, teeth, skin and blood vessels. Good sources of foods rich in Vitamin C include: cantaloupe, grapefruit, 100% citrus juice, kiwi fruit, jujube, guava, mango, oranges, papaya, strawberries, tangerines, satsumas, asparagus, Bok Choi, broccoli, Brussels sprouts, red cabbage, cauliflower, kale, kohlrabi, red and green peppers, potatoes, snow peas, tomatoes, sweet potatoes, and turnip greens.

Serve fruit or vegetables as the daily Vitamin C source most often (serve juice less often). When juice is used to meet Vitamin C requirements, offer juice that is naturally high in Vitamin C (such as 100% orange, pineapple, or a combination of 100% fruit juices). Minimize juice to one, 4 oz. serving per day. Serve water at snack time as a beverage instead of or along with juice.

You must serve food rich in Vitamin A, three or more times per week. Vitamin A plays a major role in the body. It helps promote good vision. Good sources of foods rich in Vitamin A include: apricots, cantaloupe, mango, mandarin oranges, peaches, broccoli, carrots, Bok Choi, greens (mustard, collard, Swiss chard, and kale), pumpkin, red bell peppers, spinach, sweet potatoes, tomato puree and paste, and winter squash.

Children and Food

The amount of food a child needs depends on the child's activity level, current weight and stature, growth spurts and appetite. The amount of food children eat may be influenced by hunger, appetite, food choices, mood and whatever else is happening in their lives. If a child fills up fast, making the child eat more may cause a negative association with eating.

Unless medically indicated, food may never be withheld from children during scheduled meal and snack times. It is better to limit the amount of foods with

high salt, high fat content, and sugar on the child care menu for all the children than to limit certain foods for specific children. By following the Washington State Meal Pattern found in the WACs and planning healthy meals and snacks you can offer foods that provide the optimal amount of nutrients for growth while helping to satisfy a child's appetite. When meals and snacks are served family style, children choose how much and what foods they eat. They can be reminded to take a reasonable portion size to ensure that everyone gets a serving and that seconds will be available later. This reassures the anxious child that there is more food to eat after the first helping has been eaten while establishing a guideline for what a reasonable portion size looks like.

If a child's eating behavior causes concern, talk to the child's parent to determine if they have concerns about the child's eating pattern. You can call a registered dietitian or a child care health consultant at the local health department for practical approaches to assessing and addressing a child's eating behavior.

Children consume food in varying amounts. Children may use food consumption to demonstrate independence. Making a fuss over a child not eating may increase this behavior.

Note: To help make mealtimes a pleasant social time for children, make sure that you sit down and eat with them (family-style). Encourage them to take small bites and short breaks while eating. Engage them in light conversation. Give them plenty of time.

Menu planning

Menu planning is as important to child care as other types of activity planning. Well-planned menus with a variety of nutritious foods will help to keep the children in your center healthy. As you plan your menus, you need to think about the:

- ♦ Ages of the children in your center
- ♦ Number of children you serve
- ♦ Ways you serve the food (family-style or individual servings)

- ♦ Ethnic mix of the children, and
- ♦ Available equipment and staff.

The menus you post can also:

- ♦ Educate parents about good nutrition
- ♦ Let parents know what their child is eating, and
- ♦ Give parents ideas about new foods to try at home. Children will often try foods at the center they would never eat at home.

You are required to post menus one week or more in advance, in places where parents can easily see them.

Menu rotation

Centers are required to utilize at least a two-week variety menu rotation. Variety is important to help children learn and grow. A minimum four-week cycle is recommended. This requirement does not mean you may only serve dry cereal once every two weeks. It means you cannot serve corn flakes, apple juice, and milk on Monday, again on Wednesday and once again on Friday. You could serve cold cereal on all those days but you need to vary the kind of cereal and the type of juice or fruit you offer.

Different colors, textures, shapes, and flavors can interest a child in food. It is a good idea to serve both finger foods and non-finger foods at the same meal. You can also mix cooked foods and raw foods in the same meal or snack. This is a good way to add different temperatures and chewing textures.

You must date menus and mark any changes that you make on the menu. Any changes you make must be nutritionally equal. For example, if oranges were your vitamin C food for the day, you would not be able to substitute bananas for oranges because bananas are not a source of vitamin C. You would have to choose another fruit high in vitamin C for the day such as kiwi or melon.

Note: For the safety and protection of the children in your care you must maintain at least a three day supply of food and water for emergency purposes based on the number of children in your center.

WAC 170-295-4020 states clear guidelines for infant feeding requirements. You must work closely with the parent to develop a plan for each infant's feedings. Refer to the feeding chart in Section 5, Care of Young Children, for more information on infant feeding guidelines.

The following page gives you examples of portion sizes that are required for different age groups. You can refer to this guide when planning your menus. Your local public health consultant or nutritionist can give you additional assistance in planning your menus.

The sample daily menus on the following pages are offered as examples to help you meet the minimum nutritional requirements for the children in your care. Some children may need more food than is listed. It is important that children are provided enough food to be satisfied.



Some children may need more food than is listed. It is important that children are provided enough food to be satisfied.

Types of Meals	Portion Size		
	Age 1-3	Age 3-6	Age 6-12
BREAKFAST			
1. Fruit or Juice/Vegetable	1/4 cup	1/4 cup	1/2 cup
2. Grain: Bread	1/2 slice	1/2 slice	1 slice
Cereal, hot or cold	1/4 cup	1/3 cup	3/4 cup
Pancakes, Waffles, Tortillas	1 (3 inch diameter)	1 (3 inch diameter)	2 (3 inch diameter)
3. Dairy: Milk	1/2 cup	1/2 cup	3/4 cup
Yogurt	1/2 cup	1/2 cup	3/4 cup
Cheese slice	3/4 oz.	3/4 oz.	1 oz.
LUNCH/SUPPER/DINNER			
1. Meat: Beef, Poultry, Fish, Pork	1 oz.	1 1/2 oz.	2 oz.
Meat Alternates:			
Beans, cooked (pinto, white, red, etc.)	1/4 cup	3/8 cup	1/2 cup
Nuts, Seeds	1/2 cup	3/4 oz.	1 oz.
Tofu	2 oz.	3 oz.	4 oz.
Egg	1	1	2
Cheese, cottage cheese	1 oz. (1/4 cup)	1 1/2 oz. (1/2 cup)	2 oz. (3/4 cup)
2. Vegetable and/or Fruit			
Fruit (2 or more)	1/4 cup	1/2 cup	3/4 cup
Vegetable (2 or more)	1/4 cup	1/2 cup	3/4 cup
Vegetable and fruit (one of each)	1/8 cup of each	1/4 cup of each	1/3 cup
3. Grain: Bread	1/2 slice	1/2 slice	1 slice
Cooked pasta/rice/noodles	1/4 cup	1/4 cup	1/2 cup
Corn Tortilla (6" diameter)	1/2 tortilla	1/2 tortilla	1 tortilla
Flour Tortilla or pita bread	1/3 piece	1/3 piece	2/3 piece
4. Dairy Products: Milk	1/2 cup	1/2 cup	3/4 cup
Yogurt	1/2 cup	1/2 cup	3/4 cup
Cheese	3/4 oz.	3/4 oz.	1 oz.
SNACKS			
1. Meat: Beef, Poultry, Fish, Pork	1/2 oz.	1/2 oz.	1 oz.
Meat Alternatives:			
Peanut Butter	1 Tbsp	1 Tbsp	2 Tbsp
Beans, cooked (pinto, white, red, etc.)	1/8 cup or 2 Tbsp	1/8 cup or 2 Tbsp	1/4 cup
Nuts, Seeds	1/4 oz.	1/4 oz.	1/2 oz.
Tofu	1 oz.	1.5 oz.	2 oz.
Egg	1/2	1/2	1
Cheese, Cottage Cheese	1/2 oz. (1/8 cup)	1/2 oz. (1/8 cup)	1 oz. (1/4 cup)
2. Vegetable and/or Fruit	1/2 cup total	1/2 cup total	3/4 cup total
3. Grain: Bread	1/2 slice	1/2 slice	1 slice
Crackers	2 large, 4 small	2 large, 4 small	4 large, 8 small
Tortilla's/Pita Bread	1/2 - 1/3	1/2 - 1/3	1 - 2/3
4. Dairy Products: Milk	1/2 cup	1/2 cup	3/4 cup
Yogurt	1/2 cup	1/2 cup	3/4 cup
Cheese slice	3/4 oz.	3/4 oz.	1 oz.

Sample Menus

We include a few sample menus to help you plan. Not all the ideas will work for your program. Because of the many different kinds of center programs and facilities it is important to plan menus to fit your own needs. The portion sizes listed below are for a 3-6 year old child.

BREAKFAST

Raisin toast (½ slice)

Orange wedge-Vitamin C (¼ medium orange)

Milk (½ cup)

Cereal (¾ cup) Cheerios (less than 9 grams of sugar)

Banana slices (½ small)

Milk (½ cup)

Bran Muffin (1 small)

Mixed Berries-Vitamin C (mashed for 0-1 year olds)

Yogurt (½ cup)

LUNCH

English muffin (½) pizza, tomato paste-Vitamin A, and Turkey Sausage (1½ oz)

Red Cabbage Coleslaw-Vitamin C (¼ cup)

Canned peaches-Vitamin A (¼ cup)

Milk (½ cup)

Tuna (1½ oz) casserole with rainbow noodles (mix of whole wheat, spinach, carrot) (¼ cup)

Steamed broccoli-Vitamin A (¼ cup)

Apple wedge (¼ cup)

Milk (½ cup)

Bean (¼ cup) and cheese (1 oz) quesadilla (½)

Shredded lettuce and tomato bites (¼ cup total)

Kiwi Fruit-Vitamin C (¼ medium)

Milk (½ cup)

Black eye peas or lentils (¾ cup) with rice (¼ cup)

Corn bread (2" square)

Cooked greens-Vitamin A (¼ cup)

Honeydew melon-Vitamin C (¼ cup)

Milk (½ cup)

Tofu (1 ½ oz.) almond stir fry w/broccoli and Chinese cabbage-Vitamin A and C (¼ cup)
over rice (¼ cup)

Pineapple pieces (¼ cup)

Milk (½ cup)

Examples of Snacks

- Applesauce, pumpkin bread, water
- Strawberry (Vitamin C) and banana fruit cup, graham crackers
- Melon slice (Vitamin C), yogurt (mix ½ plain with ½ peach)
- Bran muffin, peaches (Vitamin A), water
- Banana chunks, pretzels, water
- Orange wedge (Vitamin C), mozzarella cheese, water
- Pita bread or Pita chips, cucumber slices, hummus dip, water
- Carrot/broccoli sticks (Vitamin A and C), mozzarella cheese, water (Vegetable sticks should be steamed for younger children)
- Whole wheat toast, cheese slices, water
- Fruit smoothies, bread sticks
- Tortilla chips, beans, dip and salsa, water

Food Programs

You may apply to a government food program that reimburses some of your costs for providing nutritious meals to children. The USDA Child and Adult Care Food Program (CACFP) is an example of a food program that has nutritional requirements that are different from current WAC (for example tofu is not reimbursable by USDA). USDA standards are part of your USDA information packet if you are on the USDA Child and Adult Care Food Program.

Family-style eating

A good way to teach children about manners, foods, and nutrition is for staff to eat at the table with the children. Family-style eating gives children control over how much they want to eat. Eating a meal or snack together should be a happy social time. Talk to the children about their day. You and your staff serve as positive role models for the young children in your care. When children pass food around the table and serve themselves they are learning to share and communicate with each other. It also enhances hand-eye coordination and balancing skills.

Note: Remember that average serving sizes are just that – average. Some children may want to eat smaller portions or they may leave food on their plates. Other children will eat larger portions or want seconds.

During meal times it is important that you:

- ♦ Have enough food available
- ♦ Offer it in a positive way
- ♦ Provide nutritious and well-balanced meals
- ♦ Eat with the children
- ♦ Involve children in setting the table and clearing away eating utensils when finished
- ♦ Minimize waiting time (have the food ready when the children are ready to eat)
- ♦ Offer foods twice to each child (be sure to let them know it is okay to pass)
- ♦ Give children enough time to enjoy eating meals and snacks, and
- ♦ Have serving bowls and utensils that are age-appropriate.

Evening care

Some centers are open 18 hours a day to care for children whose parents work during the night. Use your judgment to decide which meals and snacks to serve based on the times of day they are in your care. Some children in evening care may arrive at 2:30 pm and stay until 11:30 pm. These children will arrive in time for the mid-afternoon snack, will be there for late afternoon snack, and will also need dinner.

You can use the lunch menu for dinner if the children were not present for lunch. If cooking extra food for dinner, be sure to cool and refrigerate it immediately. Family-style meals are encouraged.

Evening care regulations require you to serve a bedtime snack but this may depend on the age of the child. A toddler may eat a late afternoon snack at 4:30 or 5:00 pm and dinner at 6:30 or 7:00 pm and may not be awake for a bedtime snack two hours later. Many older preschool and school-aged children will need a bedtime snack because they will still be awake at 9:00 pm.

Special dietary concerns

Some children need to eat special foods or to follow a special diet. This may be due to an allergy or chronic disease such as diabetes. Foods with special textures may be necessary because a child is developmentally delayed. The disability could make it hard for the child to chew or even swallow.

Establishing guidelines for managing a child's special dietary needs will help keep the child safe and ensure that the child's nutritional needs are met. The plan should outline how the child care staff, the child's parent and the child (when developmentally appropriate) will address the need.

Individual Health Plan

In the case of food allergies, an individual health plan needs to address child care, family, and the child's responsibilities.

Child Care Responsibilities

- ◆ Discuss with the child's parent the current management plan of the allergy. You need to know what foods to avoid, procedures for using the Epi-Pen (if indicated) or other medication, and what to do in case of an emergency. Parents and the child's health care provider will need to complete and sign a Food Allergy Emergency Plan outlining the specific allergy, signs and symptoms of a reaction, how to prevent a reaction and an emergency plan in case a reaction occurs.
- ◆ Develop a training protocol that will ensure all new staff and volunteers know how to manage the child's allergy while in care, including prevention strategies and emergency response methods.
- ◆ Make changes when needed to comply with the child's food allergy management plan.

Family Responsibilities

- ◆ Discuss with the provider any reactions the child experiences at home or any changes in the child's health.
- ◆ Complete all forms in an accurate and timely manner.
- ◆ Meet with child care staff to explain specific needs and demonstrate how to use the Epi-Pen.
- ◆ Obtain approval of the plan by the health care provider.

Child's Responsibilities (preschool age and older)

- ◆ Do not share foods with other children.
- ◆ Know which foods to avoid and ask the adults when uncertain.
- ◆ Tell an adult immediately if an allergic reaction is suspected.

Contact your DEL health specialist or your local public health consultant for help in formalizing a food allergy management plan or other special dietary needs. A Food Allergy Statement and a Food Allergy Emergency Plan are included on the following pages for your convenience. Both forms must be signed by a health care provider.



Make changes
when needed to
comply with the
child's food allergy
management plan.

Food Allergy/Intolerance Statement

Name of Child _____ Birth Date _____

Name of Parent/Guardian _____ Phone _____
Day/Evening*(Please print)*

List each food separately	Check the medical condition	List appropriate substitute food(s)
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	

*** For A Food Allergy, Complete Child Care Emergency Plan for Food Allergic Response**

Health Care Practitioner _____

Signature of Practitioner _____ Date _____

Mailing Address (Print or type) _____ Phone _____

Please return to the child care program at the address listed below: _____

Child Care Emergency Plan for Food Allergic Reactions

ALLERGY TO: _____

Child's Name: _____ Birth Date: _____

Asthma ☐ Yes* ☐ No *High Risk for severe reaction

Signs of an allergic reaction

Systems:

MOUTH

THROAT

SKIN

GUT

LUNG

HEART

Symptoms:

itching & swelling of the lips, tongue, or mouth

itching and/or a sense of tightness in the throat, hoarseness and hacking cough

hives, itchy rash, and/or swelling about the face or extremities

nausea, abdominal cramps, vomiting, and/or diarrhea

shortness of breath, repetitive coughing, and/or wheezing

"thready" pulse, "passing-out"

The severity of symptoms can quickly change. All the above symptoms can potentially be life-threatening.

ACTION FOR MINOR REACTION

If symptom(s) are: _____

Administer: _____
medication/dose/route

Then call: Parent/Guardian and Doctor

If condition does not improve within 10 minutes, follow steps for Severe Reaction below:

ACTION FOR SEVERE REACTION

If symptom(s) are: _____

Administer: _____ **IMMEDIATELY!**
Medication/dose/route

Call: 911 (Never hesitate to call 911)

Call: Parent or Guardian

Call: Doctor

Parent/guardian _____ phone: _____ cell phone: _____

Parent/guardian _____ phone: _____ cell phone: _____

Doctor _____ phone # _____

Parent/guardian signature _____ Date: _____

Doctor's signature (Required) _____ Date: _____

When the parents provide the meals or a treat

Many parents value centers that prepare hot meals on site. However, some programs do not have enough space or adequate facilities to prepare full meals. These centers ask parents to provide sack lunches. You must give parents providing sack lunches written information for packing a lunch that meets all of the nutrition requirements. Your center also must provide sufficient refrigeration for the food. Parents need to know of any food or nutrition policies you may have, such as a “peanut-free” policy or “no desserts or sweets in lunches”. Your parent handbook, newsletters and bulletin boards are useful ways to share this information.

Even when parents send the food, you should keep food supplies on hand in order to:

- ◆ Supplement the lunch of a child who does not bring enough from home
- ◆ Add to or replace snacks a parent brings if the snack is not nutritionally equal to the posted planned menu, and/or
- ◆ Feed children who forgot their lunch that day.

The lunches you provide to children who forget theirs can be simple. You could provide a sandwich, carrot sticks, apple wedge, and milk or water.

Sometimes parents bring a treat to celebrate a birthday or a special event with all of the children. Be sure that parents know in advance your treat policy and any food allergies children may have.

Note: Snacks provided by parents must be limited to uncut fruits and vegetables or prepackaged food in the original manufacturer’s container.

Sack lunch food safety

Sack lunches may often contain foods that need to be kept hot or cold in order to be safe to eat. It is best to refrigerate sack lunches to minimize the risk of potential hazards. If it is not possible to refrigerate all sack lunches you can keep a tray for each

classroom in the refrigerator. When parents arrive, ask them to take out items needing refrigeration, label them with their child’s name, and place them on a refrigerator tray. At lunchtime, staff can give the items to children along with the rest of their sack lunches.

Remind parents of potentially hazardous foods requiring safe food handling, such as any meat or meat alternate, cut melons, cooked rice or potato, sprouts, cooked beans, milk, yogurt, and cheese.

Child care programs may want to have a policy that states clearly that they cannot re-heat cooked items sent in a sack lunch. It may be difficult for staff to heat up several lunches while caring for children.

Note: Do not let children trade their food brought from home at lunchtime. With the increasing rate of food allergies, this can be a health concern. Advise parents that sharing of food between children is not allowed at meal or snack time.



Sometimes parents bring a treat to celebrate a birthday or a special event with all of the children.

Social aspects of meal and snack times

In general, mealtimes should be pleasant activities in which conversation and independence are encouraged. Adults should interact with children during meals, providing models of good nutrition habits. Infants are held during bottle feedings to encourage warm, affectionate interactions between child and caregiver. Never prop a bottle for an infant or allow a child to walk around with one.

When children are developmentally capable of eating table foods and do not require a highchair, they are ready to eat at a child-size table and chairs with other children and adults. Eating utensils, bowls and plates should be small, durable, and made of hard plastic (with smooth edges). When using disposable tableware use hard paper or medium weight plastic. Children should be seated when eating to minimize the risk of choking and to help them focus on eating. [AAP, 2002]

Promoting Healthy Eating Habits

One of the best ways to teach good eating habits is to model them. What you say and do matters. Avoid making faces or making negative comments about the foods. Encourage children to eat by eating the same foods yourself and talking about them in objective and descriptive ways; it's red, round, crunchy, juicy, tastes like a peach, grows on a tree, etc.

Never force a child to eat a new food or to eat the foods offered, and never punish a child for not trying a new food or eating the foods offered. Caregivers need to help children stay in touch with their own internal cues that indicate when they feel full or hungry. As an adult, you can interfere with these regulators when children's feelings about eating are not respected.

Gently encourage children to try a taste of every food. Do not force or punish anyone for not trying. You might try fixing the same food in a different way. It also might help to change the combination of foods you serve. Sometimes it helps to wait a few

weeks and try again. Exposing children to a variety of foods increases the chance that over the course of time they will begin to try new foods and learn to accept and enjoy new flavors and textures. If children are given only what they want they may miss important opportunities to develop healthy eating habits. [Satter, 2000]

New foods can be introduced as part of your lesson plan or curriculum. Prepare different cultural foods as part of your on-going menu, i.e., tortillas, jicama, hummus, pita bread, and eggplant. Conduct taste-testing of foods to compare colors, shapes, textures and flavors. Use foods to exemplify colors found in nature and seasonal changes.

Encourage children to drink water. It should always be available and offered throughout the day.

Note: *The Golden Rule for Feeding Young Children:*

- *Adults are responsible for what and where children are fed and*
- *Children are responsible for how much and whether they eat the foods that are offered.*

Culture and Foods

When planning snacks and meals, keep in mind the different ethnic backgrounds of the children in your center. If you are unfamiliar with foods from the different cultures, ask the parents about the kinds of food they serve at home.

You can have parent potluck dinners where each family brings a favorite dish. Create a recipe book of these favorite foods.

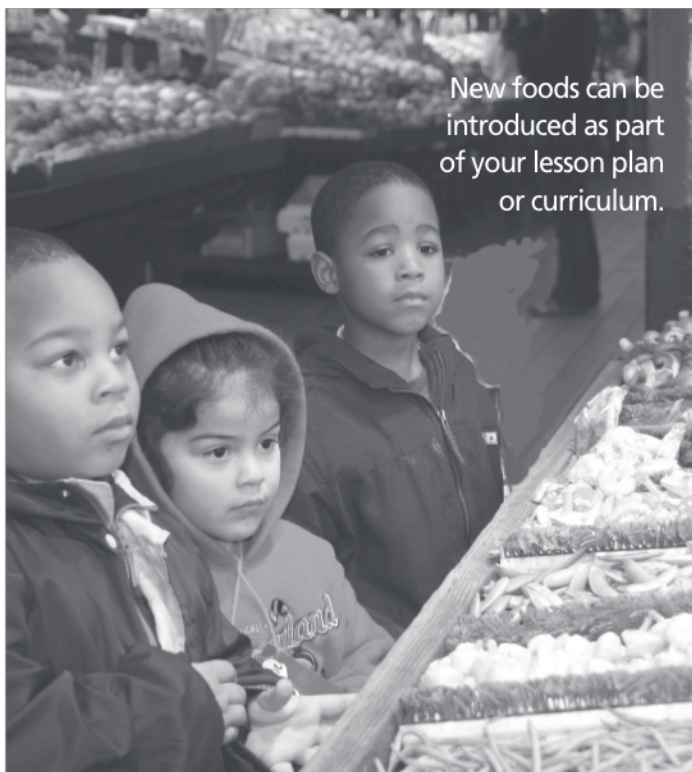
Invite parents to help prepare food. Always make sure that a staff person with a current food handler's card and knowledge about proper food handling helps prepare the food.

Prevent Choking

Young children can be at risk for choking on foods. Remember that:

- ♦ toddlers have limited control of their mouth muscles and lack the molars to grind up hard foods
- ♦ three- to four-year-olds lack chewing sophistication and are easily distracted while eating, and
- ♦ certain foods pose choking risks. Examples include nuts, seeds, whole grapes, hot dogs, hard candy, whole corn, popcorn, chips, tough meats and “sticky” foods such as peanut butter, processed cheese, marshmallows and fruit roll-ups.

Children can choke on any food and **MUST** be supervised while they are eating. Make sure children are seated to eat. Modify foods to be smaller or softer (dice melons into small pieces and steam broccoli and carrots). Discourage children from eating too fast or pocketing food. Remind parents of the hazards of feeding children in cars or on buses.



New foods can be introduced as part of your lesson plan or curriculum.

Kitchen and food service

WAC

WAC 170-295-3170

What are the food service standards I am required to meet?

You must maintain on site at least one person with a Washington State Department of Health food handler’s permit to:

- Monitor and oversee food handling and service at the center, and
- Provide orientation and on going training as needed for all staff involved in food handling. Any one cooking full meals must have a food handler’s permit.

WAC

Poor food preparation, handling, or storage can quickly result in food being contaminated with germs and may lead to illness if eaten. To prevent food from spreading illness you can do some very simple things. Food must be handled appropriately to ensure that the food will not cause a foodborne illness. Children are especially vulnerable to foodborne illnesses due to their smaller body size and their underdeveloped immune systems. It is critical that food safety be maintained in all areas of food storage and preparation.

Handwashing is the best way to prevent children and staff from getting a foodborne illness.

Note: Although the Washington State Department of Health has recently changed their requirement that cold food be stored at or below 41°F, it is still considered allowable to store food at 45°F. Since current WAC requires centers to keep cold food at or below 45°F, that temperature will be referred to throughout this guidebook. For best practice, however, keep cold foods at or below 41°F.

Procedures for food preparation and service

The following procedures will provide an overview on how to make the food in your center as safe as possible. For additional information, you can contact your DEL health specialist or licensor and obtain a copy of the Washington State Food and Beverage Service Worker's Manual from your local Health Department. These procedures for food preparation and service are to be used by cooks and other staff involved with food service.

Food Purchasing

- ♦ Check the use by, sell by or expiration date on foods before purchase.
- ♦ Meats and poultry must be inspected and passed for wholesomeness by federal or state inspectors.
- ♦ Keep packages of raw meat separate from other foods, particularly foods that are eaten fresh.
- ♦ Raw meat must be stored below other food in the refrigerator.
- ♦ Don't buy foods in poor condition. Make sure that refrigerated foods are cold to the touch and frozen food is rock-solid.
- ♦ Shop for meat, fish, poultry and cold food last. Take foods straight back to the center to the refrigerator; never leave food in a hot car.
- ♦ If using dry milk, it must be prepared in a clean container and refrigerated or used immediately.
- ♦ Do not use home-canned foods or food from dented, rusted, or bulging cans or cans without labels.

Food Storage

- ♦ Store all perishable foods at temperatures that will prevent spoilage (refrigerator temperature of 45°F or lower, freezer temperature of 10°F or lower).
- ♦ Place working thermometers in the warmest part of the refrigerator and freezer (near or in the door shelf) and check them daily.
- ♦ Set up refrigerators so that there is enough shelf space to allow for air circulation around shelves and refrigerator walls. This will help maintain proper food temperatures.

- ♦ Always examine food when it arrives to make sure it is not spoiled, dirty, or infested with insects.
- ♦ Store non-refrigerated foods in clean, rodent- and insect-proof, covered metal, glass, or hard plastic containers.
- ♦ Store containers of food above the floor (about 6") on racks or other clean slotted surfaces that permit air circulation.
- ♦ Keep store rooms clean, dry, and free from leaky plumbing or drainage problems. Repair all holes and cracks in storerooms to prevent insect and rodent infestation.
- ♦ Keep store rooms cool (about 60°F) to increase the food's shelf life.
- ♦ Store all food items separately from nonfood items.
- ♦ Use an inventory system: the first food stored is the first food used. This will ensure that stored food is rotated. Inspect food daily for spoilage.
- ♦ Pay close attention to the expiration dates, especially on foods that can spoil easily.
- ♦ All food that has been opened, or is not in its original package, must be stored in air-tight containers, labeled with the contents and the date it was opened. Also include the expiration date or freshness date that was on the original package.

Food Preparation and Handling

- ♦ Wash all raw fruits and vegetables before use. Wash tops of cans before opening.
- ♦ Thaw frozen foods in the refrigerator or put quick-thaw foods in plastic bags under cold running water for immediate preparation. DO NOT thaw frozen foods by allowing them to stand at room temperature.
- ♦ Use a thermometer to check internal temperatures of the following foods to be sure they have been cooked evenly (refer to WAC 170-295-3190) and to a minimum internal temperature of:
 - Ground beef or pork sausage - 155°F
 - Pork - 150°F
 - Fish and seafood - 140°F
 - Poultry - 165°F
 - Stuffing - 165°F in a separate pan (do not cook stuffing inside poultry)

- Eggs - 140°F
- Beef (not ground) and lamb - 140°F
- ◆ Prepare these potentially hazardous foods as quickly as possible from chilled products, serve immediately, and refrigerate leftovers immediately:
 - Meat salads, poultry salads, egg salads, seafood salads, and potato salads
 - Cream-filled pastries, and
 - Other prepared foods containing milk, meat, poultry, fish, and/or eggs.
- ◆ Prevent the growth of bacteria by maintaining all potentially hazardous foods at temperatures lower than 45°F or higher than 140°F during transportation and while holding until served. Bacteria multiply most rapidly between 45°F and 140°F.
- ◆ Cover or completely wrap foods during transportation.
- ◆ Never re-use a spoon that has been used even once for tasting.
- ◆ Make sure each serving bowl has a spoon or other serving utensil.
- ◆ Reserve food for second serving times at safe temperatures in the kitchen.
- ◆ Any food that has been served to the children must be thrown away.
- ◆ Place foods to be stored for re-use in shallow pans and refrigerate or freeze immediately to bring temperature rapidly to 45°F or lower.
- ◆ Leftovers or prepared casseroles held in the refrigerator must be discarded after 2 days.
- ◆ Leftover foods should not be sent home with children or adults because of the hazards of bacterial growth during transport.
- ◆ Keep lunches (with perishable foods) brought from home in the refrigerator until lunch time.

Storage of Nonfood Supplies

- ◆ Store all cleaning supplies (including cleaning agents) and other poisonous materials in locked compartments or in compartments out of reach of children and separate from food, dishes, and utensils. They may not be stored above any areas where food is stored, prepared, or served.

- ◆ Store toxic materials (other than those needed for kitchen sanitation) in locked ventilated closets outside the kitchen area.
- ◆ Store insect and rodent poisons in locked compartments in an area apart from food or cleaning materials to avoid contamination or mistaken usage.
- ◆ Animal or insect bait should be boxed and stored separately and below food supplies to prevent possible contamination.
- ◆ Clearly label all containers of poisonous material as poison and include information on appropriate antidotes.

Cleaning and Care of Equipment

- ◆ Cracked and worn equipment or utensils may harbor bacteria. Throw them away. Avoid utensils with chipped or painted handles.
- ◆ Wash and sanitize dishes and food utensils using an approved method.
- ◆ Wash equipment frequently:
 - Clean range tops during food preparation as needed and on a daily basis
 - Clean ovens and overhead hoods at least weekly or more often when needed
 - Clean and sanitize the inside and outside of refrigerators weekly with a bleach solution (defrost when ice is ¼" thick), and
 - Clean and sanitize tables with the bleach solution before and after each meal.
- ◆ Set up a cleaning schedule to prevent contamination of food as follows:
 - Wet mop floors daily, scrub as needed
 - Clean and sanitize food preparation surfaces between preparation of different food items (e.g. meat and salad) and between different meats (e.g. pork and chicken)
 - Clean and sanitize cutting boards after cutting any single meat, fish, or poultry item (use only hard, non-toxic, non-wood boards that are free of cracks, crevices, and open seams)
 - Clean and sanitize can openers daily, and
 - Clean and sanitize utensils between uses on different food items.

- ♦ Special notes:
 - Air dry all food contact surfaces after cleaning and sanitizing
 - Do not use wiping cloths or sponges (use single use paper towels instead)
 - Make sure no food contact surfaces are made of cadmium, lead, zinc, granite enamelware, or other toxic materials
 - Do not use cyanide to polish or clean silver, and
 - Be sure that there are sufficient garbage cans to hold all garbage. These cans must have tight-fitting lids and be leak-proof. Line garbage cans with plastic liners and empty and clean the cans frequently. Keep the garbage area clean at all times. Hands-free garbage cans are recommended.



WAC

WAC 170-295-3180

What are approved food sources?

You must:

- Prepare or serve food that is not tampered with or spoiled and is obtained from an approved source including, but not limited to, a licensed caterer, a food service company or a grocery store. Food sources that are not approved include:
 - Leftover food previously served from outside your center
 - Home canned, frozen or prepared food unless it is for the person's own children
 - Donated food from restaurants or caterers that was previously served
 - Game meat that has not been inspected by the USDA, and
 - Donated meat, fish, poultry or milk that is not from a source inspected for sale.
- Prepare all food unless it is provided by a:
 - Licensed satellite kitchen, catering kitchen or other source licensed by the local health jurisdiction, or
 - Parent for individual children.
- Have a signed contract or agreement with any satellite kitchen or the catering service that you use. Your contract must include written proof that the caterer and the method of transporting the food are approved by the local health jurisdiction as meeting the requirements of the department of health, chapter 246-215 WAC.
- Have a written policy if you use a satellite kitchen that describes:
 - How food will be handled once it is on-site, and
 - What back-up system you will use if the food does not arrive, not enough food arrives, or the food cannot be served.

When meals are catered

Some centers may rely upon a catering service to provide food for meals and snacks. In this case special guidelines have been developed. The catering service must be approved and inspected by the local health authority to assure their foods are safely prepared and transported. Centers accepting catered foods must have a policy describing how food is handled once it arrives. The policy must include a back-up system in case food does not arrive, not enough food arrives, or food arrives that cannot be safely served.

A model policy for catered foods includes:

- ◆ A designated person who is responsible for accepting the food upon arrival
- ◆ How to properly check temperatures with a food thermometer at time of delivery
- ◆ How to record temperatures in a log that is signed by the person responsible for accepting delivery of the food, and
- ◆ What to do if food is not at proper temperature (below 140°F for hot food and above 45°F for cold food) upon arrival.

WAC

WAC 170-295-3190

How can we be sure that the food we serve is safe?

You must develop and implement a system to monitor the temperature of potentially hazardous foods during cooking, re-heating, cooling, storing, and hot and cold holding temperatures to be sure that:

- Food will be cooked to at least the minimum correct internal temperature:
 - Ground beef and pork sausage 155 degrees Fahrenheit
 - Pork 150 degrees Fahrenheit
 - Fish and seafood 140 degrees Fahrenheit
 - Poultry and stuffing 165 degrees Fahrenheit
 - Eggs 140 degrees Fahrenheit
 - Beef (not ground) and lamb 140 degrees Fahrenheit.

- Previously prepared food is reheated one time only to an internal temperature of 165 degrees Fahrenheit within sixty minutes
- Hot food is kept at a temperature of 140 degrees Fahrenheit or above until served
- Cold food is kept at a temperature of 45 degrees Fahrenheit or less
- Refrigerators have a thermometer in or near the door and are kept at 45 degrees Fahrenheit or less, and
- Freezers have a thermometer in or near the door and are kept at 10 degrees Fahrenheit or less.

You must develop a system to record the temperature of each perishable food once it arrives from a satellite kitchen or a catering service. The system must include keeping records on site for six months with the following information:

- The name and temperature of the food
- The date and time the temperature was checked, and
- The name and signature or recognized initials of the person who is checking and recording the food temperatures.

You may serve previously prepared food that has not been previously served if it was stored at the proper temperature for less than forty-eight hours after preparation. Leftover foods or open foods in the refrigerator must be labeled with the date that they were opened or cooked.

WAC

Sometimes when children seem to have the flu it is really a foodborne illness. Young children are more at risk when they get sick because they can dehydrate quickly from diarrhea and vomiting more easily than adults.


Cooking and storing foods at incorrect temperatures are major contributing factors to foodborne illnesses. Thorough cooking, consistent hot holding, proper cooling and cold storage and complete reheating of foods are all critical steps to prevent bacterial contamination in foods. Important numbers to remember for safe holding temperatures are:

- ◆ 45°F or cooler and
- ◆ 140°F or hotter.

The temperature range between 45°F and 140°F is called the “Danger Zone.” It is dangerous because at these temperatures bacteria will grow very rapidly in food. Bacteria will also grow quickly on potentially hazardous foods. These are foods that are moist and high in protein such as meats, dairy foods, and eggs. The warmer and moister the food, the faster bacteria can grow. That is why there is such a concern about foods sitting at room temperature or warmer.

To ensure hot foods are kept hot at 140°F or higher, it is very important to have a metal stem thermometer available in the kitchen to check the internal temperature of the food. Remember, potentially hazardous foods must be kept out of the danger zone. Metal stem thermometers should be cleaned and sanitized between uses to prevent the risk of cross contamination.

Licensing requires you to have at least one person with a Washington State Department of Health food handler’s card on-site. This is most often the person cooking full meals. Someone with a current food handler’s card (can be someone different than the person cooking full meals) is responsible for providing orientation and annual training for all staff who handle food. You must document this training and keep it in staff files.



Best Practice: All staff preparing, handling, and serving food maintain a current food handler’s card. This includes all teachers and caregivers who serve children food and snacks.

WAC

WAC 170-295-3200

How do we safely store food?

You must store food:

- In the original containers or in clean, labeled containers that are airtight and off the floor
- In a manner that prevents contamination from other sources
- In an area separate from toxic materials such as cleaning supplies, paint, or pesticides
- That is not past the manufacturer’s expiration or freshness date
- In a refrigerator or freezer if cooking is required
- Raw meat, poultry or fish kept in the refrigerator must be stored below cooked or ready to eat foods
- Foods not requiring refrigeration must be kept at least six inches above the floor in a clean, dry, ventilated storeroom or other areas, and
- Dry bulk foods not in their original containers, in containers with tight fitting covers. Containers must be labeled and dated.

WAC

It is always best to prepare cooked foods right before mealtimes rather than to cook them ahead of time and reheat them. However, if storing leftovers for re-serving, you will need to cool the food down as quickly as possible to 45°F by using one the following procedures:

- ◆ Leave uncovered, and refrigerate solid food such as turkey or ham, cut up into small pieces
- ◆ Reduce level of food to 2 inches in the container, leave uncovered, and refrigerate foods that are thick but not solid, or
- ◆ Place containers of thin foods such as soup or broth into a sink filled with ice and water, stir often, and leave product in ice water.

Once the required cold holding temperature of 45°F or lower is reached, the container of food can then be covered, labeled with the preparation date and refrigerated. Food should be used within 48 hours.

In most cases, once food leaves the kitchen and is served, you cannot return it and serve it again. In order to avoid throwing milk out, measure it for each table and pour it into small containers.

WAC

WAC 170-295-3210

How do we safely thaw food?

You must thaw food by using one of the following methods:

- In a refrigerator
- Under cool running water, in a pan placed in a sink with the stopper removed
- In a microwave, if the food is to be cooked immediately, or
- As part of the continuous cooking process.

WAC

Most cases of food poisoning happen when someone does not properly store or reheat cooked foods. Incorrect thawing can also create problems.

WAC

WAC 170-295-3220

What type of kitchen material and equipment are required?

You need to have the following equipment to cook and serve meals without restrictions on the type of menus or foods that you can cook, serve or store:

- Kitchen walls, counter tops, floors, cabinets and shelves that are:
 - Maintained in good repair to include being properly sealed without chips or cracks
 - Moisture resistant, and
 - Maintained in a clean and sanitary condition.
- A range with a properly vented hood or exhaust fan, except when serving only snacks
- A refrigerator, freezer or a combination refrigerator with sufficient space for proper storage and cooling of food
- Handwashing facilities located in or adjacent to the food preparation area with hand washing procedures posted at each sink used for handwashing and followed by all persons who participate in food preparation.
- A method to clean and sanitize equipment using:
 - A two compartment sink and an automatic dishwasher capable of reaching a temperature of 140 degrees Fahrenheit, or

- The means to appropriately clean and sanitize dishes and utensils through the use of 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.
- You may use a microwave oven to reheat foods if the food is:
 - Rotated or stirred during heating
 - Covered to retain moisture, and
 - Held for two minutes prior to serving to allow the temperature to spread evenly throughout the food.

WAC

Cleaning dishes

You must clean and sanitize dishes after every use. If you use a dishwasher, the temperature must reach 140°F. This will kill germs. If your dishwasher has a “sani-cycle,” the final rinse water should heat to this temperature. You can check your owner’s manual to be sure. You can also contact your DEL health specialist or public health consultant for assistance.

If staff does dishes by hand, you will need to follow a three-step method to wash and sanitize the dishes. Human hands cannot take the 140°F water temperature so you must use bleach.

Three-Step Method to Clean and Sanitize

Scrape food from dishes into a garbage container.

Step 1: Wash dishes with hot soapy water.

Step 2: Rinse dishes with clean warm water.

Step 3: Submerge dishes in a bleach solution (1 teaspoon bleach per gallon of cool water) for two minutes.

Allow the dishes to air dry.

The best way to do the three-step method is with a three compartment sink. Remember WASH, RINSE, and SANITIZE. You must AIR DRY all dishes, utensils, tableware and pots and pans.

You should have two cutting boards. Use one cutting board for raw meats and poultry only. Use the other for fruits, vegetables, and cooked foods. This

will prevent the risk of cross contamination. Be sure to clean and sanitize the board after cutting up raw meat or poultry. Use a bleach solution of 1 tablespoon of bleach per gallon of cool water. Non-wood cutting boards are easier to keep clean and are safer. Do not use wooden cutting boards for meat, fish or poultry [AAP, 2002].

Proper handwashing by everyone handling food is equally as important as proper cooking and storing foods in preventing foodborne illness. Handwashing is important for all staff and all children.

WAC

WAC 170-295-3230

What type of eating and drinking equipment must I provide?

- You must provide eating and drinking equipment that is:
 - Cleaned and sanitized between use by different children
 - Free from cracks or chips
 - Individual, and
 - Developmentally appropriate.
- You must not serve food directly on the table without a plate or paper napkin
- You must use gloves, tongs, or spoons to serve food
- You may have inclined jet-type drinking fountains. Bubble-type drinking fountains and drinking fountains attached to or part of sinks used for any purpose other than the drinking fountain cannot be used, and
- You must not have drinking fountains in restrooms.

WAC

Dishes and utensils for children must be of proper size and shape. Young children may need a small spoon or fork. You must not serve food directly on the table without a plate or paper napkin. Gloves, tongs, or spoons must be used to serve food. Cups and glasses should be lightweight and small enough for little hands to hold. Salad plates are good for preschool and younger children. Cereal-sized bowls are also useful and can hold the right amount of food.

It may be more cost effective and environmentally sound to purchase dishes and glasses rather than disposables. Restaurant suppliers are good sources of affordable dishes, utensils, pitchers, etc.

