

# ***Anne's Childcare Health Policy***

**WAC 110-300-0500**



## Table of Contents

<b>Prevention of exposure to blood and body fluids plan WAC 110-300-0400 .....</b>	<b>3</b>
<b>Meals, snacks, and food services including guidelines for food allergies and food brought from home WAC 110-300-0465,0300, 0180 through 0190.....</b>	<b>5</b>
<b>Handwashing and hand sanitizer use WAC 110-300-0200.....</b>	<b>6</b>
<b>Observing children for signs of illness daily and exclusion and return of ill children, staff, or any other person in the program space WAC 110-300-0205....</b>	<b>8</b>
<b>Contagious disease notification WAC 246-110-010(3).....</b>	<b>10</b>
<b>Medical emergencies, injury treatment and reporting WAC 110-300-0470,0475 .....</b>	<b>11</b>
<b>Immunization tracking WAC 110-300-0210 .....</b>	<b>14</b>
<b>Medication management, storage, administration and documentation WAC 110-300-0215.....</b>	<b>15</b>
<b>Care for pets and animals that have access to licensed space and the health risks of interacting with pets and animals. WAC 110-300-0225.....</b>	<b>17</b>
<b>How general cleaning will be provided and how areas such as food contact surfaces, kitchen equipment, toys, toileting equipment, and laundry will be cleaned, sanitized and disinfected; WAC 110-300-0225 .....</b>	<b>19</b>
<b>Pest control policies; WAC 110-300-0255 .....</b>	<b>21</b>
<b>Caring for children with special needs or health needs, including allergies, as listed in the child's record. WAC 110-300-0300 .....</b>	<b>22</b>
<b>Dental hygiene practices and education WAC 110-300-0180 .....</b>	<b>24</b>

## **Prevention of exposure to blood and body fluids plan**

WAC 110-300-0400

Washington State Safety and Health Act (WISHA) gives the Department of Labor and Industries (L&I) primary responsibility to ensure that employers of Washington provide a safe and healthful workplace for their staff. To meet this requirement, providers and staff who might come into contact with blood or other bodily fluids must follow this plan to eliminate or minimize exposure and must complete a Blood Borne Pathogen training.

### **What is a Bloodborne Pathogen?**

A bloodborne pathogen is an organism that is present in the human blood that can cause disease to humans. Examples of these pathogens include:

- Human Immunodeficiency Virus (HIV)
- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)

### **Hands will be washed:**

Many times, throughout the day including:

- After diapering and toileting children, blowing a nose, cleaning blood;
- After handling body fluids of any kind;
- Before and after giving first aid (such as cleaning cuts and scratches or bloody noses)
- After cleaning up spills or objects contaminated with body fluids;
- After taking off disposable gloves;

### **Proper Disinfection of contaminated items**

- Cleaning, Sanitizing and Disinfection should be done regularly and as needed.
- Cleaning wash all debris with soap and water.
- For Sanitizing: Appropriate for food contact surface sanitizing (dishes, utensils, cutting boards, high chair trays, tables), toys that children may place in their mouths, and pacifiers; Ratio: 1 tablespoon of bleach to 1

gallon of cool water. Contact Time: Let stand for 2 minutes, then wipe or air dry

- Disinfecting: Ratio: 1/4 (minimum) to 3/4 (maximum) cup of bleach to 1 gallon of cool water or 1 tablespoon (minimum) to 3 tablespoons (maximum) of bleach to 1 quart of water. Contact Time: Let stand for 2 minutes, then wipe or air dry. Blood spills or objects with blood on them need a stronger solution Ratio: 1/4 (minimum) to 3/4 (maximum) cup of bleach to 1 gallon of cool water or 1 tablespoon (minimum) to 3 tablespoons (maximum) of bleach to 1 quart of water. Contact Time: Let stand for 2 minutes, then wipe or air dry.
- Wear gloves when handling blood.
- Carpets or area rugs soiled with bodily fluids will be cleaned and disinfected with high heat or an EPA registered product.

### **Disposal of bloody waste**

- Using gloves put all materials that are soaked or caked in blood in a double plastic bag and securely tied.
- Send these items home with the child.

### **Standard Precautions**

- Standard Precautions is a term for infection control measures that child care providers should follow to protect themselves from infectious disease. Standard precautions involve cleaning, sanitizing and disinfecting contaminated surfaces. At our facility we will always minimize the exposure to bodily fluids by wearing gloves to clean and treat areas where there are bodily fluids. Washing our hands regularly and supervising to keep injuries and accidents minimized.

## **Meals, snacks, and food services including guidelines for food allergies and food brought from home**

WAC 110-300-0465,0300, 0180 through 0190

(1) Meals and snacks will be served on the following schedule not less than two hours and not more than three hours apart unless the child is asleep;

09:15 AM to 9:45 AM Morning snack

11:00 PM to 12:00 PM Lunch

03:15 PM to 03:45 PM Afternoon snack

We will ensure proper nutrition of children in care, and comply with the most current edition of the *USDA Child and Adult Care Food Program (CACFP)* standards, or the *USDA National School Lunch and School Breakfast Program* standards.

All allergies and food restrictions will be documented. We will have written instructions (the individual care plan) from the child's health care provider and parent or guardian who are caring for the child with a known food allergy or special dietary requirement due to a health condition. The care plan will:

- (a) Identify foods that must not be consumed by the child and steps to take in the case of an unintended allergic reaction;
- (b) Identify foods that can substitute for allergenic foods; and
- (c) Provide a specific treatment plan for the early learning provider to follow in response to an allergic reaction. The specific treatment plan must include the:
  - (i) Names of all medication to be administered;
  - (ii) Directions for how to administer the medication;
  - (iii) Directions related to medication dosage amounts; and
  - (iv) Description of allergic reactions and symptoms associated with the child's particular allergies.

We will have the necessary medication, training, and equipment to properly manage a child's food allergies.

If the child suffers from an allergic reaction, the early learning provider will immediately administer medication pursuant to the instructions in the child's individual care plan, contact 911 whenever epinephrine or another lifesaving medication has been administered and notify the parents or guardians of the child if it is suspected or appears that the child is having an allergic reaction or the child consumed or came in contact with a food identified by the parents or guardians that must not be consumed by the child, even if the child is not having or did not have an allergic reaction.

All staff will be trained on each child's individual care plan information for food allergies prior to serving food to children and review the plan before serving food.

We will post a monthly menu which will include substitute items for those children will allergies or special dietary requirement due to a health condition. We will serve water or unflavored milk at each meal and snack and will limit juices for special occasions. The juice will be 100% fruit or vegetable juice only.

If a parent would prefer to bring their own food for their child there must be a written food plan signed by all parties, and followed when accommodating a child. This plan must be agreed to by the staff and the parent or guardian and include the CACFP standards:

- (a) Special feeding needs;
- (b) Special diets;
- (c) Religious or cultural preferences;
- (d) Family preference; or
- (e) Other needs.

If the food does not meet the CACFP standards the parent or guardian will be informed and supplemental food will be given to the child.

On special occasions, such as birthdays, an early learning provider may allow parents or guardians to bring in snacks that may not satisfy the nutritional requirements for all children. The snacks provided must be limited to:

- (a) Store purchased fruits and vegetables (uncut);
- (b) Foods prepackaged in the original manufacturer containers; or
- (c) Snacks prepared, cooked, or baked at home by parents or guardians of a child in care. Prior to serving, an early learning provider must receive written permission from each child's parent or guardian stating their child may consume food prepared, cooked, or baked by another child's parent or guardian.

Any food poisoning or contagious diseases will be reported within twenty-four hours to the local health jurisdiction or the department of health.

Food will not be used as a reward or for discipline.

We will keep three-day supply of food, water on the premises for emergencies.

### **Handwashing and Hand Sanitizer Use WAC 110-300-0200**

- (a) Wet hands with warm water;
- (b) Apply soap to the hands;
- (c) Rub hands together to wash for at least twenty seconds;

- (d) Thoroughly rinse hands with water;
- (e) Dry hands with a paper towel, single-use cloth towel, or air hand dryer;
- (f) Turn water faucet off using a paper towel or single-use cloth towel unless it turns off automatically; and
- (g) Properly discard paper single-use cloth towels after each use. If we use single use cloth towels, we will make the soiled and used towels inaccessible to children.

We will wash our hands following the handwashing procedures listed above:

- (a) When arriving at work;
- (b) After toileting a child;
- (c) Before and after diapering a child (use a wet wipe in place of handwashing during the middle of diapering if needed);
- (d) After personal toileting;
- (e) After attending to an ill child;
- (f) Before and after preparing, serving, or eating food;
- (g) Before preparing bottles;
- (h) After handling raw or undercooked meat, poultry, or fish;
- (i) Before and after giving medication or applying topical ointment;
- (j) After handling or feeding animals, handling an animal's toys or equipment, or cleaning up after animals;
- (k) After handling bodily fluids;
- (l) After using tobacco or vapor products;
- (m) After being outdoors;
- (n) After gardening activities;
- (o) After handling garbage and garbage receptacles; and
- (p) As needed or required by the circumstances.

We will direct, assist, teach, and coach, children to wash their hands, using the steps listed above:

- (a) When arriving at the early learning premises;
- (b) After using the toilet;
- (c) After diapering;
- (d) After outdoor play;
- (e) After gardening activities;
- (f) After playing with animals;
- (g) After touching body fluids such as blood or after nose blowing or sneezing;

(h) Before and after eating or participating in food activities including table setting; and

(i) As needed or required by the circumstances.

(6) Hand sanitizers or hand wipes with alcohol may be used for adults and children over twenty-four months of age under the following conditions:

(a) When proper handwashing facilities are not available; and

(b) Hands are not visibly soiled or dirty.

(7) Children must be actively supervised when using hand sanitizers to avoid ingestion or contact with eyes, nose, or mouths.

(a) Hand sanitizer must not be used in place of proper handwashing.

(b) An alcohol-based hand sanitizer must contain sixty to ninety percent alcohol to be effective.

### **Observing children for signs of illness daily and exclusion and return of ill children, staff, or any other person in the program space WAC 110-300-0205**

We will observe all children for signs of illness when they arrive at our program and throughout the day. If a child develops signs or symptoms of illness during the day the parents or guardians of a child will be notified as soon as possible.

If a staff member becomes ill, I will determine whether that staff member should be sent home. To reduce the spread of germs, viruses and bacteria we will keep the child separated from other children as reasonably possible to prevent contact between the ill child and healthy children.

(1) An ill child must be sent home or reasonably separated from other children if:

(a) The illness or condition prevents the child from participating in normal activities;

(b) The illness or condition requires more care and attention than the early learning provider can give;

(c) The required amount of care for the ill child compromises or places at risk the health and safety of other children in care; or

(d) There is a risk that the child's illness or condition will spread to other children or individuals.



(2) Unless covered by an individual care plan or protected by the ADA, an ill child, staff member, or other individual must be sent home or isolated from children in care if he or she has:

(a) A fever 101 degrees Fahrenheit for children over two months (or 100.4 degrees Fahrenheit for an infant younger than two months) by any method, and behavior change or other signs and symptoms of illness (including sore throat, earache, headache, rash, vomiting, diarrhea);

(b) Vomiting two or more times in the previous twenty-four hours;

(c) Diarrhea where stool frequency exceeds two stools above normal per twenty-four hours for that child or whose stool contains more than a drop of blood or mucus;

(d) A rash not associated with heat, diapering, or an allergic reaction;

(e) Open sores or wounds discharging bodily fluids that cannot be adequately covered with a waterproof dressing or mouth sores with drooling;

(f) Lice, ringworm, or scabies. Individuals with head lice, ringworm, or scabies must be excluded from the child care premises beginning from the end of the day the head lice or scabies was discovered. The provider may allow an individual with head lice or scabies to return to the premises after receiving the first treatment; or

(g) 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.

(3) At the first opportunity, but in no case longer than twenty-four hours of learning that an enrolled child, staff member, volunteer or household member has been diagnosed by a health care professional with a contagious disease listed in WAC [246-110-010](#)

(4) We will provide written notice to the department, the local health jurisdiction, and the parents or guardians of the enrolled children if an enrolled child, staff member, volunteer or household member has food poisoning or a reportable disease.

We will not take ear or rectal temperatures to determine a child's body temperature. We will use a digital forehead scan thermometers or underarm auxiliary method. Glass thermometers containing mercury will not be used. We may request written permission of a health care provider or health jurisdiction stating the individual may safely return after being diagnosed with a contagious disease.

## **Contagious disease notification WAC 246-110-010(3)**

At the first opportunity, but in no case longer than twenty-four hours of learning that an enrolled child, staff member, volunteer or household member has been diagnosed by a health care professional with a contagious disease listed below, we will provide written notice to the department, the local health jurisdiction, and the parents or guardians of the enrolled children and anyone who may have come into contact with the contagious person.

Contagious diseases include, but are not limited to:

- (a) Bacterial Meningitis
  - (i) Haemophilus influenzae invasive disease (excluding Otitis media)
  - (ii) Meningococcal
- (b) Diarrheal diseases due to or suspected to be caused by an infectious agent
  - (i) Cryptosporidiosis
  - (ii) Giardiasis
  - (iii) Hepatitis A
  - (iv) Salmonellosis
  - (v) Shigellosis
  - (vi) Shiga toxin-producing Escherichia coli (STEC)
- (c) Diseases spread through the air - Tuberculosis
- (d) Vaccine preventable diseases
  - (i) Chickenpox (Varicella)
  - (ii) Diphtheria
  - (iii) German measles (Rubella)
  - (iv) Measles (Rubeola)
  - (v) Mumps
  - (vi) Whooping cough (Pertussis)

We will clean all contaminated areas and any area having contact with infectious agents using our cleaning, sanitizing and disinfecting methods.

We will separate and exclude all staff with a contagious disease described above until they have written permission from a health care provider or health jurisdiction stating the individual may safely return. If it is a family member, we will keep the family member separated from the child care until it is safe for them to return.

# Medical Emergencies, Injury Treatment and Reporting

WAC 110-300-0470,0475

We will try to prevent injuries by a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action and ensure effective coordination in cases of emergencies or during incident responses.

We will have parental consent to seek medical care and treatment of all children enrolled on our program. The consent will be signed by the child's parent or guardian;

We will have an incident or injury report that will include:

- (i) The date and description of the child's incident or injury;
- (ii) Treatment provided to the child while in care;
- (iii) The names of the early learning program staff providing the treatment;

and

(iv) A copy of the incident or injury report will be given to the child's parent or guardian.

(v) A copy of the incident or injury report will be filed in the child's file.

We will keep documentation of all reports of food poisoning or contagious diseases that was sent to the local health jurisdiction or the department of health

- We will notify parents and guardians about any lockdown, whether practice or real. If real we will notify parents and guardians when it is safe to do so.

In the case of a disaster of any kind, I have prepared my home for evacuating the children and have a three day/72-hour supply of food and water for each child and staff. Please bring a three-day supply of any required medications for your child/children. We will keep the children at our facility until the parents are able to safely arrive to pick up their children after a disaster, and will not leave your child unsupervised.

## Comfort Kit

In an emergency, it is helpful to have a comfort kit for your child. You will need to provide the following which will be assembled into a comfort kit and labeled with your child's name. In the case of an emergency (i.e. volcano eruption, fire, terrorist attack, power outage, etc.), if time and safety allow, comfort kits will be taken from the daycare center when leaving the facility. These items should be included in the comfort kit for each child:

- A photo of parents;

- Water bottle;
- A favorite snack (snack bars, etc.);
- Space blanket;
- Small flash light;
- Whistle;
- Books.

## **Injury or Medical Emergency Response and Reporting** (WAC 110-300-0475)

1. My staff and I have First Aid, Child CPR, and HIV/Aids/Blood Borne Pathogens Prevention training.
2. Minor cuts, bruises, and scrapes will be treated. Parents will be notified with an injury report. With some minor injury's parents may be called to help decide whether the child should go home.
3. Head injuries, sever bleeding or other serious injuries we will contact the parent immediately and write an injury report.
4. In the event of a serious injury or emergency, I will call 911 and administer first aid or CPR if needed. I will notify you as soon as safely possible.
5. If injury results in medical treatment or hospitalization, I am required to immediately call and submit an "Injury/Incident Report" to my Department's Licensor and child's social worker, if any. You will be given a copy.
6. All injuries that the child arrives with will be documented and an injury report will be written.

We have a written emergency preparedness plan, that has been reviewed and approved by the department prior.

We will report by phone upon knowledge of the following to:

(a) Law enforcement or the department at the first opportunity, but in no case longer than forty-eight hours:

- (i) The death of a child while in the early learning program's care or the death from injury or illness that may have occurred while the child was in care;
  - (ii) A child's attempted suicide or talk about attempting suicide;
  - (iii) Any suspected physical, sexual or emotional child abuse;
  - (iv) Any suspected child neglect, child endangerment, or child exploitation;
  - (v) A child's disclosure of sexual or physical abuse; or
  - (vi) Inappropriate sexual contact between two or more children.
- (b) Emergency services (911) immediately, and to the department within twenty-four hours:
- (i) A child missing from care, triggered as soon as staff realizes the child is missing;
  - (ii) A medical emergency that requires immediate professional medical care;
  - (iii) A child who is given too much of any oral, inhaled, or injected medication;
  - (iv) A child who took or received another child's medication;
  - (v) A fire or other emergency;
  - (vi) Poisoning or suspected poisoning; or
  - (vii) Other dangers or incidents requiring emergency response.
- (c) Washington poison center immediately after calling 911, and to the department within twenty-four hours:
- (i) A poisoning or suspected poisoning;
  - (ii) A child who is given too much of any oral, inhaled, or injected medication;
- or
- (iii) A child who took or received another child's medication;
  - (iv) The provider must follow any directions provided by Washington poison center.
- (d) The local health jurisdiction or the department of health immediately, and to the department within twenty-four hours about an occurrence of food poisoning or reportable contagious disease as defined in chapter [246-110 WAC](#), as now or hereafter amended;
- (e) The department at the first opportunity, but in no case longer than twenty-four hours, upon knowledge of any person required by chapter [110-06 WAC](#) to have a change in their background check history due to:
- (i) A pending charge or conviction for a crime listed in chapter [110-06 WAC](#);
  - (ii) An allegation or finding of child abuse, neglect, maltreatment or exploitation under chapter [26.44 RCW](#) or chapter [388-15 WAC](#);
  - (iii) An allegation or finding of abuse or neglect of a vulnerable adult under chapter [74.34 RCW](#); or

(iv) A pending charge or conviction of a crime listed in the director's list in chapter [110-06](#) WAC from outside Washington state, or a "negative action" as defined in RCW [43.216.010](#).

In addition to reporting to the department by phone or email, we will submit a written incident report of the following on a department form within twenty-four hours:

(a) Situations that required an emergency response from emergency services (911), Washington poison center, or department of health;

(b) Situations that occur while children are in care that may put children at risk including, but not limited to, inappropriate sexual touching, neglect, physical abuse, maltreatment, or exploitation; and

(c) A serious injury to a child in care.

(4) An early learning provider must immediately report to the parent or guardian:

(a) Their child's death, serious injury, need for emergency or poison services;

or

(b) An incident involving their child that was reported to the local health jurisdiction or the department of health.

## **Immunization Tracking** WAC 110-300-0210

Before attending our program, every child must be vaccinated against or show proof of acquired immunity for the vaccine-preventable disease, pursuant to chapter [246-105](#) which includes the following:

- (1) Chickenpox (Varicella);
- (2) Diphtheria;
- (3) German measles (Rubella);
- (4) Haemophilus influenzae type B disease;
- (5) Hepatitis B;
- (6) Measles (Rubeola);
- (7) Mumps;
- (8) Pneumococcal disease;
- (9) Polio (Poliomyelitis);
- (10) Tetanus; and
- (11) Whooping cough (Pertussis).

Before the first day the child attends our child care, the child must have a Certificate of Immunization form (CIS) completed with the child's full name, birth date, type of vaccine(s) administered, month, day, and year of each dose of vaccine received and the parent's

signature or a certificate of exemption (COE) signed by both the treating physician and the parent. If there is a signed Certificate of exemption (COE) from a licensed physician, the child will be excluded from child care if there is an outbreak of a vaccine preventable disease that the child has not been immunized for.

The immunization records must be updated within 24 hours of a child obtaining their immunization or on the first day the child returns to child care after an immunization.

We will exclude a child from care for the following reasons:

(1) Parent or guardian fail to provide a completed CIS form on or before the child's first day of attendance.

(2) A child attending under conditional status fails to make satisfactory progress toward full immunization.

(3) A child has been admitted under a temporary medical exemption and the particular vaccine for which the exemption was granted is no longer contraindicated and the child fails to make satisfactory progress toward full immunization.

(4) A local health officer excludes a child from school or a child care center under chapter [246-110](#) WAC during an outbreak of a vaccine-preventable disease if the child has not been fully immunized against that disease due to:

- (a) Conditional status;
- (b) Medical exemption;
- (c) Religious exemption;
- (d) Philosophical exemption; or
- (e) Personal exemption.

If an outbreak of a vaccine-preventable disease occurs within our program, we will notify the parents or guardians of children exempt from immunization for that disease and children without vaccination documents. We will exclude the child from the child care premises for the duration of the outbreak of that vaccine-preventable disease.

## Medication Management, Storage, Administration and Documentation WAC 110-300-0215

We will make all reasonable accommodations to support children who have a medical or health condition and need medication or procedures during child care hours. Prescription medication that cannot be given at home will be administered to children under the following conditions.

- 1) We will have written and signed consent from the child's parent or guardian.

- 2) We will only administer medication pursuant to directions on the medication label, and using appropriate cleaned and sanitized medication measuring devices that are supplied by the parent.
- 3) The medication must be prescribed by a health care professional with prescriptive authority for the specific child
- 4) The medication will have a prescription label that contain:
  - (A) A child's first and last name;
  - (B) The date the prescription was filled;
  - (C) The name and contact information of the prescribing health professional;
  - (D) The expiration date, dosage amount, and length of time to give the medication; and
  - (E) Instructions for administration and storage.
- 5) We need accompanying information that states the side effects, if there are foods or other medication that could interact with the medication, if the medication needs to be taken on an empty stomach or with food and other information needed to administer the medication.

Prescription medication will be only given to the child named on the prescription medication. Prescription medication will be accompanied with medication authorization form that has the medical need and the possible side effects of the medication.

I nor my staff will give medication to a child until we have successfully completed:

- (a) Reading this policy and procedures, understand it and sign that we will follow it.
- (b) Until we have completed the Department standardized training course in medication administration that includes a competency assessment pursuant to WAC [110-300-0106](#)(10) or equivalent training.
- (c) Have completed a training from a child's parents or guardian (or an appointed designee) for special medical procedures that are part of a child's individual care plan. This training must be documented and signed by the provider and the child's parent or guardian (or designee). Or discussed the medication with the parents that includes dosage, administration, storage, and reasons for the medication.

We may allow children to take his or her own medication such as inhalers with parent or guardian authorization. We will observe and document that the child took the medication.



We will not sedate a child unless the medication has been prescribed for a specific child for that particular purpose by a qualified health care professional.

We will keep a current written medication log that includes:

- (i) A child's first and last name;
- (ii) The name of the medication that was given to the child;
- (iii) The dose amount that was given to the child;
- (iv) Notes about any side effects exhibited by the child;
- (v) The date and time of each medication given or reasons that a particular medication was not given; and
- (vi) The name and signature of the person that gave the medication.

We will store all medication as directed on the packaging or prescription label, including applicable refrigeration requirements.

- (i) Medication will be inaccessible to children;
- (ii) Controlled substances will be locked in a container or cabinet inaccessible to children;
- (iii) Medication will be kept away from food in a separate, sealed container.
- (iv) External medication (designed to be applied to the outside of the body) will be stored to provide separation from internal medication (designed to be swallowed or injected) to prevent cross contamination.

We will return a child's unused medication to that child's parent or guardian. If this is not possible, we will follow the Food and Drug Administration (FDA) recommendations for medication disposal.

We will not accept or give to a child homemade medication, such as diaper cream or sunscreen.

## Care for pets and animals that have access to licensed space and the health risks of interacting with pets and animals. WAC 110-300-0225

Our pet policy is part of our parent handbook. All parents and guardians are given a copy of this policy. The parent handbook gives notice to children's parents and guardians in writing about our pet.

All pets are current on their vaccinations, pursuant to local and county regulations; Our pet does not show any signs of illness, disease, worms, or parasites. If these symptoms appear, our pet will be removed from the licensed space until appropriately treated for the condition.

We do not allow pets and animals in the kitchen during food preparation and ensure pets and animals do not come into contact with food, food preparation, or serving areas while food is served. We do not use a sink that is used for cleaning food or utensils to clean pet supplies. We store pet and animal medication separate from human medication.

We have a designated indoor litter area that is inaccessible to children and cleaned daily.

All animal waste and litter are disposed of as soon as possible and the area disinfected, the areas are inaccessible to children and the animal waste is disposed of in a manner that prevents children from coming into contact with the waste material.

All Indoor and outdoor play space is cleaned and disinfected where animal or bird waste or vomit is present, as soon as possible or prior to access by children.

Young children may enjoy the responsibility of helping care for pets, but still need careful supervision to handle the pet appropriately and avoid spreading germs. We will supervise the children very carefully when they are interacting with our pet. We will follow our hand washing and cleaning policies. We will establish clear rules with the children that are age appropriate.

All off our pets receive all their shots, including distemper and rabies shots and are checked regularly at our veterinarians for any other diseases or parasites.

Although having pets in child care offers many benefits for children, there can also be risks. Here are some of the most common risks.

- **Allergies.** Some children may be allergic to pet dander. Remember to check with parents to identify any pet allergies before inviting animals into your child care setting.
- **Germs.** Furry animals -- especially cats -- may pick up and transport fungus spores in their coats. Children petting the cat may transfer these spores to themselves and others.
- **Biting.** Animals are living creatures, and their behavior can be unpredictable. Children may get bitten if a pet is mishandled. It may be a good idea to invite a

local veterinarian to help teach the children how to care for pets before introducing a new pet into the child care setting.

- Cat feces may contain parasites that can be transmitted to human

**How general cleaning will be provided and how areas such as food contact surfaces, kitchen equipment, toys, toileting equipment, and laundry will be cleaned, sanitized and disinfected; WAC 110-300-0225**

It is very important for us to keep our premises and program clean and sanitary; including our floors, carpets, walls, counters, bookshelves, toys, equipment and tables.

We clean frequently and make sure all wood is sealed, linoleum, tile and plastic is easily cleanable, moisture resistant and free of chips, cracks, and tears.

We have at least twenty-four inches of moisture resistant and cleanable material or barrier around sinks, drinking fountains, and toilets.

We clean all surfaces before sanitizing or disinfecting. Our surfaces are cleaned with soap and water solution or spray cleaner and rinsed. When using a spray cleaner, directions on the label are followed.

Aerosol sprays and air fresheners are not be used during child care hours.

We will be using a fragrance-free bleach solution for sanitizing and disinfecting and follow the department of health's current guidelines for mixing bleach solutions

We will first clean to wash all debris with soap and water, removing all food and debris from the surface. Then use the following guidelines:

- For Sanitizing: Appropriate for food contact surface sanitizing (dishes, utensils, cutting boards, high chair trays, tables), toys that children may place in their mouths, and pacifiers use a bleach to water ratio of 1 tablespoon of bleach to 1 gallon of cool water and let stand for 2 minutes, then wipe or air dry
- For Disinfecting: Ratio: 1/4 (minimum) to 3/4 (maximum) cup of bleach to 1 gallon of cool water or 1 tablespoon (minimum) to 3 tablespoons (maximum) of bleach to 1 quart of water let stand for 2 minutes, then wipe or air dry. Blood spills or objects with blood on them need a stronger solution. You will use a ratio: 1/4 (minimum) to 3/4 (maximum) cup of bleach to 1 gallon of cool water or 1 tablespoon (minimum) to 3 tablespoons (maximum) of bleach to 1 quart of water and let stand for 2 minutes, then wipe or air dry.
- When cleaning blood or any bodily fluids gloves will be worn and disposed of correctly.

Our cleaning schedule is below:

All food preparation areas, tables and chairs, high chairs, and food service counters, are cleaned and sanitized before and after each meal and snack with single use paper towels or one-time use wiping cloths.

All eating utensils, bottles, drinking equipment, and dishes, will be cleaned and sanitized after each use;

Pacifiers, will only be used by an individual child, will be rinsed after each use and stored in a device or container that prevents contamination. Both the pacifier and the storage device or container will be cleaned and sanitized daily.

All appliances used to prepare food, will be cleaned after each use and sanitized daily or more often as needed;

Our refrigerators, will be cleaned and sanitized monthly or more often as needed;

Our freezer, will be cleaned and sanitized quarterly or more often as needed;

Our infant and toddler toys will be cleaned and sanitized at least daily or more often as needed;

All other toys will be cleaned and sanitized weekly or more often as needed; and when a toy comes into contact with a child's mouth or bodily fluids it will be removed from use until it can be cleaned and sanitized prior to reuse.

Our furniture and equipment, will be cleaned monthly or more often as needed.

Children's personal bedding and clothing will be sent home weekly to be washed

Clothing provided by our program will be laundered as needed.

All sleeping equipment will be kept separate for each individual child and cleaned and sanitized weekly or more often as needed.

Our bedding will be laundered and sanitized after each use if used by more than one child or laundered and sanitized weekly or more often as needed if assigned to only one child.

Our sinks that are not used for handwashing after toileting, diapering, or food preparation will be cleaned and sanitized daily or more often as needed.

Our toileting and diaper changing areas including, but not limited to, toilets, counters, sinks, and floors will be cleaned and disinfected daily or more often as needed.

Our diaper changing tables and changing pads will be cleaned and disinfected between children, even if using a nonabsorbent covering that is discarded after each use.

Our garbage cans and receptacles will be emptied on a daily basis and cleaned and disinfected as needed.

Our diaper receptacles will be emptied, cleaned, and disinfected daily or more often as needed. Contents of a diaper receptacle will be removed from the licensed space, and replaced with a new liner at least daily or more often if odor is present.

Our floors will be cleaned by either sweeping or vacuuming at least once per day or more often as needed. Moisture resistant flooring will be cleaned and sanitized at least once per day or more often as needed.

Our large area rugs or installed carpet will be cleaned at least once every six months, or when visible dirt or stains are present, using a carpet shampoo machine, steam cleaner, or other method that minimizes the exposure of children in care to pathogens and allergens or cleaning after child care hours when possible.

We will not use dry shampoos or dry chemical sanitizers or disinfectants, unless approved by the department.

When infants are in care, we will either place a safe and clean material over our large rugs or carpet, or clean rugs or carpet at least once per month or more often if visible stains are present.

Our small area rugs will be shaken outdoors or vacuumed daily, and laundered as needed.

Carpets or area rugs soiled with bodily fluids will be cleaned and disinfected with high heat or an EPA registered product. We will limit exposure to blood and body fluids during cleanup.

Children will not be present when carpets are cleaned or vacuumed unless we need to spot vacuum, the vacuum has a HEPA filter, and children are not within the immediate area and children will not use or play on or near carpet areas where carpets are wet until they are completely dry.

## **Pest control policies; WAC 110-300-0255**

I will take appropriate steps to safely prevent or control pests that pose a risk to the health and safety of adults and children in and around the licensed space. Any herbicide or pesticide will be applied pursuant to the product manufacturer's directions. The product will not be applied during program hours. Children will not apply the product, or have access to pesticides. Pesticides will be stored in an area that is not accessible to children and not in an area that food is stored.

To keep our facility safe, we will:

(a) Take steps to prevent attracting pests including, but not limited to, identifying and removing food and water sources that attract pests, having screens on windows and doors and keeping cracks and holes repaired.

(b) Inspect the Indoor and outdoor areas in and around the licensed space for evidence of pests. And respond and document the date and location if evidence is found.

(c) Identified and documented so the pest may be properly removed or exterminated.

(d) Remove or exterminate the pests if found in the licensed space.

(e) Notify the parents or guardians of enrolled children what pesticide will be applied and where it will be applied no less than forty-eight hours before application, unless in cases of emergency (such as a wasp nest).

(f) Apply only when children are not present and follow the pesticide manufacturer's instructions.

(2) When possible, we will use prevention and natural, nonchemical, low-toxicity methods pesticides or herbicides to control pests.

We will keep a Pesticide use log for seven years.

### **Caring for children with special needs or health needs, including allergies, as listed in the child's record; and WAC 110-300-0300**

My home is open to all children including those with special needs. I have had specialized training in Autism Spectrum Disorder, Special Diets & Food Allergies, Beyond Behavior Management, Red Flags Tool Training, and Brain Development. If a child has special needs, I will discuss those needs with the family to make sure that our home is the best option for the child. We will discuss the child's needs, strengths and abilities, his level of supervision and extra procedures that need to be done during child care hours.

Together with the parent we will develop an individual care plan for each child with special needs and notify the department when a child with special needs is enrolled or identified in the early learning program.

Our plans and documentation will:

- (a) Meet the requirements of the Department;
  - (b) Be available for department review;
  - (c) Have written permission from a child's parent or guardian stating that a visiting health professional may provide services to the child at the early learning program, if applicable;
  - (d) Have verification that early learning program staff involved with a particular child has been trained on implementing the individual care plan for that child, if applicable;
  - (e) Be updated annually or when there is a change in the child's special needs;
- and
- (f) Be kept in the child's file.

(2) The individual care plan will be signed by the parent or guardian and may be developed using a department provided template.

(a) The individual care plan will contain:

(i) The child's diagnosis, if known;

(ii) Contact information for the primary health care provider or other relevant specialist;

(iii) A list of medications to be administered at scheduled times, or during an emergency along with descriptions of symptoms that would trigger emergency medication;

(iv) Directions on how to administer medication;

(v) Allergies;

(vi) Food allergy and dietary needs, pursuant to WAC [110-300-0186](#);

(vii) Activity, behavioral, or environmental modifications for the child;

(viii) Known symptoms and triggers;

(ix) Emergency response plans and what procedures to perform; and

(x) Suggested special skills training, and education for early learning program staff, including specific pediatric first aid and CPR for special health care needs.

(b) We will have supporting documentation of the child's special needs provided by the child's licensed or certified:

(i) Physician or physician's assistant;

(ii) Mental health professional;

(iii) Education professional;

(iv) Social worker with a bachelor's degree or higher with a specialization in the individual child's needs; or

(v) Registered nurse or advanced registered nurse practitioner.

(3) Our written plan and documentation for accommodations will include any existing:

(a) Individual education plan (IEP);

(b) Individual health plan (IHP);

(c) 504 Plan; or

(d) Individualized family service plan (IFSP).

We will work with the families to obtain the required information.

We will receive department approval to care for a child with special needs, pursuant to WAC [110-300-0300](#), if the child is older than the maximum age identified on the license. We will accept a child with documented special needs in care up to age nineteen and must be counted in both capacity and staff-to-child ratio.

If the child with special needs requires individualized supervision pursuant to WAC [110-300-0300](#) the child would count towards capacity but will not count in the staff-to-child ratio.

We will keep attendance records for each staff member (including staff assigned to care for children with special needs and one-on-one care) and volunteers;

We will practice emergency drills with all children including those that have special needs. We will keep documentation on how we will evacuate children, especially those who cannot walk independently. This may include children with disabilities, functional needs requirements, or other special needs.

Our program curriculum and instruction, activities, spaces, and materials will be adapted to help children and adults with special needs.

We will provide families with community resources including resources for children with special needs.

## Dental Hygiene Practices and Education WAC 110-300-0180

We teach children how to take care of their teeth by showing them with a toy mouth how to brush and floss their own teeth. We do this in September when we are learning about “Me and my body.” We feel it’s important for all ages including infants to practice good dental hygiene.

To help prevent tooth decay will not be providing juice for children under twelve months old and will only provide older children juice on very limited occasions. The juice that is provided will only be 100% fruit or vegetable juice and will only be served in a cup. We will not use teething gels or tablets unless prescribed from a physician.

We will have on file the name of the child’s dentist contact information or an emergency dental plan and will document the dates of the child’s last dental exam, when applicable.