New Life Child Development Center
HEALTH POLICY

Child Care Center Name: New Life Child Development Center

Director: Mical Gaynor

Street: 13036 Morris Rd Se

City, State, & Zip: Yelm WA 98597

Telephone: 360-458-2290

Email: nlcdc@hotmail.com Website: www.nlcdc.net

Hours of operation: 6AM- 6PM

Ages served: 6 weeks through 12 years

Emergency telephone numbers:

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

Poison Center: **1-800-222-1222**

Other important telephone numbers:

Public Health Nurse Consultant: Karen Holt phone: 360-704-0002

DEL Licensor: Charolette Dedman phone: 360-725-6722

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

Communicable Disease Report Line: (206) 296-4774

Out-of-Area Emergency Contact: Julie Lawson, 301-639-0301

PROCEDURES FOR INJURIES AND MEDICAL AND DENTAL EMERGENCIES

1. Child OR adult is assessed and appropriate supplies are obtained.

2. If further information is needed, staff trained in first aid refer to the First Aid guidelines located in each classroom policy binder.

3. First aid is administered. Non-porous gloves (nitrile, vinyl or latex) are used if any bodily fluids are 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, 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 if 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. ST PETER HOSPITAL (413 LILLY RD OLYMPIA) is the hospital the medic unit transports to for emergency services.

5. Staff record the injury/medical emergency on the injury/ incident form which is kept in each classroom.
The report includes:
- date, time, place and cause of the injury/medical emergency (if known),
- treatment provided,
- name(s) of staff providing treatment, and
- persons contacted.

A copy is given to the parent/guardian the same day and a copy is placed in the child's file. For major injuries/medical emergencies, parent/guardian signs for receipt of the report and a copy is sent to the licensor no later than the day after the incident.

6. An injury is also recorded on the Injury Log, which is located in each classroom The entry will include the child's name, staff involved, and a brief description of incident. We maintain confidentiality of this log by keeping it in a locked cupboard in the classroom and filing in the office once a month.

7. The child care licensor is called immediately for serious injuries/incidents which require medical attention.

DENTAL EMERGENCIES
In the event of a dental emergency the child or adults primary dentist will be contacted first. If services are not available or if the child does not have a dentist the services of Today's Dental in Yelm will be used for emergencies.

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 test or assessment. Documentation of staff training is kept in personnel files. *All staff at New Life are trained in CPR/ First Aid including pediatric first aid.

Our first aid kits are inaccessible to children and located in every classroom disaster kit, outside on the playground, in the kitchen and in the office.

First aid kits are identified by a red cross.

Each of our first aid kits contain all of the following:

- 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 * (unexpired)
- 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.

Travel First Aid Kit(s)

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

- Liquid soap and paper towels
- Water
- Chemical ice (non-toxic) for injuries
- *phone numbers for the center and director/ assistant director for quick emergency calls
- *registration binder for specific class going on the outing

All first aid kits are checked by Mical Gaynor or Michelle Moon and restocked monthly or sooner if necessary. The expiration date for syrup of ipecac is also checked at this time.

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 comes into contact with 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 sanitized with an agent such as bleach in the concentration used for sanitizing body fluids (1/4 cup bleach per gallon of water or 1 tablespoon/quart).
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. Any brushes, brooms, dustpans, mops, etc. used to clean-up body fluids are washed with detergent, rinsed, and soaked in a sanitizing solution for at least 2 minutes and air dried. Machine washable items, such as mop heads, are washed with hot water and detergent in the washing machine. All items are hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach in an area ventilated to the outside.
5. A child's clothes soiled with body fluids are put into a closed 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.

Environmental Hazards

When air quality is poor staff protect children and adults form exposure by limiting outdoor and physical activity as a precaution. This is typically not a concern in our area.

Animals, insect pests, and poisonous plants: If an animal comes onto the premises the staff immediately notifies administrative staff so the animal can be removed safely. Insects are controlled so that there is no potential harm for the children. All plants have been checked to ensure they are not toxic or poisonous.

INJURY PREVENTION

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

2. The site is inspected weekly for safety hazards by Mical Gaynor. Staff review their rooms daily and remove any broken or damaged equipment.

   Hazards include, but are not limited to:
   - *General safety hazards (broken toys & equipment, standing water, chokable & 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.)*
   - *Electrical Shock*

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 staff on duty. It is free from entrapments, entanglements, and protrusions. Equipment or toys that need maintenance are reported to the director or assistant director. The maintenance of equipment is done by maintenance personnel. A part time employee is on staff at New Life that does maintenance.

4. Toys are age appropriate, safe, and in good repair. Broken toys are discarded. Mirrors are shatterproof.

5. Rooms with children under 2 1/2 years old are free of push pins, thumbtacks, and staples.

6. Cords from window blinds/treatments are inaccessible to children. New Life does not use blinds in the classrooms.

7. Staff do not step over gates or other barriers while carrying infants or children.

8. Hazards are reported immediately to Mical Gaynor or Michelle Moon. The assigned person will insure that they are removed, made inaccessible or repaired immediately to prevent injury.

9. The Injury Logs are monitored by office staff monthly to identify accident trends and implement a plan of correction.

10. Baby walkers are a hazard and never used at New Life Child Development Center.

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

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

1. **Fever** of at least 100 º F as read under arm (axillary temp.) ***accompanied by*** one or more of the following:
   - diarrhea or vomiting
   - earache
   - headache
   - signs of irritability or confusion
   - sore throat
   - rash
   - fatigue that limits participation in daily activities

   (Oral temperatures may be taken for preschool through school age children if single use covers are used over the thermometer. Glass thermometers contain mercury, a toxic substance, and are therefore should <u>not</u> be used. Temperature strips should not be used because they are frequently inaccurate.)

2. **Vomiting:** 2 or more occasions within the past 24 hours.

3. **Diarrhea:** 3 or more watery stools within the past 24 hours or any bloody stool.

4. **Rash,** especially with fever or itching.

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

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

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

8. **Lice or scabies:**

   Head lice: until no nits are present.

   Scabies: until after treatment is begun.

Following exclusion, children are readmitted to the program when they no longer have any of the above symptoms and/or Public Health exclusion guidelines for child care are met.

Children with any of the above symptoms/conditions are separated from the group and cared for in the office or separate location of the classroom depending on symptoms. Parent/guardian or emergency contact is notified to pick up 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 posted notice and emails. 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. This is located in each classroom in a locked cabinet.

Staff members follow the same exclusion criteria as children.

COMMUNICABLE DISEASE REPORTING

Communicable diseases can spread quickly in childcare settings. Because some of these diseases can be very serious in children, licensed childcare providers 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 (WAC 246-101-415[1]). **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.**

- Acquired immunodeficiency syndrome (AIDS)
- Animal bites
- Arboviral disease (for example, West Nile virus)
- Botulism (foodborne, wound, or infant)
- Brucellosis
- Campylobacteriosis
- Cholera
- Cryptosporidiosis
- Cyclosporiasis
- Diphtheria
- Diseases of suspected bioterrorism origin (including anthrax and smallpox)
- Diseases of suspected foodborne origin
- Diseases of suspected waterborne origin
- Enterohemorrhagic *E. coli*, (including *E. coli* O157:H7 infection)
- Giardiasis
- *Haemophilus influenzae* invasive disease
- Malaria
- Measles
- Meningococcal disease
- Mumps
- Paralytic shellfish poisoning
- Pertussis
- Plague
- Poliomyelitis
- Psittacosis
- Q fever
- Rabies and Rabies Exposures
- Rare diseases of public health significance
- Relapsing fever
- Rubella
- Salmonellosis
- Sexually Transmitted Diseases (chancroid, gonorrhea, syphilis, genital herpes simplex, granuloma inguinale

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.) The CIS form is returned to parent/guardian when the child leaves the program.

Immunization records are reviewed twice a year by office staff.

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)

PCV (Pneumococcal bacteria) *until age 5 (as of 7/1/09)*

Children may attend child care without an immunization if the parent/guardian completes a *Certificate of Exemption (COE) from School, Child Care and Preschool Immunization Requirements,* stating:

- they have personal/philosophical or religious reasons for not obtaining the immunization(s)

OR

- the child is medically exempted. (Licensed health care provider signature required as well).

A current list of exempted children is maintained at all times.

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/cfh/Immunize/schools/

MEDICATION POLICY

- Medication is accepted only in its **original container**, labeled with **child's first and last name**.
- Medication is **not** accepted if it is **expired**. The expiration date of the medication is noted.
- Medication is given **only** with prior **written** consent of a child's parent/legal guardian. This is true for both prescription and over the counter medications. This consent on the medication authorization form includes **all of the following** (completed by parent/guardian):

  - 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.

Parent /Guardian Consent*

1. A parent/legal guardian may provide the sole consent for a medication, (without the consent of a health care provider), **if and only if** the medication meets all of the following criteria:

   a. The medication is over-the-counter and is one of the following:

      - Antihistamine
      - Non-aspirin fever reducer/pain reliever
      - Non-narcotic cough suppressant
      - Decongestant
      - Ointment or lotion intended specifically to relieve itching or dry skin
      - Diaper ointment or non-talc powder intended for use in diaper area
      - Sunscreen for children over 6 months of age; ***and***

   b. The medication has instructions and dosage recommendations for the child's age and weight; *and*

c. The medication duration, dosage, amount, and frequency specified on consent do not exceed label recommendations.

2. Written consent for medications covers only the course of illness or specific episode (of teething, etc.).

3. Written consent for sunscreen is valid up to 6 months.

4. Written consent for diaper ointment is valid up to 6 months.
   Please note: As with all medications, label directions must be followed. Most diaper ointment labels indicate that rashes that are not resolved, or reoccur, within 5-7 days should be evaluated by a health care provider.

Health Care Provider Consent

1. The written consent of a health care provider with prescriptive authority is required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, iron, supplements, oral re-hydration solutions, fluoride, herbal remedies, and teething gels and tablets).

2. Medication is added to a child's food or liquid only with the **written consent of health care provider.**

3. Medications are labeled with the date either the prescription was filled or the recommendation was obtained from the health care provider.

4. A licensed health care provider's consent is accepted in one of 3 ways:

   - The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, frequency [cannot be given "as needed"], duration, and expiration date); *or*
   - The provider signs a note or prescription that includes the information required on the pharmacist's label; *or*
   - The provider signs a completed medication authorization form.

5. **Child's records include instructions from the licensed health provider who has prescribed or recommended medication for that child; alternately the licensed health provider's office may give instructions by telephone to program staff.**

   Parent/guardian instructions are required to be consistent with any prescription or instructions from health care provider.

Medication Storage

1. Medication is stored: in the kitchen in a locked cabinet.
   It 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
   - In a sanitary and orderly manner

2. Rescue medication (e.g., EpiPen® or inhaler) is stored: in a fanny type pack with the staff that is with the child who potentially may need rescue medication.

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

6. 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 sink or toilet.)

7. Staff medication is stored in staff's personal belongings which are in a locked cupboard, out of reach of children.

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 a locked cabinet in the kitchen.
Medication is kept current (not expired).

Staff Administration and Documentation

1. Medication is administered by current staff on duty.

2. Staff members who administer medication to children are trained in medication procedure and center policy by Karen Holt, nurse consultant. A record of the training is kept in staff files.

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 document the time, date, and dosage of the medication given on the child's medication authorization form. Each staff member signs her/his initials each time a medication is given and her/his 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 medication binder/clipboard and placed in 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 child's bottle/cup or food without 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).*
   - *For capsules/pills, measure medication into a paper cup.*
   - *For bulk medication*, dispense in a sanitary manner.*

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.*

   *We use the following bulk medication:

   ☐ sunscreen

   A medication authorization form is completed for each child receiving bulk medication.

Self-Administration by Child

A school-aged child is allowed to administer his/her own medication when the above requirements are met ***and***:

1. A written statement from the child's health care provider *and* parent/legal guardian is obtained, indicating the child is capable of self-medication without assistance.

2. The child's medications and supplies are inaccessible to other children.

3. Staff supervise and document each self-administration.

HEALTH RECORDS

Each child's health record will contain:

- Date of last physical exam
- Name and phone number of health care provider and dentist
- Allergy information and food intolerances
- Individualized care plan for child with special health care needs (medical, physical, developmental or behavioral)

  Note: In order to provide consistent, appropriate, and safe care, a copy of the plan will also available in child's classroom.

- List of current medications
- Current immunization records (CIS form), or exemption form filled out by parent and doctor
- Consent for emergency care
- Any assistive devices used (e.g., glasses, hearing aids, braces) and instructions that accompany them

The above information will be updated quarterly or sooner for any changes. These files are kept confidential but are immediately available to administrators or teaching staff as consented by parents or guardians. Signed consent from parents or guardians is kept on file.

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 a special health care need. The plan of care includes information and instructions for

   - daily care
   - potential emergency situations
   - care during and after a disaster

   Completed plans are requested from health care provider each year or more often as needed for changes. Plans are reviewed, initialed, and dated every 6 months by parent/guardian. Each child's primary teacher is responsible for ensuring care plans are kept updated. Children with special needs are not present without plan on site.

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

7. Teachers, cooks, and other staff will be oriented to any special needs or diet restrictions by director or assistant director.

HANDWASHING

Soap, warm water (between 85° and 120° F)**, and individual towels are available for staff and children at all sinks, at all times.**

All **staff and volunteers** 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) Before, during (with wet wipe - this step only), and after diaper changing

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

(f) Before and after giving medication

(g) After attending to an ill child

(h) After smoking

(i) After being outdoors

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

(k) After giving first aid

(l) After handling garbage or cleaning

(m) When moving from one group to another (e.g. visiting) that involves infants or toddler/ twos

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 or diapering

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

(e) After outdoor play

(f) After touching animals

(g) Before and after water table play

Wearing gloves is an optional supplement but not a substitute for handwashing in any required handwashing situation listed above.

Handwashing Procedure

The following handwashing procedure is followed:

1. Turn on water and adjust temperature.

2. Wet hands and apply a liberal amount of soap.

3. Rub hands in a vigorous motion from wrists to fingertips for a period of not less than 20 seconds including back, front, wrist, between the fingers, under and around any jewelry, under fingernails, rinsing well.

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.

7. Apply lotion, if desired, to protect the integrity of skin.

Handwashing procedures are posted at each sink used for handwashing.

Wearing gloves is an optional supplement but not a substitute for handwashing in any required handwashing situation listed above.

CLEANING, SANITIZING, 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 sanitizers.*
2. ***Rinsing*** *further removes the above, along with any excess detergent/soap.*
3. ***Sanitizing*** *kills the vast majority of remaining germs.*

Storage

Our cleaning and sanitizing supplies are stored in a safe manner
In a locked cabinet in each classroom.
All such chemicals are:

- inaccessible to children,
- in their original container,
- separate from food and food areas,
- 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

Cleaning

We use the following product for cleaning surfaces: liquid dish detergent in a spray bottle of water, then wipe surface with a paper towel or single use cloth.

Sanitizing

We use the following product for sanitizing surfaces spray Q-10
then wipe surface with a *paper towel or single use cloth.*
Cleaning and sanitizing spray bottles for diaper changing areas are prepared in the laundry area.
** To avoid cross-contamination, 2 sets of bottles are used in the classroom: one set for general areas (including tables) and one set for diaper changing/bathrooms.

- Q-10 is applied to surfaces that have been cleaned and rinsed.
- Q-10 is allowed to remain on surface for at least 2 minutes or air dry.
- Ventilation and sanitization are used to control odors in inhabited areas of the center. Air freshening chemicals or deodorizers are not used.

Cleaning and Sanitizing Specific Areas and Items

☐ We do all of our own cleaning and sanitizing.

Bathrooms

- Hand washing sinks, faucets and counters are cleaned, rinsed, and disinfected daily or more often if necessary.
- Toilets are cleaned, rinsed, and disinfected at the end of each day or immediately if soiled. Toilet seats are monitored and kept sanitary throughout the day.

Cribs, cots, and mats

- Cribs are washed, rinsed, and sanitized weekly, nap mats are washed, rinsed and sanitized daily or before use by a different child, after a child has been ill, **and** as needed.
- Bed sheets and pillow cases are cleaned weekly
- Blankets are sent home weekly to be cleaned, if they are forgotten they are laundered by the center at the end of the week.

Door and cabinet handles

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

Drinking Fountains

- Any drinking fountains are cleaned, rinsed, and disinfected daily or more often as needed.

Floors

- Solid-surface floors are swept, washed, rinsed, and sanitized daily. While children are napping on mats or cots, mopping is done with water or detergent and water only.
- Staff clean rugs and carpeting by blotting, spot cleaning with a detergent/ disinfectant, and shampooing or steam cleaning.
- Carpets and rugs in all areas are vacuumed daily and steam-cleaned every 3 months (every 1 month in infant room) or as necessary.
- To control bacteria and germs on the infant room carpet we have a NO SHOE policy. Shoe covers are provided for staff and parents. Bare feet are NOT ALLOWED for health reasons foot covering (socks or other clean cover) must be worn.

Furniture

- Upholstered furniture is vacuumed daily. Removable cushions and covers are washed every month or as necessary. Non-removable upholstery is 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.)*
- Computer keyboards and phone receivers are clean and sanitized at the end of each day

Bodily Fluids

When spills of body fluids occur, staff clean up immediately with detergent followed by water rinsing and disinfectant.

Garbage

- Garbage cans are lined with disposable bags and are emptied when full.
- Diaper pails are cleaned and disinfected daily.
- Outside surfaces of garbage cans are cleaned, rinsed, and sanitized daily. Inside surfaces of garbage cans are cleaned, rinsed, and sanitized as needed.

Infant equipment

- Infant saucers, seats, and swings are cleaned and sanitized and laundered (as appropriate) weekly and as needed.
- Changing tables are cleaned and disinfected after each use.
- Pacifiers are cleaned after each use and sanitized at the end of the day by boiling for 1 minute.

Kitchen

- Kitchen counters and sinks are cleaned, rinsed, and sanitized every day before and after preparing food.
- Food preparation appliances (such as blenders, can openers, and cutting boards) are cleaned after each use and cleaned and sanitized at the end of the day.
- Eating utensils an dishes are cleaned, rinsed and sanitized after each use.
- Food preparation surfaces are cleaned, rinsed and sanitized before and after each use.
- Refrigerators are cleaned monthly.

Laundry

- Cloths used for cleaning or rinsing are laundered after each use.
  - Bibs and burp cloths are laundered when wet or soiled and between uses by different children.

  Child care laundry is done on site.

  Laundry is washed at a temperature of at least 140ºF or with bleach added during rinse cycle (measured amount as per manufacturer's instructions).

Mops

- Mops are cleaned, rinsed, and sanitized in a utility sink, then air dried in an area with ventilation to the outside and inaccessible to children.

Tables and high chairs

- Tables and high chair trays are cleaned, rinsed, and sanitized before and after snacks or meals.
- High chairs are cleaned, rinsed, and sanitized daily and as necessary.

Toys

- **Only washable toys are used.**
- Mouthed toys are placed in a plastic "mouthed toy" container after use by each child. Mouthed toys are then cleaned, rinsed, and sanitized before use by a different child. Toys are washed, rinsed, and sanitized either in a full wash and dry cycle in the dishwasher or by the use of buckets, sinks, or spray bottles containing liquid detergent and water, rinse water, and Q-10 solution.
- Cloth toys and dress-up clothes are washed weekly (or as necessary) with 140ºF water. Dress-up clothes are laundered and stored during an outbreak of lice or scabies.
- Other toys are washed, rinsed, and sanitized weekly (or more often, as necessary) as described above for "mouthed toys."
- Hats cleaned at the end of each day
- Play activity centers are cleaned weekly

Water Tables

- Water tables are emptied and cleaned, rinsed, and sanitized after each use, or more often 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. When areas have recently been painted, carpeted, tiled or otherwise renovated the space is ventilated before children use the space.

Air fresheners and room deodorizers are not used.

SOCIAL-EMOTIONAL-DEVELOPMENTAL CARE

We have a developmentally-appropriate curriculum in each classroom. We consider the social-emotional needs of each age group. Our behavior policy outlines our discipline practices and our plan for helping children who have behavioral difficulties.

CHILD ABUSE POLICY

Staff members: If a staff is accused of abuse or neglect of a child the following procedures will be followed:

1. If the accusation of abuse is regarding a child within the center the staff will be placed on leave until the investigation is complete and the findings are **unfounded**. When the unfounded report is complete the staff member may return to work with no restrictions***. If after the investigation the findings are founded the staff member will no longer be eligible to work in a child care facility.***
2. If the accusation is regarding a child that is not enrolled in the child care facility the director may use discretion and consult with the child care center licensor to determine the best plan of action. A plan may be created that allows the teacher to work under direct supervision, not being alone with kids, until the investigation is complete. This protects the rights of the teacher while also ensuring safety of the children. When investigation is complete and the results are unfounded the teacher may work without further restriction***. If after the investigation the findings are founded the staff member will no longer be eligible to work in a child care facility.***

   The director, depending on the circumstances of the accusation my also elect to revert to option #1, placing the teacher on leave until the investigation is complete.

All staff members and volunteers at New Life Child Development Center are mandated reporters of child abuse or neglect. This means that with due cause staff and volunteers are to report any concerns of abuse or neglect to child protective services. Staff who report suspicions of child abuse or neglect are immune from discharge, retaliation, or other disciplinary action unless it is proven the report in malicious.

DIAPERING

We use disposable diapers at our center.

Children are **never** left unattended on the diaper-changing table. Safety belts are not used on the diaper changing table. *(They are neither washable nor safe.)*

The diaper changing table is used only for diapering. Toys, pacifiers, papers, dishes, blankets, etc., are not placed on diapering surface.

Diaper changing pads are replaced when they become torn/ripped. No tape is present on diaper changing pad.

The handwashing sink is **never** used to bathe children or to remove fecal matter.

The following diapering procedure *(also available on WA Department of Health poster*) is posted and followed at our center:

1. Wash Hands.
2. Gather necessary materials. If using bulk diaper ointment, put a dab of ointment on paper towel.
3. Put on disposable gloves.
4. Place child gently on table and remove diaper. *Do not leave child unattended*.
5. Dispose of diaper in hands-free container with cover *(foot pedal type).*
6. Clean the child's diaper (peri-anal) area from front to back, using a clean, damp wipe for each stroke.
7. Remove gloves and wash hands. Please note: A wet wipe or damp paper towel may be used for this handwashing only. *Do not leave child unattended*.
8. If parent/guardian has completed a medication authorization for diaper cream/ointment/lotion, put on gloves and apply to area. *(Please refer to the Medication section.)* Remove gloves.
9. Put on clean diaper (and protective cover, if cloth diaper used). Dress child.
10. **Wash child's hands** with soap and running water (or with a wet wipe for young infants).
11. Place child in a safe place.
12. Clean diaper changing pad with detergent and water, rinse, and then sanitize with bleach solution (1 tablespoon bleach in 1 quart water). Allow the bleach solution to air dry or to remain on the surface for at least 2 minutes before drying with a paper towel.
13. Wash Hands**.**

Stand-Up Diapering for Older Children

☐ We do stand up diapering as appropriate.

Stand-up diaper changing takes place in the bathrooms.

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

Wash hands.

Gather necessary supplies (diaper/pull-up/underpants, wipes, cleaner and sanitizer, paper towels, gloves, plastic bag).

Put on disposable gloves, if desired.

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 (or assist child in doing so).

Coach child in cleaning diaper area front to back using a clean, damp wipe for each stroke (and assist as needed).

Put soiled wipes in plastic bag (or assist child in doing so).

Close and dispose of plastic bag into hands-free covered trash can lined with a plastic garbage bag.

Remove gloves, if worn.

Wash hands (in sink or with wipe) and coach child in doing the same.

If a signed medication authorization indicates, apply topical cream/ointment/lotion using disposable gloves then remove gloves.

Coach child in putting on clean diaper/pull-up/underpants and clothing and washing hands (in bathroom/hand washing sink).

Close and put any bag of soiled clothing or underpants into child's cubby.

Use 3-step method on floor where change has occurred:

a. Clean with detergent and water.
b. Rinse with water.
c. Sanitize with bleach solution (1 T. bleach in 1 quart water). Allow the bleach solution to air dry or to remain on the surface for at least 2 minutes before drying with a paper towel.

Wash hands (in bathroom/hand washing sink).

Naptime

Every child at New Life Child Development Center that is in care for 5 hours or more is provided with a rest period. Rest (or nap) time helps a child to calm their mind, rest their body and be prepared for the afternoon activities. Nap time procedure includes:

1. A nap mat furnished by the center.
2. A sheet and blanket from home.
3. A comfort item if needed.
4. Soft relaxing music playing or story on CD.
5. Staff to rub children's back and help children relax.

Nap time starts anywhere from 12:15-12:45 and lasts until about 2:00.

Infants nap on their own individual schedule and are furnished with an individual crib. Infants bedding is washed weekly or more often if soiled. Infants are always placed on their back to sleep. If an infant rolls over on their own they are permitted to sleep on their stomach or side. Sleeping infants use a single layer blanket that teachers tuck under armpits and around sides to help prevent SIDS. Infants are never placed in crib with a bottle or other food item. Infants' cribs do not have bumpers, stuffed animals, or other potential suffocation hazards.

FOOD SERVICE

☐ We prepare meals and snacks at our center.

1. **Food handler permits** are required for staff who 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.
2. **Orientation and training** in safe food handling is given to all staff. Documentation is posted in staff files.
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. IN situations where sinks are used for both food and preparation staff clean and sanitize the sinks before using them to prepare food.
6. **Gloves are worn or utensils are used** for direct contact with 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. **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.
8. **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.*
9. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
10. **Cleaning and sanitizing** of the kitchen is done according to the *Cleaning, Sanitizing and Laundering* section of this policy.
11. **Dishwashing** complies with safety practices:
    - Hand dishwashing is done with three sinks or basins (wash, rinse, sanitize).

- Dishwashers have a high temperature sanitizing rinse (140º F residential or 160ºF commercial) or chemical sanitizer.

12. **Cutting boards** are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.
13. **Food prep sink** is not used for general purposes or post-toilet/post-diapering handwashing.
14. **Kitchen counters, sinks, and faucets** are washed, rinsed, and sanitized before food production.
15. **Tabletops** where children eat are washed, rinsed, and sanitized before and after every meal and snack.
16. **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.*
17. **Food is cooked to the correct internal temperature:**

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

18. **Holding hot food:** hot food is held at 140° F or above until served.
19. **Holding cold food:** food requiring refrigeration is held at 41°F or less.
20. **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.
21. **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 or 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.
22. **Leftover foods** *(foods that have been below 41°F or above 140°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.
23. **Reheating foods:** foods are reheated to at least 165º F in 30 minutes or less.
24. □ We do not use catered foods at our center.

- A permanent copy of the menu (including any changes made or food returned) is kept for at least 6 months _____ *(where)*.

25. **Food substitutions**, due to allergies or special diets and authorized by a licensed health care provider, are provided within reason by the center.
26. 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.
27. Perishable items in sack lunches are refrigerated upon arrival at the center.

FEEDING INFANTS

Supporting Breastfeeding

1. Staff work with families to ensure the food families provide is based on the infant's individual nutritional needs and developmental stage. Until a child is able to eat a variety of table foods we do NOT provide their food.
2. The program accepts stores and serves expressed human milk for feeding.
3. Human milk is accepted only in ready to feed sanitary containers that are labeled with infant's name, date and time expressed.
4. Breast milk will be stored in the refrigerator for no more than 48 hours or know more than 24 hours if breast milk was previously frozen. Freezer storage is at 0 degrees F or below for longer than 3 months.
5. When handling breast milk staff gently mixes, not shakes the milk before feeding to preserve special infection fighting and nutritional components in human milk.
6. A comfortable place is provided for breastfeeding moms and moms are encouraged to come to the facility to nurse their child if possible.
7. Staff coordinate feedings with the infant's mother by communicating daily and throughout the day if needed.

Formula and Breast Milk

1. Bottle feeding does not contain solid foods without written notice from the child's health care provider.
2. Staff discards formula or breast milk after 1 hour if bottle is served but not completely consumed.
3. Formula or human milk, if warmed, is warmed in warm water at no more than 120 degrees F for no longer than 5 minutes.

4. The program does not offer cow's milk to infants younger than 12 months, and served only whole milk to children ages 12-24 months.
5. No milk, including human milk and no infant food is warmed in a microwave oven.

Food and Juice:

Unless recommended by a child's health care provider and approved by the child's family, teaching staff DO NOT offer solid foods and fruit juices to infants younger than 6 months. Sweetened beverages are not used.

Only 100% fruit juice is served and is limited to no more than 4 ounces per child per day.

NUTRITION FOR PRESCHOOL PROGRAMS

1. Menus are posted at least one week in advance. Menus are dated and portion sizes are posted in classrooms and kitchen. Menus are kept on file for review by families, the USDA or health (nurse) consultant.

2. Food is offered at intervals not less than 2 hours and not more than 3 ½ hours apart.

□ Our site is open over 9 hours; we provide meals and snacks at regularly established times.

The following meals and snacks are served by the center:

Time	Meal/Snack
Between 6:30 and 7:30	early morning snack
8:30-9:15 AM	Breakfast
11:45-12:30 AM	Lunch
3:00-4:00 PM	PM Snack

3. Each snack or meal includes a liquid to drink. This drink is water or one of the required components such as milk or 100% fruit juice.

4. Menus include hot and cold food and vary in colors, flavors and textures.

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

6. Menus list specific types of meats, fruits, vegetables, etc.

7. Menus include a variety of fruits, vegetables, and entrée items.

8. Foods served are generally moderate in fat, sugar, and salt content.

9. Children have free access to drinking water (individual disposable cups or single use glasses only).

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

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

12. Children with food allergies and medically-required special diets have diet prescriptions signed by a health care provider on file. Names of children and their specific food allergies are posted in the kitchen, the child's classroom, and the area where food is eaten by the child.

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

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

15. Mealtime and snack environments are developmentally appropriate and support children's development of positive eating and nutritional habits. We encourage staff to sit, eat and have casual conversations with children during mealtimes.

16. Coffee, tea and other hot beverages are kept by staff in closed containers and are not over 120 degrees F to prevent scalding and burns.

17. Staff provide healthy nutritional role modeling.

18. Families who provide sack lunches are notified in writing of the food requirements for mealtime.

19. When a child is younger than 4 years old staff do NOT offer these foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can

be swallowed whole. Staff cut foods into pieces no larger than ¼ inch square for infants and ½ inch squared for toddlers/ twos.

NUTRITION FOR SCHOOL-AGE PROGRAMS

1. Menus are posted and show 2 weeks or more of variety. Menus are dated and portion sizes are posted in the kitchen and classrooms.

2. Breakfast can be brought in by parents of school age children if their child does not eat at home before coming to the center.

3. During school breaks when children spend a full day at the program, meals and/or snacks are offered at intervals not less than 2 hours and not more than 3 ½ hours apart.

   Schedule is shown below:

Time	Meal/Snack
8:30-9:15 AM	Breakfast (on non school days)
11:45-12:30 AM	Lunch (when not in school)
3:00-4:00 PM	PM snack

4. Each snack or meal includes a liquid to drink. This drink is water or one of the required components such as milk or fruit juice.

5. Menus include hot and cold food and vary in colors, flavors and textures.

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

7. Menus list specific types of meats, fruits, vegetables, etc.

8. Menus include a variety of fruits, vegetables, and entrée items.

9. Foods served are generally moderate in fat, sugar, and salt content.

10. Children have free access to drinking water (individual disposable cups or single use glasses only).

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

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

13. Children with food allergies and medically-required special diets have diet prescriptions signed by a health care provider on file. Names of children and their specific food allergies are posted in the kitchen, the child's classroom, and the area where food is eaten by the child.

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

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

16. Mealtime and snack environments are developmentally appropriate and support children's development of positive eating and nutritional habits. We encourage staff to sit, eat and have casual conversations with children during mealtimes.

17. Coffee, tea and other hot beverages are kept by staff in closed containers and are not over 120 degrees F to prevent scalding and burns.

18. Staff provide healthy nutritional role modeling.

TOOTHBRUSHING

Toothbrushing 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. Toothbrushing in the classroom improves the child's oral health, teaches the child basic hygiene and health promotion, and helps establish a lifelong prevention habit.

☐ Toothbrushing is done in the following rooms in our center: toddler, transition and full day preschool.

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

Toothbrushing is supervised to ensure:

- a routine which enhances learning
- proper toothpaste usage
- good toothbrushing 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 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 provided by the center.
- 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 toothbrushing at our center:

□ Toothbrushing at a Table

- Teacher(s) assisting with toothbrushing 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: toothpaste is not used.
- 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.
- Child takes small sip of water and then spits into paper cup or garbage can.
- If desired, 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.
- Table is cleaned with the 3-step process (clean, rinse, sanitize).

DISASTER PREPAREDNESS

Plan and Training

Our Center has developed a disaster preparedness plan/policy. 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 located in each classroom policy book.

Staff are oriented to our disaster policy upon hiring and annually. Parents/guardians are oriented to this plan upon enrollment

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. Kitchen cook is responsible for stocking supplies. Expiration dates of food, water, and supplies are checked monthly and supplies are rotated accordingly. Essential medications and medical supplies are also kept on hand for individuals needing them.

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. Mical Gaynor 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 quarterly.

STAFF HEALTH

1. New staff and volunteers must document a tuberculin skin test (Mantoux method) within the past year, 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 or neglect are documented on an incident form, which is located in each classroom with registration materials.

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 animal visitors: occasionally

1. We have an animal policy, which is located in the policy binder.

2. Animals at or visiting our center are carefully chosen in regards to care, temperament, health risks, and appropriateness for young children. We do not have birds of the parrot family that may carry psittacosis, a respiratory illness. We do not have reptiles and amphibians that typically carry salmonella, bacteria that can cause serious diarrhea disease in humans, with more severe illness and complications in children.

3. Parents are notified in writing when animals will be on the premises. Children with an allergic response to animals are accommodated.

4. Animals, their cages, and any other animal equipment are never allowed in kitchen or food preparation areas.

5. Children and adults wash hands after feeding animals or touching/handling animals or animal homes or equipment.

Pesticide Policy:

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. When pesticides or herbicides must be used they are applied according to the manufacturer's instructions when children are not in the facility. They are applied in a manner that prevents skin contact, inhalation, or other exposure to children.

We attempt to PREVENT infestation by:

• Taking out trash daily or more as needed.
• Cleaning trash cans regularly.
• Keeping trash cans or dumpsters covered and away from the building.
• Keeping grounds clear of food and rubbish.
• Storing food in sealed plastic or metal containers.
• Cleaning and sanitizing all dishes, utensils, and surfaces used for eating or food preparation after meals and at the end of the day.
• Preventing pest entry into facility by sealing cracks and holes, using and repairing window screens and door sweeps.
• Moisture control by maintaining plumbing and water drainage systems.
• Mechanically managing weeds.
• Planting native vegetation that is non-toxic.
• Mulching plant beds.

AND

• Integrated Pest Management (IPM)

Integrated Pest Management (IPM) (definition)
IPM is a pest management strategy that focuses on long term prevention or suppression of pest problems including the following six components:

1. Education of staff
2. Monitoring pests
3. Pest prevention (non-chemical)
4. Least hazardous approach to pest control
5. Notification of pesticide use
6. Record keeping

National Pesticide Telecommunications Network (NPTN) 1-800-858-7378