

Little Trailblazers  
Early Learning Centers  
Health Policy WAC 110-300-0500



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# **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 healthy 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 helping children use the toilet, 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;
- After using the toilet.

## **Proper Disinfection of contaminated items**

- Cleaning, sanitizing and disinfecting should be done regularly and as needed.
- For Cleaning: Wash all debris with soap and water.
- For Sanitizing: Appropriate for food contact surface (dishes, utensils, cutting boards, high chair trays, tables), toys that children may place in their mouths, and pacifiers; Ratio: 1 tablespoon of chlorine bleach to 1 gallon of cool water or following manufactures guidelines. Contact Time: Let stand for 2 minutes, then wipe or air dry.

- Disinfecting. Following manufactures guidelines: Ratio: 1/4 (minimum) to 3/4 (maximum) cup of chlorine bleach to 1 gallon of cool water or 1 tablespoon (minimum) to 3 tablespoons (maximum) of chlorine 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.
- 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 tie.
- 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 while cleaning areas with bodily fluids. Washing our hands regularly and supervising closely will hopefully keep injuries and accidents to a minimum.

## **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;

7:00-8:00 am	Breakfast
9:30-9:45 am	Morning Snack
12:00-12:30 pm	Lunch
2:45-2:30 pm	Afternoon Snack
5:00-5:15 pm	Last Snack

## SAMPLE WEEKLY MENU

BREAKFAST	4-6 OZ MILK, ¼ C BANANA, ½ SLICE WHOLE GRAIN BREAD	4-6 OZ MILK, ¼ C APPLE, ½ SERVING BISCUIT	4-6 OZ MILK, ¼ C CEREAL, ½ C BERRIES	4-6 OZ MILK, ½ SCRAMBLE EGGS WITH ½ SLICE TOAST, ½ C AVOCADO	4-6 OZ MILK, 1/8 C GRANOLA, ½ C ORANGES
AM SNACK	4 OZ OJ, ¼ C YOGURT, ½ C BERRIES, ¼ C PUFFED CEREAL	WATER, ½ SERVING ASPARGUS CRACKERS, ½ C ORANGES	WATER, ½ SERVING VEGETABLE MUFFIN, ½ C BANANA	WATER, ½ SERVING FRUIT BAR, ½ C CARROTS	4 OZ OJ, ¼ C YOGURT, ¼ C PUFFED CEREAL
LUNCH	4 OZ MILK, ¼ C PASTA MARINARA WITH WHITE BEANS, 1/8 C CARROTS, 1/8 C BANANA	4 OZ MILK, 1 OZ SOUP WITH CHICKEN, WHOLE GRAIN NOODLES, ½ C VEGETABLES, ½ C BANANAS	4 OZ MILK, 1 OZ MEATBALLS WITH ¼ C BROWN RICE, ½ C VEGETABLES, ½ C APPLE	4 OZ MILK, ¼ C WHOLE GRAIN PASTA, 1 OZ CHICKEN, ½ C VEGETABLES, ½ C APPLE	4 OZ C MILK, ¼ C CAULIFLOWER AND BROCCOLI RICE, 1 OZ SHREDDED CHEESE, ½ SERVING BISCUIT, ¼ C BANANA
PM SNACK	WATER, ½ OZ CHEESE, ½ OZ WHOLE GRAIN CRACKERS AND HUMMUS	WATER, ½ SERVING WHOLE GRAIN BREAD, ½ C APPLE	WATER, ½ SERVING CAULIFLOWER BITES, ½ C ORANGES	WATER, 1 OZ APPLE SAUSAGE, 4 OZ FRUIT SMOOTHIE	WATER, ½ OZ WHOLE GRAIN CRACKERS, 1 TBS SOY BUTTER, ½ C APPLE

WATER IS PROVIDED THROUGHOUT THE DAY

WHOLE MILK IS SERVED TO CHILDREN 12-24 MONTHS/1% MILK IS SERVED TO CHILDREN 2-5 YEARS

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. Please notify the parents or guardians of the child if it is suspected or it 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 weekly menu so parents can have the option to bring alternative food items if they want to. 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 a three-day supply of food, and water on the premises for emergencies.

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

Steps for handwashing:

- (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 helping a child use the toilet;
- (c) Before and after diapering a child (use a wet wipe in place of handwashing during the middle of diapering if needed);
- (d) After using the toilet;
- (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 mouth.

- (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, we will determine whether that staff member should be sent home. To reduce the spread of germs, viruses and bacteria, we will keep an ill 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 of at least 101 degrees Fahrenheit measured 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 as soon as the head lice or scabies are discovered. The provider may allow an individual with head lice or scabies to return to the premises once there is proof of treatment and no more evidence of nits, lice, scabies, etc; 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](#), we will provide written notice to DCYF, 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 thermometer 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 DCYF, 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 ensuring 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 in 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 signed copy of the incident or injury report will be given to the child's parent or guardian, if requested.

(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, we have prepared our 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 medication 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 any child unsupervised.

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

1. All staff is required to have First Aid, Child CPR, and HIV/Aids/Blood Borne Pathogens Prevention training.
2. Minor cuts, bruises, and scrapes will be treated and washed with soap and water. Parents will be notified with an injury report. With some minor injuries, parents may be called to help decide whether the child should go home.
3. For head injuries, severe 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, we will call 911 and administer first aid or CPR if needed. We will notify you as soon as safely possible.
5. If injury results in medical treatment or hospitalization, we are required to immediately call and submit an "Injury/Incident Report" to our 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 DCYF prior.

We will report knowledge of the following by phone to:

(a) Law enforcement or DCYF 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 DCYF 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 DCYF 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 occurred while children are in care that may have 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).

We will not be accepting any child/children who is/are exempted from immunization, unless that exemption is due to an illness protected by the ADA or WLAD or by a completed and signed COE.

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.

We accept homeless or foster children into care without the records listed in this section if the child's family, case worker, or health care provider offers written proof that he or she is in the process of obtaining the child's immunization records or a schedule to obtain the immunizations.

The immunization records must be updated within 24 hours of a child obtaining an 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 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 appropriately 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) The 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 only be given to the child named on the prescription medication. Prescription medication will be accompanied with a medication authorization form that has the medical need and the possible side effects of the medication.

We will give medication to a child only when we have successfully completed the following:

(a) Reading this policy and procedures document, understanding it and signing that we will follow it.

(b) After 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 will not be administering nonprescription medication unless it is accompanied by a doctor's letter. The letter must include the beginning date and ending date, the name of the child, the amount of medication, the reason for the medication and the adverse side effects of the medication. This includes but is not limited to:

- (A) Herbal supplements;
- (B) Fluoride supplements;
- (C) Homeopathic or naturopathic medication; and
- (D) Teething gel or tablets (amber bead necklaces are prohibited)
- (E) Vitamins
- (F) Lotions and gels
- (G) Tylenol or aspirin
- (H) Similar over the counter medications

A parent or guardian must annually authorize an early learning provider to administer the following nonmedical nonprescription items:

- (A) Diaper ointments (used as needed and according to manufacturer's instructions);
- (B) Sunscreen;

- (C) Lip balm or lotion;
- (D) Hand sanitizers or hand wipes with alcohol, which may be used only for children over twenty-four months old; and
- (E) Fluoride toothpaste for children two years old or older.

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 separate 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 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**

We do not have pets or animals at our facility.

## **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 are easily cleanable, moisture resistant and free of chips, cracks, and tears.

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 to 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 by washing all debris with soap and water, removing all food and debris from the surface. Then use the following guidelines:

- For Sanitizing: 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. Following directions on product label.
- For Disinfecting: Using manufacturers guidelines, 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. Following directions on product label.

- When cleaning blood or any bodily fluids, gloves will be worn and disposed correctly.

### **Cleaning Schedule:**

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 refrigerator 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 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 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 pad 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 sweeping, vacuuming, and mopping, 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 DCYF.

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 should not be within the immediate area. 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](#)**

We 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. Respond and document the date and location if evidence is found.

(c) Identify and document 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.

(g) When possible, we will use prevention and natural, nonchemical, low-toxicity 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 **WAC 110-300-0300****

Our facility is open to all children including those with special needs. If a child has special needs, we will discuss those needs with the family to make sure that our facility 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 DCYF 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 DCYF;
  - (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.
- (1) 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.
- (2) 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**

The health of the children in our child care is important to us. Brushing a child's teeth helps to remove the bacteria and plaque that causes tooth decay and gum disease. It is good for children to start having their teeth brushed early so that they see tooth brushing as part of their daily routine. We will provide an opportunity for developmentally appropriate tooth brushing activities for all children at least once per day.

We will offer children tooth brushing activities that are safe, sanitary, and educational and store the tooth brushes in a container in a manner that prevents cross contamination. We will not use fluoride toothpaste for children under two years old.

We will have a form for the parent or guardian of the child who may want to opt out of the daily tooth brushing activities to sign.

To help prevent tooth decay, we will only provide 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 by 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.

## **Pandemic Policy (Specifically Covid-19)**

There are a lot of different types of viruses. We have come up with a protocol for Covid-19, but if or when, other viruses arise in the future, we will be taking the recommendations of CDC and DCYF and will be making decisions as we find out more about it.

### **Covid-19**

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Knowing these facts, Little Trailblazers has implemented many new safety measures for families, children and teachers to follow. We are responsible to do our part in reducing the spread and keeping everyone as healthy as possible.

### **Social Distancing Strategies**

- One family on the landing at a time for drop off and pick up. (WQA)
- Waiver to give permission to sign in and sign out to avoid contact
- Tables will all be spread out and have the same people on the same table throughout the day.
- Nap mats will all be spread out as much as possible.

## Guideline for onset of illness at Little Trailblazers

### Child

- If a child becomes sick during the day. The first teacher will keep the child separated from the rest of the class and keep child comfortable until the family can arrive.
  1. The second teacher will immediately call the child's family and request an immediate pick up.

### Employee

- Employees who appear to have symptoms (i.e., fever, cough, or shortness of breath) upon arrival at work or who become sick during the day should immediately be separated from other employees, customers, and visitors and sent home.
- If an employee is confirmed to have COVID-19 infection, employers should inform fellow employees and all the families enrolled of their possible exposure to COVID-19 in school but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Per CDC guidelines, all potential exposures to a positive COVID-19 infection should go into self-isolation for 14 days. Self-monitor for symptoms (i.e., fever, cough, or shortness of breath) and if someone in your household is experiencing these symptoms, please let us know. The school will then close for at least 14 days to isolate, disinfect and assess the situation.

## Guidelines for onset of illness while at home

### Child

2. If a child becomes sick at home with any symptoms, cough, fever, muscle aches, generally not feeling well, we ask that you notify us and keep your child at home. Please keep your children at home symptom- free for 72 hours, without the help of any fever reducing medicine. If symptoms are consistent with Covid-19, please contact your child's pediatrician and ask for guidance. Please contact us and share that guidance so that we will know how to proceed with our next steps of notifying the proper and required people, and/or authorities.

## Employee

1. Stay home: Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
  - Stay in touch with your doctor.
  - Stay away from others: As much as possible, you stay away from others. You should stay in a specific “sick room” if possible, and away from other people and pets in your home. Use a separate bathroom, if available.
  - If you develop emergency warning signs for COVID-19 get medical attention immediately. Emergency warning signs include\*:
    - o Trouble breathing
    - o Persistent pain or pressure in the chest
    - o New confusion or inability to arouse
    - o Bluish lips or face
    - o Cough
    - o Fever

## Family member / Household member

- If caring for a sick household member, follow recommended precautions and monitor your own health.
- Have the person stay in one room, away from other people, including yourself, as much as possible.
- If possible, have them use a separate bathroom.
- Avoid sharing personal household items, like dishes, towels, and bedding
- Have them wear a [cloth face covering](#) (that covers their nose and mouth) when they are around people, including you.
- If the sick person can't wear a cloth face covering, you should wear one while in the same room with them.

- If the sick person needs to be around others (within the home, in a vehicle, or doctor's office), they should wear a cloth face covering that covers their mouth and nose.
- Wash your hands often with soap and water for at least 20 seconds, especially after interacting with the sick person. If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth.
- Every day, clean all surfaces that are touched often, like counters, tabletops, and doorknobs
- Use household cleaning sprays or wipes according to the label instructions.
- Wash laundry thoroughly.
- If laundry is soiled, wear disposable gloves and keep the soiled items away from your body while laundering. Wash your hands immediately after removing gloves.
- Avoid having any unnecessary visitors.
- For any additional questions about their care, contact their healthcare provider or state or local health department.

#### Keep surfaces disinfected

- Avoid sharing personal items
  1. Monitor for emergency signs, prevent the spread of germs, treat symptoms, and carefully consider when to end home isolation.

#### Children/Staff who have had close contact with a person with symptoms or diagnosed with COVID-19

- Children who have symptoms should stay home and notify school. Children should stay home for 72 more hours after they are symptom-free without taking any fever-reducing medicine.
- Employees who have symptoms (i.e., fever, cough, or shortness of breath) should notify their supervisor and stay home.

- Sick employees should follow [CDC-recommended steps](#). Employees should not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers and state and local health departments.
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow CDC recommended precautions.

Children/Staff with COVID-19 who have home isolated can stop isolation with these conditions

- If a test will not be administered to determine if you are still contagious, children and staff can return to school after these three things have happened:
  - No fever for at least 72 hours(that is three full days of no fever without the use of medicine that reduces fevers)  
AND
  - other symptoms have improved (for example, when cough or shortness of breath have improved)  
AND
  - at least 7 days have passed since symptoms first appeared.
- If a test is required to determine if person is still contagious, children or staff can return to school after these three things have happened:
  - No fever for 72 hours (without the use of medicine that reduces fevers)  
AND
  - other symptoms have improved (for example, when cough or shortness of breath have improved)  
AND
  - Received two negative tests in a row, 24 hours apart. Your doctor will follow [CDC guidelines](#)

If LT has a case of Covid-19

- LT will notify families and staff of the exposure.
- LT will report the confirmed case to the local health department and follow their specific guidelines.

- LT will report the confirmed case to the state Department of Public Health and to DCYF.
- Determine the date of symptom onset for the child/staff member.
- Determine if the child/staff member attended/worked at the program while symptomatic or during the 2 days before symptoms began.
- Identify what days the child/staff member attended/worked during that time.
- Determine who had close contact with the child/staff member at the program during those days.
- Close off areas used by the individuals with COVID-19.
- Exclude the children and staff members who are determined to have had close contact with the affected child/staff member for 14 days after the last day they had contact with the affected child/staff member.
- Wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets.
- Open outside doors and windows to increase air circulation in the area.
- If possible, wait up to 24 hours before beginning cleaning and disinfection. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect all areas used by the sick person, such as kitchen, bathrooms, common areas, shared electronic equipment like speakers and cellphones.
- Continue routine cleaning and disinfection
  - When cleaning:
    - Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
    - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
    - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.



- Wash your hands often with soap and water for 20 seconds. -Always wash immediately after removing gloves and after contact with a sick person.
- Dismiss students and most staff for 2 to 5 days. There is a chance that school will be closed for at least 14 days to isolate, disinfect and assess the situation, or whatever CDC or DCYF's recommendations are.

This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school. This allows the local health officials to help the school determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

- Local health officials' recommendations for the scope (e.g., a single school, multiple schools, the full district) and duration of school dismissals will be made on a case-by-case basis using the most up-to-date information about COVID-19 and the specific cases in the community.
- Discourage staff, students, and their families from gathering or socializing anywhere. This includes group child care arrangements, as well as gathering at places like a friend's house, a favorite restaurant, or the local shopping mall.

#### Health Screening of Children/Staff

All children and staff are required to be screened for any observable illness, including cough or respiratory distress, and to confirm temperature below 100 degrees daily.

#### Child

- Perform hand hygiene.
- Staff will wear a mask and gloves while checking child's temperature.
- Check each staff and child's temperature upon arrival. A fever is considered 100 degree Fahrenheit.
- Thermometer must be disinfected before and after use of checking temperature.
- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.

- Staff should wash their hands, neck, and anywhere touched by a child's secretions.
- Staff should change the child's clothes if secretions are on the child's clothes and wash their hands again.
- Contaminated clothes should be placed in a plastic bag or washed in a washing machine. Toddlers and their providers should have multiple changes of clothes on hand in the child care center or home-based child care.
- Staff will record children's temperature.

#### Staff member

- Staff should expect to arrive at least 5-10 minutes earlier than their scheduled shift.
  1. Staff should either have their own thermometer from home, or use school thermometer, and record their daily temperature on their timesheet.

#### During the day- prevention of Covid-19

##### Arrival of children

- Plan for outside drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendation.
- One family for drop off and pick up at a time.
- The same parent or designated person is recommended to drop off and pick up the child every day.
- If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for [severe illness from COVID-19](#).
  1. Upon arrival, a parent should text the teacher to meet up front.
    - Parents should sign a waiver allowing teachers to sign in and sign out to prevent contact.
  2. Check each child's temperature upon arrival and if child has any of the identified symptoms set by the CDC guidance, the child should not be permitted to attend.
    - Staff will be wearing a mask and gloves while taking the temperature.

- Staff will help child remove coat and shoes outside.
- Staff and child will wash hands as soon as they get inside.

#### Arrival of Staff

- Remove shoes and jacket outside.
- Staff will wash hands as soon as they get inside.
- Take temperature and sign in.
  1. Staff is recommended to wear a mask when not social distancing (for example, diaper changing).

#### Departure of children

- Upon arrival, a parent should text the teacher to meet out front.
- The staff member will gather the child's things.
- The staff member will have child wash his/her hands.
  - Staff member will take child and belongings outside for pick up.

#### Departure of Staff

Once all children have departed and school is cleaned and disinfected;

- Use a glove to remove any more garbage to the dumpster.
- Wash mask in soap and water and disinfect in bleach and water, hang to dry.
- Wash hands.
- 2. Take all belongings home.

#### Various times of the day

- All children's blankets and extra clothes are to stay at school to reduce the transmission of Covid-19 from home to school.
- Keep classroom size as small as possible.
- At nap time, ensure that children's cots (or mats) are spaced out as much as possible, ideally 6 feet apart. Continue to practice head to toe in order to further reduce the potential for viral spread.
- Children's books, like other paper-based materials such as mail or envelopes, are not considered as a high risk for transmission and do not need additional

cleaning or disinfection procedures. We do encourage a light spray down of bleach throughout the day

- Break room will have a bleach spray bottle for staff to use before and after use of table if employee needs to eat lunch.
3. No touch trash cans in classrooms instead of cans that require a hand to touch

#### Midday cleaning

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use disinfectant.
- Keeping surface wet for a period of time (one minute).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

#### Soft surface Cleaning

For soft surfaces such as **carpeted floor, rugs, and drapes**

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.
- **Launder items**(if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely or
- **Disinfect with an EPA-registered household disinfectant.** These disinfectants meet EPA's criteria for use against COVID-19.

#### Laundry

For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- Wear disposable gloves when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick can be washed with other people's items.
- Do not shake dirty laundry.

- Clean and disinfect clothes hampers according to guidance above for surfaces.
- Remove gloves, and wash hands right away.

### Clean and Sanitize Toys

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher.
- Be mindful of items more likely to be placed in a child’s mouth, like play food, dishes, and utensils.
- Machine washable cloth toys are not to be used during Covid-19 or must be laundered as soon as a child finishes playing with it
- Toys can only be shared with another classroom if they are washed and sanitized before being moved from one classroom to the other. (WS)
- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.

### Washing, Feeding, or Holding a Child

It is important to comfort crying, sad, and/or anxious toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children.

1. Staff should wash their hands, neck, and anywhere touched by a child’s secretions.
  - Staff should change the child’s clothes if secretions are on the child’s clothes. They should change the button-down shirt, if there are secretions on it, and wash their hands again.

- Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
- Toddlers and staff should have multiple changes of clothes on hand in the child care center or home-based child care.

### Group Size

Group size during the Covid-19 Pandemic is to limit no more than 8 children in one classroom.

### Hand washing

All children, staff, and volunteers should engage in hand hygiene at the following times

- Arrival to the facility and after breaks
- Before and after preparing food or drinks
- Before and after eating or handling food, or feeding children
- Before and after administering medication or medical ointment
- After diapering
- After using the toilet or helping a child use the bathroom
- After coming in contact with bodily fluid
- After handling animals or cleaning up animal waste
- After playing outdoors or in sand
- After handling garbage
- After blowing one's nose, coughing, or sneezing
- Before coming in contact with any child
- After touching or cleaning surfaces that may be contaminated
- After using shared equipment like toys, computer keyboards, mouse, scissors, pens. etc

- All staff and children must adhere to regular hand washing with soap and water for at least 20 seconds
- Turn water on and wet hands, remove from water
- Add soap to hands and create friction to make bubbles
- Scrub for 20 seconds, sing Happy Birthday or ABC's
- Staff member should scrub under nails
- Rinse hands under running water
- Dry hands with single use paper towels
- Turn off faucet with paper towels

#### Alcohol Based Sanitizers

Use of an alcohol based hand sanitizer should only be practiced when soap and water method is not available. If a child needs to use alcohol based sanitizer, an adult/staff member must be physically present to observe and guide child in proper use. Permission waiver should be signed.

#### Respiratory Hygiene

- All staff should cough and sneeze with tissues or the corner of the elbow
- Encourage children when appropriate to cover coughs and sneezes with tissues or the corner of the elbow
- Dispose of soiled tissues immediately after use
- Wash hands

#### Eliminating transmission points

- Reduce common touch points by opening internal doors where possible.
- Install all no-touch disposal receptacle or remove lids that require contact to open for non-hazardous waste containers unless doing so creates an unsanitary environment.

- Frequent cleaning of all touch points.
- Secure all secondary doors and access points to minimize incidental contact.
- Recommended to provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, desks, other work tools and equipment) can be wiped down.
- Staff should not share phones, desks, or other work tools and equipment, when possible. If shared, clean and disinfect equipment before and after use.
- Employees should clean their personal workspace at the beginning and the end of every shift.
  1. If a sick employee is suspected or confirmed to have COVID-19, follow the CDC cleaning and disinfection recommendations.

Essential functions and reliance that the community may need us for our services

- LT will identify alternate supply chains for critical goods and services. Some goods and services may be in higher demand or unavailable. If for some reason there is not adequate equipment and supplies for our school, like, cleaning supplies and paper supplies, the director or her designee will close the school until proper materials have arrived.
- Currently, the best defense to Covid-19 is hand washing therefore, using gloves all day everyday could become the false security therefore gloved hands will be reserve for the following times
  - Universal Precautions
  - Diaper changing
  - Nose blowing
  - Garbage removal
- The Director or her designee will communicate often with companies including fire and safety that enter the building about the importance of sick employees staying home.
- LT procedure for these persons to enter the building



- Visitors conducting business must wear a mask
- Director or her designee will take visitors temperature
- Take off shoes and jacket/coat
- Wash hands

#### Center Family/Staff Communication Plan

1. Communication is important for all center staff and families. Regular communication will continue through email by the director as well as face to face from teachers.

Determine how LT will operate if absenteeism spikes amongst staff

While assuring that same staff person is to remain with the same children over the course of the day it is understandable that absenteeism may increase in employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from childcare programs and K-12 schools.

- LT will plan to monitor and respond to absenteeism at the workplace to provide consistency for families and children.
- Implement plans to continue your essential business functions in case you experience higher than usual absenteeism.
- Prepare to institute flexible workplace and leave policies.
- Cross-train staff to perform essential functions so the workplace can operate even if key employees are absent.

#### Travel

If you, a family or household member living with your child, or your child has traveled outside the state of Washington, please notify LT so we can come up with a plan. CDC is currently recommending anyone who has traveled outside of the state to self-quarantine for at least 14 days.