
Health Policy

(Adopted from Seattle/King County Public Health Child Care Team)

Agency Name: _____

Director: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Cross Street: _____

Emergency telephone numbers:

Fire / Police / Ambulance: **911** C.P.S.: _____

Poison Center: **(800) 222-1222** Animal Control: _____

Hospital used for life-threatening emergencies*:

Name of Hospital: _____

Address: _____

Phone: _____

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

Other important telephone numbers:

DEL Health Specialist: _____ phone: _____

DEL Licensuror: _____ phone: _____

Public Health Nurse: _____ phone: _____

Public Health Nutritionist: _____ phone: _____

Infant Consultant Nurse: _____ phone: _____

Communicable Disease/Immunization Hotline (Recorded Information):

Communicable Disease Report Line: _____

Table Of Contents

Emergency Procedures	3
Medication Management	4
Policy and Procedure for Excluding Ill Children	8
Communicable Disease Reporting	9
Immunizations	10
First Aid	11
Health Records	12
Handwashing	12
Cleaning, Sanitizing, Disinfecting and Laundering	13
Infant Care	16
Infant Bottle Feeding	17
Infant and Toddler Solid Foods	20
Diapering	21
Contact or Exposure to Body Fluids	22
Food Service	23
Nutrition	25
Injury Prevention	27
Disaster Preparedness	27
Staff Health	28
Child Abuse and Neglect	28
Special Needs	29
Animals on Premises	29
Signature Documentation	30

Emergency Procedures

Minor Emergencies

1. Staff trained in first aid will refer to the _____ (name of guide) located _____ (where located). Gloves (Nitrile or latex) will be used if any body fluids are present. Staff will refer to the child's emergency form and call parents/guardians, emergency contacts or health care provider as necessary.
2. Staff will record the incident on _____ (name of report form), which will be kept in each classroom. The form will include the date, time, place and cause of the illness or injury, if known. A copy will be given to the parent/guardian the same day and another copy placed in the child's file.
3. The incident will also be recorded on the Accident/Incident Log, which will be located _____ (where located).
4. Accident/Incident Logs and Illness Logs will be reviewed monthly by _____ (assigned person). The logs will be reviewed for trends. Corrective action will be taken to prevent further injury or illness. All reports, including this log, are considered confidential.

Life-Threatening Emergencies

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

-
7. Staff will record the incident on _____ (name of report form), which will be kept in each classroom. The form will include the information as stated in #2 under Minor Emergencies. The parent/guardian will sign receipt for a copy of the report. A copy will be sent to the licenser no later than the day after the incident. A copy will be placed in the child's record.

Asthma and Allergic Reactions

A written individual health plan will be followed in emergency situations. For example:

Asthma:

- An asthma care plan and an individual emergency treatment plan shall be kept on file for any child with asthma.
- The asthma care plan shall be implemented when child exhibits asthma symptoms at child care.
- Ask your health consultant to assist you in developing an asthma care plan.

Allergies:

- A food allergy care plan shall be filled out and kept on file for children whose registration form or parent report indicates food allergies. This form lists food to avoid, a brief description of how the child reacts to the food, appropriate substitute food(s). It must be signed by a Health Care Provider. There should be a space on the form for the Health Care Provider to indicate if the reaction is severe or not. If the reaction is severe, staff should follow an emergency protocol indicated by the provider such as the following:
 1. Administer prescribed epinephrine (EpiPen) immediately
 - AND/OR**
 2. Administer other prescribed medication
 - 3. Call 911**
 4. Call child's Health Care Provider
 - 5. Stay with the child at all times.**

Medication Management

Parent/Guardian Consent

1. Medication will only be given with prior **written** consent of the child's parent/legal guardian. This consent (The Medication Authorization Form), will include the child's name, the name of the medication, reason for the medication, dosage, method of administration, frequency (can NOT be given "as needed"), duration (start and stop

dates), special storage requirements, and any possible side effects (use package insert or pharmacist's written information).

2. A parent/legal guardian will be the sole consent to medication being given, without the consent of a health care provider, **if and only if** the medication meets all of the following criteria.
 - The medication is over-the-counter and is one of the following:
 - Antihistamine
 - Non-aspirin fever reducer/pain reliever
 - Non-narcotic cough suppressant
 - Decongestant
 - Ointments or lotions intended specifically to relieve itching or dry skin
 - Diaper ointments intended for use with "diaper rash", and
 - Sunscreen for children over 6 months of age.
 - The medication is in the original container and labeled with the child's name; *and*
 - The medication has instructions and dosage recommendations for the child's age and weight; and
 - The medication is not expired; *and*
 - The medication duration, dosage and amount to be given does not exceed label-specific recommendations for how often or how long to be given.
3. For sunscreen and diaper ointment, the written consent may cover an extended time period of up to 6 months.
4. For all other medications the written consent may only cover the course of the illness.

Health Care Provider Consent

1. A licensed Health Care Provider's consent, along with parent/legal guardian consent, will be required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, supplements and fluoride).
2. A Health Care Provider's written consent must be obtained to add medication to food or liquid.
3. A licensed Health Care Provider's consent may be given in 2 different ways:
 - The health care provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, frequency (can NOT be given "as needed"), duration and expiration date); or
 - The health care provider signs a completed Medication Authorization Form.

Medications for chronic conditions such as: Asthma or Allergies

For chronic conditions (such as asthma), the parent/legal guardian written consent must be renewed on a regular basis (this will vary with the age of the child and how long the child has been on the medication). An individual care plan must be provided that lists symptoms or conditions under which the medication will be given.

Emergency supply of medication for chronic illness

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

Staff Documentation

1. Staff administering medications to children will be trained in medication procedure by _____ (name of person) and a record of training will be kept in staff's file (this can be part of a new employee orientation).
2. Staff giving medications will document the time, date and dosage of the medication given on the child's Medication Authorization Form and will sign with their initials each time a medication is given. Staff's full signature will be at the bottom of the page.
3. Staff will report and document any observed side effects on the child's individual medication form.
4. Staff will provide a written explanation why a medication was not given.
5. Medication Authorization Forms and documentation will be kept in the child's file, when the medication is completed, discarded, or returned to parents.
6. Staff will only administer medication when all conditions listed above are met.

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

Medication Storage

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

-
2. Controlled substances (i.e. Ritalin) will be stored in a locked container and stored _____ (where).
Center implements the following system for tracking administration of controlled substances: _____

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

Self-Administration by Child

A school-aged child will be allowed to administer his or her own inhaler or Epi-pen when the above requirements are met AND:

1. A written statement from the child's Health Care Provider and parent/legal guardian is obtained, indicating the child is capable of self-medication without assistance.
2. The child's medications and supplies are inaccessible to other children.
3. Staff must observe and record documentation of self-administered medications.

Medication Administration Procedure

1. Wash hands before preparing medications.
2. Carefully read labels on medications, noting:
 - Child's name
 - Medication name
 - Amount to be given
 - Time and dates to be given (can NOT be given "as needed")
 - How long to give
 - How to give (e.g. by mouth, to diaper area, in ear, etc.)

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

3. Prepare medication on a clean surface away from diapering or toileting areas.
4. Do not add medication to the child's bottle or food (health care provider authorization required).
5. For *liquid* medications, use clean medication spoons, syringes, droppers or medicine cups that have measurements on them (not table service spoons) provided by parent/legal guardian.

-
6. For *capsules/pills*, medication is measured into a paper cup and dispensed as directed by the Health Care Provider/legal guardian.
 7. Wash hands after administering medication.
 8. Observe the child for side effects of medications and document on the child's Medication Authorization Form.
 9. If bulk medications (diaper ointment and sunscreen) are used they will be administered in the following manner to prevent cross-contamination:

Policy and Procedure for Excluding Ill Children

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

1. **Fever** of at least 100°F under arm (auxiliary) **and** who also have one or more of the following:
 - Diarrhea or vomiting
 - Earache
 - Headache
 - Signs of irritability or confusion
 - Sore throat
 - Rash
 - Fatigue that limits participation in daily activities

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

2. **Vomiting** on 2 or more occasions within the past 24 hours.
3. **Diarrhea:** 3 or more watery stools within a 24-hour period or any bloody stool.
4. **Rash**, especially with fever or itching.
5. **Eye discharge or conjunctivitis (pinkeye)** until clear or until 24 hours of antibiotic treatment.
6. **Sick appearance, not feeling well and/or not able to keep up with program activities.**

-
7. **Open or oozing sores**, unless properly covered **and** 24 hours has passed since starting antibiotic treatment, if treatment is necessary.
 8. **Lice or scabies**. For head lice, children and staff may return to child care after treatment and no nits. For scabies, return after treatment.

Following an illness or injury, children will be readmitted to the program when they no longer have the above symptoms and no longer have significant discomfort.

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

Children with the above signs and symptoms will be separated from the group and cared for in _____ (location). Parent/guardian or emergency contact will be notified to pick up child.

Staff members will follow the same exclusion criteria as children.

Communicable Disease Reporting

Licensed childcare facilities are required to report communicable diseases to their local health department (WAC 246-101). The following is a partial list of the official diseases that should be reported. For a complete list of reportable diseases refer to www.doh.wa.gov/OS/Policy/246-101prp3.pdf. Even though a disease may not require a report, you are encouraged to consult with your public health nurse or your DEL Health Specialist about common childhood illness or disease prevention.

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

- | | |
|---|---|
| <input type="checkbox"/> AIDS (Acquired Immune Deficiency Syndrome) | <input type="checkbox"/> Enterohemorrhagic E. Coli, such as E. Coli 0157:H7 |
| <input type="checkbox"/> Animal bites | <input type="checkbox"/> Food or waterborne illness |
| <input type="checkbox"/> Bacterial Meningitis | <input type="checkbox"/> Giardiasis |
| <input type="checkbox"/> Campylobacteriosis (Campy) | <input type="checkbox"/> Haemophilus Influenza Type B (HIB) |
| <input type="checkbox"/> Cryptosporidiosis | <input type="checkbox"/> Hepatitis A (acute infection) |
| <input type="checkbox"/> Cyclosporiasis | <input type="checkbox"/> Hepatitis B (acute and chronic infection) |
| <input type="checkbox"/> Diphtheria | |

-
- | | |
|---|--|
| <input type="checkbox"/> Hepatitis C (acute and chronic infection) | <input type="checkbox"/> Pertussis (Whooping cough) |
| <input type="checkbox"/> Human Immunodeficiency Virus (HIV) infection | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Influenza (if more than 10% of children and staff are out ill) | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Listeriosis | <input type="checkbox"/> Salmonellosis including Typhoid |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Shigellosis |
| <input type="checkbox"/> Meningococcal infections | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Tuberculosis (TB) |
| | <input type="checkbox"/> Viral Encephalitis |
| | <input type="checkbox"/> Yersiniosis |

Immunizations

To protect all children in our care and our staff, and to meet state health requirements, we only accept children fully immunized for their age*. We keep on file the Certificate of Immunization Status (CIS) to show the Department of Health and the Department of Early Learning (DEL) that we are in compliance with licensing standards. A copy of the CIS form will be returned to parent/guardian when the child leaves the program, if requested.

Immunization records will be reviewed and updated quarterly by _____.

Children need to be immunized for the following:

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

*Children may attend child care without an immunization:

- when the parent signs the back of the CIS form stating they have personal, religious or philosophical reasons for not obtaining the immunization(s)

OR

- the health care provider signs that the child is medically exempted.

Children who are not immunized will not be accepted for care during an outbreak for diseases which can be prevented by immunization. This is for the un-immunized child's protection and to reduce the spread of the disease. Examples are a measles or mumps outbreak.

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

First Aid

When children are in our care, staff with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid are with each group or classroom. Documentation of staff training is kept in personnel files.

Our First Aid kits are inaccessible to children and located _____.

Our First Aid Kits contain:

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

*** Syrup of Ipecac is administered only after calling Poison Control.**

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

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

*All first aid kits will be checked by _____ (assigned person) and restocked **each month**, or sooner if necessary. The expiration date for Syrup of Ipecac will also be checked at this time.*

Health Records

Each child's health records will contain:

- Health, developmental, nutrition and dental histories
- Date of last physical exam
- Health care provider and dentist name, address, and phone number
- Allergies
- Individualized care plans for special needs or considerations (medical, physical or behavioral)
- List of current medications
- Current immunization records (CIS form)
- Medical consents for emergency care
- Preferred hospital for emergency care

The above information will be collected by _____
(assigned person) before entry into the program.

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

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

Handwashing

Handwashing

Staff will wash hands:

- (a) Upon arrival at the site and when leaving at the end of the day.
- (b) Before and after handling foods, cooking activities, eating or serving food.
- (c) After toileting self, children or diaper changing (**3 step handwashing for diaper changing**).
- (d) After handling or coming in contact with body fluids such as mucus, blood, saliva or urine.
- (e) Before and after giving medication.
- (f) After attending to an ill child.
- (g) After smoking.

-
- (h) After being outdoors.
 - (i) After feeding, cleaning or touching pets or animals.

Children will be assisted or supervised in hand washing:

- (a) Upon arrival at the site and when leaving at the end of the day.
- (b) Before and after meals or cooking activities (in separate sink from the food preparation sink).
- (c) After toileting or diapering.
- (d) After handling or coming in contact with body fluids such as mucus, blood, saliva or urine.
- (e) After outdoor play.
- (f) After touching animals.
- (g) Before and after water table play.

Handwashing procedures are posted at each sink and include the following:

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

Cleaning, Sanitizing, Disinfecting and Laundering

Cleaning supplies are stored in the original containers, inaccessible to children and separate from food and food area. Our cleaning supplies are stored _____
_____ (where) which is ventilated to the outside.

Cleaning will consist of washing surfaces with soap and water and rinsing with clean water. All soap labels will be checked to ensure they are compatible with our sanitizer.

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

Disinfecting:	Amount of Bleach:	Amount of Water:
Diapering areas, body fluids, bathrooms and bathroom equipment. (Bleach solution should remain in contact with surface for 2 minutes).	1 tablespoon or 1/4 cup	1 quart or 1 gallon
Sanitizing:	Amount of Bleach:	Amount of Water:
Table tops, dishes, toys, mats, etc. (Bleach solution should remain in contact with surface for 2 minutes).	1/4 teaspoon or 1 teaspoon	1 quart or 1 gallon

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

-
9. **Potty-chairs** will be immediately emptied into toilet, washed and **disinfected** in a designated sink or utility sink separate from classrooms. The sink must then be cleaned and **disinfected**. Potty chairs will only be located in bathrooms.
 10. **Toilet seats** will be cleaned and **disinfected** throughout the day and when needed.
 11. **Mouthed toys**, including machine washable toys and cloth books, will be washed, rinsed and **sanitized** in between use by different children. A system for ongoing rotation of mouthed toys will be implemented in infant and young toddler rooms (i.e. a labeled "mouthed toy" bin). **Only washable toys will be used.**
 12. **Toys** (that are not mouthed toys) will be washed, rinsed, **sanitized** and air-dried weekly or toys that are dishwasher safe can be run through a full wash and dry cycle.
 13. **Cloth toys and dress up materials** will be laundered monthly or more often when needed. If they cannot be washed in the washing machine, they will be hand washed in hot soapy water, rinsed and then dipped into a solution of 1 tablespoon of bleach per gallon of water for 1 minute and allowed to air dry.
 14. **Bedding** (e.g. mat covers and blankets) will be washed weekly, or more frequently when needed, at a temperature of at least 140°F, or with **disinfectant** in the rinse cycle. Mats will be cleaned and **disinfected** weekly or between uses by different children. Bedding will be removed from mats and stored separately. Mats will be stored so the surfaces do not touch.
 15. **Children's belongings**, including coats, will be stored separately to prevent the spread of diseases or parasites (they may not touch if hung on hooks).
 16. **Child care laundry** will be washed as needed at a temperature of at least 140 degrees or with added disinfecting agent such as bleach.
 17. **Professional steam cleaning** will be scheduled every six months. Rented equipment is often unsatisfactory and can actually worsen the condition of the carpet and the indoor air quality.
 18. **Water tables** will be emptied and **sanitized** after each activity period or more often as needed. Children will wash hands before and after play and be closely supervised.
 19. **General cleaning** of the entire center will be done as needed. Wastebaskets (with disposable liners) will be available to children and staff and will be emptied daily or when full. Step-cans will be used to prevent recontamination of hands when disposing of used towels, etc. There should be no strong odors of cleaning products. Room deodorizers are not used due to the risk of allergic reaction. Door handles and faucets are cleaned and sanitized at least daily and more often when children/staff are ill.

-
20. **Vacuuming and mopping** of the center will not occur while children are present (carpet sweepers are ok to use).
 21. Staff are encouraged to wear an apron over street clothes (or change clothes on site) to decrease the spread of communicable disease.

Infant Care

Program

1. There will be monthly nurse consultation visits in the infant room (required when licensed for four or more infants). The nurse consultant must be a Registered Nurse, currently licensed, with training and/or experience in Pediatric Nursing.
2. Infants will be at least one month of age when enrolled.
3. The infant room has areas where all infants can be safely placed on the floor at any given time. Mats are recommended because they are easy to clean and sanitize when soiled. Blankets may be placed on the floor if they are used only for that purpose and are changed when soiled.
4. Infants will not be in swings, infant seats or saucers for extended periods of time (not more than 30 minutes per day). Saucers are adjusted so that infant's feet will be in contact with the bottom surface of the equipment at all times.

Napping Practices for Infants and Toddlers

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

1. Cribs will meet the following safety requirements:
 - Constructed with vertical slats that are no more than 2 3/8 inches apart or solid Plexiglas.
 - Corner posts should be the same height as the side and end panel.
 - Not have cutout designs.
 - Sturdy and in good repair (no sharp edges, points, unsealed rough surfaces, splinters, peeling paint, cracks, missing/broken parts).
 - Mattresses are firm, snug fitting, waterproof, and not torn.
2. Infants will sleep on their backs. (Infants sleeping on their stomachs are at a higher risk of death from Sudden Infant Death Syndrome, S.I.D.S.)
3. Crib sheets will fit the mattress snugly and securely in all corners and sides.

-
4. Cribs will not contain bumper pads, pillows, soft toys, fleece, cushions or thick blankets. Only one thin blanket will be used and kept no higher than chest level. The blanket will be tucked around the foot of the mattress. *(Soft bedding and toys in the crib while baby is sleeping are associated with an increased risk of S.I.D.S.)*
 5. Infants will not sleep in car seats, swings and infant seats. An alternate sleep position must be specified in writing by the parent/guardian and the child's health care provider. Children who arrive at the center, asleep in car seats, will be immediately transferred to their crib. *(Sleeping in infant seats or swings makes it harder for infants to breathe fully and may inhibit gross motor development.)*
 6. Children 29 months of age or younger must follow their own individual sleep schedule per licensing requirements.
 7. Cribs will be spaced at least 30 inches apart or separated by Plexiglas barrier.
 8. Light levels will be high enough so children can be easily observed when sleeping.
 9. Cribs will not be located directly under windows unless windows are constructed of safety glass or have an applied polymer safety coating.

Evacuation Cribs

Will have:

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

Infant Bottle Feeding

Bottle/Food Preparation Area

1. Before preparing bottles or food, staff will wash their hands in the handwashing sink. **The food preparation sink and area will not be used for handwashing or general cleaning.**
2. A minimum of eight feet will be maintained between the food preparation area and the diapering area. If this is not possible, a moisture-proof, transparent 24-inch high barrier of ¼-inch Plexiglas or safety glass will be installed.
3. Centers with only one sink in the infant room must obtain a clean source of water for preparing bottles (i.e., water from the kitchen kept in an airtight container).
4. Used bottles and dishes will not be stored within eight feet of the diapering area or placed in the diapering sink.

-
5. Preparation surfaces will be cleaned, rinsed and sanitized before preparing formula or food.
 6. Microwave ovens will not be used to heat formula, breast milk or baby food.
 7. If a crockpot is used the water temperature must be monitored and held below 120°F, and **contain no more than 1½ inches of water** (crockpots pose a risk of scalding). The crockpot must be secured to the counter for earthquake safety. Crockpots will be cleaned and sanitized daily. Consider replacing the crockpot with a bottle warmer, which heats with steam and has an automatic turn-off or heat bottles by holding the bottle under warm running tap water until the fluid is no longer cold. All unused formula and non-frozen breast milk will be returned to the parent when they pick up their child at the end of each day.
 8. Bottles will be warmed no longer than 5 minutes.

Bottle Labeling and Cleaning

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

Refrigeration

1. Filled bottles will be capped and refrigerated immediately upon arrival at the center or after mixing, unless being fed to an infant immediately.
2. Bottles that babies have fed from will **not** be placed back in the refrigerator or re-warmed. (*Bacteria from baby's mouth is introduced into milk and begin to multiply once bottles are taken from the refrigerator and warmed.*)
3. Bottles will be stored in the coldest part of the refrigerator, not in the refrigerator door.

-
4. A thermometer will be kept in the warmest part of the refrigerator (usually the door) and will be between 35° and 45°F at all times. It is recommended that the refrigerator be adjusted between 35° and 41°F to allow for a slight rise when opening and closing the door.
 5. Frozen breast milk will be stored at 10°F or less and for no longer than 2 weeks.

Feeding Practice

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

Contents of Bottle

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

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

Formula

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

Breast milk

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

Infant and Toddler Solid Foods

1. When parents provide food from home, it will be labeled with the child's name and the date. Perishable foods will be stored below 45°F.
2. Food will be introduced to infants when they are developmentally ready for pureed, semi-solid and solid foods. Food, other than formula or breast milk, will not be given to infants younger than 4 months of age, unless there is a written order by a health care provider.
3. No egg whites (*allergy risk*) or honey (*botulism risk*) will be given to children less than 12 months of age (this includes other foods containing these ingredients such as honey graham's).
4. Children 12-23 months will be given whole milk; unless the child's parent/guardian **and** health care provider has requested low-fat milk or a non-dairy milk substitute in writing (low fat diets for children under age 2 may affect brain development).
5. Chopped soft table foods are encouraged after 10 months of age.
6. Cups and spoons are encouraged by 9 months of age.
7. For allergies or special diets, see the Nutrition section of this policy.

-
8. Staff will serve commercially packaged baby food from a dish, not from the container. Foods from opened containers will be discarded or sent home at the end of the day.
 9. Children will eat from plates and utensils. Food will not be placed directly on table or high chair tray (unless the tray is removed between uses and cleaned and sanitized).

Diapering

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

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

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

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

1. **Wash Hands.**
2. Gather necessary materials. If diaper ointment will be used, a small amount is placed on a paper towel before going on to the next step.
3. Place child gently on table and remove diaper. Child is not left unattended.
4. Dispose of diaper in container with cover (foot pedal type).
5. Clean the child's diaper area from front to back, using a clean, damp wipe for each stroke.
6. Apply topical cream/ointment/lotion when written consent is on file.
7. **Wash Hands (remove gloves if worn and then wash hands).** A wet wipe or damp paper towel may be used for this handwashing only.
8. Put on clean diaper and protective pants (if cloth diaper used). Dress child.
9. **Wash child's hands** with soap and running water or with a wet wipe for young infants.
10. Place child in a safe place.
11. Clean the diaper-changing pad with **soap and water, rinse with water,** and **disinfect** with 1-Tablespoon bleach/1 quart water. Allow the bleach solution to remain on the surface for at least 2 minutes before drying.

12. Wash Hands.

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

Contact or Exposure to Body Fluids

Even healthy people can spread infection through direct contact with body fluids. Body fluids include blood, urine, stool (feces), drool (saliva), vomit, drainage from sores/rashes (pus), etc. **Gloves will always be used when blood is present.** When anyone has been in contact with body fluids, or is at risk for being in contact with body fluids, the following precautions will be taken:

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

Blood Contact or Exposure

When a staff person or child comes into contact with blood (e.g. staff provides first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters the cut or mucous membrane of another person), the staff person will inform _____ (assigned person) immediately.

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

Food Service

1. **Food handler permits** will be required for staff who prepare full meals and are encouraged for all staff.
2. **Orientation and training** in safe food handling will be given to all staff, by someone who has a current food handler permit. Documentation will be posted in the kitchen area and/or in staff files.
3. **Ill staff or children** will not prepare or handle food.
4. Child care **cooks** will not change diapers or clean toilets.
5. **Staff will wash hands** with soap and warm running water prior to food preparation and service in a designated hand washing sink - never in a food preparation sink.
6. **Refrigerators and freezers** will have thermometers placed in the warmest section (usually the door). Thermometers will stay between the range of 35°F and 45°F in the refrigerator and 10°F or less in the freezer.
7. **Microwave ovens**, if used to heat food, require special care. Food must be heated to 165 degrees, stirred during heating and allowed to cool at least 2 minutes before serving. Due to the additional staff time required, use of the microwave ovens for warming children's lunches is not recommended.
8. **Chemicals** and cleaning supplies will be stored away from food and food preparation areas.
9. **Cleaning, sanitizing, and disinfecting** of the kitchen will be according to the Cleaning, Sanitizing, Disinfecting and Laundering section of this policy.
10. **Dishwashing** will comply with safety practices:
 - Hand dishwashing will use three sinks or wash basins (wash, rinse and sanitize).
 - Dishwashers will have a high temperature sanitizing rinse (140°F residential or 160°F commercial) or chemical disinfectant.
11. **Cutting boards** will be washed, rinsed and sanitized between each use. No wooden cutting boards will be used.
12. **Food prep sink** will not be used for general purposes or hand washing.
13. **Kitchen counter, sinks, and faucets** will be washed, rinsed and sanitized before food production.

-
14. **Tabletops** where children eat will be washed, rinsed and sanitized before and after every meal and snack.
 15. **Thawing frozen food:** frozen food will be thawed in the refrigerator 1-2 days before the food is on the menu, or under cold running water. The food may be thawed during the cooking process IF the item weighs less than 3 pounds. If cooking frozen foods, plan for the extra time needed to cook the food to the proper temperature. Microwave ovens cannot be used for cooking meats, but may be used to cook vegetables.
 16. **Food will be cooked to the correct internal temperature (according to the Washington State Food & Beverage Workers' Manual):**

Ground Beef:	155°F	Fish:	145°F
Pork:	145°F	Poultry:	165°F
 17. **Holding hot food:** hot food will be held at a temperature of 140°F or above until served.
 18. **Holding cold food:** food requiring refrigeration will be held at a temperature of 45°F or less.
 19. **A metal stem thermometer** will be used to test the temperature of foods as indicated above and to ensure foods are served to children at a safe temperature.
 20. **Cooling foods** will be done by the following methods:
 - Place food in shallow containers (metal pans are best) 2" deep or less, on the top shelf of the refrigerator. Leave uncovered and then either put the pan into the refrigerator immediately or into an ice bath or freezer (stirring occasionally).
 - Cool to 45°F within 4 hours or less.
 - Cover foods once they have cooled to a temperature of 45°F or less.
 21. **Leftover foods** (foods that have been held lower than 45°F or above 140°F and have not been served) will be cooled, covered, dated and stored in the refrigerator or freezer. Leftover food must be refrigerated immediately and not be allowed to cool on counter.
 22. **Reheating foods:** foods to be reheated will be heated to at least 165°F in 30 minutes or less.
 23. **Catered foods:** the temperature of catered food provided by a caterer or satellite kitchen will be checked with a metal stem thermometer upon arrival. Foods that need to be kept cool must arrive at a temperature less than or at 45°F. Foods that need to be kept hot must arrive at a temperature of 140°F or more. Foods that do

not meet these criteria will be deemed unsafe and will be returned to the caterer. Documentation of daily temperatures of food will be kept _____ (where kept). The initials or name of the person accepting the food will be recorded _____ (where kept). A permanent copy of the menu (including any changes made or food returned) will be kept for at least 6 months _____ (where kept). A copy of the caterer's contract or operating permit will be kept _____ (where kept).

24. **Food substitutions**, due to allergies or special diets and authorized by a licensed health care provider will be provided within reason by the center.
25. When children are involved in cooking projects our center will assure food safety by:

26. Perishable items in sack lunches will be kept cold by keeping them in the refrigerator.

Nutrition

1. **Menus will be posted at least one week in advance. Menus will be dated and include portion sizes.**
2. Food shall be offered to children at intervals not less than 2 hours and not more than 3½ hours apart.
3. If your site is open 9 hours or less, you must provide two snacks and one meal or one snack and two meals. If your site is open over 9 hours, you must provide two snacks and two meals **or** three snacks and one meal.

The following meals and snacks are served by the center:

Time	Meal/Snack
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Each snack or meal must include a liquid to drink. This drink could be water or one of the required components such as: milk or 100% fruit juice.

-
5. The menus will include hot and cold food and vary in colors, flavors and textures.
 6. Ethnic and cultural foods will be incorporated into the menu.
 7. Menus will list specific types of meats, fruits, vegetables, juices, etc.
 8. Menus will include a variety of fruits, vegetables and entrée items.
 9. Foods served will generally be low in fat, sugar and salt content.
 10. Children will have free access to drinking water (individual disposable cups or single use glasses only).
 11. Menu modifications will be planned and written for children needing special diets.
 12. Menus will be followed. Necessary substitutions will be noted on the permanent menu copy.
 13. Permanent menu copies will be kept on file for at least six months according to licensing requirements (USDA requires food menus to be kept for 3 years plus the current year).
 14. Children with food allergies and medically required special diets will have diet prescriptions signed by a health care provider on file. Names of children and their specific food allergies will be posted in the kitchen, the child's classroom and any other room the child may occupy.
 15. Children with severe and/or life threatening food allergies will have a completed individual health plan signed by the parent and health care provider.
 16. Diet modifications for food allergies, religious and/or cultural beliefs are accommodated and posted in the kitchen and classroom and eating area. All food substitutions will be of equal nutrient value and recorded on the menu or on an attached sheet of paper.
 17. Mealtime and snack environments will be developmentally appropriate and will support children's development of positive eating and nutritional habits. We encourage staff to sit, eat and have casual conversations with children during mealtimes.
 18. Coffee, tea and other hot beverages will not be consumed by staff while children are in their care, in order to prevent scalding injuries.
 19. Staff will not consume pop and other non-nutritional beverages while children are in their care, in order to provide healthy nutritional role modeling.
 20. Families who provide sack lunches will be notified in writing of the food requirements for mealtime.

Injury Prevention

1. The child care site will be inspected at least quarterly for safety hazards by _____ (assigned person). Staff will review their rooms daily and remove any broken or damaged equipment.
2. The playground will be inspected daily for broken equipment, environmental hazards, garbage, animal contamination, etc. and required depth of cushion material under and around equipment by _____ (assigned person). The written documentation of playground maintenance will be kept for one year for licenser review.
3. Toys will be age appropriate, safe, in good repair and not broken. Mirrors will be shatterproof.
4. Hazards will be reported immediately to _____ (assigned person). The assigned person will ensure that they are removed, made inaccessible or repaired immediately to prevent injury.
5. The Accident/Injury log will be monitored by _____ (assigned person) _____ (how often) to identify accident trends and implement a plan of correction.

Disaster Preparedness

Our Center has developed a Disaster Preparedness Plan. Annually, staff and parents/guardians will be oriented to this policy and documentation of orientation will be kept _____. Our Disaster Preparedness Plan is located _____.

1. Procedures for medical, dental, poison, earthquake, fire or other emergency situations will be posted in each classroom. _____ (assigned person) will review the policies with each staff team regularly. _____ (assigned person) will be responsible for orienting classroom volunteers, new staff or substitutes to these plans.
2. Evacuation plans and routes will be posted in each classroom.
3. Fire drills will be conducted and documented each month. Earthquake drills will be conducted and documented at least quarterly.
4. Infants will be evacuated from center in evacuation cribs (four-inch or larger wheels, reinforced bottom and limited to four infants per crib).
5. Staff will be familiar with use of the fire extinguisher.

6. Center will identify and mitigate earthquake hazards i.e. securing bookshelves and pictures to walls.
7. Food, water, medication and supplies for 72 hours of survival will be available for each child and staff (checked yearly for expiration dates).

Staff Health

1. Staff and volunteers must provide documentation of a negative tuberculin skin test (Mantoux method) before their employment begins. It must be dated within the past 12 months prior to being hired (unless not recommended by a licensed health care provider).
2. Staff members who have had a positive tuberculin skin test in the past will always have a positive skin test, despite having undergone treatment. These employees do not need documentation of a skin test. Instead, by the first day of employment, documentation must be on record that the employee has had a negative (normal) chest x-ray and or completion of treatment.
3. Staff members do not need to be retested for tuberculosis unless they have an exposure. If a staff member converts from a negative test to a positive test during employment, medical follow up will be required and a letter from the health care provider must be on record that indicates the employee has been treated or is undergoing treatment.
4. Our center will comply with all recommendations from the local health jurisdiction (TB is a reportable disease).
5. Staff who have a communicable disease are expected to remain at home until the period of communicability has passed. Staff will also follow the same procedures listed under "Exclusion of Ill Children" in this policy. Staff with cuts on their hands should not handle food.
6. Staff who are pregnant or considering pregnancy should inform their health care provider that they work with young children. When working in child care settings there is a risk of acquiring infections which can harm a fetus. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles).
7. Recommendations of immunizations for child care providers will be available to staff.

Child Abuse and Neglect

1. Suspected or witnessed child abuse or neglect will be immediately reported to Child Protective Services (CPS). Phone # for C.P.S. is _____.

2. Signs of child abuse or neglect will be recorded on _____
_____ (name of report form) which is located
_____ (where located).
3. Training will be provided to all staff and documentation kept in staff files.
4. Licensors will be notified of any report made.

Special Needs / Inclusion

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

1. Confidentiality is assured with all families and staff in our program.
2. All families will be treated with dignity and with respect for their individual needs and/or differences.
3. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
4. Written individual health care plans will be developed collaboratively with the center director, parent/guardian, Health Care Provider and center health consultant. (Your local Public Health consultant can be of assistance).
5. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with our public health nurse consultant and other agencies/organizations as needed.
6. All staff will receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms.

Animals on the Premises

Animals and pets in our center will be carefully chosen in regards to care, temperament, health risks and appropriateness for young children. We will not have birds of the parrot family that may carry psittacosis, a respiratory illness. We will not have reptiles and amphibians that typically carry salmonella, bacteria that can cause serious diarrhea disease in humans, with more severe illness and complication in children. (Please refer to center's Animals on the Premises Policy.)

1. Parents will be notified in writing when pets and animals are on the premises and informed about potential health risks associated with the animals.

-
2. Animals will be properly cared for (clean water, food, clean cages, and immunized).
 3. Animals, their cages, and any other equipment will not be allowed in food prep or eating areas, or where children actively play or sleep.
 4. Children will be closely supervised when handling pets.
 5. Children with allergies to animals will be accommodated.
 6. Children and adults will wash hands after handling, feeding animals, or touching cages.
 7. Children will not clean cages or animal habitats.
 8. Staff will clean and disinfect cages and equipment in the utility sink. The utility sink will be cleaned and disinfected after use. Debris and waste will be discarded in a plastic bag, tied and placed in the garbage.
 9. Staff will thoroughly wash hands.
 10. Fish are considered pets and the center has a separate written Fish Policy that clearly states the cleaning practices.



This Health Care Policy must be reviewed and signed by a physician, physician's assistant, or registered nurse when policies and procedures or type of care provided is changed, or, at a minimum, every three years when your license is renewed.

Reviewed by:

Name (Print): _____ Title: _____

Signature: _____ Date: _____

Address: _____ Phone: _____