

HEALTH POLICY

Agency Name: Bread of Life Christian Preschool and Daycare

Street: 1331 - 118th Ave. SE, Suite 150

City/State/Zip: Bellevue, WA 98005

Telephone/Fax: (425) 451-7477

Cross Street: SE 8th Street

Emergency telephone numbers:

Fire/Police/Ambulance: 911

Poison Center: (206) 526-2121

Animal Control: (206) 386-4254

Hospital used for life-threatening emergencies*:

Name of Hospital: Overlake Hospital Medical Center

Address: 1035 - 116th Ave. NE, Bellevue, WA 98004

Phone: 425-688-5000, Emergency Center 425-688-5200

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

Other important telephone numbers:

DCCEL Health Surveyor: Marge Sorlie phone: 206-721-6741

DCCEL Licensor: Shirlee Schlemmer phone: 425-590-3094

Public Health Nurse: Marge Sorlie phone: 206-721-6741

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

Communicable Disease Report Line: (206) 296-4774

TABLE OF CONTENTS

EMERGENCY PROCEDURES	2-3
MEDICATION MANAGEMENT	3-6
POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN	6
COMMUNICABLE DISEASE REPORTING	7
IMMUNIZATIOINS	8
FIRST AID	8-9
HEALTH RECORDS	9
HANDWASHING	10
CLEANING, DISINFECTING AND LAUNDERING	11-12
CONTACT OR EXPOSURE TO BODY FLUIDS	12-13
FOOD SERVICE	13-14
NUTRITION	14-15
INJURY PREVENTION	16
DISASTER PREPAREDNESS	16
STAFF HEALTH	17
CHILD ABUSE AND NEGLECT	17
SPECIAL NEEDS	17-18
PET HEALTH	18
HOUSEKEEPING AND LAUNDRY	18

EMERGENCY PROCEDURES

Minor Emergencies

1. Staff trained in first aid will refer to the First Aid Guide located in the First Aid Kit. Gloves (Nitrile or latex) will be used if any body fluids are present. Staff will refer to the child's emergency form and call parents/guardians, emergency contacts or health care provider as necessary.
2. Staff will record the incident on the Injury and Illness 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 Illness/Injury Log, which will be located in the Office.
4. Injury/Illness Logs will be reviewed monthly by Rebecca Golightly. 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 assess for breathing and circulation, administers CPR for one minute if necessary, and then call 911.
2. Staff will provide first aid as needed according to the First Aid 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 an Injury/Illness Report and Injury/Illness Log as described in "Minor Emergencies".
6. Serious injuries/hospitalizations will be reported to the licensor immediately (name and phone on first page).
7. Staff will record the incident on the Injury and Illness Form, which will be kept in each classroom. The form will include the information as stated in #2 under Minor Emergencies.
8. The parent/guardian will sign receipt for a copy of the report. A copy will be sent to the licensor no later than the following day after the incident. A copy will be placed in the child's record.

Asthma and Allergic reactions

1. Asthma:

- An Asthma Information Report and Individual Emergency Treatment Plan shall be kept on file for any child with asthma.
- Asthma triage plan shall be implemented when child exhibits asthma symptoms at school.
- Parents shall receive written report on accident/illness form.

2. Allergies:

- A Food Allergy/Intolerance statement shall be filled out and kept on file for children whose registration form or parent report indicate severe food allergies. This form must be signed by a Health Care Provider and list foods to avoid, a brief description of how the child reacts to the food, and appropriate substitute food(s). 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:
 - Administer prescribed epinephrine (Epi-Pen) immediately
- AND/OR**
- Administer other prescribed medication
 - **Call 911**
 - Call Child's Health Care Provider
 - **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, 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
 - Diaper ointments or powders intended for use with "diaper rash"

- 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 one year.
 4. For all other medications (such as fever reducers, cough medicine, or antibiotics), the written consent may only cover the course of the illness.

Health Care Provider Consent

1. A licensed health care provider's consent, along with parent/guardian consent, will be required for prescription medications and all over-the-counter medications that do not meet the above criteria.
2. A licensed health care provider's consent may be given in 3 different ways:
 - ❑ The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, duration and expiration date); *or*
 - ❑ The provider signs a note or prescription that includes the information required on the pharmacist's label; *or*
 - ❑ The provider signs a completed Medication Authorization Form.

Medications for chronic conditions such as: Asthma or allergies

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

Staff Documentation

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

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 and light
 - At temperature specified on the label (refrigerated if required)
 - So that internal and external medications are separated
 - Separate from food
 - In a sanitary and orderly manner
2. 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/guardian is obtained, indicating the child is capable of self-medication without assistance
2. The child's medications and supplies are inaccessible to other children. Staff must record documentation of self-administered medications.

Medication 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

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.**
5. For *liquid* medications, use clean medication spoons, syringes, droppers or medicine cups that have measurements on them (not table service spoons).

6. For *capsules/pills*, medication is measured into a paper cup and dispensed as directed by the parent/health care provider.
7. **Wash hands** after administering medication.
8. Observe the child for side effects of medications, which are specified on the Medication Authorization Form and document in the child's record.

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Children with any of the following symptoms will not be permitted to remain in care at centers with programs not specifically approved for the care of ill children:

1. **Fever** of at least 100 ° F under arm (axillary) **and** who also have one or more of the following:

-Diarrhea/vomiting -earache -signs of irritability or confusion -sore throat -rash

No rectal temperatures will be taken. Digital thermometers are recommended due to concerns about mercury exposure if glass thermometers break.

2. **Vomiting:** 2 or more episodes 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, malaise, not feeling well and/or not able to keep up with program activities.**
7. **Open or oozing sores** that are not properly covered **and less than** 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 childcare 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, no longer have significant discomfort and Public Health and Communicable Disease guidelines for Child Care are met.

Staff members will follow the same exclusion criteria as children.

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 notifiable 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 the Child Care Health Program Public Health Nurse (206) 296-2770 for information about common childhood illness or disease prevention.

The following communicable diseases will be reported to the Public Health Communicable Disease Hotline at (206) 296-4774 (after hours (206) 296-4782), giving the caller's name, the name of the child care program, address and telephone number:

- 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
- Influenza (if more than 30% 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

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 that we are in compliance with licensing standards (returned to parents when the child leaves the program).

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.

FIRST AID

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

Our First Aid Kits contain:

- | | | |
|----------------------|-------------------------------|--|
| ◆ First Aid Guide | ◆ Band-Aids (different sizes) | ◆ Tweezers for surface splinters |
| ◆ Sterile gauze pads | ◆ Roller bandages | ◆ Minimum of 2 bottles of Ipecac Syrup (unexpired) |
| ◆ Small scissors | ◆ Large triangular bandage | |

- ◆ Adhesive tape
- ◆ Gloves (Nitrile or latex, non-powdered)
- ◆ CPR mouth barrier

Syrup of Ipecac is administered only after calling Poison Control. Also, it is a medication and will be inaccessible to children at all times.

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 Rebecca Golightly 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: identifying information about the child; health, nutrition history; date of last physical exam; health care provider name and phone number; allergies; plans for special needs or considerations; current immunization records; consents for emergency care; preferred hospital for emergency care and authorization to take the child out of the facility to obtain emergency health care. The record will also contain age-appropriate developmental and behavioral information.

The above information will be collected by Rebecca Golightly 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 special needs will be documented and staff will be oriented to the individual special needs plan.

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

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 feeding, cleaning or touching pets/animals

Children will be assisted or supervised in hand washing:

- (a) Upon arrival at the site and when leaving at the end of the day.
- (b) Before and after meals or cooking activities (in separate sink from the food prep sink).
- (c) After toileting or diapering.
- (d) After outdoors play.
- (e) After coming in contact with body fluids.
- (f) After touching animals.

Hand washing procedures are posted at each sink and include the following:

1. Soap, warm water (between 85° and 120° F) and individual towels will be available for staff and children at all 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 towel.
7. Use hand-drying towel to turn off water faucet(s).

CLEANING, DISINFECTING AND LAUNDERING

Cleaning will consist of washing surfaces with soap and water and rinsing with clean water.

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

Disinfecting (Sanitizing):	Amount of Bleach:	Amount of Water:
Diapering areas, body fluids, bathrooms and bathroom equipment.	1 tablespoon ¼ cup	1 quart 1 gallon
Table tops, dishes, toys, mats, etc.	¼ teaspoon 1 teaspoon	1 quart 1 gallon

1. **Tables** used for food serving will be cleaned with soap and water, rinsed, and then disinfected 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 disinfected daily. Refrigerator will be cleaned and disinfected monthly or more often as needed.
3. **Bathroom(s)** will be cleaned daily or more often if necessary. 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.
5. **Hard floors** will be swept and mopped (with cleaning detergent) daily and disinfected (with above bleach solution) daily.
6. **Mouth Toys** will be washed and disinfected in between use by different children. A system for ongoing rotation of mouth toys will be implemented in infant and young toddler rooms.
7. **Toys** (that are not mouth toys) will be washed, rinsed, disinfected and air-dried weekly *or* toys that are dishwasher safe can be run through a full wash and dry cycle.
8. **Cloth toys and dress up toys** will be laundered monthly or more often, as needed, for young children. If they cannot be washed in the washing machine, they will be hand washed in warm soapy water, rinsed and dipped into a solution of 1 tablespoon of bleach per gallon of water for 1 minute and allowed to air dry.

9. **Bedding** (e.g. mat covers and blankets) will be washed weekly 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. Mats will be stored so that sleeping surfaces are not touching one another.
10. **Professional Steam cleaning** will be scheduled bi-annually. *Rented equipment is often unsatisfactory and can actually worsen the condition of the carpet and the indoor air quality.*

CONTACT OR EXPOSURE TO BODY FLUIDS

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

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

Blood Contact or Exposure

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

When staff report blood contact or exposure, we follow current guidelines set by Labor and Industries: Washington State Child Care Coordinating Committee.

FOOD SERVICE

1. **Food handler permits** are required for staff that prepare full meals and are encouraged for all staff.
2. **Orientation and training** in safe food handling will be given to all staff. Documentation will be posted in the kitchen area and/or in staff files.
3. **Ill staff** will not prepare or handle food.
4. **Staff will wash hands** with soap and warm running water prior to food preparation and service in a designated hand washing sink – never in a food handling, preparation or service sink.
5. **Refrigerators and freezers** will have thermometers placed in the warmest section. Thermometers will stay between the range of 35° F and 45° F in the refrigerator and 0° F or less in the freezer.
6. **Microwave ovens**, if used to heat food, require special care. Food must be heated to 165 degrees and allowed to cool at least 2 minutes before serving. Due to the additional staff time required, use of the microwave ovens is not recommended.
7. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
8. **Cleaning and disinfecting** of the kitchen will be according to the Cleaning, Disinfecting and Laundering section of this policy.
9. **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.
10. **Cutting boards** will be washed, rinsed and disinfected between each use. No wood cutting boards.
11. **Food prep sink** will not be used for general purposes or post toilet/diapering handwashing.
12. **Kitchen counter & sinks & faucets** will be washed rinsed and disinfected before food production.
13. **Tabletops** where children eat are washed and disinfected before and after every meal and snack.
14. **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.

15. **Food will be cooked to the correct internal temperature:**

Ground Beef 155° F

Fish 140° F

Pork 160° F

Poultry 165° F

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

17. **Holding cold food:** food requiring refrigeration will be held at a temperature of 45° or less.

18. **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.

19. **Cooling foods** will be done by the following methods:

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

20. **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.

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

22. **Food substitutions**, due to allergies or special diets and authorized by a licensed health care provider will be provided within reason by the center.

NUTRITION

The goal of foodservice is to introduce children to a healthy diet reflecting their cultural and ethnic background and following the current American Dietetic Association and American Pediatric Association guidelines. The meals served will provide moderate amounts of fat, sugar and salt. The following meals and snacks are served by the center:

<u>Time</u>	<u>Meal/Snack</u>
9:30 – 10:15 a.m.	Snack

12:00 –12:30 p.m.	Lunch
3:00 – 3:30 p.m.	Snack
5:30 – 5:45 p.m.	Snack

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

INJURY PREVENTION

1. The childcare site will be inspected at least quarterly for safety hazards by Rebecca Golightly. 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 proper amount of cushion material under and around equipment by Rebecca Golightly.
3. Hazards will be reported immediately to Rebecca Golightly. The assigned person will insure that they are removed, made inaccessible or repaired immediately to prevent injury.
4. The accident and illness log will be monitored by Rebecca Golightly monthly to identify accident trends and implement a plan of correction.

DISASTER PREPAREDNESS

1. Procedures for medical, dental, poison, earthquake, fire or other emergency situations will be posted in each classroom. Rebecca Golightly will review the policies with each staff team regularly. Rebecca Golightly will be responsible for orienting classroom volunteers, new staff or substitutes to these plans.
2. Evacuation plans and routes will be posted in each classroom.
3. Fire and earthquake drills will be conducted and documented each month.
4. Staff will be familiar with use of the fire extinguisher.
5. Earthquake safety precautions will include: pictures and other wall hangings are secured to the walls; shelving and book cases will not be overfilled; and heavy items will be secured and not stored too high.
6. Food, water and supplies for 72 hours of survival will be available for each child and staff.
7. Disaster and earthquake preparation and prevention or training will be documented.

STAFF HEALTH

1. Staff members must document a tuberculin skin test within the past 2 years, unless not recommended by a licensed health care provider.
2. Staff members who have had a positive tuberculin skin test in the past will always have a positive skin test, despite having undergone treatment. These employees do not need documentation of a skin test. Instead, by the first day of employment, documentation must be on record that the employee has had a negative (normal) chest x-ray.
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. Staff members 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.
5. 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 Child Protective Services (CPS). Phone # for CPS is (206) 721-6500 ext. 5.
2. Signs of child abuse or neglect will be recorded on Abuse and Neglect Form and are located in the office.
3. Documentation of staff orientation or training on the indicators of child abuse and neglect will be kept in staff files.

SPECIAL NEEDS

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. A written plan of care will be developed by the director, parent/guardian and teacher for each child with special needs.
5. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. This may be supported by consulting with outside agencies/organizations.
6. All staff will receive general training on working with children with special needs and updated trainings on specific special needs that are encountered in their classrooms.

PET HEALTH

1. Parents will be notified when pets are on the premises.
2. Animals are properly cared for (clean water, food, clean cages, and immunized).
3. No live animals in food prep area.
4. Children are closely supervised when handling pets.
5. Animals are chosen carefully for temperament and safety (i.e. no turtles, lizards, birds in the parrot family, wild animals).
6. Children with allergy response to animals are accommodated.
7. Children/adults wash hands after handling, feeding animals or cleaning cages. **Children do not clean cages.**

HOUSEKEEPING AND LAUNDRY

1. Child care laundry will be washed as needed at a temperature of at least 140 degrees or with an added disinfecting agent such as bleach.
2. Potty-chairs will be washed and disinfected after each use and should be placed on a floor that is moisture-proof when in use.
3. Toilet seats will be cleaned when obviously soiled and frequently throughout the day.
4. General cleaning of the entire center will be done as needed. Wastebaskets (with disposable liners) are available to children/staff and are emptied when full. Step-cans are encouraged to prevent re-contamination when disposing of used towels, etc. There should be no strong odor of cleaning products and room air deodorizers are discouraged due to risk of allergies with staff, children, parents and visitors.

Our Health Policy has been reviewed by:

Name: _____ Title: _____

Address: _____ Phone: _____

Date: _____