Public Health
Seattle & King County

Experimental Education Unit
HEALTH POLICY

School Name: Experimental Education Unit/UW Haring Center

Director: Kathleen Meeker/Chris Matsumoto

Street: 1981 NE Columbia Road

City, State, & Zip: Seattle, WA 98195

Telephone: 206-543-4011

Cross Street: None – located behind UWMC ER and Montlake Tower

Email: sramage@uw.edu
Website: www.haringcenter.org

Hours of operation: 8AM – 4:30 PM

Ages served: Birth to age 6

Emergency telephone numbers:

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

Poison Center: **1-800-222-1222** Animal Control: **206-386-7387**

Other important telephone numbers:

Public Health Nurse Consultant: Anita Alkire Phone: 206-263-6928
Public Health Nutrition Consultant: Viviana Penaranda Phone: 206-348-8224
DEL Licensor: City of Seattle/Trudi Peterson Phone: 206-536-0061

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

Communicable Disease Report Line: (206) 296-4774

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CHILD CARE HEALTH PROGRAM CONTACT INFORMATION

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

WEBSITE www.kingcounty.gov/health/childcare

PURPOSE AND USE OF HEALTH POLICY

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

Our policy was prepared by Susan Ramage, RN, MN

Staff will be oriented to our health policy by Principle, Chris Matsumoto, and Nurse,Susan Ramage during orientation. The policy will also be available online on our staff orientation webpage.

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

PROCEDURES FOR INJURIES AND MEDICAL AND DENTAL EMERGENCIES

1. Child is assessed and appropriate supplies are obtained.

2. If further information is needed, staff trained in first aid will refer to the First Aid Guide located in the first aid kit.

3. First aid is administered. Non-porous vinyl gloves are used if blood is present. If injury/medical emergency is life-threatening, one staff person stays with the injured/ill child and administers appropriate first aid, while another staff person calls 911. If only one staff member is present, that person assesses for breathing and circulation, administers CPR for one minute if necessary, and then calls 911.

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

5. Staff complete the online form with the details of the illness or medical situation. The form includes:
    - Date, time, place and cause of the injury/medical emergency (if known),
    - Symptoms noted at time of illness or injury.
    - What treatment was provided,
    - Name(s) of staff providing treatment, and
    - Persons contacted.
    - Any need for follow up

   Parents are notified by phone or in person. Parents receive written documentation of any injury or emergency.

6. In addition to the EEU Nurse, the EEU Principal is called immediately for serious injuries/incidents which require medical attention

7 A record of injuries based on the online reports will be maintained by EEU Nurse. We maintain the confidentiality of this record.

**Please note: Use of latex gloves over time may lead to latex allergy. Latex-free gloves are preferred. Hands should always be washed after gloves are removed.*

SPECIFIC CARE FOR DENTAL EMERGENCIES

1. Broken or Knocked-Out Tooth

Whether a baby or permanent tooth, if a tooth becomes broken or knocked out child should see a dentist immediately. If it is a permanent tooth, be sure to keep it moist on the way to the dentist to protect the tooth before it is repositioned in the mouth.

2. Broken or Lost Filling

Broken or lost fillings expose damaged areas of teeth. It is important to visit the dentist right away to have the filling replaced or repaired and protect sensitive tooth areas.

3. Tissue Damage That Results in Severe Bleeding

If damage to soft tissue in the mouth or on the gums or lips bleeds continuously and cannot be controlled by pressure you should see the dentist right away.

4. Potentially Broken or Fractured Jaw

This condition must be handled with extreme caution. Apply cold compresses to control swelling, avoid moving the jaw and see the dentist immediately.

5. Swelling On or Near the Mouth or Gums

When swelling is present, use cold compresses on the affected area. THE dentist will be able to observe and identify the injuries or issues causing swelling.

6. Extreme Sensitivity to Heat or Cold

Sudden or extreme tooth sensitivity could be a sign of an injury, infection, or cavity. If your child complains of sensitivity see your dentist right away to identify the source of the problem.

7. Severe Toothache

A toothache can be a sign of a minor issue or a major complication. Sometimes a toothache is simply the result of food stuck between teeth. But if a toothache is still present after cleaning and examining your child's mouth, see your dentist immediately to identify the cause of the toothache and begin appropriate treatment. Toothaches can be symptoms of cavities, abscess or something else.

8. Object Stuck in Mouth or Between Teeth

If an object between your child's teeth cannot be dislodged by gentle flossing, make an appointment with your dentist. Remember to never use a sharp or pointed object near teeth or gums.

SPECIFIC CARE FOR POISONING

Contact poison control immediately at (800) 222-1222 if you suspect that a student or staff member has been accidentally exposed to a dangerous substance or is showing symptoms.

FIRST STEPS

- **If the person is not breathing, call 911.**
- **If the person inhaled poison, get him or her fresh air right away.**
- **If the person has poison on the skin, take off any clothing the poison touched. Rinse skin with running water for 15 to 20 minutes.**
- **If the person has poison in the eyes, rinse eyes with running water for 15 to 20 minutes.**

2. Calling Poison Help

- ***Do not* wait for signs of poisoning before calling Poison Help (1-800-222-1222), which connects you to your local poison center.**
- **Make sure to have the container of the product you think caused the poisoning nearby. The label has important information.**

3. Be ready (if you can) to tell the expert on the phone:

- **The exposed person's age and weight**
- **Known health conditions or problems**
- **The product involved**
- **How the product contacted the person (for example, by mouth, by inhaling, through the skin, or through the eyes)**
- **How long ago the poison contacted the person**
- **What first aid has already been given**
- **Whether the person has vomited**
- **Your exact location and how long it would take you to get to a hospital**

FIRST AID

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

Our first aid kits are inaccessible to children and located in each “Grab n’ Go” bag, in each classroom. Grab and go bags are taken when classrooms go to the playground or when classes leave the EEU grounds for field trips and fire drills and for any other reason.

First aid kit locations are identified by a First Aid Sign.

Each of our first aid kits contains all of the following items:

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

Syrup of Ipecac is administered only after calling Poison Control 1-800-222-1222.
Our first aid kits do not contain medications, medicated wipes, or medical treatments/equipment which would require written permission from parent/guardian or special training to administer.

Other First Aid Kit(s)

A fully stocked first aid kit is available on the playground as well.
Classroom staff all carry walkie-talkies to communicate with front office staff. Th travel first aid kits **also** contain:

- Liquid soap and paper towels
- Water
- Chemical ice (non-toxic) for injuries

All first aid kits are checked and restocked monthly or sooner if necessary. The First Aid Kit checklist is used for documentation and is kept in the nurse's office.

***“First Aid Kit Checklist” is available at:*
http://www.kingcounty.gov/healthservices/health/child/childcare/injuries.aspx

BLOOD/BODY FLUID CONTACT OR EXPOSURE

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

1. Any open cuts or sores on children or staff are kept covered.
2. Whenever a child or staff member encounters any body fluids, the exposed area is washed immediately with soap and warm water, rinsed, and dried with paper towels.
3. All surfaces in contact with body fluids are cleaned immediately with detergent and water, rinsed, and disinfected with an agent such as bleach in the concentration used for disinfecting body fluids: refer to “Guidelines for Mixing Bleach”.
4. Gloves and paper towels or other material used to wipe up body fluids are put in a plastic bag, tied closed, and placed in a covered waste container. All items used to clean-up body fluids are washed with detergent, rinsed, and soaked in a disinfecting solution for at least 2 minutes and air dried. Refer to “Guidelines for Mixing Bleach”.
5. A child’s clothing soiled with body fluids is put into a plastic bag and sent home with the child’s parent/guardian. A change of clothing is available for children in care, as well as for staff.
6. Hands are always washed after handling soiled laundry or equipment, and after removing gloves.

Blood Contact or Exposure

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

When staff report blood contact or exposure, we follow current guidelines set by Washington Industrial Safety and Health Act (WISHA), as outlined in our UW Bloodborne Pathogens training. We review the BBP Exposure Control Plan annually with our staff *and* document this review.

INJURY PREVENTION

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

2. Staff will review their rooms and outdoor play areas daily for safety hazards and remove any broken/damaged equipment.

Hazards include, but are not limited to:

- *Security issues (unsecured doors, inadequate supervision, etc.)*
- *General safety hazards (broken toys & equipment, standing water, chokeable & sharp objects, etc.)*
- *Strangulation hazards*
- *Trip/fall hazards (rugs, cords, etc.)*
- *Poisoning hazards (plants, chemicals, etc.)*
- *Burn hazards (hot coffee in child-accessible areas, unanchored or too-hot crock pots, etc.)*

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

4. Toys are age appropriate, safe (lead and toxin free), and in good repair. Broken toys are discarded. Mirrors are shatterproof.

5. Cords from window blinds/treatments are inaccessible to children.
   (Many infants and young children have died from strangling in window cords. The Consumer Product Safety Commission recommends cordless window treatments. See the Window Covering Safety Council's website www.windowcoverings.org, for more information.)

6. Hazards are reported immediately to the Director. The Director will ensure that they are removed, made inaccessible or repaired immediately to prevent injury.

7. Injury reports are monitored monthly by the Nurse to identify accident trends and implement a plan of correction.

8. Recalled items will be removed from the site immediately. Our center routinely receives updates on recalled items and other safety hazards on the Consumer Products Safety Commission website: http://www.cpsc.gov/

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POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

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

1. **Fever** (> 100.4 º F)

2. Any one or more of these new, changed, or worsening symptoms:
   - Shortness of breath or difficulty breathing
   - Muscle or body aches
   - Loss of taste or smell
   - Congestion or runny nose
   - Cough
   - Nausea, vomiting, or diarrhea
   - Headache
   - Sore throat
   - Fatigue that limits participation in daily activities

3. **Rash (**especially with fever or itching)

4. **Eye discharge or conjunctivitis (pinkeye):** until clear or until 24 hours of antibiotic treatment

5. **Sick appearance, not feeling well, and/or not able to keep up with program activities**

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

7. **Lice or scabies:**

   Head lice: until after the first treatment.

   Scabies: until after treatment

Following exclusion, children can return to their classroom when they have had no fever for the past 24 hours (without the use of medication) AND any other symptoms have improved. In addition, a child should be free for 24 hours of any vomiting or diarrhea episodes and be able to tolerate their regular diet.

Children with any of the above symptoms/conditions are cared for in a separate area of the classroom or in the nurse's office. Parent/guardian or emergency contact is notified to pick up the child.

We notify parents and guardians when their children may have been exposed to a communicable disease or condition (other than the common cold) and provide them with information about that disease or condition. We notify parents and guardians of possible exposure by letter either printed or sent via email.

**_Communicable Disease Fact Sheets are available online at_
http://www.kingcounty.gov/healthservices/health/child/childcare/communicable/letters.aspx

Individual child confidentiality is maintained.

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

Staff members follow the same exclusion criteria as children.

NOTIFIABLE CONDITIONS and COMMUNICABLE DISEASE REPORTING

Early childhood centers in Washington are required to notify Public Health when they learn that a child has been diagnosed with one of the communicable diseases listed below. **In addition, providers should also notify their Public Health Nurse when an unusual number of children and/or staff are ill (for example, >10% of children in a center, or most of the children in the toddler room), even if the disease is not on this list or has not yet been identified.**

To report any of the following conditions, call Public Health CD/EPI at (206) 296-4774.

Acquired immunodeficiency syndrome(AIDS)
Animal Bites
Anthrax
Arboviral disease (for example, West Nile virus)
Botulism (foodborne, wound, and infant)
Brucellosis
Burkholder mallei and pseudomallei
Campylobacteriosis
Chancroid
Chlamydia
Cholera
Cryptosporidiosis
Cyclosporiasis
Diphtheria
Diseases of suspected **bioterrorism origin**
Diseases of suspected **foodborne origin**
Diseases of suspected **waterborne origin**
Domoic acid poisoning
Enterohemorrhagic ***E. coli,*** (including *E. coli* O157:H7 infection)
Giardiasis
Gonorrhea
Granuloma inguinale
***Haemophilus influenzae* invasive disease**
Hantavirus pulmonary syndrome
Hemolytic uremic syndrome
Hepatitis A, acute
Hepatitis B, acute
Hepatitis B, chronic
Hepatitis C, acute, or chronic
Hepatitis, unspecified (D, E)
HIV infection
Immunization reactions, (severe, adverse)
Influenza, novel or untypable strain
Legionellosis
Leptospirosis
Listeriosis
Lyme disease
Lymphogranuloma venereum
Malaria
Measles
Meningococcal disease
Monkeypox
Mumps
Paralytic shellfish poisoning
Pertussis
Plague
Poliomyelitis
Prion disease
Psittacosis
Q fever
Rabies and Rabies Exposures
Rare diseases of public health significance
Relapsing fever
Rubella
Salmonellosis
SARS
Sexually Transmitted Diseases (chancroid, gonorrhea, syphilis, genital herpes simplex, granuloma inguinale, lymphogranuloma venerium, *Chlamydia trachomatis*)
Shigellosis
Smallpox
Tetanus
Trichinosis
Tuberculosis
Tularemia
Vaccinia transmission
Vancomyacin resistant S. Aureus
Typhus
Unexplained critical illness or death
Vibriosis
Viral hemorrhagic fever
Yellow fever
Yersiniosis

Rev. February 2011

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

IMMUNIZATIONS

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

Immunization records are reviewed quarterly until the child is fully immunized by EEU nurse, Susan Ramage, RN, MN.

Children are required to have the following immunizations:

- DTaP (Diphtheria, Tetanus, Pertussis)
- IPV (Polio)
- MMR (Measles, Mumps, Rubella)
- Hepatitis B
- HIB (Haemophilus influenzae type b) *until age 5*
- Varicella (Chicken Pox) or Health Care Provider verification of disease
- PCV (Pneumococcal bacteria) *until age 5 (as of 7/1/09)*

If a parent or guardian chooses to exempt their child from immunization requirements, they must complete and sign the Certificate of Exemption Form. Exemptions may be claimed for personal/philosophical, religious or medical reasons. However, the Measles, mumps, and rubella vaccines may not be exempted for personal/philosophical reasons.

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

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

A current list of exempted children is maintained by the nurse.

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

Current immunization information and schedules are available at:
http://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements

MEDICATION POLICY
MEDICATION MANAGEMENT

Medication is accepted only in its **original container**, labeled with **child's full name**. Medication is **not** accepted if it is **expired**.

Medication is given **only** with prior **written** consent of a child's parent/ guardian AND a licensed health care provider with prescriptive authority. This consent on the medication authorization form includes **all of the following:** child's name,

- Name of the medication,
- Reason for the medication,
- Dosage,
- Method of administration,
- Frequency (**cannot** be given "as needed"; consent must specify *time* at which and/or *symptoms* for which medication should be given),
- Duration (start and stop dates),
- Special storage requirements,
- Any possible side effects (from package insert or pharmacist's written information), *and*
- Any special instructions.

4. The authorization for medication administration is available from the school nurse.

Health Care Provider and Parental Consent for administration of medication

State or federal law requires that a form must be completed and signed by **BOTH** parent/guardian and a licensed health care provider with prescriptive authority for **ALL** medications to be given at school, including over-the-counter (OTC) medications. This form needs to be provided BEFORE medication can be given, and needs to be renewed at the beginning of each school year.

Medication Storage

1. Medication is stored: In locked box in nurse or classroom office and is:

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

2. Rescue medication (e.g., EpiPen® or inhaler) is stored in the "Grab n' Go" bag or: First Aid Kit and/or Child's Backpack.

3. Controlled substances (e.g., ADHD medication) are stored in a locked container. Controlled substances are counted and tracked with a controlled substance form.

4. Medications no longer being used are promptly returned to parents/guardians, discarded in trash inaccessible to children, or in accordance with current hazardous waste recommendations. (Medications are not disposed of in the sink or toilet.)

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

Emergency supply of critical medications

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

Staff Administration and Documentation

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

2. Staff members who administer medication to children are trained in medication procedure and center policy.

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

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

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

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

7. Outdated medication authorization forms are promptly removed from the classroom and placed in the child's file.

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

Medication Administration Procedure

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

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

2. *Carefully read all relevant instructions, including labels on medications, noting:*
   - *Child's name,*
   - *Name of the medication,*
   - *Reason for the medication,*
   - *Dosage,*
   - *Method of administration,*
   - *Frequency,*
   - *Duration (start and stop dates),*
   - *Any possible side effects, and*
   - *Any special instructions*

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

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

   - *Do not add medication to a child's food or drink without a health care provider's written consent.*
   - *For liquid medications, use clean medication spoons, syringes, droppers, or medicine cups with measurements provided by the parent/guardian (not table service spoons).*
   - *Bulk medication is dispensed in a sanitary manner (sunscreen)*

4. *Administer medication.*

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

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

7. Document medication administration.

HEALTH RECORDS

Each family will provide information on :

Acute or chronic medical conditions

Allergy information and food intolerances

Treatments for any health conditions

Any concerns about hearing or vision, and any assistive devices used (e.g., glasses, hearing aids, braces)

Individualized care plan for children with special health care needs (medical, physical, developmental or behavioral) .

List of current medications

Current “Certificate of Immunization Status” (CIS) form

Consent for emergency care

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

CHILDREN WITH SPECIAL NEEDS

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

1. Confidentiality is assured with all families and staff in our program.

2. All families will be treated with dignity and with respect for their individual needs and/or differences.

3. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).

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

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

   - Daily care
   - Potential emergency situations

   Completed plans are requested from health care provider annually or more often as needed for changes.

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

8. Teachers, cooks, and other staff will be oriented to any special needs or diet restrictions by the Nurse.

HANDWASHING

Liquid soap, warm water (between 85° and 120° F)**, and paper towels or single-use cloth towels are available for staff and children at all sinks, at all times.**

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

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

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

(c) After toileting self or children

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

(e) Before and after giving medication

(f) After attending to an ill child

(g) After smoking

(h) After being outdoors

(i) After feeding, cleaning, or touching pets/animals

(j) After giving first aid

Children are assisted or supervised in handwashing:

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

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

(c) After toileting

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

(e) After outdoor play

(f) After touching animals

Handwashing Procedure

The following handwashing procedure is followed:

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

Handwashing procedures are posted at each sink used for handwashing.

CLEANING, SANITIZING, DISINFECTING AND LAUNDERING

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

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

Definitions:

- Sanitizers are used to reduce germs from surfaces but not totally get rid of them. Sanitizers reduce the germs from surfaces to levels that are considered safe.
- Disinfectants are chemical products that destroy or inactivate germs and prevent them from growing. Disinfectants are regulated by the U.S. Environmental Protection Agency (EPA).

Storage

Our cleaning and sanitizing supplies are stored in a safe manner
in the EEU Laundry Room
All such chemicals are:

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

3 Step Method:

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

Rinsing
S*pray with clear water and wipe with a paper towel.*

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

Bleach solutions are prepared using “Guidelines for Mixing Bleach”

Note: Use only plain unscented bleach

Guidelines for Mixing Bleach

FIRST: Check the label on your bottle of bleach for the sodium hypochlorite concentration, for example: 8.25%, 5.25 -6% or 2.75%
NEXT: Find the correct bleach concentration on the chart below.

Bleach Concentration of 8.25%

Solution for **disinfecting**	**Amount of Bleach**	**Amount of Water**	**Contact time**
	1 ½ *teaspoons*	1 Quart	2 minutes

Body fluids, General Areas, Bathrooms and Diapering	**2 Tablespoons**	**1 Gallon**	

Bleach Concentration of 5.25% - 6.25%

Solution for **disinfecting**	**Amount of Bleach**	**Amount of Water**	**Contact time**
Body fluids, General Areas, Bathrooms and Diapering	**2 ¼ *teaspoons***	1 Quart	2 minutes
	3 Tablespoons	**1 Gallon**	

Sanitizing with 8.25 %, 5.25%-6.25% or 2.75%

Solution for **sanitizing** in Classrooms, Kitchen and Food surfaces	**Amount of Bleach**	**Amount of Water**	**Contact time**
8.25%	**1/4 *teaspoon***	1 quart	2 minutes
	1 *teaspoon*	**1 gallon**	2 minutes
5.25-6.25%	**½ *teaspoon***	1 quart	2 minutes
	2 *teaspoons*	**1 gallon**	2 minutes

(Adapted from WA DOH Guidelines for Mixing Bleach Solutions, 9/2014)

To avoid cross-contamination 2 sets of spray bottles are used. One set for disinfecting and one set for sanitizing areas.

- Bleach solution is applied to surfaces that have been cleaned and rinsed.
- Bleach solution is allowed to remain on surface for at least 2 minutes or air dry.
- Bleach solutions are made up daily by Susan, EEU Nurse, using measuring equipment. For those staff handling full-strength bleach, we supply protective gear, including gloves and eye protection, as per manufacturer's instructions in accordance with WISHA.
- Bleach solutions are prepared in the laundry room.

Cleaning, Sanitizing & Disinfecting Specific Areas and Items

Bathrooms

- Sinks and counters are cleaned, rinsed, and disinfected daily or more often if necessary.

- Toilets are cleaned, rinsed, and disinfected daily or more often if necessary. Toilet seats are monitored and kept sanitary throughout the day.

Cots and mats
- Cots and mats are washed, rinsed, and disinfected weekly, before use by a different child, after a child has been ill, **and** as needed.

Door handles
- Door handles are cleaned, rinsed, and disinfected daily, or more often when children or staff members are ill.

Drinking Fountains
- Any drinking fountains are cleaned, rinsed, and *disinfected* daily or as needed.

Floors
- Solid-surface floors are swept, washed, rinsed, and disinfected daily. Disinfectant is not used when children are present.
- Carpets and rugs in all areas are vacuumed daily and professionally steam-cleaned every 3 months or as necessary. Carpets are not vacuumed when children are present *(due to noise and dust)*.

Furniture
- Upholstered furniture is vacuumed daily and professionally steam-cleaned every six months or as necessary.
- Painted furniture is kept free of paint chips. No bare wood is exposed; paint is touched up as necessary. *(Bare wood cannot be adequately cleaned and* sanitized.*)*

Garbage
- Garbage cans are lined with disposable bags and are emptied when full.
- Outside surfaces of garbage cans are cleaned, rinsed, and disinfected daily. Inside surfaces of garbage cans are cleaned, rinsed, and disinfected as needed. (*Food-waste cans must have tight-fitting lids and be <u>hands-free</u>. Garbage cans for paper towels must be hands-free).*

Kitchen
- Kitchen counters and sinks are cleaned, rinsed, and sanitized before and after preparing food.
- Equipment (such as blenders, can openers, and cutting boards) is washed, rinsed, and sanitized after each use.

Laundry
- Cloths used for cleaning or rinsing are laundered after <u>each</u> use.
  Laundry is done on site. Laundry is washed at the hottest setting with bleach added during rinse cycle (measured amount as per manufacturer's instructions).

Mops

- Mops are cleaned, rinsed, and disinfected in a utility sink, then air dried in an area with ventilation to the outside and inaccessible to children. This is done by the UW janitorial service.

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

Toys
- Only washable toys are used.
- Cloth toys and dress-up clothes are washed weekly (or as necessary) with hot water.
- Toys are washed, rinsed, and sanitized weekly (and as necessary).

Water Tables
- Water tables are emptied and cleaned, rinsed, and sanitized after each use, and as necessary.
- Children wash hands before and after water table play.

♦ **General cleaning of the entire facility is done as needed.**

♦ **There are no strong odors of cleaning products in our facility.**

♦ **Air fresheners and room deodorizers are not used.**

SOCIAL-EMOTIONAL-DEVELOPMENTAL CARE

Establishing positive relationships with children and their families is extremely important. All of us learn best when we are supported and understood and have positive connections to our teachers. Childcare professionals must role model the social – emotional behavior they want to see develop in their students. Children come from many different kinds of families and from many different experiences. Some children come to you compromised by a variety of stressors; some children may have even been deprived of the relationships they needed to thrive. Other children have the benefit of adequate resources. Regardless of what children bring to your class they all must have your warmth and attention.

- Always address children with respect and a calm voice.
- See yourself as a learning partner not a power figure.
- Allow children to have a voice in solutions to their problems.

Program and Environment

- Classrooms have developmentally appropriate and interesting curriculum that reflects the culture of all the children served.
- Opportunities are provided for choice and curricula that enhance the development of self-control and social skills.
- Teachers provide children with the comforts of routine and structure that are flexible so as to meet the needs of a wide range of children.
- Teachers work to establish a respectful, warm and nurturing relationship with each child in the classroom, parents and colleagues.
- Teachers spend time at floor/eye level with the children.
- Voices are calm.
- A problem-solving approach is used with everyone.
- Children are comforted when they feel unhappy.
- Behavior policies focus on problem solving with all concerned parties, rather than listing negative behaviors to be punished by disenrollment.

PRE-SCHOOL NAPPING

1. A quiet/rest time is offered in all preschool classrooms
2. Alternate quiet activities are provided for a child who is not napping (while others are doing so).
3. Rooms are kept light enough to allow for easy observation of sleeping children.
4. Mats are spaced a minimum of 30 inches apart. If space doesn't allow 30" spacing, place children head-to-toe as far apart as possible.
5. Mats are cleaned daily. Children do not sleep on bare uncovered surfaces.

Stand-Up Diapering for Older Children

We do stand-up diapering as appropriate.

Stand-up diaper changing takes place: in the bathroom or diapering area.

Diaper changing procedure is posted in stand-up diaper changing area. Stand-up diaper changing procedure is followed:

1. Wash hands.

2. Gather necessary supplies (diaper/pull-up/underpants, wipes, cleaner and disinfectant, paper towels, gloves, plastic bag).
3. Put on disposable gloves, if desired.
4. Coach children in pulling down pants and removing diaper/pull-up/underpants (and assist as needed).
5. Put soiled disposable diaper/pull-up in a covered, hands-free, plastic lined garbage can (or assist child in doing so).
6. Cloth diapers/underpants are put in a plastic bag and put into a covered hand-free, plastic lined container (individual for each child), then returned to the family at the end of the day.
7. Coach children in cleaning diaper area front to back using a clean, damp wipe for each stroke (and assist as needed).
8. Put soiled wipes in plastic bag (or assist child in doing so).
9. Remove gloves, if worn.
10. Wash hands (in sink or with wipe) and coach child in doing the same.
11. If a signed medication authorization indicates, apply topical cream/ointment/lotion using disposable gloves then remove gloves.
12. Coach children in putting on clean diaper/pull-up/underpants and clothing and washing hands (in bathroom/handwashing sink).
13. Close and put any bag of soiled clothing or underpants into the child's cubby.
14. Use 3-step method on floor where change has occurred:
    a. Clean with detergent and water.
    b. Rinse with water.
    c. *Disinfect* with bleach solution: refer to "Guidelines for Mixing Bleach" Allow the bleach solution to air dry or to remain on the surface for at least 2 minutes before drying with a paper towel.
15. Wash hands (in bathroom/hand-washing sink).

TOILET TRAINING

Toilet training is a major milestone in a young child's life. Because children spend much of their day in childcare, you may recognize signs that a child is ready to begin toilet training. As a provider, you can share your observations with the family and offer suggestions and emotional support. Working together with the family, you can help make toilet training a successful and positive experience for their child.

- Follow the same procedure in preschool as in the home. Use the same words (pee-pee, poop, etc.), so the child does not become confused about what is required. Pretend play with a doll using the same vocabulary and talk through expectations.
- Develop a detailed written plan of communication between the school and the family. Keep daily records of successes and concerns to share with the family.
- Encourage the family to dress the child in easily removable clothing. Keep an extra set of clothing on hand for accidents.
- Develop routines that encourage toilet use. Watch for those non-verbal signs that suggest a child has to use the toilet. Suggest bathroom visits at set times of the day, before going out to play, after lunch, etc.
- Expect relapses and treat them matter-of-factly. Praise the child's successes, stay calm, and remember that this is a learning experience leading to independent behavior.
- The noise made by flushing a toilet may frighten some children. Try to flush after the child has left until they become accustomed to the noise.
- Take time to offer help to the child who may need assistance in wiping, etc.

TOOTH-BRUSHING

Tooth-brushing decreases the colonization of bacteria on teeth by disrupting the formation of plaque. The use of fluoridated toothpaste strengthens tooth enamel making the enamel more resistant to the acid produced by bacteria. Tooth-brushing in the classroom improves the child's oral health, teaches the child basic hygiene and health promotion, and helps establish a lifelong prevention habit.

As recommended, **fluoridated toothpaste is not used by children under 2 years old** or who are unable to spit out toothpaste after brushing.

Tooth-brushing is supervised to ensure:
- A routine which enhances learning
- Proper toothpaste usage
- Good tooth-brushing technique
- Toothbrushes are not shared and are handled properly
- Children do not walk with toothbrushes in their mouths

Toothbrushes:
- Each child has his/her own toothbrush with his/her name clearly marked on the handle with a marker. No sharing or borrowing is allowed.
- Small toothbrushes with soft, rounded nylon bristles that are short and even are used.
- Toothbrushes are replaced every 3 months or sooner if the bristles become splayed or the toothbrush is contaminated.
- Toothbrushes are not sanitized or put in the dishwasher.
- Toothbrushes are stored to decrease cross-contamination:
  - open to air with the bristles up
  - unable to drip on one another
  - not in contact with each other or any other thing

We use the following procedure for tooth-brushing at our center:

☒Tooth-brushing at a Table (recommended)
- Teacher(s) assisting with tooth-brushing wash hands.
- As children finish eating, they are given a small paper cup with a small amount of water in the bottom and their toothbrush.
- Teacher dispenses toothpaste in a manner which eliminates cross-contamination: *via pea-sized dots of toothpaste around the top of cup).*
- Child begins brushing on the biting surface, and then moves from area to area (left-to-right and top-to-bottom) around the mouth.
- Brushing continues for at least one minute. (Exposure to fluoridated toothpaste is beneficial even with unsatisfactory brushing technique).
- Child takes spits water and toothpaste residue back into paper cup.
- If desired, the child may then be given a cleansing drink of water from another cup.

- Child holds the toothbrush over the designated rinse container and the teacher pours water from a clean water source over the toothbrush to rinse it.
- The child hands the toothbrush to the teacher, who replaces it in the drying rack.
- Child throws the paper cup away.
- The table is cleaned with the 3-step process (clean, rinse, disinfect).

FOOD SERVICE

☒ We prepare meals and snacks at our center.

☐ We prepare only snacks at our center.

1. **Food handler permits** are required for staff that prepare full meals and are encouraged for all staff. An "in charge" person with a food handler permit is onsite during all hours of operation, to assure that all food safety steps are followed. Documentation is posted Click here to enter text. *(where; in the kitchen area and/or in staff files)*.
2. **Orientation and training** in safe food handling is given to all staff and documented.
3. **Ill staff or children** do not prepare or handle food. Food workers may not work with food if they have:
   - Diarrhea, vomiting or jaundice
   - Diagnosed infections that can be spread through food such as Salmonella, Shigella, E. coli or hepatitis A
   - Infected, uncovered wounds
   - Continual sneezing, coughing or runny nose
4. **Child care cooks** do not change diapers or clean toilets.
5. **Staff wash hands** with soap and warm running water prior to food preparation and service in a designated hand-washing sink – never in a food preparation sink.
6. **Gloves are worn or utensils are used** for direct contact with food. Wash hands before donning gloves and change gloves when you handle a new type of food *(No bare hand contact with ready-to-eat food is allowed.) Gloves must also be worn if the food preparation person is wearing fingernail polish or has artificial nails. We highly recommend that food service staff keep fingernails trimmed to a short length for easy cleaning. (Long fingernails are known to harbor bacteria).*
7. **Employees preparing food** shall keep their hair out of food by using some method of restraining hair. Hair restraints include hairnets, hats, barrettes, ponytail holders and tight braids.

8. **Refrigerators and freezers** have thermometers placed in the warmest section (usually the door). Thermometers stay at or below 41º F in the refrigerator and 10°F in the freezer. Temperature is logged daily.
9. **Microwave ovens,** if used to reheat food, are used with special care. Food is heated to 165 degrees, stirred during heating, and allowed to cool at least 2 minutes before serving. *Due to the additional staff time required, and potential for burns from "hot spots," use of microwave ovens is not recommended.*
10. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
11. **Kitchen – cleaning and sanitizing:**
    - Kitchen counters and sinks are cleaned, rinsed, and sanitized before and after preparing food.
    - Equipment (such as blenders, can openers, and cutting boards) is washed, rinsed and sanitized after each use.
12. **Dishwashing** complies with safety practices:
    - Hand dishwashing is done with three sinks or basins (wash, rinse, sanitize).
    - Dishwashers have a high temperature sanitizing rinse (145º F residential or 160ºF commercial) or chemical sanitizer.
13. **Cutting boards** are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.
14. **Food prep sink** is not used for general purposes or post-toilet/post-diapering handwashing.
15. **Kitchen counters, sinks, and faucets** are washed, rinsed, and sanitized before food production.
16. **Tabletops** where children eat are washed, rinsed, and sanitized before and after every meal and snack.
17. **Thawing frozen food:** frozen food is thawed in the refrigerator 1-2 days before the food is on the menu, or under cold running water*. Food may be thawed during the cooking process IF the item weighs less than 3 pounds. If cooking frozen foods, plan for the extra time needed to cook the food to the proper temperature. Microwave ovens cannot be used for cooking meats, but may be used to cook vegetables.*
18. **Food is cooked to the correct internal temperature:**

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

19. **Holding hot food:** hot food is held at 135° F or above until served.
20. **Holding cold food:** food requiring refrigeration is held at 41°F or less.
21. **A digital thermometer** is used to test the temperature of foods as indicated above, and to ensure foods are served to children at a safe temperature.

22. **Cooling foods** is done by one of the following methods:
    - Shallow Pan Method: Place food in shallow containers (metal pans are best) 2” deep or less, on the top shelf of the refrigerator. Leave uncovered and then either put the pan into the refrigerator immediately <u>or</u> into an ice bath or freezer (stirring occasionally).
    - Size Reduction Method: Cut cooked meat into pieces no more than 4 inches thick.

    Foods are covered once they have cooled to a temperature of 41° F or less.
23. **Leftover foods** *(foods that have been below 41° F or above 135° F and have not been served*) are cooled, covered, dated, and stored in the refrigerator or freezer. Leftover food is refrigerated immediately and is not allowed to cool on the counter.
24. **Reheating foods:** foods are reheated to at least 165º F in 30 minutes or less.
25. ☒We do not use catered foods at our center.
26. **Food substitutions**, due to allergies or special diets and authorized by a licensed health care provider, are provided within reason by the center.
27. When children are involved in cooking projects our center assures safety by:
    - Closely supervising children,
    - Ensuring all children and staff involved wash hands thoroughly,
    - Planning developmentally-appropriate cooking activities *(e.g., no sharp knives),*
    - Following all food safety guidelines.
28. Perishable items in sack lunches are refrigerated upon arrival at the center.

NUTRITION

1. Menus are posted at least one week in advance and dated.
2. Menus follow the current CACFP Meal Pattern for meals and snacks.
   http://childcareinfo.com/KnowledgeCenter/Government/State/WashingtonCACFP.aspx
3. Menus do not repeat food combinations within a 2 week period.

4. Menus list specific types of fruits, vegetables, crackers etc.

5. Food is offered at intervals not less than 2 hours and not more than 3 hours apart.

6. ☒ Our site is open 9 hours or less; we provide
   ☒ two snacks and one meal

   The following meals and snacks are served by the center:

Time	Meal/Snack
9AM-10AM	Morning Snack
11:30AM-12:30PM	Lunch
1:15-PM - 2:15 PM	Afternoon Snack

7. Each snack or meal includes milk and/or water to drink.

8. Only 1% or nonfat milk is served to children over 2 years and whole milk to children between 12 and 24 months old.

9. Juice is not served at this school.

10. For children at the center for 1 or more hours a 2 component snack must be served.

11. A fruit or vegetable is served as part of the PM snack.

12. Foods high in fat, added sugar and salt are limited.

13. Menus include hot and cold foods and vary in color, flavor and texture. (Food choices may need to be limited to items requiring no preparation in facilities without a food preparation area or where only a bathroom sink is available.)

14. Ethnic and cultural foods are incorporated into the menu.

15. Menus are followed. Necessary substitutions are noted on the permanent menu copy.

16. Permanent menu copies are kept on file for at least six months. *(USDA requires food menus to be kept for 3 years including the current year.)*

17. Children have free access to drinking water throughout the day (individual disposable cups or single use glasses only).

18. Names of children and their specific food allergies are posted in the kitchen, and the area where food is eaten by the child. Confidentiality is maintained.

19. Children with severe and/or life-threatening food allergies have a completed individual care plan signed by the parent and health care provider.

20. Diet modifications for food allergies, religious and/or cultural beliefs are accommodated and posted in the kitchen and eating area. All food substitutions are of equal nutrient value and are recorded on the menu or on an attached sheet of paper.

NUTRITION AND PHYSICAL ACTIVITY GOALS AND ACTIONS

Goals: Children will learn how different foods can help their body.
Children will know how exercise can help strengthen their body.

Children need access to a variety of nourishing food options and moderate or high intensity physical activity daily.

Awareness of children's ethnic and cultural background can help everyone know how to best teach about food and physical activity choices. Learning about the foods that children and families eat; the physical activities they engage in and the games and group activities they participate in will increase the opportunities that all children in the program will exercise daily and make choices that are good for their body.

All staff will work together to remove potential barriers that may affect a child's ability to participate in mealtimes and physical activity opportunities. This will be done by working in collaboration with caregivers, teachers and center staff.

Encourage an engaging mealtime environment and socialization

Mealtime and snack environments are developmentally appropriate and support children's development of positive eating and nutritional habits.

- Staff sit and eat with children and have casual conversations during mealtimes that support children's choices and explore the activities children enjoy at home and school
- Children are not coerced or forced to eat any food.
- Children decide how much and which foods to choose to eat of the foods available.
- Food is not used as a reward or punishment.
- Foods are served family style to promote self-regulation.
- Staff provide nutritional role modeling (serving sizes of foods, appropriate mealtime behavior and socialization during mealtime).
- Staff eat the same foods as the children (unless the children's lunches are brought from home).

Incorporating food and mealtime concepts throughout the preschool day

In classroom centers: Include grocery stores, gardens, restaurants and home kitchens in the dramatic play/home centers. Provide examples/models of food and utensils or cooking objects from other cultures and regions. Include pictures or posters of a variety

of cultural foods. A model of the human body that shows the muscles and bones encourages conversation about what makes our body grow and give us strength.
Transitions: Use songs and chants to reinforce new information and to emphasize key messages about the importance of nutrition, movement and exercise for health. Talk with students about things like walking the dog, dancing with your family or raking leaves in the yard as examples of good ways to get exercise.
Home-School Connections: Send home a newsletter or class letter that gives caregivers the information that you are teaching children about nutrition or physical activity and tells them about what you will be studying. Provide ideas for families to contribute to the classroom, such as providing information about their favorite family recipe or the way(s) their family likes to exercise, and when possible, to take part in a classroom activity.
Outside Play Guidance: Outside play increases the likelihood that moderate to vigorous activity goals are met better than any other type of play. Children are provided with 60-90 minutes of outdoor play each day by using the large EEU playcourt as well as the play areas outside of each classroom.
Screen Time: Screen time, including television and computer/i-pad use is closely monitored and is primarily used for lessons so as not to interfere with play and social interactions.

Sweet Treat Policy

Dessert-like items should be low in fat and contribute important nutrients such as vitamin A and Vitamin C, minerals such as iron and calcium, and/or fiber. **Food brought from home is limited to store purchased, uncut fruit and vegetables or food pre-packaged in original manufacturer's containers**. Programs are responsible for reading food labels of items provided by parents to determine if the food is safe for children with food allergies to consume.

Examples include:

Muffins or bread made with fruit or vegetables
Puddings and custards
Cobblers and pies made with lightly sweetened fruits
Plain or vanilla yogurt
Waffles or pancakes topped with crushed fruit
Bars made with whole grains and seeds
Cookies modified for fat and sugar content
Plain cakes modified for fat and sugar content
Frozen juice popsicles
Vegetable juice
Fruit salad with vanilla yogurt

Special "treats" for celebrations should be limited to no more than twice a month; this should be coordinated and monitored by the classroom teacher. Items that are health promoting should always be encouraged; information is available for parents with ideas for birthday, holiday or special occasions "treat". Each delegate agency is responsible for providing this information to parents.

Cultural and ethnic food items that are considered dessert or special "treat" may be served to honor cultures represented in the program. Examples may include sticky rice and sweet rice such as banh bo, noodle-based dessert, lefse, flan, sweet potato pie (modified for fat and sugar), bean dessert items, sambusa or "mush-mush". Recipes or directions from parents could be shared with food service staff who prepares the item. Use of non-food items to celebrate special occasions is encouraged. Examples of these types of items include: stickers, pencils, birthday "hats" or crowns, bubble solution, or piñatas filled with these items.

Our Center has developed a Disaster Preparedness Plan/Policy ("Disaster Plan" template is available @ www.kingcounty.gov/health/childcare) Our plan includes responses to the different disasters our site is vulnerable to, as well as procedures for on- and off-site evacuation and shelter-in-place. Evacuation routes are posted in each classroom. Our disaster preparedness plan/policy is posted in each classroom and in our parent information area.

Staff are oriented to our disaster policy upon hire and annually. Families are oriented to our disaster policy upon enrollment and annually. Documentation of all orientation is kept on file.

Staff are trained in the use of fire extinguishers. The following staff persons are trained in utility control (how to turn off gas, electric, water): Click here to enter text.

Disaster and earthquake preparation and training are documented.

Supplies

Our center has a supply of food and water for children and staff for at least 72 hours, in case parents/guardians are unable to pick up children at usual time. Click here to enter text. is responsible for stocking supplies. Expiration dates of food, water, and supplies are checked at least annually and supplies are rotated accordingly. Essential prescribed medications and medical supplies are also kept on hand for individuals needing them. Each room has a fully stocked "Grab n' Go" bag. "Grab n' Go" bag supply list is available athttp://www.kingcounty.gov/healthservices/health/child/childcare/preparedness.aspx

Hazard Mitigation

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

Drills

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

STAFF HEALTH

1. New staff and volunteers must document a tuberculin skin test (Mantoux method) 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 and/or completion of treatment.

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

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

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

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

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

CHILD ABUSE AND NEGLECT

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

2. Signs of child abuse and/or neglect are documented and that information is kept confidentially in the Director's office.

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

4. Licensor is notified of any CPS report made

ANIMALS ON SITE

☒ We have no animals on site.

Public Health
Seattle & King County

"NO SMOKING" POLICY

1. Staff will not smoke in the presence of children or parents while at work.
2. There will be no smoking on site or in outdoor areas immediately adjacent to any buildings (not within 25 feet of an entrance, exit, or ventilation intake of the building) where there are classrooms regardless of whether or not children are on the premises. (Rationale: residual toxins from smoking can trigger asthma and allergies when children do use the space). There is no smoking allowed in any vehicle that children are transported in.
3. If staff members smoke, they must do so away from the school property, and out of sight of parents and children. They should make every attempt to not smell of smoke when they return to the classroom. Wearing a smoking jacket that is not brought into the building is helpful.
4. Public Health Department staff will be available to provide trainings and resources regarding the effects of smoking to families as requested by the centers.

Public Health Department will provide resources for staff interested in quitting smoking. In King County: http://www.kingcounty.gov/healthservices/health/tobacco.aspx

Pesticide/Herbicide Policy

The EEU follows the UW Integrated Pest Management Plan which can be found here:

https://facilities.uw.edu/files/media/uwf-ds-uw-grounds-ipm-plan-for-contractors.pdf