

Anne's Childcare & Preschool

Program Based Staff Policies and Training

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<u>Philosophy</u>

The preschool years are very critical for any child's development. Children start learning how to interact with others (social skills), to share with others, to help others, to respect others, and more during these years. From birth to five years old, children are developing their physically, emotionally, and mentally growing leaps and bounds. As a Childcare Provider, our most important task will always be to nurture developmental growth in a positive and effective manner.

As a Childcare Provider I incorporate these tenets into my service:

- Intelligence requires physical, mental, and social nourishment.
- Personality development depends on the relationships, learning opportunities, self-expressions and the guidance as appropriate.
- All individuals are unique and special. You are your children's uniqueness well be respected.

Our job as families' provider/staff is to produce quality childcare for young children. That is our goal and we work hard to accomplish these services to our families. Anne has over 20 years of providing licensed childcare services. She has modified her home with the Childcare in mind. With a fenced back yard with lots of room for children to play, a long drive way for children to play with toys, and a wide range of child development toys, books, art materials, and up to date children furniture.

We feel a child's environment impacts them strongly on the way they development during their preschool years. The primary learning place for a child is their home. Childcare is not a substitute for parenting, good childcare adds to the positive development of your child. Quality Childcare prepares children, emotionally, academically, socially, and physically for the future. Our childcare home provides a safe and clean environment for children. Our goal is to provide the resources each child will need for their long term success in life.

Job Descriptions, Pay Dates, & Benefits (WAC 110-300-0100)

Once you are hired for the job, you will be given a staff and program policy handbook and a walkthrough of the daily routines with be showed to you. The daily routines are also found in this handbook.

- Staff member must be eighteen years of age.
- A Background check is done for every new staff member before staff member is allowed to be alone with children.
- Must have or filled out a resume. One is provided during hiring process.
- Must have current EQEL /Merit hours.
- Must have current CPR certified card.
- Must have current HIV and Bloodborne pathogens certification.
- Must enjoy working with young children and have an easy going personality.

Family home early learning program licensee or family home

licensee means an individual licensee authorized by the department to operate a family home early learning program within the licensee's family living quarters. An individual or legal entity listed on a license issued by the department, authorized to provide child care or early learning services in a center or family home setting.

Lead teacher means an early learning provider who works as the lead staff person in charge of a child or group of children and implements activity programs. Lead teachers are responsible for implementing the center or family home early learning program. Lead teachers develop and provide a nurturing and responsive learning environment that meets the needs of enrolled children

Assistant teacher is a person whose work is to assist a lead teacher or licensee in providing instructional supports to children and implementing a developmentally appropriate program. The assistant must carry out assigned tasks under the supervision of a lead teacher, program supervisor, director, assistant director, or licensee.

Salary Guidelines/Performance Reviews/Benefits

Starting salary for staff member is \$9.50 an hour and is paid on weekly bases. Raises are given when I see/feel you have earned it by working hard, being on time, not absent more than two weeks at a time.

Sick pay/Vacation pay/Holiday pay

At this time I do not have paid sick, vacation, or holidays. You must be on time for work when you are scheduled and if you do need to call in sick please call me the night before or as soon as possible. When you ask for days off for vacation I need a one-two month notice for days off more than 5 days. I will work with you on days off or when you need to leave early for appointments, school, family emergency, or other.

Anne's Childcare & Preschool is closed on the following holidays:

	•
Martin Luther King Day	3rd Monday in January
President's Day	3rd Monday in February
Memorial Day	Last Monday in May
Juneteenth National Independence Day	19th
Independence Day	July 4
Labor Day	1st Monday in September
Columbus Day	2nd Monday in October
Veterans' Day	November 11
Thanksgiving Day and the day after	4th Thursday and Friday
Christmas Eve through New Year's	December 23 to January 1

Attendance/Asking for time off/Calling in sick

When you ask for days off for vacation I need a one-two month notice for days off more than 5 days. I will work with you on days off or when you need to leave early for appointments, school, family emergency, or other.

Causes for Termination

When hired you have a one month trial period to see how well our performance is in my childcare. You can be terminated if our performance is bad and if you call in sick a lot during the first month. Also you can be terminated if I get too many complaints from parents or other staff about your performance or behavior or if not following dress code.

Dress Code

You must dress clean and appropriately:

- NO HOLES in any of your cloths.
- NO showing any cleavage.
- NO Shirts with bad graphics or bad words.
- Dresses/skirts/shorts need to be as long as or longer than your fingertips.
- Can wear flip-flops

Grievance Procedures

If someone in your immediate family passes, I can give you 3 days grievance when you want to use them.

Documents Required (WAC 110-300-0100,0110,0115)

- a) A copy of government issued photo ID, Social Security card and Green card if applicable.
- b) Completed staff application or resume that includes;
 - (1) First and last name;
 - (2) Date of birth;
 - (3) Job title;
 - (4) First and last day of employment, if applicable
- c) Have a verified high school diploma or equivalent
- d) Proof of registration in the MERIT/STARS system
- e) Basic 30 hour STARS training
- f) Proof of current HIV, First aid and CPR training.
- g) TB test results
- h) Current state food handler permit for the licensee, and for other staff if required under WAC 170-296A-7675(3);
- i) Proof of professional credentials, requirements, and training for each staff member, pursuant to WAC <u>110-300-0100</u> through <u>110-300-0110</u>.
- j) Emergency contact information;
- k) Annual observation, evaluation, and feedback information

Each staff member is responsible for keeping their STARS/MERIT electronic system current.

Professional Development Expectations & Plans (WAC 110-300-0100)

Each staff member is responsible for keeping current training and paper work up to date. When staff member has complete training, copy of certificate is required to be given to owner, Anne Mahdieh for staff records.

A <u>family home lead teacher</u> must have an high school diploma, an ECE initial certificate (12 credits) or equivalent as approved and verified in the electronic workforce registry by the department within five years of the date this section becomes effective for those already employed.

Training Requirements

- Child Care Basics
- First Aid/CPR
- Blood Borne Pathogens
- Food Handlers Permit
- Safe Sleep
- Child Restraint

In-Service Requirements

- 10-hour Annual In-service Training
- Enhancing Quality of Early Learning

A <u>family home assistant teacher</u> must have a high school diploma, and be working on ECE initial certificate (12 credits) or equivalent as approved and verified in the electronic workforce registry by the department within five years of the date this section becomes effective for those already employed.

Training Requirements

- Child Care Basics
- First Aid/CPR
- Blood Borne Pathogens
- Food Handlers Permit
- Safe Sleep

In-Service Requirements

10-hour Annual In-service Training

• Enhancing Quality of Early Learning

Expectations for Attendance and Conduct (WAC 110-300-0120,0331)

I open the childcare at 7:30am and have other stuff come in either at 9 to 9:30am or 10am depending on the day. Some days we have more children than others. We will talk about what your times will be at the beginning of each week. On full days I expect you to show up on time and if you are going to be late to call or text me the reason and do your best to not be more than 10 mins late.

While you are working, your priority will be with the children and the program. Use of cell phones or other electronic devices for non-program use will be limited to break times. Language used will be respectful and appropriate to children and families. Gossip, bullying or other negative behaviors are prohibited and may be grounds for termination.

It is our goal to provide an enriching, loving and nurturing program for children and all staff are expected to behave in a manner to reach that goal. State that profanity, obscene language, put downs, cultural or racial slurs are not allowed. State that intimidation, gestures, or verbal abuse including sarcasm, name calling, shaming, humiliation, teasing, derogatory remarks about a child or the child's family will not be tolerated at your facility. If staff emotionally abuse a child, including victimizing, bullying, rejecting, terrorizing, extensive ignoring, or have angry or hostile interactions, threats of physical harm or inappropriate discipline such as, but not limited to, spanking, biting, jerking, kicking, hitting, slapping, grabbing, shaking, pulling hair, pushing, shoving, throwing a child, or inflicting pain or humiliation as a punishment termination of employment will happen immediately. Information about children and families in the program will remain confidential. Anything of a sensitive nature will be shared outside of the presence of the children.

All staff will be excluded from the early learning premises when that provider's illness or condition poses a risk of spreading a harmful disease or compromising the health and safety of others. The illnesses and conditions that require a staff member to be excluded are pursuant to WAC <u>110-300-0205</u>. If a staff person has not been vaccinated, or has not shown documented immunity to a vaccine preventable disease, that person may be required by the local health jurisdiction or the department to remain off-site during an outbreak of a

contagious disease described in WAC <u>246-110-010</u>, as now and hereafter amended.

All staff will be excluded or separated if they have a contagious disease described in WAC <u>246-110-010</u>.

Teacher-Child Interaction (WAC 110-300-0150,0320,0325)

All staff must interact with children to maximize children's interests, helping the child to learn and play. Our goal is to engage the child by offering choices of activities that help the child learn how to take turns, cooperate, wait, selfcontrol, respect for the rights of others, treating others kindly, and conflict resolution. We will promote imagination and creativity, language development and literacy skills, promote numeracy (counting and numbers) and spatial ability, encourage discovery and exploration; and promote learning skills. All staff will give clear instructions and directions that are developmentally appropriate. When communicating or interacting with children, an early learning provider must maintain a climate for healthy, culturally responsive child development such as, using a calm and respectful tone of voice, using positive language to explain what children can do and give descriptive feedback, having relaxed conversations with children by listening and responding to what they say. Adult conversations must not dominate the overall sound of the group. All staff will greet children upon arrival and departure using facial expressions such as smiling, laughing, and enthusiasm to match a child's mood. Staff will use physical proximity in a culturally responsive way to speak to children at their eye level and with warm physical contact including, but not limited to, gently touching a hand or shoulder, sitting next to a child, appropriately holding younger children close while communicating All staff will validate children's feelings and show tolerance for mistakes. Staff will be responsive and listen to children's requests and questions, encouraging children to share experiences, ideas, and feelings, observing children in order to learn about their families, cultures, individual interests, ideas, guestions, and theories. Staff will model and teach emotional skills such as recognizing feelings, expressing them appropriately, accepting others' feelings, and controlling impulses to act out feelings. Our program will help support the diversity found in our society, including gender, age, language, and abilities, while being respectful of cultural traditions, values, religion and beliefs of enrolled families.

All staff will interact with other staff and adults in a positive, respectful manner, and must encourage positive interactions between and among children with

techniques such as, giving children several chances a day to interact with each other while playing or completing routine tasks, modeling social skills, encouraging socially isolated children to find friends, helping children understand feelings of others; and including children with special needs to play with others.

Child Supervision Requirements (WAC 110-300-0345)

Adequate supervision is one of the best ways to prevent serious injury and risk to children. All staff must supervise children in care by scanning the environment looking and listening for both verbal and nonverbal cues to anticipate problems and plan accordingly. You must visibly check children on many occasions with little time in between. You are required to position yourself to supervise all areas accessible to children. You must attend to children, being aware of what children are doing at all times, be available and able to promptly assist or redirect a child as necessary; and consider the following when deciding whether increased supervision is needed:

(i) Ages of children;

- (ii) Individual differences and abilities of children;
- (iii) Layout of the indoor and outdoor licensed space and play area;
- (iv) The risk associated with the activities children are engaged in; and

(v) Any nearby hazards including those in the licensed or unlicensed space. If you need an additional staff you must notify me immediately. If there are two staff and you have to undertake other activities for a temporary time period when not required to be providing active supervision you must remain in visual or auditory range, and be available and able to respond if needed. Other activities may include, but are not limited to, cleaning up after an activity or preparing items for a new activity. You must remain in ratio at all times. You may not use a baby monitor or video monitor to substitute for direct supervision. You are responsible to make sure that you are always within the appropriate ratios for the children that are in your care. The consequences of lack of supervision of children can lead to termination.

Preventing Children's access to unlicensed space (WAC 110-300-0311,0345)

Staff members are with or in hearing distance of children at all times and make sure children do not go into unlicensed areas of home.

Child growth and development (WAC 110-300 0305,0310,0315,0320, 0325)

Every staff member must facilitate activities to support child learning and understanding, through a variety of techniques and teaching strategies. Each staff member must use different techniques, curriculum styles and materials to address different learning styles, abilities, developmental levels, and temperament. Staff must notice and respond to teachable moments, showing tolerance for mistakes. Daily routines such as meals and transitions, are times to communicate in English and children's home languages when possible. At our facility we use a scaffolding method to gradually move children toward stronger understanding and greater independence in the learning process.

Developmentally Appropriate Curriculum (WAC 110-300-0305, 0310,0315,0320,0325)

Provider and lead teacher create curriculum for preschool age children to be done Sept to June 15th. Children do 3 to 5 worksheets daily along with their name and an art craft weekly. Summer curriculum is more sensory play, outside paly and fun crafts.

Child Protection, Guidance, and Discipline Techniques (WAC 110-300-0325,0330,0331)

We will use consistent, fair, positive methods of managing children's behavior. Methods used will be appropriate to the child's abilities, developmental level, and culture. At this facility we will work to maintain positive relationships with children by using consistent guidance techniques to help children learn. Spanking or any form of corporal punishment, physical or mechanical restraint, the withholding of food, or any form of emotional abuse is prohibited by anyone on the premises including parents. No corporal punishment will be used in our program. This includes biting, jerking, shaking, slapping, spanking, hitting, kicking or any other means of inflicting physical pain. We will supervise closely to protect children from the harmful acts of other children and take steps to prevent anyone on our facility to do harm to children. Once you become aware of any inappropriate conduct by any adult at the facility you must report it to myself and if it raises to the level that you believe a child has been abused you also must report it to Children's administration at 1-866-END-HARM (1-866-363-4276) All staff and volunteers will be trained on our facilities discipline policy and mustread and acknowledge an understanding of WAC 110-300-0325, 0330, 0331.

The children in my care should be able to play and get along together. Any child that I or staff cannot control or who represents a danger to the other children must find other childcare arrangements. A trial period of one month is generally sufficient to know if a child can fit in with the other children.

Strong physical discipline or verbal reprimands will not be used. Time-outs are occasionally imposed if necessary (see below). Problems such as continual fighting, hitting, biting, and so on will be brought up with the parents and discipline will be left up to them.

If it becomes apparent that a child has severe behavioral problems that I or staff cannot deal with, the parents will be notified immediately. If the problems cannot be resolved, I will give two weeks written notification that the child's enrollment in Anne's Childcare is terminated. I and staff will also provide a full written description of the behavioral problems leading to the child's suspension. In the unlikely event that the actions or behavior of a child puts the safety and welfare of the other children at risk, then I reserve the right to suspend that child immediately.

Time-Outs

We never resort to physical or corporal punishment, but we do impose time-outs if necessary. Time-outs are an effective alternative to other forms of punishment, for they have the effect of reducing tension instead of increasing tension. Here is what we do:

• First, we give the child a verbal warning if he or she is misbehaving: "Stop pulling Tracy's hair or we'll have to have a time-out."

• If the child persists, we say, "Okay, time-out for pulling Tracy's hair" and immediately take the child to the time-out place. The time-out place is safe. It's on the other side of the kitchen table, a spot that is isolated from the other children, but within sight of me.

• We don't scold, lecture, or talk to the child on the way to the time-out place, except to say, "Time-out for pulling hair."

• The time is of short duration: only about one minute per year of the child's age. But even this short time in the corner is amazingly effective, for it gives the child (and you!) a chance to calm down.

• During the time-out, the child isn't allowed to interact with you or any of the other children (except, of course, in the case of an emergency).

• When the time-out is over, we welcome the child back to the group and do not scold the child further or mention the problem behavior.

Safe Sleep Practices (WAC 110-300-0291)

All children, preschool age and younger who remain in care for more than six hours per day, or who show a need for rest, will be offered a rest time. Child not requiring naps will be offered alternative activities that will not disturb other children from napping. No child will be forced to nap.

All staff must complete the safe sleep training before working with infants. All staff will follow safe sleep practices when infants and toddlers are napping or sleeping by actively supervising. Staff will visibly check on the infant or toddler often and being within sight and hearing range at all times, including when an infant or toddler goes to sleep, is sleeping, or is waking up. You will follow the current standard of American Academy of Pediatrics concerning safe sleep practices including SIDS/SUIDS risk reduction. All infants will be put to sleep on his or her back or following the current standard of American Academy of Pediatrics. If an infant turns over while sleeping, you must return the infant to his or her back until the infant is able to independently roll from back to front and front to back no sleep positioning device will be used unless directed to do so by an infant's or toddler's health care provider. The directive must be in writing and kept in the infant's or toddler's file. There will be sufficient lighting in the room in which an infant or toddler is sleeping to observe skin color and be able to monitor breathing patterns of an infant or toddler. Infants and toddlers will follow their own sleep patterns, and will not remain in their cribs after they wake up. There will be no loose blankets, stuffed toys, pillows, crib bumpers, and similar items inside or draped over an occupied crib, bassinet, or other equipment where infants commonly sleep. No blanket, bedding, or clothing will cover any portion of an infant's or toddler's head or face while sleeping, and you will need to readjust these items when necessary. You must Prevent infants or toddlers from getting too warm while sleeping, which may be exhibited by indicators that include, but are not limited to, sweating; flushed, pale, or hot and dry skin, warm to the touch; a sudden rise in temperature; vomiting; refusing to drink, a depressed fontanelle; or irritability.

Food Service Practices (WAC 110-300-0195)

All food is prepared by the Provider and is served by the Provider. When Provider is not present, lead teacher will take over roll. Provider creates menu based on what children like to eat and respecting what parents what children to have. Some children bring packed lunch and snacks and snacks are not shared with other children.

All staff preparing or serving food must comply with the current department of health Washington State Food and Beverage Workers' Manual and supervise services that prepare or deliver food to the early learning program. All staff must have a current food handler's card if you are serving or preparing any food item.

Staff are responsible for cleaning and sanitizing eating and drinking equipment and tables used for eating and food preparation, after each use and removing any item that has cracks, chips or is broken. Staff must use gloves, utensils, or tongs to serve food and serve meals or snacks on plates, dishware, containers, trays, or napkins or paper towels, if appropriate. Food should not be served directly on the eating surface. During meal time staff must be respectful of each child's cultural food practices. You must serve each child individually or serve family style dining, allowing each child the opportunity to practice skills such as passing shared serving bowls and serving themselves and sit with children during meals.

Off-Site Field Trips (WAC 110-300-0480)

We do not do field trips and the children will remain on the premises at all times.

Transporting Children (WAC 110-300-0480)

We do not transport the children anywhere; it is the parent's responsibility to provide transportation for their child.

Health, Safety, & Sanitization Procedures (WAC 110-300-

0195,0198,0240,0500)

To reduce the spread of infections, viruses and bacteria our facility must be clean and sanitary. We are all responsible for the upkeep and cleaning of the facility. Cleaning, Sanitizing and Disinfection should be done regularly and as needed. We will be using a scent free bleach solution for cleaning, sanitizing and disinfecting.

- Cleaning: wash all debris with soap and water, removing all food and debris from the surface.
- 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.

You will need to remove any items that are no longer cleanable due to chips, cracks, and tears and report any carpets, counter tops and other areas that can't be removed but are not longer able to be cleaned to me.

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

Staff will wash their hands at the following times and when needed:

(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;

(I) 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

Please set a good example for your child and help them to wash their hands with the steps above. Hand sanitizer will be used in accordance with WAC 110-300-3650 and will not be substituted when regular hand washing procedures can be practiced, and can only be used by children over twenty-four months and for whom I have a signed parent permission on file. Hand sanitizers will not be with-in reach of the children.

Pets in the Home

All pet immunizations are current and the records are up-to-date. All pets are in good health, show no evidence of disease, and are not aggressive. Staff is required to always be present when children play with pets and children will wash their hands with soap and water after handling pets. There is a separate area, other than the children's play space, for pets to relieve themselves.

Medication Management Procedures (WAC 110-300-0215)

- 1. The licensee may choose whether or not they will administer medications to children while in care and are only required to administer medications to children if the medication is prescribed due to a disability or medical condition.
- 2. All medications (prescription and non-prescription) shall be administered only on the written approval of a parent or guardian.
- 3. A Medication Treatment Authorization form (authorization to administer medication) must be completed. This form must be initialed and dated every 30 days for ongoing permission for over the counter medications. And will include the medical need and the possible side effects of the medication.
- 4. No staff shall give medication until they have successfully completed an orientation on the medication policy and procedure; the Department

standardized training course, and if needed training from the parent or guardian on specialized procedures.

- 5. You are responsible for keeping a detailed medication log, that includes:
 - (a) The child's first and last name;
 - (b) The name of the medication that was given to the child;
 - (c) The dose amount that was given to the child;
 - (d) Notes about any side effects exhibited by the child;

(e) The date and time of each medication given or reasons that a particular medication was not given; and

(f) The name and signature of the person that gave the medication.

- 6. You will use an appropriate cleaned and sanitized medication measuring devices.
- 7. Medications must be stored in the original container. The container must have the patient's name, instructions, date of expiration and maintained as directed on the packaging or prescription label, including applicable refrigeration requirements. Medication must be inaccessible to children. Medication must be kept away from food in a separate, sealed container; and external medication (designed to be applied to the outside of the body) must be stored to provide separation from internal medication (designed to be swallowed or injected) to prevent cross contamination. Rescue medication must be easily accessible and out of the reach of children.
- 8. Prescription and non-prescription medications shall be administered only as directed on the label or as otherwise authorized by a physician.
- 9. Prescription medication must be labeled with:

(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.

- 10. Any medicine taken by mouth for children under two will need written permission from the child's doctor.
- 11. Doctor's permission is not required for non-prescription drugs (parent permission is required for <u>all</u> medication, both prescription and non-prescription).
- 12. Nonprescription (over-the-counter) oral medication brought to the early learning program by a parent or guardian
 - (a) must be in the original packaging.

(b) labeled with child's first and last name and accompanied with medication

(c) has the expiration date, medical need, dosage amount, age, and length of time to give the medication.

- 13. You must return a child's unused medication to that child's parent or guardian. If this is not possible, a provider must follow the Food and Drug Administration (FDA) recommendations for medication disposal.
- 14.You may not accept or give to a child homemade medication, such as diaper cream or sunscreen.
- 15. All controlled substances must be locked in a container or cabinet which is inaccessible to children.

All staff must follow the instructions on the label or the parent must provide a medical professional's note; and If the medication does not include age, expiration date, dosage amount, and length of time to give the medication then a prescription is required, such as vitamins, herbal supplements, fluoride supplements, homeopathic or naturopathic medication; and teething gel or tablets (amber bead necklaces are prohibited).

If your facility has decided to use diaper ointments, lip balms, or sunscreens you will need to read and follow the instructions, have parent permission, document the use and send the medication home when no longer used. If children are authorized to give their own medication, such as inhalers you will be responsible for supervising and documenting the administration of the medication. Hand sanitizers or hand wipes with alcohol, may be used only for children over twenty-four months old, if soap and water are not available and only with written the permission of the parents.

Medical Emergencies, Fire, Disaster Evacuation & Emergency Preparedness Plans (WAC 110-300-0470, 0475)

It is I and staff's responsibility to make sure children are safe and healthy during the event of a disaster. One staff member will be assigned to bring with them the comfort kits and disaster bag. We will make sure to take children to a safe area before contacting you. The First Aid Kit is kept in the closet by the daycare room.

Disaster Responsibilities

Staff members will be assigned responsibilities by owner, Anne Mahdieh when hired at childcare.

Earthquake

In the event of an earthquake, children will get under a table or desk until the earthquake has stopped. When the earthquake has stopped, we will leave the building and go outside. Owner, Annie will go back to see if building is safe to return to. Drills will be conducted on a bi-monthly basis so that children and staff have practiced what to do in an earthquake.

Fire

In the event of a fire, children will be evacuated to the outdoors through the nearest, safe exit, gathering at the top of the driveway. A fire extinguisher will be used by me if I feel it's safe for me to use. The fire extinguisher is check each year and smoke detectors are checked on days of fire drills. Drills will be conducted on a bi-monthly basis so that children and staff have practiced what to do in a fire.

For children who are not yet walking or infants, they will be carried out by a staff member.

Lockdown

In the event of a lockdown, Owner, Annie will lock all doors and windows and closed blinds till it is safe for children and staff. Children and staff will be locked down in daycare room. Also there will always be a three-day supply of food, water, and medications for each child and staff member. Lockdown will last till a police or an official emergency response agency notifies us letting us know when it is safe.

In the event of a disaster that requires evacuation from the childcare facility, parents will be contacted and asked to pick up their children at the Redmond Regional Library at 15990 N.E. 85th in downtown Redmond.

In an emergency, I will make every attempt to reach parents by phone. However, in many emergencies, phone lines are overloaded or not operational, making contact by phone impossible.

My cell phone number is 425-466-9531.

Comfort Kit

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.

Disaster Grab & Go Bag

- First aid kit
- Copy of children's medication records
- Children's individual medication if need
- Water bottles
- Flash light

Mandatory reporting of suspected child abuse, neglect, and exploitation, per RCW 26.44.020 and 26.44.030 and all other reporting requirements (WAC 110-300-0475)

As child care providers, we will protect children from all forms of child abuse or neglect. Pursuant to RCW **26.44.030**, when an early learning provider has reasonable cause to believe that a child has suffered abuse or neglect, that provider must report such incident, or cause a report to be made, to the proper law enforcement agency or the department. "Abuse or neglect" has the same meaning here as in RCW **26.44.020**.

All staff, volunteers and family member in this program, must be trained on prevention and reporting of child abuse and neglect. This training must be documented in your staff file. All staff members are to talk to Provider, Anne Mahdieh first before reporting to make sure you have all the information correct about the child's situation.

Staff must 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 <u>110-</u> <u>06</u> WAC to have a change in their background check history due to:

(i) A pending charge or conviction for a crime listed in chapter **<u>110-06</u>** 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 <u>74.34</u> RCW; or

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

(3) In addition to reporting to the department by phone or email, an early learning provider must 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.

If you suspect child abuse or neglect, please call Children's Administration at 1-866-END-HARM (1-866-363-4276) immediately to report the suspected abuse or neglect.

Implementation of Child's Individual Health Care or Special Needs Plan (WAC 110-300-0300)

All staff will be responsible for knowing each individual child, their characteristics, strengths, needs and learning patterns. Staff must be trained on all individual health care or special needs plans. An individual health care or special needs plan may include allergies, developmental disabilities, medical issues, learning delays and many other issues. Staff will be responsible for knowing developmental, behavioral, health, linguistic, cultural, social, and other relevant information for each child. Staff will be responsible for understanding the strength in areas of

development, health issues, special needs, and other concerns. Staff will need to communicate with parents in regards to a child's special needs.

Following Nonsmoking, Vaping, Alcohol and Drug Regulations (WAC 110-300-0420)

The use and visual possession of tobacco, vaping, cannabis and illegal drugs, in any form and associated paraphernalia are prohibited on our property during business hours, including, but not limited to:

- Indoor and outdoor licensed space.
- Within twenty-five feet from any entrance, exit, window, or ventilation intake of the facility, or within view of the children.
- In motor vehicles while transporting children, on field trips, to and from school or other child care related activities.

This policy applies to all persons on the premises, regardless of their purpose for being there. Scientific evidence has linked respiratory health risks to secondhand smoke. No illegal drugs are allowed on the premises. Alcohol, vaping and Cannabis may not be consumed during business hours. The licensee, staff, volunteers, or household members must not, or allow others to:

- Have or use illegal drugs on the premises.
- Consume alcohol or cannabis during operating hours.
- Be under the influence of alcohol, cannabis in any form, illegal drugs, or misused prescription drugs when working with or in the presence of children in care.
- Be impaired as to not be able to respond promptly and care for children.
- The licensee must keep and store all alcohol, including closed and open containers, inaccessible to children and out of the view of children.
- Cannabis and/or Cannabis products in a family child care home will be stored out of the licensed space and inaccessible to the children.
- The licensee must keep tobacco and cannabis products, cigarettes, containers holding cigarette butts, lighters, pipes, cigar butts, ashes and residue and all paraphernalia inaccessible to the children.
- All vaping devises will be stored inaccessible to children and out of the view of children.
- Smoking or vaping tobacco products that are used during business hours must not be in a "public place" or "place of employment," as defined in RCW <u>70.160.020</u>., in a motor vehicles used to transport enrolled children.

Used by any provider who is supervising children, including during field trips, and cannot be within twenty-five feet from entrances, exits, operable windows, and vents, pursuant to RCW <u>70.160.075</u>.

Staff may smoke on breaks/lunch off site and return not smelling of smoke.

Religious, Equity and Cultural Responsiveness (WAC 110-300-0030,0150,0160,0325)

Anne's Childcare is closed on the following holidays:

Martin Luther King Day
President's Day
Memorial Day
Juneteenth National Independence Day
Independence Day
Labor Day
Columbus Day
Veterans' Day
Thanksgiving Day and the day after
Christmas Eve through New Year's

3rd Monday in January
3rd Monday in February
Last Monday in May
19th
July 4
1st Monday in September
2nd Monday in October
November 11
4th Thursday and Friday in November
December 24 to January 1

Holiday Observance

We respect and facilitate the rights of the child in care to observe the tenets of the child's faith, consistent with state and federal laws. We do not punish or discourage the child for exercising these rights. Also we maintain a written description of the center's religious policies and practices that affect the child in care.

This is a secular childcare. I do not provide overtly religious activities, but we may observe traditional seasonal holidays such as by singing Christmas songs, making Christmas cookies, watching special seasonal videos, or by making special craft projects at Christmas at Christmas time, on Valentine's Day, and Halloween. We will also observe your child's birthday with special decorations and by singing Happy Birthday if you would like. You may also send a treat for your child to share with the other kids on his or her birthday if you wish, but please let me know at least one day in advance if you plan to do this. If you would like us to observe a particular holiday, let me know and I will try to accommodate you.

All staff must supply children in care with early learning materials that are age and developmentally appropriate. For each age group of children in care, a provider must supply a variety of materials that satisfy individual, developmental, and cultural needs. The learning materials must be kept clean, washable or disposable and must accommodate the range of abilities of children in care. All toys and equipment must be kept available to children in care and within their reach. You must accommodate special needs of all children in care. All staff must provide culturally and racially diverse learning opportunities. Diverse learning opportunities must be demonstrated by curriculum, activities, and materials that represent all children, families, and staff. A staff must use equipment and materials that include, but are not limited to diverse dolls, books, pictures, games, or materials that do not reinforce stereotypes. Diverse music from many cultures in children's primary languages and introducing them to music from around the world. Staff should provide a balance of different ethnic and cultural groups, ages, abilities, family styles, and genders to the curriculum.

All staff must intervene appropriately to stop biased behavior displayed by children or adults including, but not limited to redirecting an inappropriate conversation or behavior and being aware of situations that may involve bias and responding appropriately; and refusing to ignore bias.

Nondiscrimination (WAC 110-300-0030)

Early learning programs are defined by state and federal law as places of public accommodation. We do not discriminate in employment practices or client services based on race, creed, ethnicity, national origin, marital status, gender, sexual orientation, class, age, religion, or ability; and we comply with the requirements of the Washington law against discrimination (chapter <u>49.60</u> RCW) and the ADA. My expectation is that all employees will not discriminate based on race, creed, ethnicity, national origin, marital status, gender, sexual orientation, class, age, religion, or ability and will work with all families being culturally responsive to every child and family.

Planned Daily Activities and Routines (WAC 110-300-0360) Flexible Daily Schedule

7:30	Opening time
7:30 - 9:00	Supervised free play; puzzles, table games, blocks, dolls, let
	children select their own activities.
9:00-9:15	Children pick up toys; wash hands for snack
9:15-9:45	AM Snack
9:45 - 10:00	Wash hands and diaper change or bathroom
10:00-10:30	Creative arts, crafts, crayons, playdough, music.
10:30-11:00	Structured activities; story time, preschool
11:00-12:00	Wash hands; lunch.
12:30-1:00	Set up mats for nap, diaper changing or bathroom
1:00-3:00	Rest time; nap or quiet time depending on the child
3:00-3:15	Clean up mats, diaper change or bathroom and wash hands
3:15-3:45	PM Snack
3:45-4:00	Clean up and wash hands
4:00-5:00	Free play, outdoor play if possible

While children are sleeping, staff will take lunch breaks. One staff goes from 12pm to 1pm and the other staff goes from 1pm to 2pm.

- Hours for Full Time Employees are 7am to 4pm or 8am to 5pm
- Hours for Part Time Employees are 7am to 12pm or 12pm to 5pm

Days Of Operations

We are opened Monday through Friday from 7am to 5pm. Sometimes till 5:30 if parents are late or have made arrangements for their child to be pick-up at that time.

A year calendar will be given at the beginning of each year with holidays we are closed for and for other days the childcare might be closed for. If Lake Washington school district closes for a snow day, we do too.

Staff Responsibilities if the family home licensee is absent (WAC 110-300-0015)

There are times when I will need to be absent for things like doctor appointments and vacations and will expect the same level of care that I provide. When I am absent from the facility and the program remains open for the care of children, we will remain in ratio and capacity. There will not be changes to the

daily schedule, supervision, child guidance or the food menu. The person in charge will be a fully qualified lead teacher and all documents for that staff member will be in an accessible file on site. The lead teacher will know the foundational quality standards/licensing regulations (WAC 110-300). If a facility licensing compliance agreement (FLCA) is developed as a result of early learning program staff failing to comply with licensing regulations during my absence all staff will be retrained on the foundational quality standards documented on the FLCA. If I will be absent for more than ten consecutive operating days, a notification will be submitted to the department and each child's parent or guardian at least two business days prior to the planned absence. I will also work with staff members to give them information about my absent such as the time period for the absence, emergency contact information for myself, a written plan for staff to follow, the staffing plan, contact information for the lead teacher who will be in charge and who will be present, the staff roles and responsibilities, how each child's needs will be met and the responsibility for meeting licensing requirements. Prior to any lead teacher being in charge of the program for fifty percent or more of the time, a family home lead teacher must meet the qualifications of the family home licensee and complete or be registered in orientation training required in WAC 110-300-0105 and have their professional development progress documented annually.

Observation, evaluation, and feedback policies (WAC 110-300-0115)

When hired you have a one month trial period to see how well our performance is in my childcare. You can be terminated if our performance is bad and if you call in sick a lot during the first month. Also you can be terminated if I get too many complaints from parents or other staff about your performance or behavior or if not following dress code.

I will oversee all staff, establish a work plan with clear expectations, be aware of what all staff members are doing and I will be available and able to respond in an emergency as needed to protect the health and safety of children in care.

Staffing Plan

Our Childcare and Preschool is owned and operated by qualified Washington State Department of Early Learning Certified Staff. This means, all Staff have background checks, meeting continuous and ongoing State Certification Training (to include, but not limited to), 10 Hours of continuous education annually, CPR and First Aid Training, food handlers permit, etc. This Childcare is in compliance with Staff to Client ratios at all times, during normal operating hours.

A. Additional Staffing Plan information:

1. A qualified Staff member will be present and in Charge, if and when the Primary Childcare License holder is absent.

2. Staff members have roles and responsibilities associated with operating the childcare, examples include reading stories, changing diapers, feeding in compliance with USDA Standards, routine cleaning disinfecting and other sanitization responsibilities, etc. There is a division of labor with Staff responsibilities. First Staff learn and be to proficient at their primary tasks. This childcare has an informal cross training program in place to ensure all staff is proficient at all Childcare tasks and responsibilities.

3. Childcare Staff to Client ratio requirements will be met with qualified staff only. As an example, if the Primary Provider has a medical appointment during childcare operation hours, there will be the appropriate, qualified, and certified by the Department of Licensing Staff persons present at the Childcare Facility to meet compliance requirements. Typically, in our case if the primary provider is absent for any time during normal operating hours a Family Member, one of our four adult children will be present to ensure staff to client ratios are met. All of our four Adult children have years of childcare experience, are certified by the Department of Licensing (background checks, CPR and First Aid Training, etc.).

4. Staff will meet children's' physical needs, emotional needs and nurture development in the best interest of the Child's positive development.

B. Parents of Children in our care will be notified in writing a minimum of 45 days prior to a scheduled daycare closure due to authorized and contracted vaca-tion/vacation days.

C. Emergency Contact Information: The telephone number at the Childcare is 425-881-2138. Our Cell Phone telephone number is 425-466-9531. Home/Business Address 15618 N.E. 107th Ct. Redmond, Washington 98052 Email Contact redmondian@yahoo.com.

5. The policy and procedures of Childcare operations of this Childcare in the "absence," of the Primary provider is reviewed and approved by the Department of Early Learning, Washington State, on an ongoing and continuous basis.

Communication

Communication is important. At pickup time, I or you will brief parents on the things they need to know about their child's day – what she had for lunch, how long she stayed down for her nap, when her diaper was last changed, and so on. Also when parents drop off you need to ask how the child's night was and if there is anything you should know for that day. For example, if they are going to the doctor and will need to be picked up early, what time or if someone else is picking their child up that day. Keep communication up with every parent for you and for them.

Sharing applicable information with each other on a daily basis

We maintain records for all children in a confidential manner and each enrolled child's health record is available to staff when needed for medical administration or emergencies. Parent or guardians are allowed access to all records for their child. We do not share any information with other families in the childcare.

Staff training specific to the early learning program and premises (WAC 110-300-0100, 0106, 0115)

All staff must read and discuss the staff policies, parent handbook, health plan, disaster plan, curriculum philosophy and sign a document stating you have read and understand the policies. When changes are made to the policy the changes must be read, discussed and signed that you have read and understand the revisions of the policies. Staff that will be in charge of the child care must take the Department approved orientation.

All staff must read and know the following laws and regulations:

- (ii) Chapter 43.216 RCW; and
- (iii) Chapters <u>**110-300**</u> and <u>**110-06**</u> WAC.

All staff must register with the electronic workforce registry (STARS/MERIT) prior to working with children in an unsupervised capacity.

All staff must complete the child care basics training as approved or offered by the department prior to working unsupervised with children or within three months of being promoted to a new role.

All staff must complete the recognizing and reporting suspected child abuse, neglect, and exploitation training as approved or offered by the department. Training must include the prevention of child abuse and neglect as defined in RCW <u>26.44.020</u> and mandatory reporting requirements under RCW <u>26.44.030</u>. All staff must complete the emergency preparedness training including reading the disaster response plan for our facility and the emergency response plans. All staff must complete the prevention and identifying shaken baby syndrome/abuse head trauma training as approved or offered by the department according to subsection

All staff must complete the serving children experiencing homelessness training. All staff must complete the safe sleep training as approved or offered by the department. This training must be completed annually prior to caring for infants. All staff must complete the child restraint training and show knowledge of the physical restraint protocols annually.

All staff must complete the medication management and administration training and specific training for medications and procedures that are administered at our program.

All staff must be trained on the termination and expulsion policy All staff must complete the prevention of exposure to blood and body fluids training that meets Washington state department of labor and industries' requirements prior to working with children. This training must be repeated pursuant to

Washington state department of labor and industries regulations. All staff must have a current first-aid and cardiopulmonary resuscitation (CPR) certification prior to being alone with children. You must have proof of certification such as a card, certificate, or instructor letter. The training must be delivered in person and include a hands-on component for first aid and CPR demonstrated in front of an instructor certified by the American Red Cross, American Heart Association, American Safety and Health Institute, or other nationally recognized certification program and include child and adult CPR; and Infant CPR, if applicable.

All staff who prepare or serve food to children must obtain a current food worker card prior to preparing or serving food. Food worker cards must be obtained online or through the local health jurisdiction and be renewed prior to expiring. All staff must complete ten hours of annual in-service training.

All staff must complete the department enhancing quality of early learning (EQEL) in-service training with-in thirty-six months of being hired.

All staff must be trained on the cleaning and sanitation procedures, the product being used and the process for cleaning, sanitization and disinfecting.

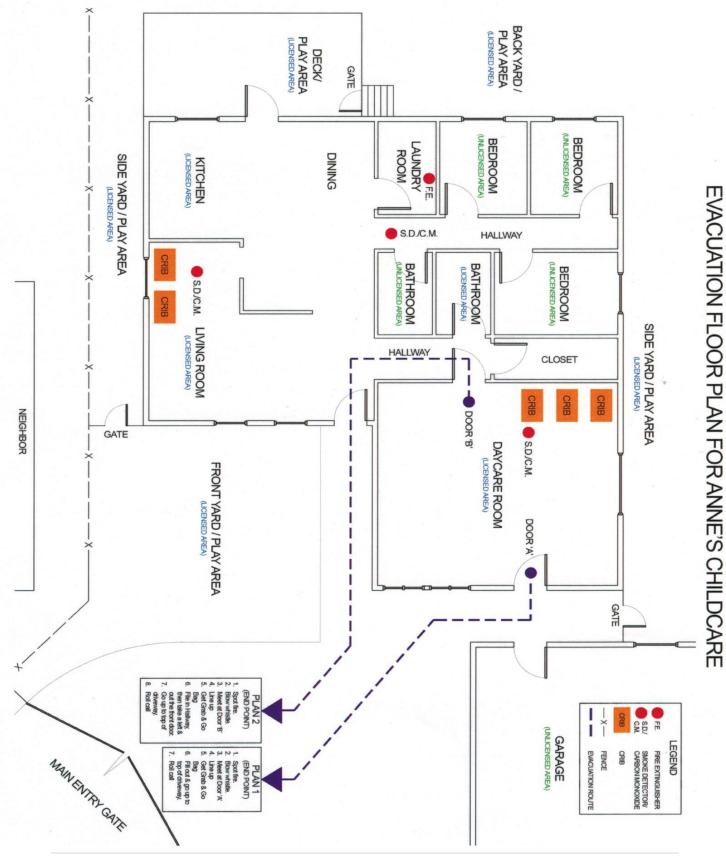
All staff will be trained on trained implementing the individual care plan for each child

Reporting and Notifying Conditions to Public Health (WAC 110-300-0205)

All staff are required to notify in writing, the Department of Health, the licensor, and all families of children in care within 24 hours in the event a licensee, staff person, volunteer, household member, or child in care is diagnosed with a notifiable condition as defined in chapter WAC 246-101.

Appendix A: Disinfecting & Sanitizing with Bleach Guidelines

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Guidelines for Mixing Bleach Solutions for Child Care and **Disinfecting and Sanitizing with Bleach Similar Environments**

This chart was created by t Snohomish Health Distri	area with an eye wash.	and eye protection. • Prepare solution in an	 water. Always add bleach to cool water, NOT water to bleach. Wear gloves 	• Use cool	ratio and date	Label bottles of bleach solution	separate from	day in a well- ventilated area	 Prepare a fresh bleach solution each 	Preparation Tips
This chart was created by the Disinfection Workgroup led by the Washington State Department of Health. Workgroup members consist of staff from Snohomish Health District, Local Hazardous Waste Management Program in King County, Washington State Department of Ecology, the Coalition Learning, and the Washington State Department of Health.	*Use only plain unse manufacturer's label. strength. For example	Contact your local h disinfecting if specific program.	Disinfection of non-p per million (ppm) of c this table represent a approximately 100 pp 0-800 ppm or higher	1 Quart	1 Gallon	For use on eating trays, crib fra	1 Quart	1 Gallon	Water	For use on diaper bowls, toi
yy the Washington State Depart agement Program in King Cour Learning, and the Washingto	*Use only plain unscented bleach that lists the percent (%) strength on the manufacturer's label. Read the label on the bleach bottle to determine the bleach strength. For example, Sodium Hypochlorite6.25% or 8.25%.	Contact your local health jurisdiction for further instructions on cleaning and disinfecting if specific disease or organisms are identified as causing illness in your program.	Disinfection of non-porous non-food contact surfaces can be achieved with 600 parts per million (ppm) of chlorine bleach. To make measuring easier, the strengths listed in this table represent approximately 600-800 ppm of bleach for disinfecting, and approximately 100 ppm for sanitizing. Chlorine test strips with a measuring range of 0-800 ppm or higher can also be used to determine the strength of the solution.	1 Teaspoon		Sanitizing Solutions For use on eating utensils, food use contact surfaces, mixed use tables, high chair trays, crib frames and mattresses, toys, pacifiers, floors, sleep mats, etc.	1½ Tablespoons	1/3 Cup, plus 1 Tablespoon	Bleach Strength* 2.75%	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.
the Washington State Department of Health. Workgroup me gement Program in King County, Washington State Departm Learning, and the Washington State Department of Health.	s the percent (%) stren bleach bottle to detern 6.25% or 8.25%.	further instructions o are identified as causi	t surfaces can be achie ce measuring easier, th ppm of bleach for disu rine test strips with a r termine the strength o	½ Teaspoon		Sanitizing Solutions d use contact surfaces, mixed us attresses, toys, pacifiers, floors, s	2¼ Teaspoons	3 Tablespoons	Bleach Strength* 5.25-6.25%	Disinfecting Solutions tables, hand washing sinks, bathroot s, training rings, soap dispensers, pol door and cabinet handles, etc.
s chart was created by the Disinfection Workgroup led by the Washington State Department of Health. Workgroup members consist of staff from the Department of Early Learnin Snohomish Health District, Local Hazardous Waste Management Program in King County, Washington State Department of Ecology, the Coalition for Safety and Health in Early Learning, and the Washington State Department of Health.	gth on the nine the bleach	n cleaning and ng illness in your	wed with 600 parts te strengths listed in nfecting, and neasuring range of f the solution.	¼ Teaspoon	1 Teaspoon	use tables, high chair sleep mats, etc.	1½ Teaspoons	2 Tablespoons	Bleach Strength* 8.25%	ms (including toilet tty chairs),
the Department of Early Learning, n for Safety and Health in Early		minut es.	area to be disinfected or sanitized. • Air dry for at least 2	water solution to the entire	 Apply chlorine bleach and 	clean water and dry with paper towel.	• Rinse with	water before disinfecting or	 Clean the surface with soap and 	Steps to Follow

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For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD /TTY call 711).

Learning, and the Washington State Department of Health.