



Name of Center: Mini Einstein's Learning Center		
Address: 21020 67 th Ave W		Phone Number: 206-533-8896
City/State/Zip: Lynnwood, WA 98036		Center Email Address: melclearningcenter@gmail.com
Center License Capacity: 157	Ages of Children: 4 wks-12 yrs.	Number of Staff: 35
Participating in Early Achievers: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Private Child Care Health Consultant/Infant Nurse Consultant name, phone, email: Gayle Phipps, gayle.phipps@comcast.net, 206-546-9713	

Director's Name: Samantha Sciacca	Director's Emergency or Evening Phone Number: 425-269-1101
Out-of-Area Contact Name and Phone Number: <i>(should be at least 100 miles away)</i> Barney Sciacca, 954-687-7741	Facilities or Maintenance Contact/Phone Number: Alem Skobalj, 425-381-5990

Emergency telephone numbers:

Fire/Police/Ambulance:	911
Poison Center:	1-800-222-1222
Animal Control:	Snohomish County 425-388-3440
To report abuse or neglect	1-866-ENDHARM (1-866-363-4267)
	Toll-free, 24 /7

Hospital used for life-threatening emergencies:

Name of Hospital: Swedish Edmonds
Address: 2601 76th Ave W, Edmonds WA 98026
Phone: 425-640-4000

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

Other important telephone numbers:

DCYF Health Specialist: Lalaine Diaz	lalaine.diaz@dcyf.wa.gov
DCYF Licensor: Susanna Wong	susanna.wong@dcyf.wa.gov
Communicable Disease Reporting Line:	425-339-3503
Child Care Health Outreach Program: Snohomish County Health Department	425-252-5415

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Section 1: General Health and Illness Practices

INJURY / EMERGENCY PROCEDURES

MINOR EMERGENCIES

Staff trained in first aid will refer to the first aid guide located with the first aid supplies. Gloves will be used if any body fluids are present. (WAC 110-300-0106-11, WAC 110-300-0111-1c and WAC 110-300-0230-2) Staff will refer to the child's emergency form and call parents/guardians, emergency contacts, or health care provider as necessary. (WAC 110-300-0475-4)

Staff will record an injury that becomes evident in the child care on the Child Care Injury/Incident Report. Illness reported by parents or that become evident while the child is in care will be recorded on the Report of Symptoms to Parents form and Illness log. These forms are kept in the office. These forms will include the date, time, place, and the cause of the injury or illness, if known. A copy will be given to the parent/guardian on the same day and another copy placed in the child's file. (WAC 110-300-0460-4i)

Staff will keep a current, written incident log listing date of illness or injury, the child's name, names of staff involved, and a brief description of the incident. This log will be located in the office. (WAC 110-300-0465-4j)

Incident logs will be reviewed monthly by the office admin. The logs will be reviewed for trends. Corrective action will be taken to prevent further injury or illness. All reports, including this log, are considered confidential. (WAC 110-300-0460-1a)

SERIOUS/LIFE-THREATENING EMERGENCIES

If more than one staff person is present: one staff person will stay with the injured/ill child and send another staff person to call 911. *If only one staff person is present:* person will assess for breathing, administer CPR for two minutes (for infants/children only) if necessary, and then call 911. (Red Cross, 2016)

Staff will provide first aid as needed according to the first aid guide located with the first aid supplies. Gloves will be worn if any body fluids are present. (WAC 110-300-0111-1c and 110-300-0230-2)

A staff person will immediately contact the parent/guardian(s) or the child's alternate emergency contact person. (WAC 110-300-0475-4)

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.

The incident will be recorded on either the Child Care Injury Report or the Report of Symptoms to Parents form and incident log as described in "Minor Injuries" section. (WAC 110-300-0465-4i)

Serious injuries/illnesses, which require medical attention or a call to 911, poison control, or the health department, will be reported to the licensor immediately. A DCYF incident form and written

report will be completed and sent to the licenser no later than 24 hours after the incident. A copy will be placed in the child's file. (WAC 110-300-0475-2b)

FIRST AID

When children are in care, staff members with current training in cardiopulmonary resuscitation (CPR) and first aid are with each group or classroom. Documentation of staff training is kept in personnel files. (WAC 110-300-0106-11; WAC 110-300-0230-1)

First aid kits are inaccessible to children and located in every classroom and office. (WAC 110-300-0230-2)

The first aid kits contain the following in sufficient quantity for the enrolled children and staff: (WAC 110-300-0230-3)

first aid guide	variety of sizes of adhesive bandages	tweezers for surface splinters
sterile gauze pads	elastic wrapping bandage	adult & child CPR masks
small scissors	large triangular bandage or sling	hand sanitizer (for adult use)
adhesive tape	non-latex gloves (such as nitrile)	tissues/hand wipes
ice/cold packs	temporal thermometer	

A fully stocked first aid kit will:

- be taken on all walks around the child care property and/or surrounding area (WAC 110-300-0230-1)
- be taken with on all off-site field trips and kept in each vehicle used to transport children (WAC 110-300-0230-1 and WAC 110-300-0480-2c)
- be available on the child care playground.

In addition to the items listed above, these travel first aid kits will also contain:

- Liquid soap, a bottle of water, and paper towels
- Instant hand sanitizer
- walkie talkie (WAC 110-300-0480-2b)
- Emergency medication for those children for whom it is prescribed (such as EpiPens, inhalers, etc.) (CFOC 5.6.0.1)

All first aid kits will be checked by the lead teacher at least monthly and restocked as needed. (WAC 110-300-0230-2f)

CONTACT OR EXPOSURE TO BODY FLUIDS

Staff who work directly with children must complete bloodborne pathogen exposure training. (WAC 110-300-106-10) When staff report blood contact or exposure, the center's bloodborne pathogen exposure control plan and the current guidelines set by the Washington State Department of Labor and Industries will be followed. (WAC 110-300-0400-2d and WAC 296-823)

The center has developed a bloodborne pathogen exposure control plan. (WAC 296-823-11010) This plan is stored in the office. (WAC 110-300-0500-2a) A blood clean up kit will be available at the child care. (WAC 296-823) Each staff will keep written documentation of bloodborne pathogen training including HIV/AIDS. (WAC 110-300-0106-11)

Parents will be informed immediately if a child comes in contact with blood or body fluids.

The assistant director will review the center's Bloodborne Pathogen Exposure Control Plan with each staff person within the first 10 days of hire. (WAC 110-300-0106-11) Staff are offered the Hepatitis B vaccine series within 24 hours of a bloodborne pathogen exposure event. (WAC 296-823-130)

MEDICATION MANAGEMENT

Medications are provided to any child with a health care provider's prescription or a medication consent form from the child's parent/guardian as appropriate. If a child has a condition where the Americans with Disabilities Act (ADA) applies, reasonable accommodations will be made and the child will be given necessary medication. (WAC 110-300-0215)

MEDICATION RULES

In order for staff to give a child medication, the medication must have a medication authorization form filled out with the following information: (WAC 110-300-0215-3)

- the child's first and last name
- the child's date of birth
- the child's parent/guardian signature for consent
- the medical provider's signature (if necessary; see next section)
- the name of the medication
- reason for giving the medication (medical need)
- amount of medication to give (dose)
- route of administration (such as oral, topical, etc.)
- how to give the medication (such as with a syringe, with food, etc.)
- how often or at what time to give the medication (frequency)
- start and stop dates
- possible side effects (use package insert or pharmacist's written information)
- how to store the medicine consistent with directions on the label

When receiving medication, staff will make sure the above information on the label is consistent with information on the medication authorization form.

The consent is good for the number of days stated on the medication authorization form, not to exceed:

- For prescription medications, the number of days stated on the pharmacist's label. Medication is not given past the days prescribed on the medication bottle even if there is medication left.
- For as-needed medications (prescription or over-the-counter) to be used beyond an acute, short-term illness, an individual care plan, signed by a health care provider and parent/guardian, must be in place and must be reviewed and signed by all parties at least annually. (CFOC 3.6.3.1)
- For certain over-the-counter products listed in WAC 110-300-0215-3a-iv, such as diaper ointments, toothpaste, and sunscreens), the medication authorization consent form can be used for up to one year. (WAC 110-300-0215-2a-iv)

All medications must be in the original container and labeled with the following information: (WAC 110-300-0215-3)

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

REQUIRED CONSENT

A parent/legal guardian is the sole consent to medication being given, without the consent of a health care provider, if and only if the medication is over-the-counter, is appropriate for the child's age and weight, is for a specific condition of limited duration, and is one of the following types:

(WAC 110-300-0215-3a-ii)

- antihistamine
- non-aspirin fever reducer/pain reliever
The child care agrees to administer certain over-the-counter medications. It is the parent's responsibility to ensure that incompatible medications are not given together. More than one medication containing acetaminophen (APAP) will not be given without written authorization from a health care provider.
- non-narcotic cough suppressants and decongestants for children 4 years and older
Many over-the-counter medications are not approved for young children. The Food and Drug Administration recommends that cough and cold products not be given to children younger than 4 years. According to the American Academy of Pediatrics, cough suppressants, antihistamines, and decongestants may not be effective in children younger than 6 and can have potentially serious side effects, even when given as directed. Based on this information, over-the-counter cough and cold medications will not be administered to children younger than 2 years unless the parent provides written and signed instructions from a health care provider in addition to the completed consent form.
- other non-prescription (over-the-counter) oral medications

A parent/legal guardian is the sole consent, without the consent of a health care provider, for the following types of over-the-counter products. Consent for these products must be renewed annually. The center will keep a log of the application of the products below. The product must be age-appropriate and the manufacturer's instructions must be followed. (WAC 110-300-0215-3a-iv)

- ointment, balm, or lotion specifically intended to reduce or stop itching or treat dry skin
- diaper ointment or non-talc powder intended for the use in the diaper area
- sunscreen for children over 6 months of age
- hand sanitizers or alcohol hand wipes for children 24 months and older

A health care provider's consent, along with parent/guardian consent, is required for: (WAC 110-300-0215)

- prescription medications
- over-the-counter medications that are not one of the medications listed above
- over-the-counter medication with a label that does not include the age or weight of the child being treated
- vitamins, herbal supplements, teething aids, fluoride supplements, and homeopathic or naturopathic medications. (WAC 110-300-0215-3a-iii)

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

- The health care provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, duration, and expiration date).

- The health care provider with prescriptive authority provides written directions with a signature.
- The health care provider signs a completed medication authorization form.

“AS NEEDED” MEDICATIONS

“As needed” medications are given when the above requirements are met and the signed medication authorization form also includes the:

- specific symptoms that require the medication
- the length of time the medication is to be given (e.g. 1 week, once only)
- the maximum amount of medication that can be given in a day
- the minimum amount of time between consecutive doses

SUNSCREEN

When sunscreen is necessary, it is applied only when the above requirements are met. In addition, the following special requirements are adhered to:

- the sunscreen is provided by the child care center or by parents for their individual child.
- sunscreen is applied at least 30 minutes before sun exposure (CFOC 3.4.5.1) or per manufacturer instructions
- reapplied if it has been more than 2 hours since last application (CFOC 3.4.5.1)
- aerosol (spray-on) sunscreen is not allowed (WAC 110-300-0240-2d)
- homemade sunscreens are not allowed (WAC 110-300-0215-3e)
- written parental consent is obtained annually prior to use (WAC 110-300-0215-3a-iv)
- parents are notified of the name of the product used, the active ingredients, and the Sun Protection Factor (SPF) of the sunscreen (WAC 110-300-0215-3a-iv)
- if the parent or guardian does not agree with the center’s choice of sunscreen, they may bring in one of their choice for use on their child
- sunscreen is applied in a manner which prevents contaminating the bulk container

Sunscreen is applied to a gloved hand; clean gloves are used for each child.

ADMINISTRATION

Medications are administered by the director, assistant director, program supervisor, or manager.

Only staff persons who have completed the DCYF medication administration training course and who have been oriented to the center’s medication policies and procedures can give medications. (WAC 110-300-0215-2 and WAC 110-300-0106-10) Staff members administering medications have taken only the mandatory DCYF medication training. Documentation of this training will be kept on record in MERIT. These policies are reviewed with all staff members who administer medications annually.

Before a staff member may administer medications, parents will provide instructions and demonstrate the use of specialized medication administration procedures (for example: how to use the nebulizer or EpiPen, children’s preferences for swallowing pills, how to deliver eye drops, etc). (WAC 110-300-0186-1c) This is documented on the medication form. The provider will contact 911 whenever epinephrine or other lifesaving medication has been administered. (WAC 110-300-0186-3b)

To give liquid medication, staff use a measuring device designed specifically for oral or liquid medication. (WAC 110-300-0215-3) Measuring devices for individual use are provided by the parent and

stored with the medication in a plastic Ziploc bag. The measuring device will be cleaned with soap and water after each use. (WAC 110-300-0215-3)

Medications are not mixed in formula or food unless there are written directions to do so from a health care provider with prescriptive authority. (WAC 110-300-0285-2h)

Staff administering medications will wash hands before preparing medications and after giving the medication, including topical medications. (WAC 110-300-0200-4i) Medications are prepared on a clean surface away from toileting/diapering areas.

Staff will carefully read the medication label and authorization form before and after each administration, verifying that it is the:

- Right child
- Right medication
- Right amount to be given
- Right time
- Right date to be given
- Right route (how to give e.g. by mouth, to diaper area, in ear, etc.)
- Right instructions being followed (e.g. refrigeration, give with food)

CHILDREN TAKING THEIR OWN MEDICATION

Children may take their own medication if the above requirements are met AND: (WAC 110-300-0215-3v)

- there is a written statement from the parent requesting the child take their own medication and stating that the child is physically and mentally capable of doing so,
- all storage criteria stated in this policy are met, and
- a staff member observes and documents that the child took the medication. (WAC 110-300-0215-3v)

DOCUMENTATION

Each time staff administer a medication, staff will immediately document the necessary information on the medication administration form. This written record will include: (WAC 110-300-0215)

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

Staff will report any side effects that occur to the center director and to the parent immediately. Side effects that occur will be documented on the medication form.

For children with special health needs, detailed instructions for medications or medication delivery devices, such as nebulizers, insulin pumps, or EpiPens, will be documented on the individual plan of care form.

Medication authorization and documentation forms are considered confidential. (WAC 110-300-0460-1a,4c)

The outdated medication log that tracks when doses have previously been given will be kept in the child's file until the child leaves care. (WAC 110-300-0460-4c)

The program implements a system for minimizing the amount of controlled substances at the child care. Medication for only one week at a time will be accepted from the parent/guardian. Pills will be counted and documented at each administration.

STORAGE

Children's medication will be kept in the office locked cabinet. This is a location inaccessible to children; away from sources of moisture, heat, and light; away from food; and protected from sources of contamination. Medication will be stored as directed on the packaging or prescription label. (WAC 110-300-0215-3c)

Staff medication will be stored in the staff restroom cabinet. This location is inaccessible to children. Staff medications are clearly identified as such.

External medications that go on the skin will be kept as stated above but also separate from oral or injectable medications. (WAC 110-300-0215-3c-iv)

All controlled substances will be kept as stated above and in a locked container. (WAC 110-300-0215-3c-ii)

Medications requiring refrigeration will be stored in a labeled container to keep them separated from food. (WAC 110-300-0215-3c)

EpiPens and other rescue medications will be stored in an unlocked location, inaccessible to children, but easily accessible to staff in an emergency. This location is in the classroom grab and go bag. Rescue medications that are also controlled substances will be stored in a secure manner which allows quick access by staff. All rescue medications, whether controlled or not, should be with the child at all times.

MEDICATION ERRORS

In the event of a medication error, staff will call 911 for any of the following:

- Incorrect administration of any medication
- Overdose (giving too much) of any medication
- Child receives another child's medication
- Child appears in distress (e.g. problem breathing)
- Any other concerning event following a known or suspected medication error

Poison control will be contacted at the instruction of 911 personnel.

If a medication that should have been given was not given, a written explanation must be kept in a child's file (WAC 110-300-0215-3b-v) and the parent must be notified.

The error and actions taken will be documented on the medication error/incident form and will be kept with the child's records. The error will also be entered in the incident log. The parent, director, and licenser will be notified. (WAC 110-300-0475)

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

DISPOSAL

Outdated medications or medications no longer being used will promptly be returned to parents or guardians. (WAC 110-300-0215-3d) If the parent/guardian is not available or does not pick up the medication within one month of the stop date, the director get information for medication disposal in Snohomish County from <https://med-project.org/locations/snohomish/>. (WAC 110-300-0215-3d)

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. (WAC 110-300-0205-1) If the following signs of a possibly contagious illness are present, a child will be excluded. The parent will be called to pick up their child. The child will be kept in the office and the manager will care for the child until the parent arrives. (WAC 110-300-0205-3)

Staff members will follow the same exclusion criteria as children and not come to work or will leave if these signs develop. (WAC 110-300-0205-2)

Children and staff with the following symptoms will be excluded: (WAC 110-300-0205-5)

- temperature of 100.4 ° F for an infant younger than 2 months or for an older child who also has one or more of the following:
 - headache
 - earache
 - sore throat
 - rash
 - behavior change
 - other sign of illness
- vomiting on 2 or more occasions within the past 24 hours
- diarrhea (increased fluidity and/or frequency of bowel movements relative to the person's usual pattern) occurring two times above normal for that person within 24 hours; or one stool containing blood or mucus
- a rash not associated with previously diagnosed heat rash, diaper rash, or allergic reaction (WAC 110-300-0205-5d)
- open sores or wounds discharging bodily fluids that cannot be adequately covered with a waterproof dressing or mouth sore with drooling (WAC 110-300-0205-5e)
- a child who appears severely ill, which may include lethargy, persistent crying, difficulty breathing, or a significant change in behavior or activity level indicative of illness

- symptoms of illness that prevent participation in regular activities or require a greater level of care than can be provided by staff without compromising the health and safety of other children (AAP Managing Infectious Disease)

Certain illnesses and conditions will require specific exclusion criteria and management. Lice, ringworm, and scabies do not require exclusion immediately per licensing regulations and best practice. This center has a policy that is stricter than the regulations and best practices and excludes immediately when lice, scabies, or ringworm are identified. Individual may return the day after treatment was started. (WAC 110-300-0205-5f)

Temperatures are taken with a digital thermometer and disinfected after each use. Temperatures are taken using the axillary (underarm) route for all children. No rectal nor ear temperatures are taken. (WAC 110-300-0205-7)

Parents are notified in writing when their children have been exposed to infectious diseases or parasites/lice. The notification is provided to parents by: (WAC 110-300-0205-6)

- posting on Procure Parent Engagement app

Depending on the particular illness or injury, staff and children will be readmitted to the program when they no longer pose a disease risk to others and can participate in program activities. Criteria are dependent on the condition and may include, but are not limited to: (WAC 110-300-0205-8)

- they no longer have symptoms
- they have been without fever for 24 hours without being treated by an antipyretic such as acetaminophen or ibuprofen (e.g. Tylenol, Advil)
- 24 hours have passed since starting appropriate treatment
- they no longer have discomfort
- the center has been advised by a Public Health Nurse on communicable disease exclusion guidelines for child care
- when staff have been diarrhea-free for at least 24 hours (ideally 48 hours) if preparing food at the child care (CDC)
- they have a note to return from their health care provider

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

COMMUNICABLE DISEASE REPORTING

Licensed child care facilities are required to report certain communicable diseases, called notifiable conditions, to their local public health department and to their licensor. (WAC 246-101-415 and WAC 110-300-0205-6) The following is a partial list of the diseases that must be reported. Access the Washington State Department of Health website for a [complete list of notifiable conditions](#) that must be reported, or call the Snohomish County Health Department at 425.339.3503. To report a case(s) of COVID-19 call Snohomish County Health Department at 425.339.5278 Children and staff who have a reportable disease may not be in attendance at the center unless approved by the local health department. (WAC 246-101-415 and WAC 246-110-020-1,2)

The following communicable diseases will be reported to the Snohomish County Health Department at 425.339.3503, giving the caller's name, the name of the child care program, address, telephone number, and name of individual involved:

Acute Flaccid Myelitis (AFM)	Listeriosis
Animal bites	Measles (rubeola)
Campylobacteriosis (Campy)	Meningococcal disease
COVID-19	Mumps
Cryptosporidiosis	Pertussis (Whooping cough)
Cyclosporiasis	Polio
Diphtheria	Rubella
Food or waterborne illness	Salmonellosis
Giardiasis	Shiga toxin-producing E. Coli (STEC), including E. Coli 0157:H7
Haemophilus Influenza Type B (HIB)	Shigellosis
Hepatitis A (acute infection)	Tetanus
Hepatitis B (acute and chronic infection)	Tuberculosis (TB)
Hepatitis C (acute and chronic infection)	Yersiniosis
Influenza (if more than 10% of children and staff are out ill)	

Should a child at the center or an adult working at the center be diagnosed with a reportable disease and expose others, the local health department will provide the child care with a letter that must be given to all parents and legal guardians in accordance with the health department instructions. Delivery of this information to parents will be the responsibility of the management team.

Child care staff may also consult with the Child Care Health Outreach Program at the Snohomish County Health Department at 425-252-5415 for information about common childhood illnesses that are not reportable, disease prevention, and guidance to determine when a child or staff member should be excluded and when they may return to the center.

HEALTH RECORDS

Each child's file will contain:

- identifying information about the child, including date of birth (WAC 110-300-0460-2a)
- health, developmental, nutrition, and dental histories (WAC 110-300-0460-4b)
- date of last physical exam (WAC 110-300-0460-4f)
- health care provider and dentist names, addresses, and phone numbers (WAC 110-300-0460-4e)
- allergies (WAC 110-300-0186-1)
- Individualized Care Plans for special needs or considerations (medical, physical, or behavioral) (WAC 110-300-0460-4b)
- list of current medications and medication logs (WAC 110-300-0460-4c)
- current immunization record (CIS form) (WAC 110-300-0210-2a)
- consents for emergency care and authorization to take the child out of the facility to obtain emergency health care (WAC 110-300-0460-4g)
- preferred hospital for emergency care (WAC 110-300-0460-4e)
- incident and injury reports (WAC 110-300-0460-4i)

The above information will be collected by the the manager before a child enters the program and will be updated annually or sooner if changes are brought to the attention of a staff person. (WAC 110-300-0460-1) Child records will be kept for a minimum of 3 years. (WAC 110-300-0465-1)

Staff caring for the same child during the day will share any applicable health or development information as needed. (WAC 110-300-0110-3)

GENERAL HEALTH PRACTICES

The following general health practices will take place:

- Children will sleep at least 18 inches apart at the sides and in a head to toe or toe to toe arrangement. (WAC 110-300-0265-8)
- Fresh air will be provided by adjusting the HVAC system to provide adequate air exchanges. Furnace filters will be changed per manufacturer's instructions, or more often if necessary. (CFOC 5.2.1.1 and CFOC 5.2.1.3)
- Daily outside activity must be provided in the morning and afternoon (if you provide full time care). (WAC 110-300-0360-2) Children will meet the daily minimum outside play requirements as detailed in the physical activity section of this policy.
- Weather and outdoor air quality conditions are monitored to ensure child health and safety during outdoor play. (WAC 110-300-0147) Children will be dressed appropriately for the weather. (WAC 110-300-0147-2)
- Shade is provided in the outdoor space by a combination of methods. (WAC 110-300-0145-3)

Children 29 months of age or younger will be allowed to follow their individual sleep pattern. (WAC 110-300-0290-2 and WAC 110-300-0291-1g) Alternative, quiet activities (no TV or video) will be provided for the child who is not napping. (WAC 110-300-0265-2) Light levels will be high enough so children can be easily observed when sleeping. (WAC 110-300-0291-1e,f)

CHILD CARE HEALTH CONSULTATION

This center contracts with a private child care health consultant on a regular basis. The name of this individual can be found on the front page of this policy.

The consultant is a currently licensed Registered Nurse with training and/or experience in pediatrics or public health. (CFOC 1.6.0.1) The child care health consultant visits the center monthly. (CFOC 1.6.0.2) The consultant serves only the infant rooms. (CFOC 1.6.0.1) Nurse consultation records are kept in the office. (WAC 110-300-0275-4,5)

The child care contacts Snohomish County Health Department Child Care Health Outreach Program for guidance on health and safety issues as needed.

IMMUNIZATIONS

To protect all children and the staff, and to meet state health requirements, the center only accepts children fully immunized for their age. (CFOC 7.2.0.1 and WAC 110-300-0210-8) The Certificate of Immunization Status (CIS) for each child is kept on file to show the Department of Health and the Department of Children, Youth, and Families (DCYF) that the center is in compliance with licensing standards. (WAC 110-300-0210-2a, 4)

A completed CIS form is collected upon enrollment. (WAC 246-105-080-1) The parent must sign the CIS form to verify the information. (WAC 110-300-0210) New enrollees are required to have a medically verified immunization record on file before starting care. (WAC 246-105)

Children may attend child care without one or more immunizations: (WAC 110-300-0210-3,8)

- if they have received all the immunizations that they are eligible to receive and with a written statement from a health care provider that the child is scheduled to receive the remaining immunization(s) on a make-up schedule, (WAC 110-300-0210-3)
- for homeless or foster children if the child's family, case worker, or health care provider provides written documentation that the records are in the process of being obtained, (WAC 110-300-0210-5)
- with a completed Medical Exemption section of the Certificate of Exemption form, signed by both the parent and health care practitioner, (WAC 246-105-050)
- with a completed Religious Membership Exemption section of the Certificate of Exemption form, signed by the parent. This exemption type is only used when the religious belief does not allow for any medical treatment, therefore no health care practitioner signature is required. (WAC 246-105-050)
- with a completed Religious Exemption section of the Certificate of Exemption form, signed by both the parent and health care practitioner, (WAC 246-105-050)
- with a completed Personal/Philosophical Exemption section of the Certificate of Exemption form, signed by both the parent and health care practitioner. A personal exemption is not permitted for the Measles, Mumps and Rubella immunization requirement, (WAC 246-105-050)

The CIS form is kept in the child's file. (WAC 110-300-0210-4) A copy of individual records, including the CIS, must be as long as required by state law. A legible copy of the CIS form is returned to the child's family upon disenrollment. (WAC 246-105-060-2c)

The CIS records are reviewed and updated annually by the front desk staff. When we receive updates, the center staff will update the CIS form.

In the event that a vaccine preventable disease to which children are susceptible occurs in the facility, the local health department will be consulted regarding the potential exclusion of children who are un-immunized for that disease. (WAC 246-110-020) This is for the un-immunized child's protection and to reduce the spread of the disease. (CFOC 9.2.3.5) A current list of exempted children (webpage link to form) is kept in the office. (WAC 246-105-060-2b)

The child care will submit an annual immunization status report to the Washington State Department of Health by November 1. (WAC 246-105-060-3b, DOH Forms)

STAFF HEALTH

All relevant Washington State Department of Labor and Industry rules will be followed by the child care. <https://www.lni.wa.gov/safety-health/>

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

The following will be provided to staff:

- a secure place to store personal belongings that is inaccessible to children (WAC 110-300-0120-1)
- Adult sized bathrooms will be on-site.
- Separate space will be provided for staff to work or take breaks. This space is available in the staff lounge.
- Step stools will be provided for children to reach the sink to help protect employees' backs.

For staff who become stressed or frustrated, the following will be provided: optional break, optional early end of shift, optional conversation with a manager.

ILLNESS PREVENTION

Staff members who have a communicable disease are expected to remain at home until the period of communicability has passed. For cases of reportable illnesses, staff members will only return to work after being released by the Snohomish County Health Department. Staff will also follow the same procedures listed under "Exclusion of Ill Children" in this policy. (WAC 110-300-0120-2,4)

TUBERCULOSIS (TB)

Prior to starting work, new employees and volunteers must have documentation of tuberculosis (TB) testing or treatment signed by a health care professional within the last 12 months. The testing or treatment must consist of: (WAC 110-300-105-3)

- a negative TB symptom screen and negative TB risk assessment
- if they have had a positive TB skin test in the past, they will always have a positive skin test, despite having undergone treatment. These employees do not need documentation of a skin test. Instead, documentation must be on record that the employee has had a negative (normal) chest x-ray, and documentation that they are cleared to safely work in an early learning program.

Staff must be re-tested for TB when the center is notified that any staff has been exposed to TB. The center will comply with the public health department for follow-up. (WAC 110-300-105-4)

STAFF IMMUNIZATIONS

Staff members are encouraged to talk to their health care provider about recommended vaccines and precautions for child care providers. (CFOC 7.2.0.3) Staff members who have not been vaccinated or do not have documented immunity to a vaccine preventable disease may be excluded from the child care by the local health jurisdiction. (WAC 110-300-0120-3)

All staff members are encouraged to be fully immunized for their protection and the protection of the children. Staff members and volunteers must provide immunization records indicating that they have received the MMR vaccine, provide certification that the vaccine is not medically advisable, or provide proof of immunity. (WAC 110-300-0120-3) All staff members are encouraged to receive an annual flu vaccine to protect themselves and help prevent the spread of influenza. (CFOC 7.3.3.1) All staff members are required to be up-to-date on COVID-19 vaccines to protect themselves and help prevent the spread of COVID. (CFOC 7.2.0.3)

Infant room staff members and float staff for infant rooms are encouraged to at least have a Tdap booster, be current on their MMR and varicella status, and receive an annual influenza vaccine.

Staff immunizations will be recorded upon employment.

COMMUNICATING HEALTH POLICIES

The operations manager will assure that there will be, in each child's file, written documentation signed by the parent indicating that they are aware of the child care's policies and procedures. (WAC 110-300-0450-1)

New staff and volunteer orientation will include, but is not limited to, the child care center program policies, practices, philosophies and goals. (WAC 110-300-0110)

The director will provide training when there are changes to center policies and procedures. (WAC 110-300-0110) Documentation of all staff training will be kept on file. (WAC 110-300-0115)

Section 2: Sanitation and Environment

HANDWASHING

Children and center staff wash their hands using the following method: (WAC 110-300-0200-1)

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

Staff will wash hands: (WAC 110-300-0200-4)

- upon arrival at work
- before and after handling foods, cooking activities, eating, or serving food
- after toileting self or children or changing a diaper or pull-up
- after handling or coming in contact with body fluids such as mucus, blood, saliva, urine, or feces
- after cleaning or taking out garbage
- after attending to an ill child
- before and after giving medications, including applying sunscreen
- after handling, feeding, or cleaning up after animals
- after using tobacco or vaping products
- after being outdoors or involved in outdoor play or gardening
- as needed

Children will be assisted or supervised in hand washing: (WAC 110-300-0200-5)

- upon arrival at the center
- before meals, snacks, or cooking or food activities
- after toileting or diapering (Staff may wipe the hands of a child under the age of 6 months with a diaper wipe after diapering instead of a hand wash)
- after outdoor play or gardening
- after coming in contact with body fluids
- after touching animals
- as needed

All handwashing sinks are stocked with warm water (WAC 110-300-0220-1b) (less than 120°F) (WAC 110-300-0165-4e-2), foaming soap, and paper towels. (WAC 110-300-0200-1e) Common cloth towels are not used for drying hands. Antimicrobial soaps are not used at the child care. (CFOC 3.2.2.2) (FDA 2016) Handwashing practices are posted at all handwashing sinks. (WAC 110-300-0505-1d)

Handwashing is to be done at sinks dedicated to this purpose only. Handwashing sinks are located in restrooms and next to diapering stations. (WAC 110-300-0220-1b, WAC 110-300-0221, and WAC 110-300-0198-4a) Children are able to access the handwashing sinks by themselves. Step stools or platforms are provided for children at all handsinks. Step stools or platforms are easily cleanable and resistant to moisture and slipping. (WAC 110-300-0220-1bi)

No handwashing occurs in sinks designated for food preparation. No food preparation occurs in handwashing sinks. (WAC 110-300-0198-4) Handwashing sinks are not used for drinking water. (WAC 110-300-0220-1b-vi and WAC 110-300-0236-1d) In the kitchen, hands will be washed in the designated handsink (used for handwashing only). (WAC 110-300-0198-4a)

Hand sanitizers are used at this child care center. Hand sanitizer contains sixty to ninety percent alcohol and is kept out of reach of children. The use of hand sanitizer is NOT a replacement for handwashing with soap and water (WAC 110-300-0200-7) and should never be used when hands are visibly soiled. (WAC 110-300-0200-6)

- Hand sanitizers are provided at this child care for use by parents only.
- Hand sanitizers may be used by staff when proper handwashing facilities are not readily available or in conjunction with proper handwashing only.
- Hand sanitizers are only used on children during field trips or outdoor play when adequate handwashing facilities are not readily available. Children must be 24 months of age or older, closely supervised during use, and proper parental consent is obtained. Children's hands are properly washed at a handsink as soon as possible.

GENERAL CLEANING, SANITIZING, AND LAUNDRY

The child care center is maintained in a clean and sanitary manner that helps protect the children from illness. Surfaces in the center are designed and maintained to be easily cleanable. (WAC 110-300-0198-2 and WAC 110-300-0240-2) A cleanable surface is one that is:

- designed to be cleaned frequently
- resistant to moisture
- free from cracks, chips, or tears

PRODUCT STORAGE

Cleaning, sanitizing, and disinfecting supplies are stored in the original containers, inaccessible to children, in a manner to avoid spills, and separate from food and food preparation areas. (WAC 110-300-0260-1) Cleaning supplies for the kitchen are stored in the janitor closet. Other cleaning products are stored in the janitor closet. The storage area for chemicals and wet mops is ventilated to the outside by mechanical ventilation. (WAC 110-300-0260-3)

Safety Data Sheets (SDS) are kept for all chemicals in the janitor closet. (WAC 110-300-0240-2f-iii)

PRODUCTS USED

Cleaning means the removal of dirt, grease, food, art material, body fluids, or other substance from the area. Surfaces must be cleaned before they are sanitized or disinfected. Cleaning is done with soap and water. (WAC 110-300-0240-2c)

Surfaces are rinsed with water between cleaning and sanitizing steps. (WAC 110-300-0240-2c)

Sanitizing means the removal of germs and bacteria to a level that will not cause illness. Disinfecting removes a larger number of germs than sanitizing.

This center uses bleach as a sanitizer and disinfectant. The bleach used contains no scents or surfactants. (WAC 110-300-0240-2e) Bleach is added to a container of cold water and solutions are made fresh daily. Two (2) minutes of contact time of the solution with the surface is allowed. After the minimum contact time, the sanitizer may be wiped off with paper towels or the surface may be allowed to air dry. Only bleach products with the percent of sodium hypochlorite written on the bottle will be used. The recipes on the following chart will be used to prepare the solutions based on the percent sodium hypochlorite in the bleach. (WAC 110-300-0240-2e) This center uses 7.55-8.25% bleach.

Disinfecting Solutions			
For use on diaper change tables, hand washing sinks, bathrooms (including toilet bowls, toilet seats, training rings, soap dispensers, potty chairs), door and cabinet handles, etc.			
Water	2.75% Bleach	5.25-6.25% Bleach	7.55-8.25% Bleach
1 Gallon	1/3 cup + 1 Tablespoon	3 Tablespoons	2 Tablespoons
1 Quart	1 ½ Tablespoons	2 ¼ teaspoons	1 ½ teaspoons

Sanitizing Solutions			
For use on eating utensils, food use contact surfaces, mixed use tables, high chair trays, crib frames and mattresses, toys, floors, sleep mats, etc.			
Water	2.75% Bleach	5.25-6.25% Bleach	7.55-8.25% Bleach
1 Gallon	1 Tablespoon	2 teaspoons	1 teaspoon
1 Quart	1 teaspoon	½ teaspoon	¼ teaspoon

CHEMICAL SAFETY

The following safety guidelines will be used when preparing and using chemical cleaners, sanitizers, and disinfectants: (WAC 296-800-11040)

- All chemical spray bottles, including cleaners, water-only, sanitizers, and disinfectants, are labeled with contents and concentration. (WAC 110-300-0260-1c)
- Wear gloves and eye protection when mixing chemicals that are corrosive. (WaLNI DOH 5.15)
- A funnel is used when pouring chemicals into the spray bottle to avoid spills.
- Make dilutions of sanitizer and disinfectant in a well-ventilated area. Never mix solutions in the classroom. (WAC 296-800-11040)
- Never store incompatible chemicals in the same space. For example, bleach and ammonia products should never be mixed or stored together. Make sure storage spaces are properly ventilated. (WAC 110-300-0260-3)
- Adjust spray bottles to a heavy spray setting, rather than a fine mist.
- Avoid applying disinfectant strength chemical when children are in the immediate area.
- If possible, or if chemical odors are present, ventilate the area.
- An eyewash that provides 1.5 liters of water per minute for 15 minutes and is hands-free is available and located next to sanitizer station per Department of Labor and Industries requirements. (WAC 296-800-11040 and LNI DOH 13.00) (Note: bottles of eye wash solution do not meet LNI requirements).

Whenever possible, the sanitizer and/or disinfectant solution is made in large quantity and the diluted product is poured into spray bottles daily. (WAC 110-300-0240-2e) Bleach mixed in a larger quantity (such as in 1-3 gallon containers) should be kept in a dark location or an opaque container and used within 1 week. The use of chemical test strips is advised to check the concentration. All containers are labeled with the preparation date and contents, including the dilution ratio. (WAC 110-300-0260-1c)

The use of sponges is not permitted in the kitchen or on food contact surfaces in the center. (CFOC 5.6.0.4)

Disposal of wastewater is done in the toilet. (WAC 110-300-0260-2d)

CLEANING SCHEDULE

This center's minimum schedule for general cleaning is:

- Tables and counters used for food service will be cleaned and sanitized before and after each meal or snack. (WAC 110-300-0241-1a)
- Classroom sinks, countertops, and floors will be cleaned and sanitized daily. (WAC 110-300-0241-5,10)
- Bathrooms will be cleaned and disinfected at least daily. This includes sinks, toilets, counters, and floors. (WAC 110-300-0220-1f) Toilet seats will be cleaned and disinfected throughout the day, at least daily, and as needed. (WAC 110-300-0220-4 and WAC 110-300-0241-6)
- Potty chairs are not used at this center. (WAC 110-300-0220-5)
- Any carpeting, rugs, and upholstered furniture will be vacuumed daily. (WAC 110-300-0241-10)
- Furniture and equipment are cleaned at least monthly. (WAC 110-300-0241-1h)

- Area rugs and runners will be cleaned monthly in all classrooms. Carpet cleaning will be done by a professional carpet cleaning company. Children will not sit or play on wet carpets. Spot cleaning will be done as necessary. (WAC 110-300-0241-11) Small area rugs are vacuumed daily and laundered as needed. (WAC 110-300-0241-12)
- Vacuuming and mopping of the center will not occur while children are present (except spot cleaning), but carpet sweepers may be used. (WAC 110-300-0241-14)
- Hard floors will be swept and mopped with Cintas Neutral Floor Cleaner daily and sanitized daily. (WAC 110-300-0241-10) Utility mops will be hung to dry in an area with ventilation to the outside (WAC 110-300-0260-3) and inaccessible to children. (WAC 110-300-0260-2a)
- Mop heads are single use and laundered by Cintas. Separate mops are used for bathroom/toileting areas, classrooms and/or kitchen areas.
- Toys will be easily cleanable. (WAC 110-300-0150-1a,b) Toys will be washed, rinsed, sanitized, and air-dried or toys that are dishwasher safe can be run through a full wash and dry cycle. This is done daily for infant/toddler toys and weekly for all other toys or more often if needed. (WAC 110-300-0241-1g)
- Toys that children place in their mouth will be sanitized between uses by different children. (WAC 110-300-0241-1g) The following system for ongoing rotation of mouth toys will be implemented in any rooms where children place toys in their mouth: Toys placed in mouth will be taken out of play and 3-step cleaned at end of day. Only washable toys will be used. (WAC 110-300-0150-1b)
- Pacifiers are provided by the parent for use by an individual child. The pacifier is placed in a storage container between uses and the pacifier and container are returned to the parent daily for cleaning and sanitizing. (WAC 110-300-0241-1c)
- Water tables, if used, will be emptied and sanitized daily or more often as needed. (WAC 110-300-0175-6) Children will wash hands before and after play in water or sensory tables (CFOC 6.2.4.2) and will be closely supervised. (WAC 110-300A-5050-3 and 110-300-0345-5c-ii)
- Cots will be cleaned and sanitized weekly, between uses by different children, after a child has been ill, and as needed. (WAC 110-300-0241-3 and WAC 110-300-0265-6b) They will be stored in the classroom. (WAC 110-300-0265-6c) Cots will be in good repair. (WAC 110-300-0265-6a)
- General cleaning of the center is done daily and more often when children or staff members are ill. Dusting is done weekly. Toy shelves are cleaned and sanitized twice a month or as needed. Door knobs are cleaned and disinfected daily and more often when children or staff members are ill. (CFOC 3.3.0.1 and Appendix K) Wastebaskets will have disposable liners and are emptied daily or more often if necessary. (WAC 110-300-0241-8)
- All garbage cans are emptied daily and cleaned and disinfected as needed. (WAC 110-300-0241-8)

- Room deodorizers and air fresheners are not used at the center due to the risk of allergy/lung irritation. (WAC 110-300-0240-2d)

LAUNDRY

Linens and bedding are sent home. (WAC 110-300-0241-4) This center's minimum schedule for laundry is:

- Linens and bedding are sent home weekly or more frequently as needed. (WAC 110-300-0241-4 and WAC 110-300-0265-9)
- Cloth toys and dress up clothes are laundered weekly or as needed. If they cannot be washed in the washing machine, they will be hand washed in warm soapy water, rinsed, then dipped into a sanitizing solution for the required contact time and allowed to air dry.
- Bedding will be stored in children's individual cubbies. (WAC 110-300-0265-9c)

Soiled laundry is kept inaccessible to children. Soiled laundry is kept separate from clean laundry. (WAC 110-300-0245-1,2a) Laundry and laundry machines are separate from kitchen and food preparation areas and are inaccessible to children. (WAC 110-300-0245-1) Dryers are vented to the outside of the building. (WAC 110-300-0245-3)

Children's coats and other personal items will not touch during storage. (WAC 110-300-0140-5b and CFOC 5.5.0.2)

A change of clothes is available for the children and is provided by the parents. The center has a few sets of extra clothes available in case a parent forgets. These clothes are stored in children's individual cubbies and classroom extra storage. (WAC 110-300-0140-4)

DIAPERING

Diapers are changed at the changing station only. Each diaper changing station:

- has a washable, moisture-impervious surface (WAC 110-300-0221-1a)
- has a protective barrier that is at least 3.5 inches high (WAC 110-300-0221-2b)
- has a hands-free, lined garbage can with a lid within arm's reach (WAC 110-300-0221-4)
- is on moisture impervious flooring extending 2' or more (WAC 110-300-0221-1a)
- is located adjacent to a hand washing sink (WAC 110-300-0221-2a)
- is located at least 8 feet away from food preparation and eating areas (WAC 110-300-0198-1 and WAC 110-300-0280-2)
- does not have safety belts (WAC 110-300-0221-1a)

The diaper changing procedure is posted. (WAC 110-300-0221-1d and WAC 110-300-0505-1e) The proper diaper changing procedure is as follows: (CFOC 3.2.1.4)

- Wash hands. (WAC 110-300-0200-4c)
- Put on disposable gloves.
- Gather necessary materials and have them in reach.
- *(optional)* Cover surface with paper.

- Place child on the changing table and remove diaper.
- Clean child's bottom with diaper wipes. Wipe from front to back. Use only one swipe per diaper wipe.
- Remove disposable gloves.
- Discard all dirty items in a hands-free, covered, lined diaper disposal container. (WAC 110-300-0221-4)
- Provider wipes own hands with a wet wipe. (WAC 110-300-0221-4c)
- Diaper and dress the child.
- Wash the child's hands with soap and water. (WAC 110-300-0221-5c) For immobile infants unable to hold up their head, a diaper wipe can be used to wipe off the child's hands.
- Return child to a safe area.
- Remove and discard paper if used. Clean surface with soapy water, and then rinse with water. Disinfect the changing table and any equipment or supplies you touched, ensuring proper contact time with the disinfectant. (WAC 110-300-0241-7)
- Wash hands with soap and water. (WAC 110-300-0221-4c)

Diapers and/or pull-ups are changed in the bathroom or diaper changing area only. (WAC 110-300-0220-

6) The following will be present:

- Diapers will be changed on a washable, moisture-impervious surface. (WAC 110-300-0221-1a-iv)
- The center will have a mat available should the child need to lie down to be changed. (WAC 110-300-0221-1a-iii)
- Diapers will be disposed of in a hands-free, lined, covered garbage can or other inaccessible container. (WAC 110-300-0221-4)

Stand-up diapering is done at this child care when appropriate for the age and ability of the child. The stand-up diapering procedure is posted. (WAC 110-300-0505-1e) The stand-up diapering procedure is as follows: (CFOC 3.2.1.4)

- Wash hands. (WAC 110-300-0221-4c)
- Put on disposable gloves.
- Gather necessary materials and have them in reach.
- Coach child in pulling down pants and removing diaper/pull-up/underpants and assist as needed.
- Put soiled diaper/pull-up/underpants in plastic bag.
- Coach child in cleaning diaper area front to back using a clean, damp wipe for each stroke and assist as needed.
- Remove disposable gloves and use them to wrap up dirty items. Discard all wipes and other dirty items in a hands-free, covered, lined diaper disposal container. (WAC 110-300-0221-4)
- Provider and child wipe hands with a wet wipe. (WAC 110-300-0221-4c and CFOC 3.2.1.4)
- If a signed medication authorization indicates, apply ointment using disposable gloves or a tissue. Remove gloves and/or dispose of tissue.
- Coach child in putting on clean diaper/pull-up/underpants and clothing.
- Wash the child's hands with soap and water. (WAC 110-300-0221-5c)
- Return child to a safe area.
- Any contaminated equipment will be cleaned, rinsed with water and then disinfected allowing adequate contact time. (WAC 110-300-0241-7)
- Wash hands with soap and water. (WAC 110-300-0221-4c)

Children are not left unattended during the diaper changing procedure. (WAC 110-300-0221-1b)

Nothing but the child, changing pad, and diaper supplies is placed on the changing table, counter, or sink. The changing surface is not used for other activities, including writing. (WAC 110-300-0221-1a-v)

Each diaper change is recorded on a diapering log. (CFOC 3.2.1.4)

Disposable diapers are removed from the facility and the garbage liner is changed daily and more often if necessary. Diaper receptacle is cleaned and disinfected at least daily. Disposable diapers are disposed of with curbside garbage. (WAC 110-300-0241-9)

Reusable diapers are not used at this child care. (WAC 110-300-0221-3)

Soiled clothing is not rinsed, is individually bagged, and is returned to the parent or guardian. (CFOC 5.2.7.4)

FOOD SERVICE

FOOD PREPARATION FACILITY

This center prepares food in the center kitchen. The food preparation area has adequate counter space that is moisture resistant and well maintained. (WAC 110-300-0198-2) The following items and equipment are present in the food preparation area:

- 2 refrigerator(s) (WAC 110-300-0198-2c)
- 1 freezer(s)
- 3-compartment sink for dishwashing (WAC 110-300-0198-3d,4c)
- separate handsink used for handwashing and no other purpose (required for facilities licensed after 8/2019) (WAC 110-300-0198-4a)
- separate food preparation sink used for no other purpose (WAC 110-300-0198-4b)
- oven and stove with properly vented hood or exhaust fan (WAC 110-300-0198-1b)
- microwave

FOOD SUPPLY

This center purchases food from Costco and US Foods-Chef's Store. All food meets the following criteria:

- All food that is past the expiration date is discarded. (WAC 110-300-0197-4e) Food does not show any signs of tampering or spoilage. (WAC 110-300-0196-1)
- Severely dented cans are discarded. (WAC 110-300-0196-1)
- Only pasteurized milk and juice is served. (WAC 110-300-0196-2a)
- Children are only allowed to bring sack lunches if there are documented special dietary needs.
- All food served is prepared at the center's kitchen and designated food prep area. Home-prepared foods, except food for an individual child from their parent/guardian, are not permitted. (WAC 110-300-0196-3)

FOOD STORAGE

Food is stored away from and never below kitchen and other chemicals. (WAC 110-300-0197-4d)

Raw meat, poultry, and fish are stored away from and below all other foods. Shelled, unpasteurized eggs are not used in this facility. If eggs are needed, pasteurized liquid egg product (in a carton) is used. (WAC 110-300-0197-4f)

All food items are stored off the floor. (WAC 110-300-0197-4b) Dry food items are stored on shelves. All dry goods are stored in labeled food-grade containers with tight-fitting lids. (WAC 110-300-0197-4) These containers are labeled with the date when the item was opened. (WAC 110-300-0197-4a)

All refrigerated foods are kept sealed or covered (except when cooling foods to 41°F). (WAC 110-300-0197-4a,c) All refrigerated foods are dated. Opened or prepared refrigerated foods must be used within 7 days of the date mark. (WAC 110-300-0197-6)

TEMPERATURE CONTROL

Refrigerators and freezers have thermometers placed in or near the door. Refrigerator temperature is maintained at 41°F or less. (WAC 110-300-0197-3) The refrigerator temperature is checked daily and documented. (WAC 110-300-0197-5) Freezer temperatures are maintained at 10°F or less. (WAC 110-300-0197-3b)

All food temperatures will be monitored using a calibrated metal stem-type dial food thermometer. (WAC 110-300-0197-5)

Foods are cooked to the correct internal temperature as follows: (WAC 110-300-0195-1)

- poultry = 165°F
- ground beef and ground pork = 158°F
- beef = 145°F
- pork = 145°F
- eggs = 145°F
- cooked vegetables = 135°F
- reheated foods = 165°F
- packaged foods = cooked according to the label instructions.

Hot holding food: hot food will be held at a temperature of 135°F or above until served. (WAC 110-300-0195-1)

Cold holding food: food requiring refrigeration will be held at a temperature of 41°F or less until served. (WAC 110-300-0197-3a,b)

If the microwave is used to heat food: (WAC 110-300-0195-1)

- the food is rotated and stirred during heating
- the food is covered to retain moisture
- the internal temperature is monitored and cooked until the food reaches the proper cooking temperature
- the food is allowed to sit for 2 minutes covered prior to serving to allow the temperature to spread evenly throughout the food
- any raw animal products cooked in a microwave must be cooked to at least 165°F checked in several places

Thawing of frozen foods is done: (WAC 110-300-0197-8 and WAC 110-300-0195-1)

- by placing in the refrigerator,
- by placing in a pan in the sink with cool water running over the food,
- during the cooking process if the food is to be cooked immediately, or
- in the microwave

Any sack lunches or foods brought from home are kept cool to prevent bacteria growth. (WAC 110-300-0197-3) Parents are expected to include an ice pack or other cold item to keep the lunch at a cool temperature.

HANDLING LEFTOVERS

Leftover food is defined as previously prepared food that has not been served and was stored at the proper temperature. No leftover foods are served at this center. (WAC 110-300-0197-7)

FOOD HANDLING

All staff will wash hands with soap and water (WAC 110-300-0197-1) at a designated hand washing sink prior to preparing or serving food, even if food service gloves are worn.

Food preparation is not done in handwashing sinks. (WAC 110-300-0220-1b and WAC 110-300-0198-4b)

All staff will not prepare or handle food. (WAC 110-300-0195-1)

Staff who prepare ready-to-eat foods wear gloves or use utensils during preparation. Staff in the classrooms wear gloves or use utensils when serving food to the children. Gloves are changed when they become contaminated. (WAC 110-300-0195-3d)

This center prepares and serves fresh fruits and vegetables. (WAC 110-300-0198-3b,c)

All produce is washed in a dedicated food preparation sink that is used for no other purpose and is not part of a multi-compartment sink. This sink is cleaned and sanitized prior to any food preparation, including the rinsing of produce. Also, a colander is used so that produce never touches the bottom of the sink.

When meals are served family-style, children use utensils to serve themselves. Steps are taken to ensure children only touch their own food. Children are supervised so that they do not touch each other's food. Staff members sit with the children during meals and snacks. (WAC 110-300-0195-4)

The cook does not have any classroom duties at the center. (CFOC 4.9.0.2)

KITCHEN CLEANING AND SANITIZING

All chemicals and cleaning supplies are stored away from and below food and food preparation areas. All chemicals are stored in their original containers. All spray bottles are labeled with the contents and the date. (WAC 110-300-0260-1)

To ensure food safety, the kitchen will be kept clean and maintained in good condition. (WAC 110-300-0198-2) Refrigerators will be cleaned and sanitized monthly, or more often as needed. (WAC 110-300-0241-1e) Tabletops where the children eat are washed and sanitized before every meal and snack. (WAC

110-300-0198-1) Kitchen counters, sinks, appliances, and faucets will be washed, rinsed, and sanitized before and after any food preparation and as needed during food preparation. (WAC 110-300-0198-1 and WAC 110-300-0241-1d))

Sponges are not used on food contact surfaces. (CFOC 4.9.0.9) Cutting boards will be washed, rinsed, and sanitized between each use. (WAC 110-300-0198-1)

All dishes, cups, utensils, etc. will be washed after each use using a three-step method whereby dishes are washed with soap and water, rinsed, sanitized, and allowed to air dry. (WAC 110-300-0195-3b, WAC 110-300-0198-3d and WAC 110-300-0241-1b)

FOOD WORKER EDUCATION

All staff members preparing or serving food have a Washington State Food Worker Card. (WAC 110-300-0106-13)

Food worker card documentation will be kept in individual staff files.

The child care has a designated person on-site whenever food is being prepared or served who is responsible for ensure food safety rules are followed. This “person in charge” of food safety is the center cook . (WAC 110-301-0195-1)

WATER AND SENSORY PLAY

Children wash hands before and after play at water or sensory tables. (WAC 110-300-0200-5i and CFOC 3.2.2.1) Water tables are emptied and sanitized after each use, and more often if necessary. (WAC 110-300-0195-6)

Unfiltered wading pools are not used at this child care due to the high risk of disease spread. (WAC 110-300-0175-3) Instead sprinklers, water-only spray bottles, paintbrushes, watering cans, and other forms of water play may be done.

This center may go to an off-site pool, splash pad, etc. Parent permission is obtained, pools are lifeguarded, and additional supervision is ensured. Supervision during water activities will meet the requirements of WAC 110-300-0350. (WAC 110-300-0350 and WAC 110-300-0345-5c-iii)

GARDENING

This center does have outdoor gardening space.
This space consists of container garden space. Soil and water sources meet the requirements of WAC 110-300-0148. (WAC 110-300-0148) Garden space is protected from contamination by animals. (WAC 110-300-0148-1a) Materials used to create garden space will be made of materials that will not leach chemicals into the soil. (WAC 110-300-0148) Pesticides are not used in children’s garden spaces.

Any produce grown in an early learning garden space may be served to children provided it is thoroughly washed and scrubbed under cool running water and that damaged or bruised parts are removed. Any produce showing signs of rot is discarded. (WAC 110-300-0196-4)

DISASTER PREPAREDNESS

This center has developed a disaster preparedness policy. (WAC 110-300-0166-1 and WAC 110-300-0470-1) See the Disaster Plan. The plan has been reviewed and approved by DCYF. This plan is located in office, upon request, and on center website and a copy is kept in the disaster kit.

Parents should read, review, sign, and date the plan upon enrollment. (WAC 110-300-0470-1f) The plan is discussed with parents whenever it is updated.

All staff will review this disaster policy upon hire and annually thereafter. Staff will sign that they have reviewed the plan. The assistant director will be responsible for orienting new staff or substitutes to these plans. (WAC 110-300-0470-1f)

Evacuation routes will be posted in each classroom. (WAC 110-300-0505-2b) Procedures for medical, dental, poison, earthquake, fire, and other emergency situations will be easily accessible by all staff. These plans include: (WAC 110-300A-0470-2)

- which staff is responsible for each part of the plan and actions to be taken by a person discovering an emergency
- procedure for accounting for all children during and after an emergency
- evacuation routes and meeting location (WAC 110-300-0470-2a-i)
- Individualized Care Plans for children with special needs (WAC 110-300-0300)
- how children will be cared for until parents are able to pick them up (WAC 110-300-0470-1d)
- how contact will be made with parents/guardians when normal lines of communication are not available (WAC 110-300-0470-2a)

Fire safety requirements per WAC are met by this center. (WAC 110-300-0170) Fire drills are conducted monthly. (WAC 212-12-044 and WAC 110-300-0470-4a) Documentation, including date and time of the drill and a debriefing/evaluation of the drill, is kept in the office. (WAC 110-300-0470-1e)

Disaster and earthquake preparation and prevention training are documented. Staff members receive training on how to use the fire extinguisher on hire during orientation by the director.

Quarterly, the center conducts and documents a disaster drill. One type of disaster will be chosen for staff and children to practice, such as earthquake, lockdown, or shelter-in-place. (WAC 110-300-0470-4b) Parents will be notified of the drill.

Food, water, medication, and supplies for 72 hours of survival are available for each staff and child. (WAC 110-300-0470-3) These supplies are stored in the food storage room and supply room and are checked annually. A flashlight with extra batteries will be available for use as an emergency light source. (WAC 110-300-0166-2a) A working telephone with sufficient power for at least 5 hours will be available at all times. (WAC 110-300-0166-2b)

SMOKING/VAPING

Smoking and vaping are prohibited in indoor and outdoor licensed space at all times. (WAC 110-300-0420-2) “No smoking or vaping” signs are posted at each entrance. (WAC 110-300-0420-2f) Cannabis use is not allowed during business hours. (WAC 110-300-0420)

Staff, parents, or volunteers are allowed to smoke or vape outdoors, off the premises, and out of view of the children. Parents are made aware that their children may be exposed to residual chemicals in second and third-hand smoke, which are hazardous and may trigger asthma and allergies in some children. (CFOC 9.2.3.15) Hands are washed well after smoking or vaping. (WAC 110-300-0200-4l) Tobacco and vaping products will be stored in a space that is inaccessible to children. (WAC 110-300-0420-3c) Employees who smoke or vape are provided information about tobacco or nicotine addiction counseling. (CFOC 9.2.3.15)

PEST CONTROL

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

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

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

This center is 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. (WAC 110-300-0255-1,2) The child care takes steps to avoid attracting pests. If pests are found, the child care documents where, what type, and what steps were taken to eliminate the pests. (WAC 110-300-0255-1,2)

Upon enrollment, parents are provided with a copy of our pesticide policy. The policy is located in the office, upon request.

According to the EPA, insect repellents are considered a pesticide (www.epa.gov) . Repellents are never used on children. (CFOC 3.4.5.2)

Pesticides, including weed killers, are not routinely used on the child care property. If pests are found on the property, non-chemical methods of pest control are used. Pesticides are only used for emergency situations, such as nests of stinging insects. In such an emergency situation, pesticides will not be used when children are present, manufacturer instructions will be followed, and parents will be notified of the situation. In these emergency situations, pesticides will be applied by a certified pest control operator. (WAC 110-300-0255-1,2)

ANIMAL POLICY

This child care program does not have pets on-site. Parents/families are discouraged from bringing their own pets on-site.

This child care may occasionally have on-site animal-related educational activities where an animal is brought to the child care site. The child care does take visits to locations that may have animals (such as petting zoos, pumpkin patches, pet stores, etc).

The following policies will be implemented to whenever animal-related activities occur:

- Parents will be notified, in writing, of the type of animal that children may have contact with and any potential health risks associated with that animal by providing a written notice to each family. (WAC 110-300-0225-2b)
- The director will ensure that no children are allergic to the animal or that children with an allergy have a plan in place describing precautions that need to be taken. (CFOC 3.4.2.1)
- The director will have primary responsibility of supervising all animal-related activities to ensure safety and hygiene. This includes making sure that the animal has an acceptable temperament for interactions with children and that the animal is current on all vaccinations (if appropriate). (WAC 110-300-0225-3)
- Any animal that has a history of biting or other aggressive behaviors will not be allowed on-site or to interact with children. (WAC 110-300-0225-3c)
- Children will be closely supervised while handling animals. Children will be in small groups of 3 or fewer while handling an animal. (WAC 110-300-0345-5c-i)
- Children and staff will immediately wash hands after handling or feeding animals. (WAC 110-300-0200-4j,5f) Children's handwashing will be closely supervised by staff.
- When possible, snacks/meals will occur before animal activities.
- Animals will not be allowed in any food preparation areas or areas typically used by infants or toddlers. (WAC 110-300-0225-4e,g)
- Items associated with the animal, including cages, food, water, etc., will not be placed on food-contact surfaces. (WAC 110-300-0225-4e)
- After an animal leaves the child care, staff will clean and disinfect the area. Sinks that are used for food preparation or cleaning dishes are not used to clean animal supplies or cages. (WAC 110-300-0225-4g) If necessary, animal supplies will be cleaned in a utility sink.
- Animal waste will be inaccessible to children. (WAC 110-300-0225-5e)
- Staff will wash hands after cleaning and sanitizing following an animal visit. (WAC 110-300-0200-4j)

DRINKING WATER

This child care center obtains drinking water from a public water system. Water is tested every six years for lead and copper through a certified water testing laboratory. (WAC 110-300-0235-2) Each fixture used to obtain water for consumption is tested and copies of the test results are kept at the administrative offices. If results are at or above the EPA action level, the child care will supply bottled water, consult with public health, inform licensing of the test results and notify parents. (WAC 110-300-0235-3a-e)

Drinking water is available to the children throughout the day. (WAC 110-300-0236-1a) The child care will notify licensing if the water supply is interrupted for more than one hour. (WAC 110-300-0235-4) The center has drinking fountains. They are not in bathrooms or attached to handsinks and are cleaned and sanitized daily. (WAC 110-300-0236-2)

The child care will contact Snohomish County Health Department at 425-252-5415 for advice on all positive test results, even when they do not exceed the maximum allowed.

WASTEWATER DISPOSAL

This child care is connected to public sewer.

INJURY PREVENTION

The indoor and outdoor child care space will be inspected regularly and be kept free from hazards. Hazards include, but are not limited to: (WAC 110-300-0165-1,2,3,4,5)

- safety hazards (broken toys, equipment, drowning, choking, sharp objects, entrapments, unshielded light bulbs, etc.)
- proper security of the center (secure doors, proper supervision, etc.)
- trip/fall hazards (heights, rugs, cords, uncontained toys, heavy items up high, etc.)
- poisoning hazards (plants, lead paint, chemical storage, toxics, etc.) (WAC 110-300-0260-1, WAC 110-300-0410-6, WAC 110-301-0150-1e, and WAC 110-300-0145-10)
- electrical hazards (electrical cords, unprotected outlets, etc.)
- burn hazards (unprotected heaters, space heaters, cooking equipment, etc.)
- suffocation (plastic bags)
- strangulation hazards (blind cords, ropes, etc.)

Toys will be age-appropriate (WAC 110-300-0150-1d), safe, in good repair, non-toxic (WAC 110-300-0150-1e), and not broken (WAC 110-300-0150-1f) The provider will periodically review the CPSC website for recalled items at www.cpsc.gov and remove recalled items immediately. (WAC 110-300-0150-1h)

Staff will review their rooms daily and remove any broken or damaged equipment, toys, etc. Hazards or contamination will be reported immediately to the administrative member. This person will ensure that the hazard or contamination is removed, made inaccessible, or repaired immediately to prevent injury. (WAC 110-300-0135-2a,c)

Any indoor climbing equipment will have fall protection that meets ASTM standards (CPSC 5119) and will not be placed near windows not made of safety glass. (WAC 110-300-0165-1g)

The playground and outdoor play space will be inspected daily before use for broken equipment, environmental hazards, garbage, animal contamination, and other hazards by the lead teacher. (WAC 110-300-0145-1) Outdoor space will be enclosed with a fence or barrier in good condition and meeting licensing requirements for barriers and gates. (WAC 110-300-0145) The outdoor space is accessed directly from the child care building. (WAC 110-300-0145-5)

Playground equipment will meet applicable Consumer Product Safety Commission (CPSC) standards, including being free from entrapments, entanglements, and protrusions having adequate surfacing material, particularly at the ends of slides and under swings. (WAC 110-300-0146-1) A comprehensive inspection for these and other hazards will be conducted quarterly by the maintenance team. This safety inspection is documented on a playground maintenance checklist, which is kept in the office. Surfacing on the playground consists of pour-in-place rubber playground surfacing. Surfacing is inspected for damage regularly. (WAC 110-300-0145-1b)

Proper and active supervision will be maintained during all outdoor play. Staff will position themselves to observe the entire play area. (WAC 110-300-0345-3,5c-vii)

Any power tools or sharp tools, major maintenance equipment, and janitorial supplies will be kept inaccessible to children. (WAC 110-300-0260-5)

The injury log will be monitored by the administrative assistant at least monthly to identify injury trends and implement a plan of correction. (WAC 110-300-0465-4l)

Section 3: Infant Care

INFANT CARE

Monthly consultation visits in the infant room are conducted by a licensed child care health consultant. Each visit is documented per licensing requirements.

Infants will be at least 4 weeks of age when enrolled.

Infants' hands are washed in the infant room by being held up by the staff. (CFOC 3.2.2.3) High chairs will be cleaned and sanitized before and after each meal or snack. (WAC 110-300-0241-1a)

INTERACTIONS AND ENVIRONMENT

Infant room staff members have been trained in understanding and reacting appropriately to infant cues. Staff members interact regularly with each infant throughout the day by: (WAC 110-300-0296)

- encouraging infants to handle and manipulate a variety of objects
- providing a safe environment for climbing, moving, exploring
- providing materials and opportunities for large and small muscle development
- reading, talking, and listening to infants
- providing daily indoor opportunities for freedom of movement outside their cribs, in an open, uncluttered space. The room has areas where all infants can be safely placed on the floor at any given time. Infants are placed on easy-to-clean mats and rugs on the floor.
- placing infants on their tummy part of the time when they are awake and staff are observing them (WAC 110-300-0296-1b)

- providing outdoor opportunities 20-30 minutes per day except during severe weather while following sun safety precautions

The infant room has been designed so that all accessible spaces are safe and secure for infant exploration and whole body movement. Infants will either be held or placed on the floor near an observant and engaged staff person.

Baby walkers are never used. (WAC 110-300-0275-3) The use of infant containers (swings, infant seats, saucers, and other confining equipment) are limited to short periods of time. Infants are placed in these containers as described in the physical activity section of this policy. (WAC 110-300-0296-2b-ivA and CFOC 5.3.1.10)

The child care has a plan for evacuating infants (or other children who cannot walk independently). To safely evacuate infants, the center uses one evacuation crib for every 4 infants. These cribs have a reinforced bottom and sturdy wheels. (WAC 110-300-0470-2a-iv)

This center does not allow shoes to be worn in the infant room.

All parents and staff are required to remove their shoes upon entering the infant room. (CFOC 5.2.9.14)

INFANT BOTTLE FEEDING

The center will serve only formula or breast milk in bottles to children under 12 months of age. Infants will be fed according to their need rather than an adult prescribed time schedule. (WAC 110-300-0285-2b) Infants are held when fed a bottle. (WAC 110-300-0285-2d-ii) Bottles will not be propped or given to a child who is lying down. (WAC 110-300-0285-2d-iv) Lying with a bottle puts a baby at risk for baby bottle tooth decay, choking and ear infections. Infants able to hold their own bottle will be held when possible (if it is not possible, the teacher will sit close and interact with the child during the feeding time). Bottles will be removed from the infant when he/she finishes feeding. When feeding an infant, staff will watch for cues (signs) to know when the infant has had enough. (WAC 110-300-0285-2d-iii)

Food preparation areas, including bottle preparation sink, in the infant room will be cleaned and sanitized daily before use. (WAC 110-300-0280-3b)

All bottles and containers of formula or breast milk must be labeled with the infant's full name and the date. This is done by the parents. Staff must ensure that the correct formula or breast milk is given to each infant. (WAC 110-300-0280-1a and WAC 110-300-0281-1b)

A refrigerator for infant food is located in the infant room. It is used to store bottles and un-served, leftover infant food. (WAC 110-300-0280-3j) The refrigerator temperature is checked daily to ensure it is not more than 41°F or 39°F when storing breast milk. A log of these temperatures is kept on the refrigerator. Bottles will be stored in the coldest part of the refrigerator, not in the door. A thermometer will be kept in the door of the refrigerator. (WAC 110-300-0280-1a and WAC 110-300-0281-2)

Bottles are provided by the parents and are only accepted if they are glass (with a protective silicone sleeve), stainless steel, or plastics numbered 1, 2, 4, or 5. Bottles and nipples must be in good repair. (WAC 110-300-0280-3d,e)

Bottles are prepared by the parents. They are kept refrigerated and unused bottles are sent home at the end of the day. (WAC 110-300-0280-1) Frozen breast milk, if brought to the center, is stored in a closed container in a freezer at 0°F or less located in the infant room. (WAC 110-300-0281-1c) Frozen breast milk is stored at the center for no more than 30 days. (WAC 110-300-0281-1d)

Staff uses the following steps to prepare bottles: (WAC 110-300-0280)

- Staff must wash hands before preparing or serving bottles. (WAC 110-300-0200-4g)
- All infant bottles and baby foods are prepared by the food preparation sink in the infant room. Cold water used for mixing bottles or drinking is obtained from a pitcher with an air-tight cover brought in from the kitchen. Water from a hand washing sink is not used for bottle preparation. (WAC 110-300-0236-1d; WAC 110-300-0280-3c)
- Formula will be mixed as directed on the can. (WAC 110-300-0280-3f)
- Formula will not be used past the manufacturer's expiration date. (WAC 110-300-0280-3f)
- If prepared bottles are not warmed immediately, the bottles are stored in the refrigerator. (WAC 110-300-0280)

Formula and breast milk bottles are warmed in a bottle warmer. (WAC 110-300-0280-3h) Staff will check the temperature of a bottle before feeding. (WAC 110-300-0285-2di) Bottles are never warmed or thawed in a microwave. A microwave heats unevenly and can cause "hot spots", posing a burn risk. Microwaving also destroys much of the nutritional component in breast milk. (WAC 110-300-0280-3g and WAC 110-300-0281-6) Frozen breast milk is thawed under warm, running water then warmed as stated above. Thawed breast milk will not be refrozen. It must be served or returned to the parent within 24 hours (or label "do not use"). (WAC 110-300-0281-3,5)

The contents of formula bottles not fully consumed within an hour are thrown away. The contents of partially consumed breast milk bottles are discarded within two hours. Bottles that have been used don't go back into the refrigerator. (WAC 110-300-0280-3i) Bacteria begin to multiply once bottles are taken from the refrigerator and warmed. Families are advised to send several small bottles or portions, enough for one day only to minimize the amount of breast milk or formula that is discarded.

Bottle nipples are kept covered when not in use to reduce cross contamination. (WAC 110-300-0280-3i)

Bottles, bottle caps, nipples, and other equipment used for bottle feeding will not be reused without first being cleaned and sanitized by the parents. Parents are asked to bring enough bottles to last an entire day. (WAC 110-300-0280-3a)

CARING FOR BREASTFED INFANTS

Our child care welcomes breastfed babies and actively accommodates mothers nursing their babies. The center has a plan to support the needs of a breastfeeding mother and infant. (WAC 110-300-0285-2a) Staff knows the benefits of breastfeeding for babies and moms. The staff encourages pregnant mothers to continue breastfeeding when returning to work or school. The child care will provide information and resources to moms (WAC 110-300-0285-2a-ii) needing assistance with pumping, safe storage and transfer of breast milk, and other support or will direct parents to community resources. Staff safely store and handle breast milk brought into the center.

The center provides comfortable places for nursing (WAC 110-300-0285-2a-i) and private places for pumping. Staff is trained to develop a trusting relationship with all parents and caregivers. They

help assist new moms and babies with the home to child care transition. They communicate often with parents, encourage parents to drop-in any time and understand the unique needs of the breastfed baby (may need to feed more often, coordinating bottle feedings with mom's visits, delayed introduction to solid foods). Staff is trained to create a positive feeding environment for all infants and recognize and respond appropriately to infant feeding cues. (WAC 110-300-0285-2b)

Center staff must obtain parental consent before feeding infant formula to a breastfed infant. (WAC 110-300-0281-7)

FEEDING SOLID FOODS

INFANT FOOD SAFETY

Infants who self-feed have their hands washed with soap and running water before eating. (WAC 110-300-0200-5h) Staff members wash hands thoroughly before preparing any infant foods. (WAC 110-300-0200-4f,g) Staff never touches infant food with bare hands. Baby foods are prepared by the food preparation sink in the infant room. (WAC 110-300-0198) Cold water used for preparing baby foods is obtained from a pitcher brought in from the kitchen. (WAC 110-300-0198) Water from a hand washing sink is NOT used to prepare baby foods. (WAC 110-300-0236)

The infant room has a food preparation area with a designated food preparation area that is separated from the diaper changing area by eight feet of space. (WAC 110-300-0198)

Baby food is served from a dish with a clean spoon, not from the baby food jar. Opened baby food jars are kept covered and refrigerated, and are discarded or sent home with the family after 24 hours. (CFOC 4.3.1.12) Unconsumed baby food portions in the serving bowl will be thrown away. (WAC 110-300-0285-2n)

INFANT SOLID FOODS

The center will work with the infant's parent/guardian to develop a plan for the infant's feedings that is acceptable to the parent/guardian. (WAC 110-300-0285-2) Solid foods are not served until the child is developmentally ready and is between 4 and 6 months of age, unless the family provides a written order from the child's health care provider. (WAC 110-300-0285-2f)

The parent/guardian is advised to work with their child's health care provider in developing a plan for introducing solid foods based on the infant's development. The child care center asks to be kept informed of the feeding plan for the infant. (CFOC 4.3.1.11) New foods are never introduced at the center; the introduction of new foods is always done by the family first.

The center will ensure that infants are only presented with foods that they are developmentally ready to eat. (WAC 110-300-0285-2f) The center allows infants to self-feed once they are developmentally ready and after consultation with the child's parent/guardian. (WAC 110-300-0285-2j) Solid foods presented to infants will be mashed, soft-cooked, small cut, or otherwise prepared to prevent choking and meet the infant's developmental needs. (WAC 110-300-0285-2i)

Cracked high chair trays or table-tops are not approved for food service. (WAC 110-300-0285-2k-iii) Foods will be served on plates, containers, napkins, or paper towels. (WAC 110-300-0195-2e) Staff members face infants and allow them to control the pace of the feeding. Staff members serving or preparing

food to infants wear gloves and use tongs or spoons to minimize bare hand contact. (WAC 110-300-0095-2e)

No honey will be given to children less than 12 months of age due to the risk of botulism. (CDC) One hundred percent juice, sweetened beverages, (WAC 110-300-0285-2h) or processed cheese food or cheese spread (CACFP) will not be served to infants through 11 months of age.

SAFE SLEEP FOR INFANTS

All infant room staff complete the DCYF required safe sleep training annually. (WAC 110-300-0275-2 and WAC 110-300-0106-8) Staff will be within sight and hearing and actively supervise sleeping infants. (WAC 110-300-0291-1a) The room will be sufficiently lit to observe skin color and monitor breathing patterns. (WAC 110-300-0291-1e,f)

Infants will be allowed to follow their individual sleep pattern. (WAC 110-300-0291-1g) Sleeping schedules are discouraged. The child care staff will communicate an infants' sleep needs and patterns with the parent/guardian. (WAC 110-300-0265-3)

A crib will be furnished for napping. (WAC 110-300-0290-1) When the child care provider and parent agree, and the infant can safely do so, transitioning to a cot may occur. (WAC 110-300-0265-5) A plan will be developed with the parents to transition children who can climb out of their sleeping equipment. (WAC 110-300-0290-6)

Mattresses and railings will be cleaned and sanitized weekly, before use by a different child, after a child has been ill, and as needed. (WAC 110-300-0241-3) Highchairs will be cleaned and sanitized after each use. (WAC 110-300-0241-1a) Infant bedding is changed weekly, between uses by different children, or more frequently if soiled. (WAC 110-300-0290-3f)

To reduce the risk of SIDS/SUIDS, the center will meet the safe sleep practice standards of the American Academy of Pediatrics: (AAP and WAC 110-300-0291-1b)

- Infants will always be placed to sleep on their backs. Infants who are able to independently roll from back to front and front to back, can be left in place if they have rolled over. (WAC 110-300-0291-c)
- Sheets will fit the mattress snugly and securely in all corners and sides. (WAC 110-300-0290-3d)
- Sleep equipment will not contain bumper pads, pillows, soft toys, fleece, cushions, or loose blankets. Blankets will not be draped over sleep equipment. (WAC 110-300-0291-1h,i)
- Infants will be dressed comfortably for sleep and steps are taken to ensure infants do not get too warm. (WAC 110-300-0291-1k)
- Clothing or bedding will not be allowed to cover any portion of an infant's face while sleeping. (WAC 110-300-0291-1j)
- Hanging mobiles or toys will not be allowed in sleep equipment. (WAC 110-300-0291-1b,h)
- Should a parent or legal guardian request an alternate sleep position or sleep positioning device it must be specified in writing by the parent/guardian and the child's health care provider. (WAC 110-300-0291-1d)

Because sleeping in infant seats, car seats, or swings makes it harder for infants to breathe fully and may inhibit gross motor development, infants will not sleep in car seats, swings, and infant

seats. Children who arrive at the center asleep in car seats will be immediately transferred to appropriate sleep equipment. (WAC 110-300-0290-5)

The child care center uses cribs for sleeping. Cribs will meet the following safety requirements: (WAC 110-300-0290-3)

- be approved by CPAC or ASTM International Safety Standards for use by infants and toddlers (WAC 110-300-0290-3a)
- sturdy and in good repair, including mattress (WAC 110-300-0290-3e) (no sharp edges, points, unsealed rough surfaces, splinters, peeling paint, cracks, missing/broken parts) (WAC 110-300-0265-6)
- mattresses will be firm, snug fitting, intact, easily cleanable, and waterproof, and will fit snugly against the crib frame (WAC 110-300-0290-3c)
- Documentation, compliance certificate, and/or crib sticker must be available on-site stating that the equipment meets 16 CFR 1219 and 1220 (CFR/CPSC and WAC 110-300-0290-3b)

Sleeping equipment will be spaced at least 30 inches apart or separated by a solid, easily cleanable barrier if placed end-to-end. (WAC 110-300-0290-3g)

Sleeping equipment will not be located directly under windows unless windows are constructed of safety glass or have an applied polymer safety coating. (WAC 110-300-0165-1g)

Section 4: Nutrition and Physical Activity

NUTRITION

This center serves meals and snacks which meet the daily nutritional requirements of the USDA Nutrition Standards for the Child and Adult Care Food Program (CACFP) or the National School Lunch and School Breakfast Program. (WAC 110-300-0185 and <http://www.fns.usda.gov/cacfp/meals-and-snacks>) The center does not participate in the CACFP program.

The center will prepare, date, and post menus of meals and snacks. (WAC 110-300-0185-1a) The center uses a 4 week cycle menu, with no repeated meal/snack combinations, to ensure variety. The past menus will be kept on-site for at least 6 months. If needed, substitutions of comparable nutrient value may be made and any changes will be recorded on the menu. (WAC 110-300-0185-1b)

The foods served will:

- consist of a wide variety of foods that are low in fat, sugar, and salt (CFOC 4.2.0.4)
- include cereals that contain no more than 6 grams of sugar per 1 oz serving (CACFP)
- include yogurts that do not contain more than 23 grams of total sugar per 6 oz serving (CACFP)
- limit fruit juices to one or less servings per day (CACFP)
- follow CACFP serving sizes for children 1-12 years of age (CACFP)
- include one whole grain-rich item per day (100% whole grains or at least 50% whole grains with the rest being enriched grain) (CACFP)
- include a fruit or vegetable for at least one snack a day (WAC 110-300-0185-2)
- incorporate ethnic, cultural, and seasonal foods regularly

Only pasteurized milk or pasteurized dairy products are served. (WAC 110-300-0196-2a) Breast milk for a particular child may be served at a parent's request. Soy milk may be substituted for cow's milk with a written request from the child's parents/guardians. (CACFP) All other milk substitutions can be served only with written permission from the child's parent and health care provider for children over the age of twelve months. (WAC 110-300-0186-1) The center or parents/guardians must provide the milk substitute.

The amount of required milk fat in the milk product is determined by the child's age. (WAC 110-300-0185-1)

- For children between 12 and 24 months of age, breast milk, or unflavored whole milk will be served unless there is written instruction from a licensed health care provider.
- For children age 2 through 12, milk served will be unflavored fat-free milk.
- To help with the transition from whole milk to fat-free or 1% milk, children age 24-25 months may be served 2% milk.

Juice is not served. (WAC 110-300-0185-1c,d)

Meals and snacks will be served every 2 to 3 hours, except if children are sleeping. (WAC 110-300-0180-1a) The following meals/snacks schedule is followed:

- 8:00 am Breakfast
- 10:00 am Morning Snack
- 12:00 pm Lunch
- 3:00 pm Afternoon Snack

Each breakfast meal contains: (WAC 110-300-0185-1)

- a fruit or vegetable
- fluid milk or suitable substitute with appropriate documentation
- a whole grain or enriched grain product (such as bread, cereal, rice cake, or bagel)
- the entire grains components may be substituted with a meat/meat alternate a maximum of 3 times per week

Each lunch meal contains: (WAC 110-300-0185-1)

- fluid milk or suitable substitute with appropriate documentation
- meat or meat alternative (such as beef, fish, poultry, legumes, tofu, dairy, or beans)
- a whole grain or enriched grain product (such as bread, cereal, rice cake, or bagel)
- 1 fruit and 1 vegetable. A second vegetable may replace the fruit at lunch but must be 2 different vegetables.

Each snack contains two of the four components: (WAC 110-300-0185-1)

- fluid milk or suitable substitute with appropriate documentation
- meat or meat alternative (such as meat, legumes, beans, bean dip, nut or seed butters, egg, cheese, yogurt, cottage cheese)
- a whole grain or enriched grain product (such as bread, cereal, rice cake, or bagel)
- fruit, vegetable, or fruit or vegetable juice; Make at least one snack component a fruit or vegetable at least once a day. (WAC 110-300-0185-2)

Each snack or meal includes a liquid to drink. The drink could be water or one of the required components such as milk or fruit/vegetable juice. (WAC 110-300-0185-1)

Solid foods presented to young children will be soft-cooked, small cut, or otherwise prepared to prevent choking and meet the child's developmental needs. (WAC 110-300-0285-2-i) All children will eat from plates or other appropriate surface, have a paper napkin, and developmentally appropriate utensils. (WAC 110-300-0195-3a,e)

If a child has a food allergy or special dietary need, the parent and the child's health care provider will identify a protocol for managing the child's special dietary need. The center will be provided with this comprehensive allergy management plan or an individual care plan for the child. This plan will include information on foods to be avoided, alternative foods, who will provide alternative foods, relevant medical information provided by the health care provider including medications, steps to take, etc. (WAC 110-300-0186-1-3)

The center will post children's food allergies where food is prepared and refer to this information when preparing food for children. This list will include the child's allergic reactions and will be kept confidential by covering with a piece of paper labeled "dietary restrictions and allergies". (WAC 110-300-0505-1c and WAC 110-300-0186)

Mealtime and snack time will support children's development of healthy eating habits. For safety and role-modeling, staff members sit, eat, and have casual conversations with children during mealtimes. (WAC 110-300-0195-4b) Staff members are trained in facilitating family-style food service which allows children to practice self-help skills. (WAC 110-300-0195-4a) Staff are respectful of each child's cultural food practices. (WAC 110-300-0195-3f)

Coffee, tea and other hot beverages will only be consumed when staff are not directly near young children and will be stored in a manner to prevent spills of hot liquid, in order to prevent scalding injuries. (WAC 110-300-0165-3b) Staff will not consume pop or other non-nutritional beverages while in the presence of children in their care. During meal and snack times, staff will eat only those foods that are served to the children. (CFOC 2.4.1.2)

When parents provide their children meals or snacks, they must meet the nutritional requirements as outlined by the Washington State Meal Pattern for Child Care found on the USDA Nutrition Standards for CACFP Meals and Snacks webpage <http://www.fns.usda.gov/cacfp/meals-and-snacks>. (WAC 110-300-0190-3) The child care must inform parents of these requirements. (WAC 110-300-0190-3a) If the meal provided does not meet nutritional requirements, the center will supplement the meal with the missing components. (WAC 110-300-0190-3b) The center will help the parent provide more nutritionally adequate meals in the future by sharing information and resources with the parents (such as the Pack-a-Sack handout from the Child Care Health Outreach Program or a summary of what a sack meal must contain (http://www.fns.usda.gov/sites/default/files/cacfp/CACFP_childmealpattern.pdf)).

FOODS FOR SPECIAL OCCASIONS

Before bringing in foods for a special occasion, parents/guardians must discuss the food choices with staff to address any food safety or allergy concerns. (WAC 110-300-0190)

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 uncut fruits and vegetables and foods prepackaged in original manufacturer's containers. (WAC 110-300-0190-4a,b)

TOOTHBRUSHING

Toothbrushing activities which are developmentally appropriate are offered once a day. (WAC 110-300-0180-2)

Children are taught about oral health. (CFOC 3.1.5.3) Toothbrushing will be done in a safe, sanitary, and educational manner. (WAC 110-300-0180-2) Toothbrushing activities may include the use of such things as tooth models and brushes, puppets, songs and books. It will be supervised to ensure: (CFOC 3.1.5.2)

- the establishment of a routine which enhances learning
- proper toothbrushing technique
- Staff training will be provided yearly on the etiology of tooth decay, oral health promotion, and toothbrushing protocol.

PHYSICAL ACTIVITY

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

Outdoor play will be provided for all children in care. Children should have ample opportunity to do moderate to vigorous activity (running, climbing, skipping, and other gross motor movement) to the extent of their ability. (CFOC 3.1.3.1)

Adults are outdoors with the children in continuous visual and auditory range. A variety of age-appropriate activities and play equipment for climbing, pulling, pushing, riding and balancing activities are available. (WAC 110-300-0145-4) The activity schedule must ensure appropriate child grouping by developmental or age levels, staff-to-child ratio adherence, and maintenance of group size. (WAC 110-300-0356)

Active play is never withheld from a child for disciplinary purposes. (WAC 110-300-0331-1g,iv, CFOC 3.1.3.1)

INFANTS

Positive early movement experiences increase the infant's chances of achieving full developmental potential throughout life. Infants will:

- be placed in a safe setting such as carpeted floors, mats, or sectioned-off areas that encourages exploration and does not restrict movement for prolonged periods of time. (WAC 110-300-0296-2b-4)
- have help from staff to facilitate movement by:
 - receiving regular, attentive interaction (using facial, verbal and non-verbal expressions) that encourages playful activity

- having an open environment suitable for the exploration and development of rolling over, reaching, sitting, crawling, creeping and standing
- getting supervised tummy time every day while they are awake. (WAC 110-300-0296-2b-i) Tummy time is placing infant on his/her tummy to promote wiggling, scooting, crawling, pulling up, etc. which contributes to large motor skill development. Caregivers interact with awake babies placed on tummies for short periods (3-5 minutes) increasing the amount of time as the baby shows interest and enjoyment (CFOC 3.1.3.1)
- have access to outdoor playtime each day with a minimum of 20 minutes for each 3 hours of programming, as tolerated. (WAC 110-300-0360-2c-i)
- be provided at least 60 minutes a day of active playtime which may include 30 minutes or more of moderate to vigorous activity indoors for programs operating 6 hours or more (WAC 110-300-0360-2c-iii or CFOC 3.1.3.1)
- have the least restrictive environment possible. Restrictive equipment (such as swings, stationary activity centers, bouncy seats, molded seats, etc.) is used no more than 3 times a day for no more than 15 minutes per use per infant. (CFOC 3.1.3.1)

TODDLERS

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

- not be sedentary for more than 60 minutes at a time except when sleeping
- get at least 30 minutes of staff-guided, playful activity that contributes to the development of movement skills (walking, jumping, hopping, side-stepping etc.)
- have opportunities throughout the day (several hours) for unstructured physical activities and play in a safe area both indoors and outdoors that promotes exploration and playful practice of movement skills
- have access to outdoor playtime each day with a minimum of 20 minutes for each 3 hours of programming. (WAC 110-300-0360-2c-i or CFOC 3.1.3.1)
- be provided at least 60 minutes a day of active playtime with moderate to vigorous activity, which may include 30 minutes or more being indoors for programs operating 6 hours or more (WAC 110-300-0360-2c-iii or CFOC 3.1.3.1)

PRESCHOOLERS AND PRE-KINDERGARTEN

Instruction and positive reinforcement is critical during this time in order to ensure that children develop gross motor and movement skills before entering school. Children 3 – 5 will:

- not be sedentary for more than 60 minutes at a time except when sleeping
- accumulate at least 60 minutes of guided, structured activities that encourage playful practice of movement skills in a variety of activities and settings
- engage in at least an hour and up to several hours of unstructured physical activities in a safe area both indoors and outdoors suitable for large muscle activities (gross motor movement)
- have access to outdoor playtime each day with a minimum of 30 minutes for each 3 hours of programming. (WAC 110-300-0360-2c-i or CFOC 3.1.3.1)
- be provided at least 90 minutes a day of active playtime with moderate to vigorous activity, which may include 30 minutes or more being indoors for programs operating 6 hours or more (WAC 110-300-0360-2c-iii or CFOC 3.1.3.1)

SCHOOL-AGERS

Instruction and positive reinforcement will help develop children’s knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity. Children in grades K-6 will

- not be sedentary for more than 60 minutes at a time except when sleeping
- accumulate at least 60 minutes of guided, structured activities that encourage playful practice of movement skills in a variety of activities and settings
- engage in at least an hour and up to several hours of unstructured physical activities in a safe area both indoors and outdoors suitable for large muscle activities (gross motor movement)
- have access to outdoor playtime each day with a minimum of 30 minutes for each 3 hours of programming. (WAC 110-300-0360-2c-i or CFOC 3.1.3.1)
- be provided at least 90 minutes a day of active playtime with moderate to vigorous activity, which may include 30 minutes or more being indoors for programs operating 6 hours or more (WAC 110-300-0360-2c-iii or CFOC 3.1.3.1)

SCREEN TIME

Because TV and other screen time can get in the way of playtime, physical activity, and interactions with others, which all contribute to learning and healthy physical/social development, our center restricts screen time during child care hours.

This center allows developmentally age appropriate, nonviolent, and culturally sensitive screen time that involves staff interaction. (WAC 110-300-0155-1) Alternative activities are provided for children not wanting to participate in screen time. (WAC 110-300-0155-2) Screens are not on during meals or snacks. (WAC 110-300-0155-3) We allow zero screen time for children under the age of two. (WAC 110-300-0155-6) We do not allow television or movies to be left on as background noise. We do not offer screen time as a reward. Screen time use will be limited to no more than 2.5 hours educational, age-appropriate screen time per week for children 2-5 in full time care and 2.5 hours per week for school-age children. (WAC 110-300-0155-4,5) Individual children do not use computers in this program.

Section 5: Social, Emotional, and Behavioral Health

CHILD ABUSE AND NEGLECT

All staff have completed training in preventing child abuse and neglect, as well as recognizing and reporting suspected child abuse, neglect, and exploitation. (WAC 110-300-0106-4) In the event that staff have reason to suspect the occurrence of any physical, sexual, or emotional child abuse or neglect, child endangerment, or child exploitation, staff will make a report by calling Child Protective Services (CPS) at 1-866-ENDHARM (1-866-562-5624). (WAC 110-300-0475 and RCW 26.44) The child’s file is on hand when placing the call. These phone numbers and the reporting system are clearly posted by all phones. (CFOC 3.4.4.1) The witnessing staff person will make the call, with the

assistance of the director if needed. The director will contact the licensor immediately after a report of abuse is made. (WAC 110-300-0425-9b-iii)

If there is an immediate danger to a child, a report is made to local law enforcement. (WAC 110-300-0475)

Staff will record the signs of child abuse or neglect on the Child Care Injury Incident Report Form which is located in every classroom and staff work room. (CFOC 3.4.4.1)

Providers must complete the DCYF recognizing and reporting suspected child abuse, neglect, and exploitation training. (WAC 110-300-0106-4) Documentation of staff orientation and training on the indicators of child abuse and neglect are kept in staff files. Training occurs at the time of employment and then every year. (CFOC 1.4.5.2)

BEHAVIOR MANAGEMENT/GUIDANCE PRACTICES

GENERAL PRACTICES

The center's written behavior management and guidance practices are kept in the office, digitally on MELC website, and available upon request. (WAC 110-300-0110-2)

Staff point out positive social interactions rather than only focusing on negative behavior. Staff help children problem solve when conflicts arise. Staff members exhibit a range of techniques such as offering choices, distracting, ignoring, consequences, cool-off, and re-directing when behavior issues occur. (WAC 110-300-0330-2)

Staff promote developmentally appropriate social skills and behaviors, self-control, conflict resolution, and respect for the rights of others. (WAC 110-300-0330-2b) Staff ensure that behavior management and guidance practices are fair, reasonable, consistent, and related to the child's behavior. (WAC 110-300-0330-1) Community resources (such as Early Achievers or Snohomish County Health Department Behavioral Health Specialist) are consulted when needed.

Behavior management principles are based on individualized strategies that are tailored to support individual children. Teaching staff receive regular training on behavior management.

ENVIRONMENT

Classrooms will have simple, clear, and consistent rules. (WAC 110-300-0330-2g)

Noise levels in the center are kept low, so that teachers can be heard without the need to raise their voices. (WAC 110-300-0165-4d) Children are given the opportunity to have privacy or time alone, while still being able to be supervised by staff members. This is done by providing a quite/cozy area available in the classroom. (WAC 110-300-0140-3)

INDIVIDUAL BEHAVIOR MANAGEMENT AND PLANS

Staff guide a child's behavior based on an understanding of the individual child's needs and stage of development. (WAC 110-300-0085 and WAC 110-300-0330-2) Staff will receive updated behavioral, developmental, social, and cultural information about each child from families at least on an annual

basis. (WAC 110-300-0085-2) Individual behavior care plans, when needed, are implemented in coordination with the parent/guardian. (WAC 110-300-0085-4-iv)

ATTENDANCE RECORDS

Daily attendance records will be kept. The parent or other authorized person will sign their child in upon arrival and sign the child out upon departure using Procure Parent Engagement App, a DCYF-approved electronic attendance system. Attendance records will be kept at the facility for the minimum legal retention period. (WAC 110-300-0455)

GROWTH AND DEVELOPMENT

GENERAL PRACTICES

Staff will receive training and be provided resources on typical growth and development. This information will include specific information on brain development in young children (such as [CDC Developmental Milestones](#), [Vroom](#), [American Academy of Pediatrics](#), and others).

Section 6: Special Health Needs

CHILDREN WITH SPECIAL NEEDS / INCLUSION

Children with special needs are accepted into the program under the guidelines of the Americans with Disabilities Act (ADA). (WAC 110-300-0030-1b) Confidentiality is assured with all families and staff in the program. (WAC 110-300-0085 and WAC 110-300-0460-1a) All families are treated with dignity and with respect for their individual needs and/or differences.

A written individual plan of care is developed by the director, parent/guardian, and teacher for each child with special needs. It includes instructions from the parent and health care provider regarding the diagnosis (if known), medications, specific food or feeding requirements, life-threatening allergies, treatments, special equipment or health needs, modifications needed, emergency response plans, and contact information for the health care provider and/or specialists working with the child. (WAC 110-300-0300-2a and WAC 110-300-0190)

Dietary restrictions and nutrition requirements for particular children are posted but kept confidential. (WAC 110-300-0505-1c)

All individuals who work or may work with a particular child with special needs will be oriented to their particular needs or diet restrictions before the child first enters the program. Plans for children with special needs will be documented and staff will be oriented to the individualized care plan for that child. (WAC 110-300-0190-1)

The parent provides training to staff on any procedures that will be done to the child while in care. A written plan of care must be developed and updated at least once a year or sooner if needed.

(WAC 110-300-0300) The director seeks further information or training if necessary for center staff from local resources.

This plan includes how the child's special needs would be met in the case of a disaster. At a minimum the center will plan for the child to stay at the center for 72 hours without being able to contact the child's parents. (WAC 110-300-0470-1d)

Children with special needs are given the opportunity to participate in the program to the fullest extent possible. This is accomplished by consulting with outside agencies/organizations as needed. The center cooperates with other agencies that can provide services to the child on-site. Written parent/guardian permission is obtained for any visiting health professional services provided at the child care. (WAC 110-300-0300-1d)

All staff members receive general training on working with children with special needs and updated trainings on specific special needs that are encountered in their classrooms. (WAC 110-300-0300-1d)

Parent Signature Page

(This page is kept separate from the actual health policy and a copy is kept in each child's file.)

I have been informed of the child care's policies including:

- ***the health policy***
- ***the parent handbook***
- ***the pesticide use policy***
- ***the disaster response plan***

Parent/Guardian name and signature	Child's name (please print)	Date

A copy of this document will be kept in the child's file. (WAC 110-300-0450)

Mini Einsteins Learning Center

Health Policy Review by Licensed Health Professional

SIGNATURE PAGE

This program's health policies have been reviewed as complete by the health professional whose name is listed below. The signing of the document does not imply observation of procedures in practice, nor the quality of the program. The health professional has reviewed these health policies and they appear to meet minimum licensing requirements developed by the Washington State Department of Children, Youth, and Families for child care facilities certified by them.

Review Date: 11-21-2023

Director: Samantha Sciacca, Director

Gayle Phipps R.N., BSN

Reviewed by: Gayle Phipps, R.N., BSN
Child Care Health Consultant