

# HEALTH POLICY

Agency Name: Creative Kids Moses Lake, LLC

Street: 217 E. Nelson Rd.

City/State/Zip: Moses Lake, WA 98837

Telephone: (509) 962-2552

Out-of-area emergency contact: (707) 363-2294

Cross Street: S. Skyline Dr.

## Emergency telephone numbers:

Fire/Police/Ambulance: 911

Moses Lake Police Department: (509) 764-3887

Poison Center: 1-800-222-1222

Animal Control: Ellensburg Animal Shelter: (509) 762-9616

## Hospital used for life-threatening emergencies:

Name of Hospital: Samaritan Healthcare

Address: 801 E. Wheeler Rd.

Phone: (509) 765-5606

## Other important telephone numbers:

DEL Health Specialist: Yvonne Lewis Phone: (509) 225-6275

DEL Licensor: Michelle Giard Phone: (509) 665-5295

Public Health: Julia Austin phone: (509)766-6519 ext. 25

Communicable Disease Reporting: 509-766-6519

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## **INJURY/ EMERGENCY PROCEDURES**

### **Injuries**

1. All staff members responsible for a group of children will have a current basic standard first aid and age appropriate CPR certificate. First Aid and CPR training must be updated as required on the card or certificate. Staff trained in first aid will refer to the First Aid manual located in your First Aid Kit. Gloves will be used if any body fluids are present. Staff will refer to the child's emergency form and call parents/guardians, emergency contacts or health care provider as necessary.
2. Staff will record incidents on both the Individual Report form which will be kept in the classroom.
3. The individual report form will include:
  - date
  - time
  - place
  - possible cause of the illness or injury
  - treatment provided
  - name of staff providing treatmentA copy will be given to the parent/guardian the same day and another copy placed in the child's individual, confidential file.
4. Illness/Injury Log, which will be located in the First Aid Cupboard. This will list the date, child's name, names of staff involved, and a brief description of the incident. Injury/Illness Logs will be reviewed monthly by Mechelle Moran. The logs will be reviewed for tracking and analysis, so appropriate steps in prevention can be taken.

### **Major injuries/Life-Threatening Emergencies**

1. If more than one staff person: one staff person will stay with the injured/ill child and send another staff person to call 911. If only one staff person: person will assess for breathing and circulation, administer CPR for one minute if necessary, and then call 911.
2. Staff will provide first aid as needed. Gloves will be worn if any body fluids are present.
3. Information on how to contact the parents, especially in emergencies, will be readily available. A staff person will have written consent from a parent to seek and obtain medical care, a court order waving the right of informed consent, or parent's alternate plans for emergency medical and surgical care if the parent can not be reached.
4. A staff person will stay with the injured/ill child, including transport to a hospital if necessary, until a parent, guardian or emergency contact arrives.
5. The director or staff must immediately report a death, or serious injury or illness that requires medical treatment or hospitalization of a child in care by telephone and in writing to the parent, licenser (name and phone on first page), and the child's social worker, if the child has one. The parent/guardian will sign a receipt for a copy of the report. A copy will be sent to the licenser no later than the following day after the incident.

## MEDICATION MANAGEMENT

### Parent/Guardian Consent

1. Please note that medication will ONLY be administered for children with a chronic disease/illness. We do not administer medication that is for an infection or any over the counter medicines. If this is needed it is the parents responsibility to administer the medication as directed.
2. The Center will have a **written** consent from the child's parent/legal guardian before giving any medication for chronic diseases. This consent - as on the Medication Administration Form Pg. 38 - will include:
  - the child's first and last name,
  - the name of the medication,
  - reason for giving the medication,
  - amount of medication to give
  - how to give, or route
  - how often to give the medication
  - start and stop dates -
  - expected side effects
  - how to store the medicine consistent with directions on the label

The Medication Administration Form is good for the number of days stated on the medication bottle for prescriptions. We will not give medication past the days prescribed on the medication bottle even if there is medication left.

3. Medication must be prescribed by the child's physician, **if and only if** the medication meets all of the following criteria:

- The medication is in the original container and labeled with the child's name; and
- The medication has instructions and dosage for the child's weight and age; and
- The medication is not expired.

We will give over-the-counter medications such as Any ointments or lotions, specifically intended to reduce or stop itching, dry skin or wound care.

Diaper ointments intended for use in the diaper area or Sunscreen for children over 6 months of age with written directions and permission from the child's legal parent/guardian.

If the medication label does not give the dosage directions for the child's age or weight, we will obtain written instructions from a health care provider with prescriptive authority in addition to the parent consent prior to giving the medication.

3. If a child has a condition where the Americans with Disabilities Act (ADA) would apply we make reasonable accommodation and give medication.

## Health Care Provider Consent

1. A health care provider's consent, along with parent/guardian consent, will be required for prescription medications and over-the-counter medications that are not one of the "Parent-Consent Medications" above or if directions for the over-the-counter medication do not include the age or weight of the child being treated.
2. A health care provider's consent may be given in 3 different ways:
  - ❑ The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, duration and expiration date); **or**
  - ❑ The provider signs a note or prescription that includes the information required on the pharmacist's label; **or**
  - ❑ The provider signs a completed Medication Authorization Form.

If a health care provider's information is on a separate note or form than the medication, the medication will still only be accepted if it is in its original container. Staff will verify the name of the medicine, strength of the medicine (dosage per unit) and expiration date on the container.

## "As Needed" Medications

"As Needed" medications will not be given by child care center staff, unless for a chronic disease or illness.

## Staff Documentation

1. Staff will keep a written record in the child's file of:
  - Child's full name, date, time, name of medication and amount given (indicate if self-administered),
  - Initial of staff person giving medication or observing the child taking the medication with a corresponding signature on the medication record to validate the initials,
  - Provide a written explanation why a medication that should have been given was not given.

Medication authorization and documentation is considered confidential and must be stored out of general view.
2. Outdated medication authorization forms and logs will be kept in the child's file while in care and up to one year after the child leaves care.
3. Staff will not administer medication when there is not appropriate consent, or if the consent is over 1 month old for short-term (acute) illness or over 6 months old for long-term (chronic) illness.
4. Staff will report and document any observations of the child in relation to the medication taken (e.g. side effects) on the medication log located in the First Aid Cupboard.

## Medication Storage

1. Medication will be stored in the original container labeled with: the child's first and last name, the expiration date and easy to read instructions on how to give the medication.
2. Medication, including staff medication, will be stored in a container inaccessible to children, as required on the label or prescription information sheet, away from sources of moisture, heat, light and protected from sources of contamination
3. Medications requiring refrigeration will be stored in a container to keep them separated from food.
4. Outdated or medications or those no longer being used will promptly be returned to parents or guardians, or dispose of it by flushing medication(s) down the toilet.
5. Medication belonging to staff will be labeled with the staff's name and stored with children's medication.

## Medication Administration Procedure

1. Only staff persons who have been oriented to Creative Kids center's medication policies and procedures can give medications. There must be documentation that such orientation was provided.
2. Before a staff member may administer medications they will ask parents to provide instruction on specialized medication administration procedures or observations, i.e. how to use the nebulizer, epi-pens, etc.
3. Children may take their own medication if :
  - there's a written statement from the parent requesting the child take their own medication
  - there's a written statement from the health care provider with prescriptive authority stating
  - that the child is physically and mentally capable of taking their own medication
  - Meet all the criteria in WAC 388-295 including storage of medications AND
  - A staff member will observe and document that the child took the medication.
4. Medications will not be mixed in formula or food unless you have written directions to do so from a health care provider with prescriptive authority before you give the medication.
5. **Wash hands** before preparing medications.
6. Carefully read labels on medications, noting:
  - Child's name
  - Medication name
  - Amount to be given
  - Time and dates to be given
  - How long to give
  - How to give (e.g. by mouth, to diaper area, in ear, etc.)

**Information on the label must be consistent with the Medication Authorization Form, pg. 38.**

7. Prepare medication on a clean surface away from toileting areas.

8. For capsules/pills, medication is measured into a paper cup and dispensed as directed by the parent/health care provider.
9. Identify the child and explain the procedure in a firm yet matter of fact manner. Do not ask the child if he/she would like to take the medication. Do not refer to it as candy. Then praise the child for taking the medication. Have the child open his/her mouth to be sure medication was swallowed.
10. Wash hands after administering medication.
11. Observe the child for side effects of medications, which may be specified on the Medication Authorization Form, pg. 38 and document in the child's record.
12. Follow guidelines for medication disposal.

### **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 these signs of a possibly contagious illness are present, a child will not be admitted to the Center that day.

The parent will then be called to pick up their child and an available staff member will care for the child until the parent arrives. Staff members will follow the same exclusion criteria as children and not come to work or leave when these signs develop.

Children and staff with the following symptoms will be excluded:

1. **Fever** of at least 101 ° F under arm (auxiliary) or 100° F orally **AND** who also have one or more of the following:

-headache                      -earache                      -sore throat                      -cough                      -rash

-fatigue that prevents participation in regular activities. Oral temperatures, done with single use disposable covers over the thermometer, can be taken on preschool through school-age children; *under arm (auxiliary) on all others*; no rectal nor ear temperatures will be taken.

2. **Vomiting** on 2 or more occasions within the past 24 hours.
3. **Diarrhea:** 3 or more watery stools, or 1 bloody stool, within a 24-hour period.
4. **Any suspected communicable skin infection such as impetigo and scabies.**
5. **Open or oozing sores**, (including goop from pink eye) unless properly covered and 24 hours has passed since starting antibiotic treatment, if treatment is necessary.
6. **Lice or nits.** For head lice, children and staff may return to childcare after treatment and if no nits or lice are visible.
7. **Fatigue that prevents participation in regular activities.** Observed 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.

8. *H1N1 or Influenza: a fever greater than 100 degrees or grater and cough or sore throat. Exclusion will be 7 days or 24 hrs fever free. We will follow CDC Influenza guidelines for influenza like illnesses.*

We will notify parents in writing when their children have been exposed to infectious diseases or parasites/lice. The notification may consist of either a letter to parents or posting a notification for parents in a visible location and or on Facebook.

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

- They have no longer have the above symptoms for at least 24 hours, or

- After twenty-four hours of starting antibiotic treatment, or

- No longer have significant discomfort, or

- Advised by a Public Health Nurse on communicable disease guidelines for Child Care.



## COMMUNICABLE DISEASE REPORTING

Licensed childcare facilities are required to report communicable diseases to their local Public Health department (WAC 246-101-415). The following is a partial list of the official diseases that should be reported. They were selected because they represent diseases that most likely to be found in child care settings. For a complete list of notifiable diseases, call the Health District. *Even though a disease may not require a report, you are encouraged to consult with the Health District at 886-6400 for information about common childhood illness or disease prevention, and to determine when a child or staff member may return to the Center.* Children and staff who have a reportable disease may not be in attendance at the Center unless approved by the local Health Authority.

**The following communicable diseases will be reported to the Health District at 886-6400, giving the caller's name, the name of the child care program, address and telephone number and name of child involved:**

- AIDS (Acquired Immune Deficiency Syndrome)
- Animal bites
- Bacterial Meningitis
- Campylobacteriosis (Campy)
- Cryptosporidiosis
- Cyclosporiasis
- Diphtheria
- Enterohemorrhagic E. Coli, such as E. Coli 0157:H7
- Food or waterborne illness
- Giardiasis
- Haemophilus Influenza Type B (HIB)
- Hepatitis A (acute infection)
- Hepatitis B (acute and chronic infection)
- Hepatitis C (acute and chronic infection)
- Human Immunodeficiency Virus (HIV) infection
- Influenza (if more than 10% of children and staff are out ill)
- Listeriosis
- Measles (10-day, red, Rubeola)
- Meningococcal infections
- Mumps
- Pertussis (Whooping cough)
- Polio
- Rubella (German or 3-day)
- Salmonellosis including Typhoid
- Shigellosis
- Tetanus
- Tuberculosis (TB)
- Viral Encephalitis
- Yersiniosis

## FIRST AID

One staff member with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid will be with each group or class of children. Our First Aid Kits are located in the First Aid Cupboard. Documentation of staff training is kept in personnel files.

### Our First Aid Kits contain:

- ◆ First Aid Guide
- ◆ Sterile gauze pads
- ◆ Small scissors
- ◆ Adhesive tape
- ◆ Band-Aids (different sizes)
- ◆ Roller bandages
- ◆ Large triangular bandage
- ◆ Tweezers *for surface splinters*
- ◆ Bottle of Ipecac Syrup
- ◆ One way CPR barrier or mask

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

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

- ◆ Liquid Soap-paper towels
- ◆ Water
- ◆ Chemical Ice
- ◆ Change for phone calls and/or cell phone

*All first aid kits will be checked by Mechelle Moran and restocked **each month**, or sooner if necessary.*

## HEALTH RECORDS

1. Each child's health records will contain:

- a) identifying information about the child;
- b) health, nutrition and dental history;
- c) any life-threatening medical condition that requires an individual health plan
- d) a list of current medications
- e) date of last physical exam or date last seen by a health provider for reasons other than immunizations;
- f) health care provider and dentist name, address and phone number;
- g) allergies, expected symptoms and method of treatment if necessary;
- h) plans for special needs or considerations;
- i) certificate of immunization status; AND
- j) consent for emergency care at the hospital

2. The record will also contain developmental issues or concerns, such as: likes, dislikes, nickname, scares, napping/feeding routine, etc.
3. The above information will be collected by Mechelle Moran before entry into the program. Teachers and/or cooks and bus drivers will be oriented to any special needs or diet restrictions before the child first enters the program. Plans for special needs will be documented and posted in each classroom and other areas (e.g. kitchen or bus) as necessary. Staff who have been oriented to a special needs plan will sign the plan.
4. The above information will be updated yearly, or sooner if changes are brought to the attention of a staff person.

## **HAND WASHING**

### **Hand washing**

#### **Staff will wash hands for a minimum of 20 seconds:**

- (a) Upon arrival at the site.
- (b) Before handling foods, cooking activities, eating or serving food.
- (c) After toileting self, or children.
- (d) After handling or coming in contact with body fluids such as mucus, blood, saliva or urine.
- (e) Before and after giving medication.
- (f) After attending to an ill child.
- (g) After smoking.
- (h) After feeding, cleaning or touching pets/animals
- (i) After being outdoors or involved in outdoor play
- (j) As needed

#### **Children will be assisted or supervised in hand washing:**

- (a) Upon arrival at the site.
- (b) Before meals or cooking activities (in separate sink from the food prep sink).
- (c) After toileting.
- (d) After outdoor play.
- (e) After coming in contact with body fluids.
- (f) After touching animals.

### **How Hand Washing is Done at Our Site:**

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

## CLEANING, DISINFECTING AND LAUNDERING

Surfaces will be easily cleanable. A cleanable surface is one that is:

- Designed to be cleaned frequently,
- Moisture resistant
- Free from cracks, chips, or tears.

Examples of cleanable surfaces include linoleum, tile, sealed wood, and plastic.

**Surface cleaning** can be done with any cleaning solution such as soap and water, cleanser, or cleaning spray, using a concentration according to label directions and rinsed as needed per label directions. This Center will use: Bleach Water and Sanitary Cleaning Wipes.

When using a bleach as the **sanitizing** solution, these concentrations will be used:

<b>Disinfecting:</b>	<b>Amount of Bleach:</b>	<b>Amount of Water:</b>
Diapering areas, surfaces exposed to body fluids, bathrooms	1 tablespoon	1 quart
	¼ cup	1 gallon
Eating tables, high chairs, dishes, utensils, pots and pans, toys, floors, sleeping mats	¼ teaspoon	1 quart
	1 teaspoon	gallon

Any solution used for **disinfecting/sanitizing** must be approved by DCCEL. Our solution was approved: \_\_\_\_\_ (date). When using a product other than bleach to sanitize, we will follow the label directions for use including concentration, contact time and rinsing. Products used on food contact surfaces and items that children might put them mouth on, have a label stating the product is safe for food contact surfaces. This Center will use:

\_\_\_\_\_.

The following surfaces need to be cleaned and sanitized. This center's frequency for cleaning these places is:

1. **Tables, and counters used for food serving**, will be cleaned and sanitized, before and after each meal or snack.
2. **Kitchen** sinks, counters and floors will be cleaned and sanitized daily. Refrigerator will be cleaned and sanitized monthly, or more often as needed.
3. **Bathroom(s)** will be cleaned daily. Sinks, counters, toilets and floors will be cleaned and sanitized daily.
4. **Carpeting, furniture, and rugs** in all areas will be vacuumed daily. This includes carpeting that may be on walls or other surfaces than the floor. **Carpet cleaning** will be performed on a monthly basis. Professional Steam cleaning is recommended. This Center's carpet will be shampooed by: A professional or the weekend cleaner .

5. **Bare floors** will be swept, mopped (*with cleaning solution*) and sanitized (*with above bleach solution*) daily.
6. **Toys that children place in their mouths**, will be washed and sanitized in between use by different children. The infant and toddler rooms will have a designated bucket for toys that mouthed by children. These buckets will be sanitized and washed daily.
7. **Infant and toddler toys** (that are not mouth toys) will be cleaned and sanitized daily. Toys that are dishwasher safe can be run through a full wash and dry cycle.
8. **Cloth toys and dress up toys** will also be laundered weekly. If they cannot be washed in the washing machine, they will be hand washed in warm soapy water, rinsed and dipped into a solution of 1 tablespoon of bleach per gallon of water for 1 minute and allowed to air dry.
9. **Bedding** (i.e.. mat covers, and in cribs) will be washed weekly at a temperature of at least 140° F, or with disinfectant in the rinse cycle. Mats and cribs will be cleaned and disinfected weekly or between uses by different children. Mats will be stored to prevent sleeping surfaces from touching one another.
10. **Art Activities Sink** – the hand washing sink can be used for art activities IF the counters, sinks and faucets are washed (soap and water), rinsed and then sanitized prior to use as an art sink.
11. This Center's schedule for cleaning of all **other preschool toys** is: Rotated toys once a week, at the end of the week.
12. This Center's schedule for cleaning **toy shelves** is: once a month.
13. This Center's schedule for **dusting** is: once a month.
15. This Center's schedule for **general cleaning** of these areas is: weekly.

## INFANT CARE

### Program

1. Infants will be at least one month of age when enrolled.
2. Our infant room provides the following to our infants:
  - a) Encourage them to handle and manipulate a variety of objects. Toys, objects and other play materials are of nontoxic materials, cleanable and pose no choking hazard. These objects are cleaned daily or between use by different infants. A cleaning solution, then bleach solution is used to sanitize these objects. Cloth toys are machine washed, at least weekly.
  - b) Provide a safe environment for climbing, moving, exploring.
  - c) Provide materials and opportunities for large and small muscle development.
  - d) Read and talk to them daily.
  - e) Provide daily indoor opportunities for freedom of movement outside their cribs, in an open, uncluttered space. Our room has areas where all infants can be safely placed on the floor at any given time. Blankets or mats may be placed on the floor if they are used only for that purpose and are changed when soiled with vomit or other body fluids.

- f) Place them on their tummy part of the time when they are awake and staff are observing them.
- g) Don't leave them in car seats once they arrive at the Center even if they are asleep.
- h) Not left in playpens for extended periods of time excluding sleep time. We don't use baby walkers. Infants will not be in swings, infant seats or saucers more than 20 minutes collectively each day, unless otherwise specified in writing by the child's health care provider.
- i) Talk and interact with each infant often and encourage them to respond. Naming objects and describing care encourages language development.
- j) Hold and cuddle infants to encourage strong relationships.
- k) Respond to and investigate cries or other signs of distress immediately.

3. Because this Center is licensed for 4 infants, there will be monthly nurse consultation visits in the infant room. Our nurse's background is: seven years PH nursing experience, specializing in communicable disease and maternal child health. Our written agreement/duties reflect the center's needs for consultation. There will be at least one monthly on-site visit unless no infants are enrolled. Otherwise, the nurse or a designee will be available for consultation by phone, as needed. The Center has dated and signed written notes of the nurse's visits that include topics discussed, and areas on concern.

### **Infant Napping**

1. We will furnish a crib or pack n play for napping. Infants will not sleep in infant or car seats. When the child care provider and parent agree, and the infant can safely do so we will transition to a mat or cot. Our cribs, mattresses and their arrangement in the room meet the standards set out in WAC 170-295-4100-3 a-f; 4 a-c; 5 a-b.
2. Infants will sleep on their backs. Rolling infants are not awakened to return them to their backs when they roll themselves over.
3. Infants will not sleep with bumper pads, pillows, stuffed toys, quilts, blankets and lambskins. Each crib will have an appropriate tight fitting crib sheet, and a clean light weight or suitable infant sleep sack. These will be laundered weekly or daily if between uses of children or if soiled.
4. Infants will not sleep anywhere other than their specified bed. (Sleeping in infant seats or swings makes it harder for infants to breathe fully and may inhibit gross motor development and is prohibited.)
5. We discourage sleeping schedules. However, parents may request that an infant be woken up if sleeping more than 3 hours. (This may be necessary to assist with the infant's 24-hour sleep/wake cycle.)
6. We will follow all Safe Sleep requirements listed in the WAC 170-295-1070.
7. Staff will be required to take an annual Infant Safe Sleep course administered by the Department of Early Learning. Safe sleep policies and procedures will also be reviewed annually in a staff meeting.

## INFANT BOTTLE FEEDING

### Preparing bottles

1. Our bottle/food preparation area has a sink that meets WAC 170-295-4030-3 a-b.

Our infant room doesn't have a sink dedicated to bottle preparation. We use water as stated in WAC 388-295-4030-4 a-b.

2. To prepare bottles:

- a) wash hands first

- b) use water from an approved water source (Filtered water dispenser).

Don't use water from a hand washing sink. Powdered formula in cans will be dated when opened and stored in a cool, dark place. Unused portions will be discarded or sent home one month after opening. Formula will be mixed as directed on the can.

- c) We will use the luke warm water from the water machine and if needed check temperature to make sure it is under 120\*.

Then we add powder or concentrated formula.

We warm breast milk (concealed in a container or bag) in a container with heated water that is not warmer than 120 degrees.

3. Breast milk may be thawed in the refrigerator then heated as stated above. Thawed breast milk will not be refrozen.
4. Label the bottle with the infant's full name and the date, so the correct formula or breast milk is given to each infant. If not served immediately, we have a refrigerator to store bottles and unserved, leftover infant food.
5. Counters will be cleaned and sanitized daily.

### Bottle Cleaning

1. Our bottles, bottle caps, nipples and other equipment used for bottle feeding will not be reused without first being cleaned and sanitized;

Washing in a dishwasher

**Or** washing, rinsing and boiling for one minute

2. Bottles will be provided by the parent/guardian. We will request enough bottles to last the day, returning all used bottles to the parent/guardian at the end of the day (to be sanitized at home).

## Storing infant formula, food or breast milk

1. Our parents bring filled bottles labeled with the infant's name for daily use. We will add the date. We have a refrigerator to store bottles and unserved, leftover infant food. Full bottles will be refrigerated immediately upon arrival at the Center, unless being fed to an infant right away.
2. We throw away or return to the family any – *formula or liquid breast milk* - unused bottle contents within twelve hours of preparing or arriving at the Center (unless it's frozen breast milk).
3. We don't serve any infant formula past the expiration date on the manufacturer's container.
4. We keep nipples covered when not in use to reduce cross contamination and exposure.
5. We throw away the contents of any bottle not fully consumed within an hour. Bottles that have been used don't go back into the refrigerator. (*Bacteria begin to multiply once bottles are taken from the refrigerator and warmed.*)
6. Containers of frozen breast milk are also labeled with the infant's name and date when brought in. The frozen milk is stored at 10 degrees Fahrenheit or less. This milk is stored at the center for no more than 2 weeks.
7. A thermometer will be kept in the warmest part of the refrigerator and will be between 35° and 45° F at all times. It is recommended that the refrigerator be adjusted between 35° and 40° to allow for a slight rise when opening and closing. A freezer at 10 degrees Fahrenheit is needed for frozen breast milk.

## Feeding Practice

1. Infants will be fed according to their need rather than an adult prescribed time schedule. *Bottles will be mixed or prepared as needed.*
2. Bottles contents will be discarded after one hour of being out of the refrigerator, to prevent bacterial growth. Unconsumed baby food portions will be thrown away.
3. Infants are held when fed *until they are able to hold a bottle or drink from a cup*. Bottles will not be propped. Infants able to hold their own bottle will be held or seated while feeding.
4. Juice is offered only from a cup.
5. Infants will not be given a bottle while reclining unless the bottle contains only water. (Lying with a bottle puts a baby at risk for baby bottle tooth decay, choking and ear infections.)
6. Bottles will be removed from the infant when he/she finishes feeding.
7. When feeding an infant, staff will watch for cues (signs) to know when the infant has had enough.



## INFANT AND TODDLER SOLID FOODS

1. We work with the infant's parent to develop a plan for the infant's feedings that is acceptable to the parent and incorporates the following guidelines:

Developmental Stage/Age of Infant	Type of Feeding
(a) Under 4 months of age	Serve only formula or breast milk unless you have a written order from the child's health care provider.
(b) When baby can: (at about 4-6 months of age) Sit with support Hold head steady Close lips over the spoon Keep food in mouth and swallow it.	Serve only formula or breast milk unless you have a written order from the child's health care provider.  Begin iron fortified baby cereal and plain pureed fruits and vegetables upon consultation with parents.
(c) When baby can: (at about 6-8 months) Sit without support Begin to chew Sip from a cup with help Grasp and hold onto things	Serve only formula or breast milk unless you have a written order from the child's health care provider. Start small amounts of juice, or water in a cup.  Let baby begin to feed self. Start semi-solid foods such as cottage cheese, mashed tofu, mashed soft vegetables or fruits.
(d) When baby can: (at about 8-10 months) Take a bite of food Pick up finger foods and get them into the mouth Begin to hold a cup while sipping from it	Serve only formula or breast milk unless you have a written order from the child's health care provider.  Small pieces of cheese, tofu, chicken, turkey, fish or ground meat. Small pieces of soft cooked vegetables, peeled soft fruits. Toasted bread squares, unsalted crackers or pieces of soft tortilla. Cooked plain rice or noodles. Only formula, breast milk, juice or water in the cup.
(e) When a baby can: (10-12 months) Finger Feed Chew and swallow soft, mashed and chopped foods Start to hold and use a spoon Drink from a cup	Serve only formula or breast milk unless you have a written order from the child's health care provider.  Begin offering small sized, cooked foods. Variety of whole grain cereals, bread and crackers, tortillas. Cooked soft meats, mashed legumes (lentils, pinto beans, kidney beans, etc.), cooked egg yolks, soft casseroles.
(f) When a baby can eat a variety of foods from all food groups without signs of an allergic reaction	Offer small amounts of formula, breast milk or water in the cup during meals.  Fruit pieces and cooked vegetables. Yogurt, cheese slices.

2. Children will eat from plates, paper napkin and developmentally appropriate utensils. Bare high chair trays or table-tops are not approved for food. We serve food wearing gloves, using tongs or spoons.
3. No egg whites (allergy risk) or honey (bacteria risk) will be given to children less than 12 months of age.

## **DIAPERING**

1. Our diaper changing table and area complies with WAC 170-295-4120-1 a-e; 4, for health and safety reasons.
2. Our diaper changing procedure is posted for staff to follow. Also wash the baby's hands when diapering procedure finished.
3. Children are not left unattended during the procedure. Supplies are:
  - Gathered before the changing
  - Or** readily available in the area
4. Nothing but the child, changing pad and diaper changing supplies is used on the table, counter or sink.
5. Disposable diapers must be:
  - placed into a covered, plastic-lined, hands-free container.
  - removed from the facility and liner changed at least daily and more often if odor is present
  - disposed of with curbside garbage.

## **CONTACT OR EXPOSURE TO BODY FLUIDS**

We comply with applicable Washington Industrial Safety and Health Act (WISHA)/Labor and Industries safety and health regulations under chapter 296-823 WAC.

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. When anyone has been in contact with body fluids, or is at risk for being in contact with body fluids the following precautions will be taken:

1. Any open cuts or sores on children or staff will be kept covered. Depending on the type of wound a covering may be a bandage or clothing or staff may wear latex or neoprene vinyl gloves.
2. Whenever a child or staff comes into contact with any body fluids, the area (hands, etc.) will be washed immediately with soap and warm water and dried with paper towels.
3. All surfaces in contact with body fluids will be cleaned immediately and disinfected with an agent such as bleach in the concentration used for disinfecting body fluids (1/4 cup bleach per gallon of water).
4. Used latex gloves and cleaning material used to wipe up body fluids will be put in a plastic bag, closed with a tie, and placed in a covered waste container. Any brushes, brooms, dustpans, mops, etc. used to clean-up body fluids will be soaked in a disinfecting solution and rinsed thoroughly. Cloth items or mops, after soaking, should be washed with hot

water in washing machine. All items are hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach.

5. Children's clothes soiled with body fluids will be put into a closed plastic bag and sent home with the child's parent. A change of clothing will be available for children in care, as well as staff.
6. Hands are always washed after handling soiled laundry or equipment or any other potential exposures of body fluids.
7. Wound will be covered by all four sides with bandages changed if drainage soils through.

### **Blood Contact or Exposure**

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

### **FOOD SERVICE**

1. **A Food handler permit** is required for at least one staff member who monitors and oversees food handling. He/she will provide orientation and on-going training as needed for all staff involved in food handling. Documentation will be posted in the kitchen area and/or in staff files.

Our staff person who cooks full meals has a food handler's permit.

2. **Ill staff** will not prepare or handle food.
3. **Staff will wash hands** with soap and warm running water prior to food preparation and service in a designated hand washing sink.
4. **Refrigerators and freezers** will have thermometers placed in or near the door. Thermometers will stay at 45° Fahrenheit or less in the refrigerator and 10° Fahrenheit or less in the freezer.
5. **Microwave ovens** are used to reheat food:
  - a) Rotated or stirred during heating
  - b) Covered to retain moisture
  - c) Held for 2 minutes prior to serving to allow the temperature to spread evenly throughout the food
6. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
7. **Cleaning and disinfecting** of the kitchen will be according to the Cleaning, Disinfecting and Laundering section of this policy.

8. **Dishwashing - washing, rinsing, and sanitizing** - will be done:
  - ◆ Through the use of a three compartment sink method where sink one is used to wash, sink two is used to rinse, and sink three contains a sanitizing ingredient
  - ◆ **Or** through a two compartment sink and an automatic dishwasher capable of reaching 140° Fahrenheit
9. **Cutting boards** will be washed, rinsed and disinfected between each use.
10. **Hand washing facilities** located in or adjacent to the food preparation area with hand washing procedures posted at each sink used for hand washing and followed by all persons who participate in food preparation.
11. **Kitchen counter, sinks & faucets** will be washed rinsed and sanitized at least daily, more often if needed.
12. **Tabletops** where children eat are washed and disinfected before every meal and snack.
13. **Thawing frozen food will be done:**
  - in the refrigerator
  - or** under cold running water, in a pan placed in the sink with the stopper removed
  - or** during the cooking process if the food is to be cooked immediately
14. **Our system for monitoring food temperatures is: A metal stem thermometer** will be used to test the temperature of foods as indicated below and to ensure foods are served to children at a safe temperature.
15. **Food will be cooked to the correct internal temperature:**

Ground Beef /pork sausage 155° F	Fish/seafood 140° F
Pork 160° F	Poultry/stuffing 165° F
Eggs 140° F	Beef (not ground) /lamb 140°F
16. **Holding hot food:** hot food will be held at a temperature of 140° F or above until served. Hot food will be served at no more than 120 degrees.
17. **Holding cold food:** food requiring refrigeration will be held at a temperature of 45° or less.
18. **Cooling foods** be done by the following methods:
  - ◆ Place food in shallow containers (metal pans are best) 4" deep or less. Leave uncovered and then either put the pan into the refrigerator immediately or an ice bath or freezer (stirring occasionally).
  - ◆ Cool to 70° F within 2 hours or to 45° F within 4 hours or less.

- ◆ Cool “high density” foods (i.e. refried beans, clam chowder, chili, etc.) in uncovered shallow container (metal pans are best) 2” deep or less until food is cooled to 45° F or less.
- ◆ **Cover** foods once they have cooled to a temperature of 45° F or less.

19. **Leftover foods:** previously prepared food that has not been previously served if it was stored at the proper temperature for less than 48 hours after preparation. Leftover foods or open foods in the refrigerator must be labeled with the date that they were opened or cooked.

20. **Reheating foods:** previously prepared food is reheated one time only to a internal temperature of 165° Fahrenheit within sixty minutes.

21. **Catered foods:** We follow WAC 170-295-3180-2,3,4 regarding who can cater our food. Food provided by a caterer will be checked with a metal stem thermometer. Temperature of foods will be checked **upon arrival**. Foods that need to be kept cool must arrive at a temperature less than or at 45° F. Foods that need to be kept hot must arrive at a temperature of 140° F or more. *Foods that do not meet these criteria will be deemed unsafe and will be returned to the caterer.* Our records kept on site for 6 months, note:

- a) The name and temperature of the food
- b) The date and time the temperature was checked
- c) The name and signature or recognized initials of the person who is checking and recording the food temperatures.

22. If a child has a food allergy or special menu requirement due to a health requirement, the Center posts each child’s food allergies in locations where food is prepared and served.

## NUTRITION

1. When parents provide their children meals, they must meet the daily nutritional requirements. The Center will provide adequate refrigeration for keeping potentially hazardous foods (such as meats of any type, cooked potato, cooked legumes, cooked rice, sprouts, cut melons or cantaloupes, milk, cheese). Food requiring refrigeration will be held at a temperature of 45° or less, and we will keep frozen foods at 10° Fahrenheit or less in the freezer, until they are cooked or consumed.

Parents 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 parents must be limited to store purchased:

- a) uncut fruits and vegetables and
- b) foods prepackaged in original manufacturer’s containers.

2. We serve only pasteurized milk or pasteurized milk products. Nondairy milk substitutions will only be served with written permission of the child’s parent for children over the age of twelve months. The amount of required milk fat in the milk product is determined by the child's age:

If the age of the child is:	Then the fat content of the milk must be:
(a) Under 12 months	Full strength formula or full strength breast milk unless there is specific written instructions from a licensed health care provider.
(b) Between 12 months and 24 months	Full strength whole milk or breast milk unless there is specific written instruction from a licensed health care provider.
(c) Over 24 months	With or without fat content of providers or parents choice.

3. Prepare, date and conspicuously post menus at least one week in advance, containing the meals and snacks to be served.
4. The Center provides 2 weeks or more of meal and snack menu variety before repeating the menu. They keep six months of past menus on-site for inspection by DEL.
5. Substitutions of comparable nutrient value and record changes on the menu will be documented when needed.
6. We provide daily a minimum of one serving of Vitamin C fruit, vegetable or juice.
7. We provide three or more times weekly foods high in Vitamin A.
8. Each breakfast meal contains:
  - a) A fruit or vegetable or one hundred percent fruit or vegetable juice.
  - b) A dairy product (such as milk, cheese, yogurt, or cottage cheese).
  - c) A grain product (such as bread, cereal, rice cake or bagel).
9. Each lunch and dinner meal contains:
  - a) A dairy product (such as milk, cheese, yogurt, or cottage cheese).
  - b) Meat or meat alternative (such as beef, fish, poultry, legumes, tofu, or beans)
  - c) A grain product (such as bread, cereal, rice cake or bagel).
  - d) Fruits or vegetables (two fruits or two vegetables or one fruit and one vegetable to equal the total portion size required). When juice is served in place of a fruit or vegetable it must be one hundred percent fruit or vegetable juice.
10. Each snack contains two of the four components:
  - a) A dairy product (such as milk, cheese, yogurt, or cottage cheese).
  - b) Meat or meat alternative (such as meat, legumes, beans, egg)
  - c) A grain product (such as bread, cereal, rice cake or bagel).
  - d) Fruit or vegetable.

11. Each snack or meal includes a liquid to drink. The drink could be water or one of the required components such as milk, fruit, or vegetable juice.
12. If a child has a food allergy or special menu requirement due to a health requirement, the parent and the child's health care provider will identify the foods the child is allergic to. The Center will
  - a) specify an alternative food with comparable nutritive value
  - b) **Or** require the parents to supply food for the special diet
13. Mealtime and snack environments will be developmentally appropriate and will support children's development of positive eating and nutritional habits. We encourage staff to sit, eat and have casual conversations with children during mealtimes.
14. Coffee, tea and other hot beverages will not be consumed by staff while children are in their care, in order to prevent scalding injuries.
15. Staff will not consume pop and other commercial or non-nutritional beverages while children are in their care, in order to provide healthy nutritional role modeling.

### **INJURY PREVENTION**

1. Our building, equipment and premises are inspected by Trevor Moran, monthly or as needed for the prevention of the following possible injuries to children and staff:
  - Burns
  - Drowning
  - Choking (i.e. ropes, wires, blind cords, fences, etc.)
  - Cuts (i.e. broken glass, sharp objects, abrasive surfaces, etc.)
  - Entrapments (items with openings three and one-half inches and nine inches wide: deck and fence rails, stair rails, etc.)
  - Falls from heights
  - Gunshots by ensuring no firearms or another weapon is on the premises
  - Hearing loss by keeping noise at a level where a normal conversation can be heard
  - Objects falling on children (i.e. heavy items on open shelving shaken by earthquake)
  - Pinches from equipment (i.e. broken or cracked areas)
  - Poison (i.e. cleaning supplies or paint)
  - Puncture (i.e. building edges, play equipment with sharp points)
  - Shear or crush (i.e. lawn and garden equipment)
  - Shock by electricity
  - Trap (i.e. compost bins)
  - Trip (i.e. cable wires, ropes, jagged walkways)
2. We also follow the specific guidelines set out in WAC 170-295-5020-2 a-h, 3.
3. Hazards or contamination will be reported immediately Mechelle Moran. The assigned person will insure that the hazards or contamination is removed, made inaccessible or repaired immediately to prevent injury. The assigned person will decide if children and staff need to evacuate an area that is unsafe. Our playground was designed and constructed with safety in mind. The playground will be inspected daily for broken equipment, garbage,

Animal contamination, etc. and proper amount of cushion material under and around equipment by staff members. The assigned person will correct all areas identified.

4. The accident and illness log will be monitored by Mechelle Moran to identify accident trends caused by equipment or in areas of the center and remedied.

### **DISASTER PREPAREDNESS**

1. The purpose of our disaster plan (another document) is to be prepared for the various natural, and man-made disasters/emergencies that could occur in our area. We know how we will respond and care for the children in case their parents can't reach them for 2-3 days. Our plans include responding to these disasters that are known to happen in our area:

#### Natural

Floods

Earthquakes

Severe storms

Slides (mud)

Wildland fire

Volcano

#### Man-Made

power outages

building fire

violence/terrorism

dam failure

Drought

external hazardous materials spills

2. The plan is posted in every classroom, accessible to parents and staff. The plan includes:
  - a) Which staff is responsible for each part of the plan.
  - b) Our procedure for accounting for all children and staff during and after an emergency
  - c) Evacuation routes and meeting location
  - d) Care Plans for our special needs children
  - e) How we will care for the children until parents are able to pick them up - Food and supplies for 72 hours of survival will be available for each child.
  - f) How we will contact parents, or parents contact us, when normal lines of communication are not available
  - g) Transportation arrangements, if necessary
2. The director, staff and parents read, review, sign and date our plan annually, during January.
3. Quarterly, we conduct and document a disaster drill. One type of disaster will be chosen for staff and children to practice our plan. Parents will be notified of the drill.
4. Staff education and training of our disaster plan is documented.



5. Monthly fire drills will be conducted, as per the state fire marshal in WAC 212-12. Documentation of the dates and times of drills of will be on-site, along with the previous year's record. Staff will be familiar with use of the fire extinguisher.
6. A debriefing and evaluation of the drills conducted are documented.

### **STAFF HEALTH**

1. New employees must have the results of a one step Mantoux TB skin test prior to starting work. The new employee doesn't need the test if:
  - a) they had a documented negative tuberculin skin test within one year prior to employment.
  - b) they 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, documentation must be on record that the employee has had a negative (normal) chest x-ray, or documented proof of treatment.
2. Staff must be re-tested for TB when the Center is notified that any staff has been exposed to TB. We will comply with Public Health Department with follow-up.
3. Staff who have a communicable disease are expected to remain at home until the period of communicability has passed. Staff will also follow the same procedures listed under "Exclusion of Ill Children" in this policy.
4. Staff immunizations will be recorded upon employment. Recommendations of immunizations for child care providers will be available to staff.

### **CHILD ABUSE AND NEGLECT**

1. 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. Reports should be filed by the staff directly involved with the child. Have the child's file on hand in placing the call. Call (509) 925-0440 or after hours, 1-800-452-5367.
2. If there is an immediate danger to a child, you must make a report to local law enforcement.
3. Documentation of staff orientation or training on the indicators of child abuse and neglect will be kept in staff files.

### **SPECIAL NEEDS**

1. Confidentiality is assured with all families and staff in our program.
2. All families will be treated with dignity and with respect for their individual needs and/or differences.
3. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).

4. A Written Plan of Care – instructions from the parent or Health Care providers related to medications, specific food or feeding requirements, life-threatening allergies, treatments and special equipment or health needs - will be developed by the director, parent/guardian and teacher for each child with special needs. The parent will provide training to staff on any procedures that will be done to the child while in care. The staff may seek further information or training from their local Child Care Health consultant at 886-6425. Note WAC 388-295-3160-7 a-e for instructions on handling food allergy or special menu requirements.
5. This plan will include how the child's special need would be met if he had to stay at the Center 2-3 days and parents couldn't be contacted.
6. Staff will be notified of children with food allergies and their reaction.
7. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. This may be accomplished by consulting with outside agencies/organizations. The Center will cooperate with other agencies that could provide services to the child on-site.
8. The Center has a policy as to how they will try to accommodate an undiagnosed special need in which a parent refuses to seek medical and/or developmental assessment and intervention for their child.
9. All staff will receive general training on working with children with special needs and updated trainings on specific special needs that are encountered in their classrooms.

# Medication Administration Form

Licensing rules permit childcare facilities to administer medications to children only with a parent's written authorization. If the over-the-counter (bought without a prescription) medication/lotion/cream/ointment label does not give the dosage directions for the child's age or weight, you must have written instructions from a Health Care Provider with prescriptive authority. All prescribed medication and over-the-counter medication/lotion/cream/ointment must be in its original container with directions attached. Check expiration dates.

Please provide the following information:

Child's First and Last Name: \_\_\_\_\_

Reason For Giving Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Amount: \_\_\_\_\_

How Often To Give: \_\_\_\_\_ Times Given at Home: \_\_\_\_\_

How To Give Medication (by mouth, on the skin, inhale): \_\_\_\_\_

Start and Stop Dates: \_\_\_\_\_

Expected Side Effects: \_\_\_\_\_

How to Store the Medication: \_\_\_\_\_

I authorize the childcare facility to give the above medication:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

**Record of Administration (To be filled out by person who gives medication)**

Date	Amount Given	Time	Initials	Teacher Observations

Signature(s) that correspond to initials of person(s) giving medication.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Pesticide Policy**

If pesticides are administered on child care center premises parents/guardians of all children enrolled in Creative Kids Moses Lake will be notified at least 48 hours in advance. If pesticides are administered Creative Kids Moses Lake will do their best to have them administered on a weekend so that the children are not at the premises for at least 2-days from administration of pesticides.

The pesticide applicator will be required to provide a copy of the records required within twenty-four hours of when the pesticide is applied.

This notification must include a heading stating “Notice: Pesticide Application and...” at minimum state the:

- a. Product name of the pesticide being used;
- b. Intended date and time of application;
- c. Location where the pesticide will be applied;
- d. Pest to be controlled; and
- e. Name and number of a contact person at the facility (i.e. Mechelle Moran – 962-2552)

In order to notify people that a pesticide has been used, a marker will be placed at each primary point of entry to the center grounds. The marker must be:

- a. A minimum of four inches by five inches
- b. Printed in colors contrasting to the background; and left in place for at least twenty-four hours following the pesticide application or longer if a longer restricted period is stated on the label.

The marker must include:

- a. A headline that states “This landscape has recently been sprayed or treated with pesticides “;
- b. Who has treated the landscape; and
- c. Who to call for more information.

## **Health Policy Review**

Creative Kids Moses Lake’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 a program.

Review date \_\_\_\_\_ Signed by: \_\_\_\_\_

Review date \_\_\_\_\_ Signed by: \_\_\_\_\_

Review date \_\_\_\_\_ Signed by: \_\_\_\_\_

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