**Health Policy**

**Name of Center:**

**Everett Community College Early Learning Center #128634**

**Address:**

820 Waverly Avenue – physical / 2000 Tower Street – mail

**City/State/Zip:**

Everett, WA 98201

**Phone Number:**

425-388-9120

**Ages of Children:**

12 months up through 5 years 11 months

**Director’s Name:**

Holly S. McFaul

**Director’s Emergency or Evening Phone Number:**

425-388-9120 / 920-728-5147

**Out-of-Area Contact:**

Eugene McAvoy 360-722-1176 – or –

Bryan McFaul 920-728-5145

**Facilities Contact:**

425-388-9512 or 425-388-9070 or 425-388-9516

**Emergency telephone numbers:**

- Fire/Police/Ambulance: 911
- Poison Center: 1-800-222-1222
- Animal Control: 425-388-3440
- C.P.S.: 1-866-363-4267 or 425-339-1830
- C.P.S. (after-hours): 1-800-562-5624

**Hospital used for life-threatening emergencies:**

- Name of Hospital: Providence Hospital
- Address: 1700 13th Street, Everett WA 98201
- Phone: 425-261-2000

* For non-threatening emergencies, the center will defer to Family preference as listed on the child’s registration form.

**Other important telephone numbers:**

- DEL Health Specialist: Lalaine Diaz Lalaine.diaz@del.wa.gov 206 760-2027
- DEL Licensor: Wendy Lin wendy.lin@del.wa.gov 425-339-1835

Communicable Disease Reporting Line: Snohomish Health District 425-339-5278

Child Care Health Consultation: Snohomish Health District 425-339-5278

**Snohomish Health District Website:** [www.snohd.org](http://www.snohd.org)

**Communicable Disease Outreach Program**

3020 Rucker Avenue, Suite 300 ■ Everett, WA 98201-3900 ■ fax: 425.339.8706 ■ tel: 425.339.5278
# Health Policy

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INJURY/ EMERGENCY PROCEDURES

MINOR EMERGENCIES
Children will at all times have at least one staff member present who is certified in First Aid, CPR & AED. Gloves will be used if any body fluids are present. Staff will refer to the child's emergency form and call families/guardians, emergency contacts, or health care provider as necessary.

Staff will record the incident on the Incident/Illness Report form, which are kept in each classroom with additional forms being kept in the office. In the event the injury leaves a mark phone call will also be left with the family or legal guardian prior to pick up. These forms will include the date, time, place, and cause of the injury or illness, if known. A copy will be given to the family/guardian the same day and another copy placed in the child's file. (WAC 170-295-3030-5)

The incident will also be recorded on the Incident Log, which will be located in the Director's Office. (WAC 170-295-3030-5c)

Incident Logs will be reviewed monthly by the Director. 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
One staff person will stay with the injured/ill child and send another staff person to call 911

Staff will provide first aid as needed per First Aid training. Gloves will be worn if any body fluids are present.

A staff person will contact the family/guardian(s) or the child's alternate emergency contact person.

A staff person will stay with the injured/ill child, including transport to a hospital if necessary, until a Family, guardian, or emergency contact arrives.

Serious injuries/illnesses, which require medical attention, will be reported to the licensor immediately. A copy of the illness or injury form will be sent to the licensor no later than the day after the incident. A copy will be placed in the child's file. (WAC 170-295-7060-1)

FIRST AID
When children are in care, staff members with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid are with each group or classroom. Documentation of staff training is kept in personnel files. (WAC 170-295-7050-6d)

First aid kits are inaccessible to children and located in each classroom’s Emergency GO Bag. (WAC 170-295-4120-2)
The first aid kits contain:
- first aid guide
- sterile gauze pads
- small scissors
- adhesive tape

Band-Aids® (different sizes)
- roller bandages
- large triangular bandage
- gloves (Nitrile or latex)
- tweezers for surface splinters
- digital thermometer with sleeves
- blood cleanup kit

The Emergency GO Bag will go with the classroom whenever they go on a walk, to another area of the building or . (WAC 170-295-5010-1) These travel first aid kits will also contain:
- liquid soap and paper towels
- ice pack
- cell phone
- an emergency dose of critical medication such as an Epipen, Jr.™ or asthma inhaler for those children who need it

All first aid kits will be checked by the Lead Teacher monthly and restocked as supplies run out or sooner if necessary.

CONTACT OR EXPOSURE TO BODY FLUIDS

When staff reports blood contact or exposure, the center will follow the Everett Community College blood borne pathogens (BBP) control plan and the current guidelines set by the Washington State Department of Labor and Industries. (WAC 170-295-1110-2)

The Everett Community College’s BBP plan is stored in Red Emergency Folders throughout the building. Each staff will keep written documentation of bloodborne pathogen training including HIV/AIDS in their staff files and record the training on their MERIT account with Department of Early Learning. (WAC 170-295-7050-6d), (WAC 170-295-1110-1)

INJURY PREVENTION

Classrooms and outdoor spaces are inspected daily for the following hazards. When a hazard is identified a work order is placed with EvCC facilities to repair or replace the item.

Hazards include, but are not limited to: (WAC 170-295-5020-1)
- safety hazards (broken toys, equipment, drowning, choking, sharp objects, entrapments, unshielded light bulbs, etc)
- proper security of the center (secure doors, proper supervision, etc)
- trip/fall hazards (heights, rugs, cords, uncontained toys, heavy items up high, etc)
- poisoning hazards (plants, chemical storage, etc)
- electrical hazards (electrical cords, unprotected outlets, etc)
- burn hazards (unprotected heaters, space heaters, cooking equipment, etc)
- strangulation hazards (blind cords)
Toys will be age-appropriate (WAC 170-295-2010-1), safe, in good repair, and not broken (WAC 170-295-5020-1). Mirrors will be shatterproof. The Director receives list serve emails for recalled items from www.cpsc.gov.

Hazards or contamination will be reported immediately to the Director. This person will ensure that the hazard or contamination is removed, made inaccessible, or repaired immediately to prevent injury. Staff will review their rooms daily and remove any broken or damaged equipment, toys, etc.

The playground will be inspected daily before use for broken equipment, environmental hazards, garbage, animal contamination, areas of low surfacing material such as at the ends of slides and under swings, and other hazards by the lead teaching staff (WAC 170-295-2130-1b). Loose-fill surfacing material will be raked weekly by EvCC Grounds Crew.

Playground equipment will be free from entrapments, entanglements, and protrusions and will be checked for these hazards each morning by the opening lead teacher. (WAC 170-295-2120-7) This safety inspection is documented on a classroom checklist, which is kept in each classroom.

Proper supervision will be maintained during all outdoor play. Staff will position themselves to observe the entire play area. (WAC 170-295-2130-5)

The accident and injury log will be monitored by the Director at least quarterly to identify accident trends and implement a plan of correction. (WAC 170-295-3030-5c)

**MEDICATION MANAGEMENT**

Medications are provided only to those children with a health care provider’s prescription. If a child has a condition where the Americans with Disabilities Act (ADA) applies, reasonable accommodations will be made and the child will be given medication.

**MEDICATION RULES**

In order for staff to give a child medication, the medication must have a consent form filled out with the following information: (WAC 170-295-3060-1)

- the child’s first and last name
- the child’s Family/guardian signature
- the medical provider’s signature (if necessary; see next section)
- the name of the medication
- reason for giving the medication
- amount of medication to give
- how to give the medication or route of administration
- how often to give the medication
- start and stop dates
- possible side effects (use package insert or pharmacist’s written information)
- how to store the medicine consistent with directions on the label
The consent is good for the number of days stated on the consent form, not to exceed the number of days stated on a prescription medication container. (WAC 170-295-3060-2)

- For acute (short-term) conditions, the number of days must be one month or less. After one month, a new consent must be obtained.
- For chronic (long-term) illnesses, the consent can be used for up to six months.
- For “as needed” medications (such as diaper ointments and sunscreens), the consent can be used for up to six months.

All medications must be in the original container and labeled with the following information: (WAC 170-295-3070-1)

- child’s first and last name
- instructions and dosage recommendations for the child’s weight and age
- duration, dosage, frequency, and amount to be given
- if a prescription, the date it was filled
- expiration date

Medication is not given past the days prescribed on the medication bottle even if there is medication left. (WAC 170-295-3060-2)

REQUIRED CONSENT
A Family/legal guardian is the sole consent to medication being given, without the consent of a health care provider, if and only if the medication is over-the-counter and is one of the following types: (WAC 170-295-3060-3)

- diaper ointment or non-talc powder intended for the use in the diaper area
- sunscreen for children over 6 months of age

A health care provider’s consent, along with family/guardian consent, is required for: (WAC 170-295-3060-4,6-8)

- prescription medications
- over-the-counter medications that are not one of the medications listed above

A health care provider’s consent is accepted in 3 different ways:

- The health care provider’s name is on the original pharmacist’s label (along with the child’s name, name of the medication, dosage, duration, and expiration date).
- The health care provider signs a note that includes the information required on the pharmacist’s label (such as when medications are given in the clinic). Note: medications must be in the original container.
- The health care provider signs a completed medication authorization form.

SUNSCREEN
The Early Learning Center uses Rocky Mountain Spray Sunscreen for Kids with an SPF 50. This is in a pump form and not an aerosol spray. Families are required to sign an Ointment and Sunscreen Authorization form. If families prefer a different sunscreen a separate Ointment and Sunscreen form is required with the name of the Sunscreen and a separate log will be kept to
record its application. When sunscreen is necessary, it is applied only when the above requirements are met. In addition, the following special requirements are adhered to:

- sunscreen is applied at least 15 minutes before sun exposure
- the spray on sunscreen is only applied outside and are never sprayed in a child’s face (apply to face using gloved hand)
- application of the sunscreen will be logged

(WAC 170-295-3080)

**ADMINISTRATION**

Prescription Medications are administered by the Director, ECEAP Program Manager or the Center’s administrative assistant with the exception of rescue asthma inhalers.

Only staff persons who have been oriented to Everett Community College’s medication policies and procedures can give medications. Documentation of this training will be kept in the staff file. These policies are reviewed with all staff members who administer medications annually. (WAC 170-295-3130)

Before a staff member may administer medications, families will provide instructions and demonstrate the use of specialized medication administration procedures (for example: how to use the nebulizer or EpiPen, children’s preferences for swallowing pills, how to deliver eye drops, etc). (WAC 170-295-3130) This is documented on an individual medication administration form.

To give liquid medication, staff use a measuring device designed specifically for oral or liquid medication. Measuring devices for individual use are provided by the family and stored in a ziplock bag with the medication. (WAC 170-295-3110)

Medications are not mixed in formula or food unless there are written directions to do so from a health care provider with prescriptive authority before the medication is given. (WAC 170-295-3060-5)

Staff administering medications will wash hands before preparing medications and after giving the medication. (WAC 170-295-3020-7) Medications are prepared on a clean surface away from toileting/diapering areas.

Staff will carefully read labels on medications before each administration, noting:

- child’s name
- medication name
- amount to be given
- time and dates to be given
- how long to give
- how to give (e.g. by mouth, to diaper area, in ear, etc)

Staff will make sure information on the label is consistent with information on the Medication Log and Authorization Form.
**DOCUMENTATION**
Each time staff administer a medication, staff will immediately document the necessary information on a Medication Log. This written record will include: (WAC 170-295-3120)

- child’s full name, date, time, name of medication, and amount given (indicate if self-administered)
- the full signature of the staff person giving each dose of medication or observing the child taking the medication (if staff initial after each administration, a full corresponding signature is needed on the form to validate the initials)
- a written explanation why a medication that should have been given was not given
- any observations of the child in relation to the medication taken (example: side effects or relief of symptoms)
- when “as needed” medications are administered, staff must document the symptoms that prompted administration.

Staff will report any side effects that occur to the Director and to the family immediately. This will be documented on the Medication Log and on an Incident/Illness Report form.

For children with special health needs, detailed instructions for medications or medication delivery devices, such as nebulizers, insulin pumps, or EpiPens, will be documented on the Medical Action Individual Plan of Care form which will be signed and updated annually by the child’s medical provider.

Medication authorization and documentation forms are considered confidential and will be stored with the medication while being dispensed and then in the child’s file once the medication is completed.

Outdated medication authorization/treatment forms will be kept in the child’s file while in care and are kept up to one year after the child leaves care.

**STORAGE**
Children’s medication will be kept in the Director’s office with the exception of rescue inhalers or Epi Pens or any other medication which is needed in an emergency care situation. This is a location inaccessible to children; away from sources of moisture, heat, and light; away from food; and protected from sources of contamination. (WAC 170-295-3070-2)

Staff medication will be stored in a locked cabinet in the staff break room which is inaccessible to children. Staff medications are clearly identified as such.

External medications that go on the skin will be kept as stated above but also separate from oral or injectable medications. (WAC 170-295-3070-2g)

All controlled substances will be kept as stated above and in a locked container. (WAC 170-295-3070-3)

Medications requiring refrigeration will be stored in a labeled container to keep them separated from food. (WAC 170-295-3070-2f)
EpiPens will be stored in an unlocked location, inaccessible to children, but easily accessible to staff in an emergency. This location is in the Emergency GO Bag.

**MEDICATION ERRORS**
The child care works to prevent medication errors by ensuring proper training of staff and reviewing the 5 “R”s before each medication administration – right child, right medicine, right dose, right time, and right route of administration.

If a medication error does occur, the Director will contact poison control and the child’s Family immediately. 911 will be called if the child shows any signs of distress. The error and what was done to handle it will be documented on the Incident/Illness Report form and will be kept with the child’s records. The director and licensor will be notified.

Staff will review the cause of the error and develop a plan to prevent future errors.

**DISPOSAL**
Outdated medications or medications no longer being used will promptly be returned to Families or guardians. (WAC 170-295-3090) If the Family/guardian is not available, the Director will call 1-800-732-9253 or go to [www.MedicineReturn.com](http://www.medicinereturn.com) for instructions on proper disposal. Medication is not flushed down the toilet.

**POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN**
Staff will check all children for signs of illness when they arrive at the center and throughout the day. If the following signs of a possibly contagious illness are present, a child will not be admitted to the center that day, or will be excluded. The family will be called to pick up their child. The child will be kept in the front office and the Director, Family Support Worker and/or Program Manager will care for the child until the Family arrives. (WAC 170-295-3010) Families are required to pick their children up within an hour of notification from school.

Staff members will follow the same exclusion criteria as children and not come to work, or will leave if these signs develop.

Children and staff with the following symptoms will be excluded until they are symptom free for 24 hours without the use of fever or pain medication or have a note from their medical care provider stating they are well enough to return to school: (WAC 170-295-3030-2)

- temperature of at least 100°F taken with temporal (forehead) thermometer
- vomiting, diarrhea (increased fluidity and/or frequency of bowel movements relative to the person's usual pattern) or any bloody stool
- any suspected communicable infection of the skin or eyes such as impetigo, MRSA, pinkeye, and scabies
- open or oozing sores, unless properly covered and 24 hours have passed since starting treatment, if treatment is necessary
Child Care Center Health Policy

Communicable Disease Outreach Program

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

Temperatures are taken with a temporal forehead thermometer. (WAC 170-295-3030-4)

Families are notified in writing when their children have been exposed to infectious diseases or parasites/lice. The notification may consist of either a letter to Families which will be delivered by email and posted outside the classroom door. (WAC 170-295-3030-6)

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

- they no longer have the above symptoms
- they have been without fever for 24 hours without being treated by an antipyretic such as acetaminophen (Tylenol) or ibuprofen
- 24 hours have passed since starting appropriate treatment
- they no longer have significant discomfort
- the center has been advised by a Public Health Nurse on communicable disease guidelines for child care

Following surgery or injury requiring medical care, a note from the physician stating that the child may return to routine child care activities and environment may be required.

COMMUNICABLE DISEASE REPORTING

Licensed child care facilities are required to report communicable diseases to their local public health department (WAC 246-101-415). (WAC 170-295-3030-7) The following is a partial list of the official diseases that must be reported. They were selected because they represent diseases that are most likely to be found in child care settings. For a complete list of reportable diseases, call the Snohomish Health District. Children and staff who have a reportable disease may not be in attendance at the center unless approved by the local health department. (WAC 170-295-3030-3)

The following communicable diseases will be reported to the Snohomish Health District at 425-339-5278, giving the caller’s name, the name of the child care program, address, telephone number, and name of child involved:

Animal bites
Campylobacteriosis (Campy)
Cryptosporidiosis
Cyclosporiasis
Diphtheria
Enterohemorrhagic E. Coli, including E. Coli 0157:H7
Food or waterborne illness
Listeriosis
Measles (rubeola)
Meningococcal disease
Mumps
Pertussis (Whooping cough)
Polio
Rubella
Salmonellosis
Giardiasis
Haemophilus Influenza Type B (HIB)
Hepatitis A (acute infection)
Hepatitis B (acute and chronic infection)
Hepatitis C (acute and chronic infection)
Influenza (if more than 10% of children and staff are out ill)

Shigellosis
Tetanus
Tuberculosis (TB)
Yersiniosis

Should a child at the center become ill and expose others to any of the above mentioned diseases, Families and legal guardians will be notified by email and by written posted note outside of the classroom door. The letter will be written by the Snohomish Health District. Delivery of this information to Families will be the responsibility of the Director.

Even though a disease may not require a report, the child care may consult with the Communicable Disease Outreach program at the Snohomish Health District at 425-339-5278 for information about common childhood illness or disease prevention, and to determine when a child or staff member may return to the center.

HEALTH RECORDS

Each child’s file will contain:

- identifying information about the child (WAC 170-295-7010-1b)
- health, developmental, nutrition, and dental histories (WAC 170-295-7010)
- date of last physical exam (WAC 170-295-7010-3a)
- health care provider and dentist names, addresses, and phone numbers (WAC 170-295-7010-3g)
- allergies (WAC 170-295-3160-7c) (WAC 170-295-7010-h)
- Individualized Care Plans for special needs or considerations (medical, physical, or behavioral) (WAC 170-295-7010-1e)
- list of current medications (WAC 170-295-7010-1h)
- current immunization record (CIS form) (WAC 170-295-7010-4)
- consents for emergency care (WAC 170-295-7010-1f)
- preferred hospital for emergency care (WAC 170-295-7010-1f)
- authorization to take the child out of the facility to obtain emergency health care (WAC 170-295-7010-1f)

The above information will be collected by the Office Manager before a child enters the program and will be updated annually or sooner if changes are brought to the attention of a staff person.
ILLNESS PREVENTION PRACTICES

The following additional illness prevention practices will take place:

- Children will sleep at least 30 inches apart at the sides and in a head to toe or toe to toe arrangement. (WAC 170-295-5120-1b)
- Daily outside activity must be provided in the morning and afternoon (if you provide full time care). (WAC 170-295-2130-2) Children will have at least one hour of outside time each day providing weather permits. Children do not go outside below 20 degrees Fahrenheit with wind child factored in and whenever there is an Ozone Action day or the weather is hot enough to be a danger to children or adults with upper respiratory sensitivity such as asthma.

IMMUNIZATIONS

Each child enrolled must have a Certificate of Immunization Status (CIS) form along with a printout of their shot records from the medical professional before they begin or complete a . Families are required to transfer the shots onto the CIS form and sign the CIS form. As children receive updated immunizations families are required to submit these updated immunization records and update their child’s CIS form on file.

Children may attend child care without an immunization: (WAC-295-7020-3)

- when the Family signs the exemption form stating they have Religious Membership Exemption, OR
- when the Family signs the exemption form stating they have religious/personal/philosophical reasons for not obtaining specific immunization(s), AND
- the health care provider signs that the Family has received a consult regarding risks of not immunizing, OR
- the Family and health care provider signs that the child is medically exempt

The CIS form is kept in the child’s file and updated in the Early Learning Center’s Procare database (WAC 170-295-7020-4-b) and is returned to Family/guardian when the child leaves the program. A copy of individual records, including the CIS, must be kept for five years after the child leaves. (WAC 170-295-7010-4-b)

The CIS records are reviewed and updated every academic quarter by the Office Manager.

In the event that a vaccine preventable disease to which children are susceptible occurs in the facility, the health department will be consulted regarding the potential exclusion of children who are unimmunized for that disease. (CFOC page 298). This is for the un-immunized child’s protection and to reduce the spread of the disease. (CFOC page 298). A current list of exempted children is kept in the Director’s Office.
HANDWASHING

Children and center staff wash their hands using the following method: (CFOC pages 111-112)

1. Turn on water and adjust the temperature, then wet hands with warm water
2. Apply a liberal amount of soap to hands.
3. Rub hands in a wringing motion from wrists to fingertips for not less than 20 seconds.
4. Rinse hands with warm water.
5. Dry hands with a paper towel.
6. Use the paper towel to turn off the water faucet(s).

Staff will wash hands: (WAC 170-295-3020)
- upon arrival in a classroom
- before handling foods, cooking activities, eating, or serving food
- before and after toileting self, children, or changing a diaper
- before and after handling or coming in contact with body fluids such as mucus, blood, saliva, urine, or feces
- after cleaning or taking out garbage
- before and after attending to an ill child
- before and after giving medications
- after handling, feeding, or cleaning up after animals
- after being outdoors or involved in outdoor play
- as needed

Children will be assisted or supervised in hand washing: (WAC 170-295-3040)
- upon arrival at the center
- before and after meals, snacks, or cooking activities
- after toileting or diapering (Staff may wipe the hands of a child under the age of 6 months with a diaper wipe after diapering instead of a hand wash)
- after outdoor play
- after coming in contact with body fluids
- before and after touching animals
- as needed

All handwashing sinks are stocked with warm water (85°F - 120°F), liquid soap, and paper towels. Cloth towels are not used for drying hands. (WAC 170-295-5100-8) Handwashing reminders are posted at all handwashing sinks. (WAC 170-295-7080-8b)

Handwashing is to be done at sinks dedicated to this purpose only. Handwashing sinks are located in each classroom and bathroom area. (WAC 170-295-5100-7) Children are able to access the child hand sinks by themselves with child height sinks.

No handwashing occurs in sinks designated for food preparation. No food preparation occurs in handwashing sinks. (WAC 170-295-5100-7c) Handwashing sinks are not used for drinking water. (WAC 170-295-5100-7c) In the kitchen, hands will be washed in a separate hand washing sink.
TOOTHBRUSHING

Toothbrushing is done in the all classrooms once per day.

Toothbrushing will be supervised to ensure: (CFOC page 102)
- the establishment of a routine which enhances learning
- proper toothbrushing technique
- that toothbrushes are not shared and that they are handled properly
- that excess toothpaste is spit out

Each child will have his/her own toothbrush that will:
- be stored properly to decrease cross contamination
  - open to air with bristles up
  - unable to drip on one another
  - do not contact each other or any other thing
  - toothbrush caps are used and replaced every three months.
- be clearly marked with the child’s name on the handle with a non-toxic, permanent marker
- have soft, rounded nylon bristles and be sized appropriately for the child
- be replaced every three months.

Children brush teeth at the sink. The toothbrushing procedure at the sink is:
- A pitcher of water is obtained from a food preparation sink.
- The sink will be cleaned with the 3-step process (wash, rinse, sanitize).
- Teacher will hand each child their toothbrush and a small paper cup with no more than a pea sized portion of toothpaste on the edge.
- No more than two children will be at the sink at one time.
- Teach the children to brush in a pattern and move from area to area (left-to-right, inside and outside, top-to-bottom) around the mouth. Finish with the top of the teeth.
- Brushing should continue for at least one minute.
- Child returns the toothbrush to the teacher who rinses it under the faucet and replaces it in the toothbrush rack.
- After all the children have brushed, the sink is cleaned with the 3-step process.

GENERAL CLEANING, SANITIZING, AND LAUNDRY

The child care center is maintained in a clean and sanitary manner that helps protect the children from illness. Surfaces in the center are designed and maintained to be easily cleanable. A cleanable surface is one that is:
- designed to be cleaned frequently
- resistant to moisture
- free from cracks, chips, or tears (WAC 170-295-5040-1)
PRODUCT STORAGE
Cleaning, sanitizing, and disinfecting supplies are stored in the original containers, inaccessible to children, in a manner to avoid spills, and separate from food and food preparation areas. Cleaning supplies for the kitchen are stored in locked cabinets. Other cleaning products are stored in a locked custodial closet and a locked laundry room. This location is ventilated to the outside and not accessible to children. (WAC 170-295-5060)

PRODUCTS USED
Cleaning means the removal of dirt, grease, food, art material, body fluids, or other substance from the area. Cleaning is done with soapy water. (WAC 170-295-5040-4)

Surfaces are rinsed with water between cleaning and sanitizing steps. (WAC 170-295-5040-4c)

Sanitizing means the removal of germs and bacteria to a level that will not cause illness. Disinfecting removes a larger number of germs than sanitizing. Sanitizing and disinfecting are done with solutions of bleach and water. The bleach used contains no scents or surfactants. Bleach is added to a container of cold water and solutions are made fresh daily. A minimum contact time of the solution with the surface is allowed. After the minimum contact time, the sanitizer may be wiped off with paper towels or the surface may be allowed to air dry. Only bleach products with the percent of sodium hypochlorite written on the bottle will be used. The recipes on the following chart will be used to prepare the solutions based on the percent sodium hypochlorite in the bleach.

<table>
<thead>
<tr>
<th>Disinfecting Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>For use on diaper change tables, hand washing sinks, bathrooms (including toilet bowls, toilet seats, training rings, soap dispensers, potty chairs), door and cabinet handles, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Water</th>
<th>2.75% Bleach</th>
<th>5.25-6.25% Bleach</th>
<th>8.25% Bleach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gallon</td>
<td>1/3 cup + 1 Tablespoon</td>
<td>3 Tablespoons</td>
<td>2 Tablespoons</td>
</tr>
<tr>
<td>1 Quart</td>
<td>1 ½ Tablespoons</td>
<td>2 ¼ teaspoons</td>
<td>1 ½ teaspoons</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sanitizing Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>For use on eating utensils, food use contact surfaces, mixed use tables, high chair trays, crib frames and mattresses, toys, pacifiers, floors, sleep mats, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Water</th>
<th>2.75% Bleach</th>
<th>5.25-6.25% Bleach</th>
<th>8.25% Bleach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gallon</td>
<td>1 Tablespoon</td>
<td>2 teaspoons</td>
<td>1 teaspoon</td>
</tr>
<tr>
<td>1 Quart</td>
<td>1 teaspoon</td>
<td>½ teaspoon</td>
<td>¼ teaspoon</td>
</tr>
</tbody>
</table>

The following guidelines will be used when preparing and using chemical cleaners, sanitizers, and disinfectants:

- Wear gloves and eye protection when mixing chemicals.
- A funnel is used when pouring chemicals into the spray bottle to avoid spills.
• Make dilutions of sanitizer and disinfectant in a well-ventilated area. Never mix solutions in the classroom.
• Never store incompatible chemicals in the same space. For example, bleach and ammonia products should never be mixed or stored together.
• Adjust spray bottles to a heavy spray setting, rather than a fine mist.
• Avoid applying disinfectant strength when children are in the immediate area.
• If possible, or if chemical odors are present, ventilate the area.
• An eyewash is available and located in the kitchen per Department of Labor and Industries requirements.

Whenever possible, the sanitizer and/or disinfectant solution is made in large quantity, divided into spray bottles, and labeled with the preparation date.

Cleaner, water-only, sanitizer, and disinfectant spray bottles are labeled with contents. (WAC 170-295-5060-1a)

The use of sponges is not permitted in the center.

Disposal of wastewater is done in the utility sink. (WAC 170-295-50602b)

CLEANING SCHEDULE
This center’s minimum schedule for general cleaning is:

• Tables, highchairs, and counters used for food service will be cleaned and sanitized before and after each meal or snack. (WAC 170-295-5040-7a)

• Sinks, countertops, and floors will be cleaned and sanitized/disinfected daily. (WAC 170-295-5040-7b)

• Bathrooms will be cleaned and disinfected daily. This includes sinks, toilets, counters, and floors. Toilet seats will be cleaned and disinfected throughout the day and as needed. (WAC 170-295-5040-7d)

• Carpeting, rugs, and furniture will be vacuumed daily. Carpets will be cleaned every three months in child-occupied rooms. Carpet cleaning will be done by EvCC custodial staff. Spot cleaning will be done as necessary. Vacuuming and mopping of the center will not occur while children are present (carpet sweepers are ok to use). (WAC 170-295-5040-7f)

• Hard floors will be swept, mopped, and sanitized daily. (WAC 170-295-5040-7e) Utility mops will be hung to dry in an area with ventilation to the outside (WAC 170-295-5060-2c) and inaccessible to children. Mop heads are replaced per classroom and washed.

• Toys will be washed, rinsed, sanitized, and air-dried or toys that are dishwasher safe can be run through a full wash and dry cycle. This is done weekly or when mouthed. (WAC 170-295-5040-7h)
• Toys that children place in their mouth will be sanitized between uses by different children. (WAC 170-295-5040-7g) As soon as a toy is mouthed it will be cleaned and sanitized. Only washable toys will be used. (WAC 170-295-5040-7)

• All garbage cans which contain food waste are kept covered. (WAC 170-295-5040-3b)

• Cloth toys and dress up toys will be laundered according to the ‘Laundry’ section of this policy.

• Water tables will be emptied and sanitized after each use or more often as needed. Children will wash hands before and after play and be closely supervised. (WAC 170-295-5050-3)

• For art activities, the handwashing sink can be used IF the counters, sinks, and faucets are cleaned, rinsed, and sanitized prior to use as an art sink.

• Nap cots will be cleaned and sanitized between uses by different children, after a child has been ill, and as needed. Children will be assigned an individual cot for use which will be labeled with their names. They will be stored outside of each classroom. (WAC 170-295-5120-1e) Nap cots will be in good repair. (WAC 170-295-5120-1f)

• General cleaning of the center is done nightly by custodial staff and more often when children or staff members are ill. Dusting is done weekly. Toy shelves are cleaned and sanitized weekly. Door knobs are cleaned and sanitized nightly and more often when children or staff members are ill. Wastebaskets will have disposable liners and are emptied daily or more often if necessary. (WAC 170-295-5040-8)

• Cleaning checklists are posted in each classroom based on the NAEYC Cleaning and Sanitation Frequency Guide. As tasks are completed the staff member will date and initial. A record of checklists is kept for one year.

LAUNDRY
Bedding belonging to children is sent home weekly. Cot sheets are washed weekly or after a child is sent home ill. (WAC 170-295-5110-a) This center’s minimum schedule for laundry is:

• Linens and bedding weekly or more frequently as needed. (WAC 170-295-5040-7i)
• Cloth toys and dress up clothes are laundered weekly.
• Items which cannot be laundered are cleaned with soapy water, rinsed, and sanitized with bleach are not used in the classroom.
• Bedding will be stored on each child’s assigned cot. Cots are stackable and do not touch. (WAC 170-295-5120-1e)

Soiled laundry is kept inaccessible to children in a laundry hamper with a lid in the children’s bathroom. Soiled laundry is kept separate from clean laundry. (WAC 170-295-5110-1c) Laundry
machines are separate from kitchen and food preparation areas and are inaccessible to children. (WAC 170-295-5110-1d,e) Dryers are vented to the outside of the building. (WAC 170-295-5110-2)

Children’s coats and other personal items will not touch during storage. (WAC 170-295-5140)

A change of clothes is available for the children and is provided by the child’s family. These clothes are stored in the child’s cubby. The center has a few sets of extra clothes available in case a Family forgets. (WAC 170-295-4140)

Staff members are encouraged to have a change of clothing available on-site.

**NAPPING PRACTICES FOR TODDLERS**
Children 29 months of age or younger will be allowed to follow their individual sleep pattern. Alternative, quiet activities will be provided for the child who is not napping. (WAC 170-295-2050-2)

A cot will be furnished for napping. (WAC 170-295-5120)

**DIAPERING**

Diapers are changed at the changing station only. The center’s diaper changing station:
- has a washable, moisture-impervious surface (WAC 170-295-4120-1a)
- has a protective barrier that is at least 3.5 inches high (WAC 170-295-4120-1b)
- has a foot-operated garbage can (WAC 170-295-4120-1c)
- is on moisture impervious flooring extending 2’ or more (WAC 170-295-4120-1d)
- is located adjacent to a hand washing sink (WAC 170-295-4120-1e)
- has a solid barrier between the changing station and food preparation areas
- does not have safety belts (WAC 170-295-4120-4)

The diaper changing procedure is posted. (WAC 170-295-4120-2) The proper diaper changing procedure is as follows:
- Wash hands. (WAC 170-295-3020-3)
- Put on disposable gloves.
- Gather necessary materials and have them in reach.
- Cover surface with two layers of paper. The first layer covering the entire surface and the second layer covering from just above the child’s waist down to the child’s feet.
- Place child on the changing table and remove diaper.
- Clean child’s bottom with diaper wipes. Wipe from front to back. Use only one swipe per diaper wipe.
- Remove disposable gloves and use them to wrap up dirty items. Discard all dirty items in a foot-operated step can. (WAC 170-295-4120-6a)
- Provider wipes own hands with a wet wipe. (WAC 170-295-3020-3)
- Diaper and dress the child.
- Wash the child’s hands with soap and water. (WAC 170-295-3040-3)
- Return child to a safe area.
- Remove and discard paper. Clean with soapy water, and then rinse with water. Disinfect the changing table and any equipment or supplies you touched with bleach water solution. Allow 2 minutes of contact time with the disinfectant. (WAC 170-295-4120-1a)
- Wash hands with soap and water. (WAC 170-295-3020-3)

Stand-up diapering is done at this child care when a child is learning to use the toilet. The stand-up diapering procedure is as follows:
- Wash hands. (WAC 170-295-3020-3)
- Put on disposable gloves.
- Gather necessary materials and have them in reach.
- Coach child in pulling down pants and removing diaper/pull-up/underpants and assist as needed.
- Put soiled diaper/pull-up/underpants in plastic bag.
- Coach child in cleaning diaper area front to back using a clean, damp wipe for each stroke and assist as needed.
- Remove disposable gloves and use them to wrap up dirty items. Discard all wipes and other dirty items in a foot-operated step can. (WAC 170-295-4120-6a)
- Close and dispose of plastic bag into hands-free covered trash can lined with a plastic garbage bag or send home.
- Provider and child wipe hands with a wet wipe.
- If a signed medication authorization indicates, apply ointment using disposable gloves. Then remove gloves.
- Coach child in putting on clean diaper/pull-up/underpants and clothing.
- Wash the child’s hands with soap and water. (WAC 170-295-3040-3)
- Return child to a safe area.
- Any contaminated equipment will be cleaned with soapy water, rinsed with water and then disinfected with bleach and water. Allow two minute of contact time with the bleach. (WAC 170-295-4120-1a)
- Wash hands with soap and water. (WAC 170-295-3020-3)

Children are not left unattended during the diaper changing procedure. (WAC 170-295-4120-3)

Nothing but the child, changing pad, paper, and diaper supplies is placed on the changing table, counter, or sink. The changing surface is not used for other activities, including writing. (WAC 170-295-4120-5)

Each diaper change is recorded on a diaper log along with the use of ointment when requested by the family and an ointment permission form is signed.

Disposable diapers are removed from the facility and the garbage liner is changed daily and more often if necessary. These diapers are disposed of with curbside garbage. (WAC 170-295-4120-6)
Reusable diapers are not rinsed, are individually bagged, and are stored in a cleanable, covered container with a waterproof liner provided by the family. (WAC 170-295-4120-7)

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

**FOOD SERVICE**

**FOOD PREPARATION FACILITY**

This center prepares food in a kitchen onsite. The following items and equipment are present in the food preparation area:

- 1 double refrigerator (WAC 170-295-3220-3)
- 2 freezers
- 2-compartment vegetable prep sink (WAC 170-295-3220-5b)
- 2-compartment sink with commercial dishwasher & sanitizer (WAC 170-295-3220-5a)
- separate handwashing sink (WAC 170-295-220-4)
- double oven and stove with properly vented hood or exhaust fan (WAC 170-295-3220-2)
- microwave
- adequate counter space that is moisture resistant, well maintained (WAC 170-295-3220-1)

**FOOD SUPPLY**

This center purchases food from Costco & Shawn’s Produce. All food meets the following criteria:

- All food that is past the expiration date is discarded. (WAC 170-295-3200-4)
- Severely dented cans are discarded.
- Only pasteurized milk and juice is served.
- All food served is prepared at the center's kitchen. Home-prepared foods are not permitted at this center. (WAC 170-295-3180-1,2)
- Leftover foods are defined as previously prepared food that has not been served and were stored at the proper temperature. No leftover foods are served. —Un-served foods that are removed from the original packaging are stored at the proper temperature. Leftover foods in the refrigerator are labeled with the date that they were opened and are served or discarded within 48 hours. This center does NOT serve leftovers that require preparation or cooking. (WAC 170-295-3190-3)

**FOOD STORAGE**

Food is stored away from and never below kitchen and other chemicals. (WAC 170-295-3200-3)

Raw meat, poultry, fish and unpasteurized eggs are stored away from and below all other foods. (WAC 170-295-3200-6)

All food items are stored off the floor. Dry food items are stored on shelves in the kitchen. All dry goods are stored in labeled containers with tight-fitting lids. (WAC 170-295-3200-1,7) These containers are labeled with the date when the item was opened. (WAC 170-295-3200-8)
All refrigerated foods are kept sealed or covered (except when cooling foods to 41°F).  

**TEMPERATURE CONTROL**

Refrigerators and freezers have thermometers placed in or near the door. Refrigerator temperature is maintained at 41°F or less. The refrigerator temperature is checked daily and is recorded on the Temperature Tracking form. Freezer temperatures are maintained at 10°F or less.

Foods are cooked to the correct internal temperature as follows:

- poultry = 165°F
- ground beef and ground pork = 155°F
- beef = 145°F
- pork = 145°F
- eggs = 145°F
- fish & seafood = 145°F
- cooked vegetables = 140°F

Food temperatures will be monitored using a stem thermometer. The stem thermometer is stored in the kitchen and is calibrated.

Hot holding food: hot food will be held at a temperature of 135°F or above until served.

Cold holding food: food requiring refrigeration will be held at a temperature of 41°F or less until served.

If the microwave is used to heat food:

- the food is rotated and stirred during heating
- the food is covered to retain moisture
- the internal temperature is monitored and cooked until the food reaches the proper cooking temperature listed above
- the food is allowed to sit for 2 minutes prior to serving to allow the temperature to spread evenly throughout the food

Thawing of frozen foods is done:

- by placing in the refrigerator,
- by placing in a pan in the sink with cool water running over the food,
- during the cooking process if the food is to be cooked immediately, or
- in the microwave
HANDLING LEFTOVERS
Before storing cooked foods, the food is cooled by placing food in shallow containers 2” deep or less. Leave uncovered and immediately put the pan into the refrigerator on a top shelf.

Once they have cooled to a temperature of 41°F or less, the food is covered, dated, and stored in the refrigerator.

Previously prepared foods may be reheated one time only to an internal temperature of 165°F within 60 minutes. (WAC 170-295-3190-1b)

Leftovers that were prepared more than 48 hours ago are discarded. (WAC 170-295-3190-3)

FOOD HANDLING
All staff will wash hands with soap and water at a designated hand washing sink prior to preparing or serving food, even if food service gloves are worn. (WAC 170-295-3190-1)

Food preparation is not done in handwashing sinks. (WAC 170-295-5100-7c)

Ill staff will not prepare or handle food. (WAC 170-295-3190-1)

This center maintains a ‘No Bare-Hand Contact’ rule when handling ready-to-eat foods. The cook wears gloves or uses utensils when preparing ready-to-eat foods. Gloves are changed when they become contaminated. Staff in the classrooms wear gloves or use utensils when serving food to the children. (WAC 170-295-3230-3)

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

In addition to food preparation, the cook has the following responsibilities at the center

- Menu planning
- Food shopping
- Nutritional Consultant to the Teaching Staff

The cook does not substitute toddler rooms unless all food preparation is completed for the day.

KITCHEN CLEANING AND SANITIZING
All chemicals and cleaning supplies are stored away from and below food and food preparation areas. All chemicals are stored in their original containers. All spray bottles are labeled with the contents and the date. (WAC 170-295-5060-1a)

To ensure food safety, the kitchen will be kept clean. Refrigerators will be cleaned and sanitized monthly, or more often as needed. (WAC 170-295-5040-7c) Tabletops where the children eat are washed and sanitized before every meal and snack. (WAC 170-295-5040-7a) Kitchen counters, sinks, and faucets
will be washed, rinsed, and sanitized daily before any food preparation and as needed during food preparation. (WAC 170-295-5040-7b)

Sponges are not used on food contact surfaces. Cutting boards will be washed, rinsed, and sanitized between each use. (WAC 170-295-3220-1c)

All dishes, cups, utensils, etc. will be washed in an automatic dishwasher that also sanitizes the dishes. (WAC 170-295-3230-1a)

**FOOD WORKER EDUCATION**

This center’s cook has a current Washington State Food Worker Card. The cook oversees the food handling at the center. She will provide orientation and on-going training as needed for all staff involved in food handling. Documentation will be posted in the kitchen. (WAC 170-295-3170)

The cook and at least one staff member per classroom have current Washington State Food Worker Cards. The cook (or other designated person) will provide orientation and on-going training as needed for all staff involved in food handling. Documentation will be posted in the kitchen.

**NUTRITION**

Families are allowed to bring in snacks for all the children that may not meet the nutritional requirements on special occasions such as birthdays. The snacks provided by families must be healthy and are limited to store purchased uncut fruits and vegetables and foods prepackaged in original manufacturer’s containers. Before bringing in the food for a special occasion, families/guardians must discuss the food choices with staff to address any food safety and allergy concerns. (WAC 170-295-3160-6) Families are not permitted to bring in foods which are high in fat, sugar and/or contain chocolate.

Only pasteurized milk or pasteurized dairy products are served. Nondairy milk substitutions will only be served with written permission from the child’s health care provider for children over the age of twelve months. The center provides an appropriate milk substitute (such as calcium-fortified rice milk or soymilk). The amount of required milk fat in the milk product is determined by the child's age: (WAC 170-295-3140)

<table>
<thead>
<tr>
<th>If the age of the child is:</th>
<th>Then the fat content of the milk must be:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 12 months and 24 months</td>
<td>Full strength whole milk or breast milk unless there is specific written instruction from a licensed health care provider.</td>
</tr>
<tr>
<td>Over 24 months</td>
<td>With fat content of provider’s or Family’s choice; 2% or 1% is recommended by pediatricians</td>
</tr>
</tbody>
</table>
The center will prepare, date, and conspicuously post menus of snacks and meals at least one week in advance. A copy is posted on the dry erase board by the kitchen and is emailed out to families. The center uses a three week cycle menu, with no repeated meal/snack combinations, to ensure variety. The past menus will be kept on-site for 6 months. If needed, substitutions of comparable nutrient value may be made and any changes will be recorded on the menu. (WAC 170-295-3160-1)

The menu will:
- consist of a wide variety of foods that are low in fat, sugar, and salt
- place emphasis on serving fruits and vegetables often
- include a Vitamin-C rich food every day (WAC 170-295-3160-1e)
- include Vitamin-A rich foods three or more times each week (WAC 170-295-3160-1f)
- incorporate ethnic, cultural, and seasonal foods regularly

Meals and snacks will be served every 2 to 3 ½ hours. (WAC 170-295-3150-2a) The following meals/snacks are provided by the center:

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal/Snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00am</td>
<td>Breakfast</td>
</tr>
<tr>
<td>10:00am</td>
<td>Morning Snack</td>
</tr>
<tr>
<td>12:00pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>2:30pm</td>
<td>Afternoon Snack</td>
</tr>
</tbody>
</table>

Each breakfast meal contains: (WAC 170-295-3160-2a)
- a fruit or vegetable (the center serves fruit instead of juice most often)
- a dairy product (such as milk, cheese, yogurt, or cottage cheese)
- a grain product (such as bread, cereal, rice cake, or bagel)

Each lunch and dinner meal contains: (WAC 170-295-3160-2b)
- a dairy product (such as milk, cheese, yogurt, or cottage cheese)
- meat or meat alternative (such as beef, fish, poultry, legumes, tofu, or beans)
- a grain product (such as bread, cereal, rice cake, or bagel)
- fruits or vegetables (two fruits, two vegetables, or one fruit and one vegetable to equal the total portion size required)

Each snack contains two of the four components: (WAC 170-295-3160-4)
- a dairy product (such as milk, cheese, yogurt, or cottage cheese)
- meat or meat alternative (such as meat, legumes, beans, egg)
- a grain product (such as bread, cereal, rice cake, or bagel)
- fruit or vegetable

Each snack or meal includes a liquid to drink. The drink could be water or one of the required components such as milk or fruit/vegetable juice. (WAC 170-295-3160-5)
When juice is served in place of a fruit or vegetable it must be one hundred percent fruit or vegetable juice. (WAC 170-295-3160-2ai)

If a child has a food allergy or special dietary need, the family and the child's health care provider will identify a protocol for managing the child’s special dietary need. The center will develop an allergy management plan or an individual care plan with family input for the child. This plan will include the center supplying an alternate food with the same nutritional components. (WAC 170-295-3160-7a)

The center will post children’s food allergies where food is prepared and in the classroom in a location known to full time staff and volunteers. The center will gain family permission to post this information and will include the child’s allergic reactions. (WAC 170-295-3160-7b,e)

Mealtime and snack time will support children’s development of healthy eating habits. For safety and role-modeling, staff members sit, eat, and have casual conversations with children during mealtimes. Staff members are trained in helping serve food family-style.

Coffee, tea and other hot beverages will not be consumed by staff while children are in their care, in order to prevent scalding injuries. (WAC 170-295-5020-1a) Staff will not consume pop or other non-nutritional beverages while children are in their care. During meal and snack times, staff will eat only those foods that are served to the children.

**PHYSICAL ACTIVITY**

All children birth to age five should engage in daily physical activity that promotes fitness for health and movement skills. Promoting and fostering enjoyment of movement and motor skill competence and confidence at an early age helps to ensure that children develop active, healthy habits. Current research also shows that regular physical activity of infants and young children is an important component of early brain development and learning. Our center follows the NASPE guidelines for physical activity for children age birth to five. (Active Start, NASPE, 2002)

**TODDLERS**

With ample opportunity for exploration and learning, basic movement skills like running, jumping, throwing, and kicking will develop. Toddlers will:

- not be sedentary for more than 60 minutes at a time except when sleeping
- get at least two periods 30 minutes or more of staff guided, playful activity that contributes to the development of movement skills (walking, jumping, hopping, side-stepping etc)
- have opportunities throughout the day (several hours) for unstructured physical activities and play in a safe area both indoors and outdoors that promotes exploration and playful practice of movement skills
PRESCHOOLERS AND PRE-KINDERGARTEN
Instruction and positive reinforcement is critical during this time in order to ensure that children develop gross motor and movement skills before entering school. Children 3 – 5 will:

- not be sedentary for more than 60 minutes at a time except when sleeping
- accumulate at least 60 minutes of guided, structured activities that encourage playful practice of movement skills in a variety of activities and settings
- engage in at least an hour and up to several hours of unstructured physical activities in a safe area both indoors and outdoors suitable for large muscle activities (gross motor movement)

WATER PLAY
Wading pools are not used at this child care due to the high risk of disease spread. (WAC 170-295-5050-2) Instead water-only spray bottles, paintbrushes, watering cans, and other forms of water play are done.

Water tables are emptied and sanitized after each use, and more often if necessary. (WAC 170-295-5050-3)

SCREEN TIME
This center does not allow screen time at all, with the exception of no more than ½ hour of educational media used per week. Educational media includes such things as small video clips of an educational nature.

DISASTER PREPAREDNESS
Everett Community College has developed a disaster preparedness policy which is posted in Red Folders titled EMERGENCY. These folders are located in each classroom. (WAC 170-295-5030)

Families should read, review, sign, and date the plan upon enrollment. (WAC 170-295-5030-6b) The plan is discussed with families annually.

Annually, the director and staff will be oriented to this disaster policy and documentation of staff orientation will be kept in the disaster plan manual by the EvCC Campus Safety Director. The Director will be responsible for orienting new staff or substitutes to these plans. (WAC 170-295-5030-6a)

Procedures for medical, dental, poison, earthquake, fire, and other emergency situations will be posted in each classroom. (WAC 170-295-5030-4d) These plans include:

- which staff is responsible for each part of the plan (WAC 170-295-5030-5a)
- procedure for accounting for all children during and after an emergency (WAC 170-295-5030-5b)
- evacuation routes and meeting location (WAC 170-295-5030-5c)
- Individualized Care Plans for children with special needs (WAC 170-295-5030-5d)
• how children will be cared for until families are able to pick them up (WAC 170-295-5030-5e)
• how contact will be made with families/guardians when normal lines of communication are not available (WAC 170-295-5030-5I)
• transportation arrangements, if necessary (WAC 170-295-5030-5g)

Fire drills are conducted monthly, as per the state fire marshal in WAC 212-12. Documentation, including date and time of the drill and a debriefing/evaluation of the drill, is kept in the front office. (WAC 170-295-5030-8)

Disaster and earthquake preparation and prevention training are documented. (WAC 170-295-5030-1a)
Staff members receive training on how to use the fire extinguisher upon hire by the Director.

Quarterly, the center conducts and documents a disaster drill. One type of disaster will be chosen for staff and children to practice, such as earthquake or intruder alert. Families will be notified of the drill. (WAC 170-295-5030-7b)

**STAFF HEALTH**

**TUBERCULOSIS (TB)**
New employees must have the results of a one step Mantoux Tuberculin (TB) skin test prior to starting work. The new employee doesn’t need the test if: (WAC 170-295-1120)
• they have had a documented negative TB skin test within one year prior to employment
• they have had a positive TB skin test in the past; they will always have a positive skin test, despite having undergone treatment. These employees do not need documentation of a skin test. Instead, documentation must be on record that the employee has had a negative (normal) chest x-ray, or documented proof of treatment.

Staff must be re-tested for TB when the center is notified that any staff has been exposed to TB. The center will comply with the public health department for follow-up.

**PERTUSSIS**
All staff members are encouraged to receive a Tdap booster to help prevent the spread of pertussis, based on CDC recommendation.

**OTHER ILLNESS**
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. (WAC 170-295-3030-2)

The Director will review the Bloodborne Pathogen Exposure Control Plan with each staff person within ten days of hire. (WAC 170-295-1080-7) Staff are offered the Hepatitis B vaccine series within 24 hours of a bloodborne pathogen exposure event. WISHA rule
http://www.lni.wa.gov/wisha/rules/bbpathogens/default.htm
OTHER HEALTH ISSUES

Adult sized bathrooms will be on-site.

Separate space will be provided for staff to work or take breaks. This space is available in the staff work and break rooms.

Step stools will be provided for children to reach the sink and diaper changing table (with supervision) to help protect employees’ backs.

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

For staff who become stressed or frustrated, Everett Community College offers an Employee Assistance Program. This information can be found at: http://www.hr.wa.gov/EAP/Pages/default.aspx

CHILD ABUSE AND NEGLECT

Any instance when staff have reason to suspect the occurrence of any physical, sexual, or emotional child abuse or neglect, child endangerment, or child exploitation as required under RCW chapter 26.44, a report is filed by the staff directly involved with the child. (WAC 170-295-6040-2) The child’s file is on hand when placing the call. Call 1-866-ENDHARM, (1-866-363-4267) or the local C.P.S. office at 425-339-1830. (WAC 170-295-7060-2) These phone numbers and the reporting system is posted by all phones. (CFOC page 123). The Director will make the call together with the reporting staff person. The Director will contact the licensor immediately after a report of abuse is made. (WAC 170-295-7060-2)

If there is an immediate danger to a child, a 9-1-1 phone call is made to the Everett Police Department and the EvCC Campus Safety Office is notified. (WAC 170-295-6040-3)

Signs of child abuse or neglect are recorded and signed by the reporting staff member. (CFOC page 124)

Documentation of staff orientation or training on the indicators of child abuse and neglect are kept in staff files. Regular trainings occur every year. (CFOC Page 30)

CHILDREN WITH SPECIAL NEEDS / INCLUSION

Children with special needs are accepted into the program under the guidelines of the Americans with Disabilities Act (ADA). Confidentiality is assured with all families and staff in the program. All families are treated with dignity and with respect for their individual needs and/or differences.
A written Individual Care Plan is developed by the director, family/guardian, and teacher for each child with special needs. It includes instructions from the family and health care provider regarding medications, specific food or feeding requirements, life-threatening allergies, treatments, and special equipment or health needs. This plan is updated annually and signed off. (WAC 170-295-7010-1e,h)

Dietary restrictions and nutrition requirements for children are posted with allergies. (WAC 170-295-7080-8,a)

The cook, classroom teachers, the Family Support Worker and the ECEAP program manager will be oriented to any special needs or diet restrictions before the child first enters the program. Plans for children with special needs will be documented and staff will be oriented to the Individualized Care Plan for that child.

The Family provides training to staff on any procedures that will be done to the child while in care. This written plan of care is updated annually and signed off by a doctor when necessary or sooner if needed. The director seeks further information or training if necessary for center staff from local resources.

**BEHAVIOR MANAGEMENT/GUIDANCE PRACTICES**

The center’s written behavior management and guidance practices are kept in the Family Handbook and the Staff Handbook. (WAC 170-295-2040-1) Staff guide the child’s behavior based on an understanding of the individual child’s needs and stage of development. (WAC 170-295-2040-2) Staff promote developmentally appropriate social behavior, self control, and respect for the rights of others. (WAC 170-295-2040-3) Staff ensures that behavior management and guidance practices are fair, reasonable, consistent, and related to the child’s behavior. (WAC 170-295-2040-4)

Behavior management principles are based on the principles of Becky Bailey’s Conscious Discipline; Jim Fay’s Love and Logic and Barbara Kaiser’s work on Challenging Behavior. Resources are also taken from the Pyramid Model through the Center for Social and Emotional Foundations of Early Learning http://csefel.vanderbilt.edu/links.html and the Technical Assistance Center on Social and Emotional Intervention. http://challengingbehavior.fmhi.usf.edu/

Noise levels in the center are kept low, so that teachers can be heard without the need to raise their voices. (WAC 170-295-5020-1h)

Staff members get to know each individual child’s needs and stage of development and guide each child accordingly. Staff point out positive social interactions rather than only focusing on negative behavior. Staff help children problem solve when conflicts arise. Staff members exhibit a range of techniques such as ignoring, consequences, cool-off, and re-directing when behavior issues occur.

Behavior plans are implemented in coordination with the family/guardian when necessary. Community resources are consulted when needed. Teaching staff receive training on behavior management using resources from the links listed above annually.
**PEST CONTROL**

As of July 1, 2002, public schools and licensed child care centers must provide annual notification of their pest control policies and methods, establish a system to notify employees and families of children of planned pesticide use, and post signs where pesticides have been applied. (Chapter 17.21 RCW, the Pesticide Application Act).

The impact of pesticides on children’s health can range from irritation to skin and mucous membranes, to difficulty breathing, rash or vomiting. Long term exposure may lead to developmental delay, immune or endocrine system disruption, or cancer.

In addition, children with special needs, asthma and allergies can be highly sensitive to pesticides and suffer from mild to severe reactions to pesticides and pesticide residue.

We are dedicated to using the least amount of chemical control of pests in our program in order to provide the healthiest environment possible for our children.

Upon enrollment families are provided with a copy of our pesticide policy. (WAC 170-295-5160-1b) The policy is located in the Family Handbook.

Whenever possible, non-chemical methods of pest control are used. When pest problems persist, we may choose to use to self-apply chemicals to control pests. We may use such products as rodent baits, weed killers, or insect sprays. When chemical pest control measures are taken, they will not be applied while children are present and will not be placed in a location accessible to children. All surfaces will be wiped down and rooms aired out before children are allowed to enter them. Families will be notified 48 hours in advance of the application, unless the pesticide is used to control pests that post an immediate risk to children’s health or safety.

**ANIMAL POLICY**

VISITING ANIMALS

This child care program does not have any pets on-site. Families are discouraged from bringing their own pets on-site. In the event we have an opportunity to have a visit from an animal onsite we will follow these guidelines.

When animals visit our center the following policies will be implemented:

- Families will be notified, in writing, of the type of animal that will be visiting and any potential health risks associated with that animal by email and posting in the classroom. (WAC 170-295-5170-1a)
- Families will sign that they understand the potential health risks through permission slips (WAC 170-295-5170-1a)
- The Director will ensure that no children are allergic to the animal.
• The Director will have primary responsibility of supervising all activities associated with the animal’s visit as related to safety and hygiene. This includes making sure that the animal has an acceptable temperament for interactions with children and that the animal is current on all vaccinations (if appropriate). (WAC 170-295-5170-1j) Any animal that has a history of biting or other aggressive behaviors will not be allowed on-site. (WAC 170-295-5170-4)

• The animal will be properly cared for while on-site. This is the responsibility of the visiting animal’s owner.

• The animal will not be allowed in any food preparation areas or areas typically used by infants or toddlers. (WAC 170-295-5170-1h)

• Items associated with the animal, including cages, food, water, etc., will not be placed on food-contact surfaces. (WAC 170-295-5170-1e)

• Children will be closely supervised while handling the animal. Children will be in small groups of 3 or fewer while handling the animal. (WAC 170-295-5170-1k)

• Children will immediately wash hands after handling or feeding the animal. (WAC 170-295-5170-5) Handwashing will be closely supervised by staff.

• After the animal leaves the site, staff will clean and sanitize the area. Sinks that are used for food preparation or cleaning dishes are not used to clean animal supplies or cages. If necessary, animal supplies will be cleaned in the laundry room sink.

• Staff will wash hands after cleaning and sanitizing the area.

**SMOKING**

Smoking is not permitted. Staff, families, or volunteers are not allowed to smoke in or around children at any time.  
(WAC 170-295-6050-2a, b, c)

**ATTENDANCE RECORDS**

Daily attendance records will be kept.

The child’s attendance will be taken using an electronic system as per WAC 170-295-7032. Attendance records will be kept at the facility for a minimum of 5 years after child leaves. (WAC 170-295-7031)

See next page for signature page
Everett Community College Early Learning Center
#128634
Health Policy Review
November 2014

SIGNATURES

This program’s health policies have been reviewed as complete. The signing of the document does not imply observation of procedures in practice, nor the quality of the program. I have reviewed these health policies and they appear to meet minimum licensing requirements developed by the Washington State Department of Early Learning for child care facilities certified by them.

Review Date: November 3, 2014

Reviewed by: Micha Horn, MS, RS
Environmental Health Specialist

Reviewed by: Alba Suárez, RN, BSN
Registered Nurse

Holly S. McFaul
Director, Everett Community College Early Learning Center