

Health Care Plan

This Health Care plan was designed specifically to meet the needs of:

Eatonville Early Learning Center

(Name of center)

560 Center St. East Eatonville WA 98328

(Address)

Promoting Healthy Child Care at the Tacoma-Pierce County Health Department is offering you this basic template for establishing a Health Care Plan. While we feel it meets the requirements of the WAC 388-295-3010 it is not intended to provide specific information for any individual child care program. Center directors should evaluate their specific program and customize the template to meet their needs based on the regulations.



PROMOTING HEALTHY CHILD CARE

August 2006

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Emergency Telephone Numbers

Emergency Response:	911
Police (non-emergent):	360-832-6111
Fire Department (non-emergent):	360-832-6931
Poison Prevention Center:	1-800-222-1222

Hospital(s) Used in Emergencies

Name:	Mary Bridge Children's Hospital	Telephone:	253-403-1400
Address:	311 South L Street Tacoma WA 98405		
Name:	Good Samaritan Hospital	Telephone:	253-848-6661
Address:	407 14 th Ave. Puyallup WA 98372		

Other Important Numbers

DCCEL Health Surveyor	F.S. Waddleton-Willis, D.O.	253-983-6406
DCCEL Licensor	Desiree Eberhart	253-9836414
Public Health Nurse Consultant	Jeni Nybo	253-798-6487
CD Reporting Line	Tacoma-Pierce County Health	253-798-6534

First Aid & Emergency Procedures

First-Aid Kit

1. At least one person with a current basic standard first aid and age appropriate cardiopulmonary resuscitation (CPR) training is present with each group of children in our facility at all times.
2. Our first aid kit is located in the office. This area is inaccessible to children, easily accessible to staff, separate from food, and stored away from chemicals and moisture.
3. The lead cook is responsible for assuring our first aid kit(s) are fully stocked.
4. A fully stocked first-aid kit will be taken on all field trips.
5. Our kits contain (at minimum):

<input type="checkbox"/> First aid guide	<input type="checkbox"/> One-way CPR barrier or mask
<input type="checkbox"/> Sterile gauze pads	<input type="checkbox"/> Tweezers
<input type="checkbox"/> Band Aids of various sizes	<input type="checkbox"/> Scissors
<input type="checkbox"/> Roller bandages	<input type="checkbox"/> Syrup of ipecac (used only after calling Poison Control)
<input type="checkbox"/> Non-sterile gloves	<input type="checkbox"/> Large triangular bandage (sling)
<input type="checkbox"/> Adhesive tape	

Minor Emergencies

1. Staff trained in first aid will refer to the First-aid guide located in the First-aid kit.
2. Gloves (Nitrile or latex) will be used if any body fluids are present. Staff will refer to the child's emergency form and call parents/guardians, emergency contacts or health care provider as necessary.
3. Staff will record the incident on the Illness and Injury/Accident report form, which will be kept in the office. The form will include the date, time, place and cause of the illness or injury, if known. A copy will be given to the parent /guardian the same day and another copy placed in the child's file.
4. The incident will also be recorded on the Incident Log, which will be located in the director's office
5. The director will review Incident Logs monthly. The logs will be reviewed for trends. Corrective action will be taken to prevent further injury or illness. All reports, including this log, are considered confidential.
6. If the child becomes too ill to stay in care, the parent/guardian/alternate emergency contact will be contacted and the child will be provided a place to rest separate from the other children until the parent, legal guardian or designated person arrives.
7. The child will be supervised at all times by a staff person.

Life-Threatening Emergencies

1. If more than one staff person: one staff person will stay with the injured/ill child and send another staff person to call 911. If only one staff person: person will assess for breathing and circulation, administer CPR for one minute if necessary, and then call 911.
2. Staff will provide first aid as needed according to the First-aid guide or Individual Emergency Care Plan.
3. Nitrile or latex gloves will be worn if any body fluids are present.
4. A staff person will contact the parent/guardian(s) or the child's alternate emergency contact person.
5. A staff person will stay with the injured/ill child, including transport to a hospital if necessary, until a parent, guardian or emergency contact arrives.
6. Attending staff member will record the incident on the Illness and Injury/Accident form. A copy will be kept in each classroom. The form will include the date, time, place and cause of the illness or injury, if known. The parent/guardian will sign receipt for a copy of the report. A copy will be sent to the licensor no later than the day after the incident. A copy will be placed in the child's record.
7. The incident will be recorded on the Illness and Injury/Accident form and Incident Log as described in "Minor Emergencies".
8. Serious injuries/illnesses, which require medical attention, will be reported to the licensor immediately. (Name and phone on first page)

Preventing Infections

Exposure to Blood and Other Potentially Infectious Materials

Even healthy people can spread infection through direct contact with body fluids. Because of this, it is important to consider all body fluids to be capable of causing illness. Body fluids include blood, urine, stool, drool (saliva), vomit, drainage from sores/rashes, etc.

1. Every employee must have written proof of HIV/AIDS and Blood borne Pathogen training that includes prevention, transmission, treatment, and confidentiality issues.
2. In all circumstances staff will follow the universal precautions recommended by the Centers for Disease Control and Prevention in handling any fluid that might contain blood or other body fluids.
3. The Director is responsible for developing the Blood borne Pathogens Exposure Control Plan, as required by the Washington Industrial Safety and Health Act (WISHA) for any facility with employees. Our facility's Blood borne Pathogens Exposure Control Plan conforms to the requirements reflected in WAC 296-800 and ensures that all staff whose job description involves the potential to come in contact with blood borne pathogens or other potentially infectious materials is educated about the control measures and recommendations outlined by WISHA.

4. When anyone is at risk for contact with infectious body fluids, the following precautions will be taken:

Open cuts or sores on children or staff will be kept covered. Depending on the type of wound a covering may be a bandage, clothing-covering wound, or staff may wear latex gloves.

Whenever a child or staff comes into contact with any body fluids, the skin area will be washed immediately with soap and warm water and dried with paper towels.

All surfaces in contact with body fluids will be cleaned immediately and disinfected. Cleaning material used to wipe up body fluids will be put in a plastic bag, secured, closed and placed in a covered waste container. Any brushes, brooms, dustpans, mops, etc., used to clean up body fluids will be soaked in a disinfecting solution and rinsed thoroughly. Cloth items or mops, after soaking, will be washed with hot water in a washing machine. Items unable to be machine dried will be hung. All items are hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach.

Children's clothes soiled with body fluids will be put in a plastic bag and sent home with the child's parent. A change of clothing will be available for children in care. If a child does not have clean clothing available, we will provide a change of clothing for the child and notify the parent.

5. All clothing soiled with body fluids will be changed. All soiled laundry will be kept safely out of the reach of children and away from food.
6. Gloves must be worn and hands must be washed after removing the gloves following the handling of soiled laundry or equipment.
7. Staff will be provided with industrial strength gloves for laundry.

Daily Health Checks

1. Upon daily arrival, each child will be observed by the caregiver for signs of illness/injury that could affect the child's ability to participate in the day's activities. It is the responsibility of the parent/guardian to remain present until the health check is completed.
2. The daily health check includes observation of behavior for time of day and circumstances; appearance of skin, eyes, nose, and mouth; breathing pattern; parental report of child's behavior, sleep pattern, feeding history, and bowel/urine pattern.
3. Parents/guardians will supplement these observations with an exchange of information with the caregiver.

Communicable Disease Reporting

1. We will contact Tacoma-Pierce County Health Department at (253) 798-6410, whenever we have questions or concerns about communicable diseases.
2. We will notify parents in writing of any communicable disease outbreaks in our center. This is done by posting notice.
3. Some communicable diseases must be reported to public health authorities so that control measures can be used.
4. The Director will obtain an updated list of reportable diseases from the Tacoma-Pierce County Health Department annually. A copy of this list will be shared with each parent and legal guardian at the time of enrollment.
5. Upon enrollment, and then annually (e.g. September), families and staff will be reminded to notify the Director within 24 hours after the child or staff has developed a known or suspected communicable disease and to inform The Director if any member of their immediate household has a reportable communicable disease.
6. While respecting legal boundaries of confidentiality of medical information, our director will notify the appropriate health authority about any suspected or confirmed reportable disease between the children, staff, or family members of the children and staff.
7. The director will notify our facility licensor by phone of any occurrence of food poisoning or reportable communicable disease.

Illness in Children and Staff Exclusions

Children will be screened daily by their program staff for signs of illness or injury that could affect the child's ability to participate in the day's activities. We ask that ill children not attend childcare for the following reasons:

They expose other children and staff to illnesses;

They are unable to be an active part of our daily program; and

They are at risk for being exposed to other diseases when their resistance is low.

As mandated in WAC 170-295-3030, children and staff with the following symptoms must be excluded from care:

1. Fever of 100°F axillary (under arm) or higher and who also have one or more of the following:
 - ** Headache ** sore throat
 - ** Rash ** fatigue that prevents participation in regular activities
 - ** Earache

NOTE: *Staff may not take ear or rectal temperatures. Oral temperatures can be taken for preschool through school age is single use disposable covers are used over the thermometer.*

2. Vomiting (two or more occasions within a 24-hour period).
3. Diarrhea of three or more watery stools within a 24-hour period or one bloody stool.
4. Open or oozing sores, unless properly covered with cloths or with bandages.
5. Lice, nits, and scabies.
6. For suspected communicable skin infection such as impetigo, pinkeye, and scabies; the individual may return twenty-four hours after starting treatment.
7. If a child becomes ill while in care, The Director or assigned staff member will notify the parent or emergency contact for pick up. The child will be provided a quiet place to rest with staff supervision until the parent/emergency contact arrives. We expect this to take no longer than 1 hour.
8. Children and staff who have a reportable disease may not be in attendance at the childcare center unless approved by the local health department.
9. **Children and staff who exhibit, or have reports of the criteria listed under exclusion criteria will not be permitted to remain in care until they are symptom free for 24 hours.**
10. **If a child has been excluded for evaluation of a communicable disease, a note from a licensed health provider will be considered. However, administration and the parent must mutually agree prior to the child being readmitted.**

General Cleaning

We have found the best way to control the spread of illness and reduce infections is for our staff to:

Wash hands properly; and

Clean and disinfect all surfaces that can spread bacteria (germs).

Cleaning supplies are stored in the original containers, inaccessible to children and separate from food and food areas. Our cleaning supplies are stored in the locked cabinet in the toddler bathroom for the main building and in the cabinet above the refrigerator in the school-age building.

Cleaning will consist of washing surfaces with soap and water and rinsing with clean water.

Sanitizing will consist of using a bleach/water solution as follows:

Surface	Amount of Bleach	Amount of Water
Diapering areas, body fluids, bathrooms and bathroom equipment. (Bleach solution should remain in contact with surface for 2 minutes).	1 tablespoon	1 quart
	$\frac{1}{4}$ cup	1 gallon
Table tops, dishes, toys, mats, etc. (Bleach solution should remain in contact with surface for 2 minutes).	$\frac{1}{4}$ teaspoon	1 quart
	1 teaspoon	1 gallon

1. **Tables** used for food serving will be cleaned with soap and water, rinsed, then disinfected with bleach solution before and after each meal or snack.
2. **Kitchen** will be cleaned daily and more often if necessary. Sinks, counters and floors will be cleaned and disinfected daily. Refrigerator will be cleaned and disinfected monthly or more often as needed.
3. **Bathroom(s)** will be cleaned daily or more often if necessary. Sinks, counters, toilets and floors will be cleaned and disinfected at least daily.
4. **Furniture, rugs and carpeting** in all areas will be vacuumed daily. This includes carpeting that may be on walls or other surfaces than the floor. Clean carpets monthly in infant areas and every 3 months in other areas or more frequently as needed.
5. **Cribs** will be washed, rinsed and sanitized weekly, before use by a different child, after a child has been ill and as needed.
6. **Highchairs** will be washed, rinsed and sanitized after each use.
7. **Hard floors** will be swept and mopped (with cleaning detergent) daily and disinfected (with above bleach solution) daily.

8. **Utility Mops** will be washed rinsed and sanitized then air dried in an area with ventilation to the outside and inaccessible to children.
9. **Potty-chairs** will be immediately emptied into toilet, washed and disinfected in a designated sink or utility sink separate from classrooms. The sink must then be cleaned and disinfected.
10. **Toilet seats** will be cleaned and disinfected throughout the day and as needed.
11. **Mouthed toys**, including machine washable toys and cloth books, will be washed, rinsed and sanitized in between use by different children. A system for ongoing rotation of mouthed toys will be implemented in infant and young toddler rooms (i.e. a labeled "mouthed toy" bin. Only washable toys will be permitted in rooms with children in diapers.
12. **Toys** (that are not mouthed toys) will be washed, rinsed, and air-dried weekly, or toys that are dishwasher safe can be run through a full wash and dry cycle.
13. **Cloth toys** and dress up toys will be laundered monthly or more often, as needed, for young children. If they cannot be washed in the washing machine, they will be hand washed in warm soapy water, rinsed and dipped into a solution of 1 Tablespoon of bleach per gallon of water for 1 minute and allowed to air dry.
14. **Bedding** (e.g. mat covers and blankets) will be washed weekly, or more frequently as needed. Mats will be cleaned and disinfected weekly or between uses by different children. Bedding will be removed from mats and stored separately. Mats will be stored so those surfaces do not touch.
15. Children's items including bedding, coats, etc. will be stored separately.
16. **General Cleaning** of the entire center will be done as needed. Wastebaskets (with disposable liners) will be available to children and staff and will be emptied when full. Step-cans will be used to prevent recontamination of hands when disposing of used towels. Etc. There should be no strong odors of cleaning products. Room deodorizers are not used due to the risk of allergic reaction.
17. **Door handles and faucets** are cleaned at least daily and more often when children/staff are ill.
18. Vacuuming and mopping of the center will not occur while children are present in the room.
19. Staff is encouraged to wear an apron over their street clothes to decrease the spread of communicable disease.

Hand washing

1. Hand washing is the single best way to reduce or stop the spread of illness and reduce infections. Soap, warm water and individual towels are available for staff and children.
2. Hand washing procedures are posted at each sink and includes the following steps:
Turn on water and adjust temperature.
Wet hands and apply a liberal amount of soap.
Rub hands in a winding motion from wrists to fingertips for a period of not less than **20** seconds.
Rinse hands thoroughly.
Dry hands using individual towel.
Use hand-drying towel to turn off water faucet(s).
3. Staff and volunteers must wash their hands with soap and warm water:
 - ❖ When arriving at work;
 - ❖ After toileting a child;
 - ❖ During and after diapering a child;
 - ❖ After personal toileting;
 - ❖ After attending to an ill child;
 - ❖ Before and after preparing, serving, or eating food;
 - ❖ Before and after giving medication;
 - ❖ After handling, feeding or cleaning up after animals;
 - ❖ After handling bodily fluids;
 - ❖ After smoking;
 - ❖ After being outdoors or involved in outdoor play, and;
 - ❖ As needed
4. Children must wash their hands with soap and warm water:
 - ❖ On arrival at the center;
 - ❖ After using the toilet;
 - ❖ After the child is diapered;
 - ❖ After outdoor play;
 - ❖ After playing with animals;
 - ❖ After touching doily fluids (such as blood or after nose blowing or sneezing);
 - ❖ Before and after the child eats or participates in food activities.

Diaper Changing Policy

1. Staffs are told to check diapers every 2 hours.
2. **Parents will provide Disposable diapers.**

Disposable diapers are placed in covered plastic lined, hands free covered waste containers and disposed of by the center. Diapers are removed from the facility

Diaper Changing Procedure

The diaper-changing table will only be used for diapering. Toys, pacifiers, papers, dishes, etc., will not be placed on the diapering surface. The diapering surface will remain impervious to moisture and intact (no tears, rips, duct tape). Diapering will be done only in a designated diapering area on a changing table with a clean and sanitized surface. A diaper changing procedure is posted at the diapering station and the procedure must be followed.

Our procedure for diaper changing is as follows:

1. Wash hands.
2. Gather necessary materials (only the child, changing pad and diaper changing supplies are allowed on the diaper-changing table).
3. Put on disposable gloves (strongly suggested but not required).
4. Place single cover on table (if being used).
5. Place child gently on the table and remove diaper. Child is not left unattended and safety straps are not used, as they are neither cleanable nor safe.
6. Dispose of diaper in covered container (disposable diaper). Cloth diapers are placed in a strong plastic bag or double bagged and sent home to parents or to diaper service.
7. Child's diaper area is cleaned from front to back with a clean, damp wipe for each stroke.
8. Topical cream/ointment/lotion will be applied when a parent's written request is on file.
9. Remove gloves (if worn).
10. Wash hands. Wipes may be used for this hand wash ONLY.
11. Put on clean diaper and dress child.
12. Wash child's hands with soap and running water or with a wet wipe for young infants
13. Place child in a safe area.
14. Wash diaper-changing pad if soiled.
15. Disinfect diaper-changing pad.
16. Remove gloves (if used).
17. Wash hands.

Toileting

1. Toilet training is initiated after consultation with the parent to communicate and identify:
 - ❖ Use of positive reinforcement
 - ❖ Family cultural practices
 - ❖ Routine established between the parent and provider
2. Food may not be used as reinforcement for toilet training.

3. Potty-chairs must be located in the bathroom or similar area with a moisture impervious and washable floor.
4. Potty-chairs will be immediately emptied into a toilet and cleaned in a designated sink or utility sink separate from classrooms and sanitized after each use.
5. The sink used to clean and sanitize the potty-chair will be cleaned and sanitized after cleaning potty-chairs.

Immunizations

To protect all children in our care and our staff, and to meet state health requirements, we are required to track each child's immunization status. Each parent or guardian must complete a Certificate of Immunization Status form (CIS) on or before the first day of child care. CIS forms are accessible and maintained on the premises in a confidential manner and available for review by the health specialist, licensor, the department of health, and nurse consultant.

1. We may accept a child whose immunizations are started but not up to date on a "conditional" basis if:
 - There is written proof that the case worker or health care provider is in the process of obtaining the child's immunization status prior to the child starting child care; or
 - The required immunizations are started prior to children starting child care; and
 - The immunizations are completed as rapidly as medically possible.
2. Our Director is responsible for developing a system to audit, and update quarterly, the information on the certificate of immunization status forms.
3. A child can be accepted into care without an immunization when the parents complete and sign the exempt portion of the certificate of immunization status form.

NOTE: *Children who are not immunized will not be accepted for care during a disease outbreak. This is for the un-immunized child's protection and to reduce the spread of the disease.*

Medication Management

Parent/Guardian Consent and Responsibility

1. Medication will only be given with prior **written** consent of the child's parent/legal guardian. This consent (The Medication Authorization Form), will include the child's name, the name of the medication, reason for the medication, dosage, method of administration, how often to give the medication (not simply "as needed"), start and stop dates, special storage requirements and any possible side effects (use package insert or pharmacist's written information).
2. The parent/legal guardian will be the sole consent to medication being given, without the consent of a health care provider, **if and only if** the medication meets all of the following criteria
 - √ The medication is over-the counter and is one of the following:
 - ❖ Antihistamines;
 - ❖ Non aspirin fever reducers/pain relievers;
 - ❖ Non-narcotic cough suppressants;
 - ❖ Decongestants;
 - ❖ Anti-itching ointments/lotions intended to relieve itching;
 - ❖ Diaper ointments and non-talc powders, intended only for use in the diaper area; and
 - ❖ Sunscreen for children over six months of age.
 - √ The Medication is in the original container and labeled with the child's name; and
 - √ The medication has instructions and dosage recommendations for the child's age and weight; and
 - √ The medication is not expired; and
 - √ The medication duration, dosage and amount to be given does not exceed label-specific recommendations for how often or how long to be given.
3. It is the responsibility of the Parent/legal guardian to provide the proper measuring device for administering medication.
4. For sunscreen and diaper ointment, the written consent may cover an extended period of up to 6 months.
5. For all other medications the written consent may only cover the course of the illness.

Health Care Provider Consent

1. A licensed Health Care Provider, as well as parent/legal guardian consent, will be required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, supplements and fluoride).

2. A Health Care Provider's written consent must be obtained to add medication to food or liquid.
3. A licensed Health Care Provider's consent may be given in 3 different ways:
 - a. The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, frequency (NOT simply "as needed"), duration and expiration date); or
 - b. The provider signs a note or prescription that includes the information required on the pharmacist's label; or
 - c. The provider signs a completed Medication Authorization Form.

Medications for chronic conditions such as asthma or allergies

1. Before a staff person may administer medications, they must ask parents to provide instruction on specialized medication administration procedures or observations, i.e., how to use the nebulizer, Epi-Pen or individual child's preference for swallowing pills.
2. An **Individual care plan** must be provided that lists symptoms or conditions under which the medication will be given.
3. Children who are at risk for allergic reactions/ anaphylactic shock due to severe allergies will have an emergency kit (provided by the parent/legal guardian) on site and a written plan of care provided by the parent and health care provider that describes what actions will be taken in case of an exposure to the allergen.
4. For chronic conditions (such as asthma), the parent/legal guardian written consent must be updated monthly.
5. For medications taken at home, we ask for a three-day supply to be kept with our disaster kit in case of an earthquake or other disaster.

Staff Documentation

1. The Director will train staff administering medications to children in medication procedure and a record of training will be kept in staff's file.
2. Staff giving medications will document the time, date and dosage of the medication given on the child's Medication Authorization Form and will sign with their initials each time a medication is given. Staff's full signature will be at the bottom of the page.
3. Staff will report and document any observed side effects on the child's individual medication form.
4. Staff will provide a written explanation why a medication was not given.
5. Outdated Medication Authorization Forms and documentation will be kept in the child's file.
6. Staff will only administer medication when all proper consents are met.

7. Medication authorization and documentation is considered confidential and must be stored out of general view. Upon completion of a course of medication, forms will be kept in the child's file.

Medication Storage

1. Medication will be stored as follows:
 - Inaccessible to children
 - Separate from staff or household medication
 - Protected from sources of contamination
 - Away from heat, light and sources of moisture
 - At temperature specified on the label (refrigerated if required)
 - So that internal (oral) and external (topical) medications are separated
 - Separate from food
 - In a sanitary and orderly manner
2. Controlled substances (i.e. Ritalin) will be stored in a locked container and stored in a locked box in the office.
3. Medications no longer being used will promptly be returned to parents/ guardians or discarded.

Self-Administration by Child

A school-aged child will be allowed to administer his or her own medication when the above requirements are met AND:

1. A written statement from the child's Health Care Provider and parent/legal guardian is obtained, indicating the child is capable of self-medication without assistance.
2. The child's medication and supplies are inaccessible to other children.
3. Staff must observe and record documentation of self-administered medications.

Medication Administration Procedure

1. **Wash hands** before preparing medications.
2. **Carefully read labels** on medications, noting:
 - a. Child's name
 - b. Medication name
 - c. Amount to be given
 - d. Time and dates to be given (NOT stated simply "as needed")
 - e. How to give (e.g. by mouth, to diaper area, in ear, etc.)

Information on the label must be consistent with the individual medication authorization form.

3. Prepare medication on a clean surface away from diapering or toileting areas.
4. Do not add medication to the child's bottle or food (HCP authorization required).
5. For **liquid** medications, use clean medication spoons, syringes, droppers or medicine cups that have measurements of them (not table service spoons) provided by parent/legal guardian.
6. For **capsules/pills**, medication is measured into a paper cup and dispensed as directed by the Health Care Provider/legal guardian.
7. **Wash hands** after administering medication.
8. Observe the child take medication and document on the child's Medication Authorization form.
9. If bulk medication (**diaper ointment and sunscreen**) is used they will be administered in a manner to prevent cross-contamination. Staff will wash their hands, wear gloves to apply medication, remove gloves and wash hands after each application.

Food Services

Milk

1. Only pasteurized milk or pasteurized milk products can be served to children in our care.
2. Nondairy milk substitutes may be served only with written permission of the child's parent for children over the age of twelve months.
3. The amount of required milk fat in the milk product is determined by the child's age:
 - a. For children under 12 months of age, only full strength formula or full strength breast milk will be fed unless there are specific written instructions from a licensed health care provider.
 - b. For children between 12 months and 24 months of age, only full whole milk or breast milk unless there is specific written instructions from a licensed health care provider.
 - c. For children over 24 months of age, milk with or without fat content of childcare providers or parent's choice will be served.

Meal Patterns

1. Children in care for nine or more hours will be provided two or more meals + one snack or one meal and three snacks.
2. Children in care for less than nine hours will be provided one meal and two snacks or two meals and one snack.
3. Food will be provided at intervals of not less than two hours and not more than $3\frac{1}{2}$ hours apart.
4. Breakfast or snack will be offered to children in morning care whether or not the child ate before arriving at the center.
5. Breakfast will be offered to children in nighttime care if the child remains at the center after the child's usual breakfast time.
6. A snack or meal will be offered for children arriving after school.
7. Dinner will be offered to children in nighttime care if they are at the center after their usual dinnertime or have not had dinner.
8. An evening snack will be offered to children in nighttime care.

Food and Menus

To meet the nutritional needs of children in our care and to provide parents with the necessary information we give each parent a copy of the meal component requirements upon enrollment.

1. All snack/meal menus will be prepared one week in advance and posted on the office window and in the kitchen. A variety of foods are offered. All food substitutions will be of equal nutrient value and recorded.

2. To ensure variety, no meal or snack menu will be repeated earlier than two weeks.
3. Six months of past menus are kept on-site for inspection by the state department of social and health services.
4. Menu lists include all meals and snacks provided by parents for a whole class or the entire center.
5. Foods served provide daily at least one serving of vitamin C (fruit/vegetable).
6. Foods served provide weekly at least three servings for foods high in vitamin A.
7. We maintain at least a three-day supply of food and water for emergency purposes based on the number of children in child-care.
8. Ethnic and cultural foods will be incorporated into the menu.
9. Mealtime and snack environments will be developmentally appropriate and will support children's development of positive eating and nutritional habits. We encourage staff to sit, eat and have casual conversations with children during mealtime.
10. Staff will not consume coffee, tea and other hot beverages while children are in their care, in order to prevent scalding injuries.
11. Staff will not consume pop and other non-nutritional beverages while children are in their care, in order to provide healthy nutritional role modeling.

Food Allergies

If a child has a food allergy or special menu requirements due to a health condition, we must:

1. Have written directions from the child's health care provider and parent to provide nutritional supplements (such as iron), a medically modified diet (such as a diabetic or an allergy diet).
2. For allergy diets, the parent and child's health care provider must identify the foods the child is allergic and complete an Individual health care plan that specifies an alternative food with comparable nutritive value, as well as signs and symptoms of exposure and necessary actions if exposure occurs.
3. The Director/or assigned staff member will post each child's food allergies in locations where food is prepared and served.
4. The Director will notify staff of the allergies and reactions.
5. Parents may be required to supply food for supplements and special diets.

Meal Components

We will provide proper nutrition that is critical for optimal growth and development. Our center or the parents provide the following snacks/meals:

Center:	<u>Breakfast</u>	<u>Morning Snack</u>
	<u>Lunch</u>	<u>Afternoon Snack</u>

1. Breakfast: One fruit or vegetable or 100% fruit or vegetable juice; one serving of a dairy product (such as milk, cheese, yogurt, or cottage cheese); one grain product (such as bread, cereal, rice cake or bagel).

2. Lunch and Dinner: One serving of a dairy product (milk, cottage cheese, yogurt, cheese); one meat or meat alternative (such as beef, fish, poultry, legumes, tofu or beans); one-grain product (such as bread, cereal, bagel, or rice cake); two fruits/vegetables. When juice is served in place of a fruit or vegetable it must be 100% fruit or vegetable juice.
3. Snacks must include at least two of the following four components: dairy food, protein food, grain and fruit/vegetable/juice. Each snack will include a liquid to drink. The drink could be water or one of the required components such as milk, fruit or vegetable juice.

Foods sent from home are examined to ensure the minimum nutrition requirements of the Department of Health are met. The Director/lead cook is available to assist parents in ideas about nutrition and can suggest ways to improve the quality of any meal or snack.

1. Upon enrollment, all parents are provided written required guidelines to ensure their children meet the daily nutritional requirements. We can suggest ways to improve the quality of meals or snacks.
2. Food will be available to supplement food brought from home as needed. If we have to supplement on a regular basis, a charge is possible.

Satellite Foods

The temperature of satellite food provided by a cook or staff member will be checked with a metal stem thermometer upon arrival. Foods that need to be kept cool must arrive at a temperature less than or at 45° F. Foods that need to be kept hot must arrive at a temperature of 140° F or more. Foods that do not meet these criteria will be deemed unsafe and will be returned to the cook or staff member. Documentation of daily temperatures of food will be kept on a log sheet in the kitchen. The initials or name of the person accepting the food will be recorded on a log sheet in the kitchen. A permanent copy of the menu (including any changes made or food returned) will be kept for at least 6 months in the office. A copy of the staff member's contract or operating permit will be kept in the office.

Food Safety

1. Foods brought from home must be labeled with the child's name and the date.
2. We will provide adequate refrigeration for keeping potentially hazardous foods (such as meats of any type, cooked potato, cooked legumes, cooked rice, sprouts, cut melons or cantaloupe, milk, cheese).
3. Parents may bring in snacks for all the children that may not meet the nutritional requirements on special occasions such as birthdays. **The snacks provided must be limited to store prepackaged foods in original manufacturer's containers or uncut fruits and vegetables.**
4. At least one person is on site with a Washington State Department of Health food handler's permit to monitor and oversee food handling and service at the center and to provide orientation and ongoing training as needed for all staff involved in food handling (*Childcare Centers Only*).

5. Anyone cooking full meals at this center must have a valid food handler's permit.
6. **Ill staff or children** will not prepare or handle food.
7. Childcare **cooks** will not change diapers or clean toilets.
8. **Staff will wash hands** with soap and warm running water prior to food preparation and service in a designated hand washing sink-never in a food preparation sink.
9. **Refrigerators and freezers** will have thermometers placed in the warmest section (usually the door). Thermometers will stay between the range of 35°F and 45°F in the refrigerator and 10°F or less in the freezer.
10. **Microwave ovens**, if used to heat food, require special care. Food must be heated to 165°F, stirred during heating and allowed to cool at least 2 minutes before serving. Microwave ovens cannot be used to cooking meats, but may be used to cook vegetables. Due to the additional staff time required, use of the microwave ovens is not recommended.
11. **Chemicals** and cleaning supplies will be stored away from food and food preparation areas.
12. **Cleaning and sanitizing** of the kitchen will be according to the steps outlined in the Cleaning section of this policy.
13. **Dishwashing** will comply with safety practices:
 - Hand dishwashing will use three sinks (wash, rinse and sanitize).
 - Dishwashers will have a high temperature sanitizing rinse or chemical disinfectant.
14. **Cutting Boards** will be washed, rinsed and sanitized between each use,
15. **Food prep sink** will not be used for general purposes or post toilet/diapering hand washing.
16. **Kitchen counter, sinks and faucets** will be washed, rinsed and sanitized before food production.
17. **Tabletops** where children eat will be washed, rinsed and sanitized before and after every meal and snack.
18. **Thawing frozen food:** frozen food will be thawed in the refrigerator 1-2 days before the food is on the menu, or under cold running water. The food may be thawed during the cooking process IF the item weighs less than 3 pounds,
19. **Food will be cooked** to the correct internal temperature:
 - ❖ Ground beef and pork sausage - 155°F (no pink color)
 - ❖ Pork - 150°F
 - ❖ Fish & Seafood - 140°F
 - ❖ Poultry & Stuffing - 165°F
 - ❖ Eggs - 140°F
 - ❖ Beef (not ground) & Lamb - 140°F
20. **Holding hot food:** hot food will be held at a temperature of 140°F or higher until served.
21. **Holding cold food:** Food-requiring refrigeration will be held at a temperature of 45°F or less.

22. An **accurate metal stem thermometer** will be used to check the internal temperature of foods.
23. Previously cooked foods (**leftovers**) need to be reheated to **165°F within two hour** if they will be hot held.
24. Cooling foods will be done by the following methods:
 - a. Shallow pan cooling
 - Two-inch (2") deep pan, uncovered, cooling in the refrigerator
 - No time/temperature monitoring required
 - b. Two-tier time and temperature cooling:
 - Cooled from 140°F to 70°F within 2 hours
 - Cooled from 70°F to 41°F within 4 hours
 - Requires time/temperature monitoring
25. **Leftover foods** or open foods in the refrigerator are labeled with the date they were opened or cooked. Previously prepared food that was not served may be served within 48 hours if it has been properly stored.
26. **Previously served foods, including food in an unopened original package may not be re-served.**
27. **Food Substitutes**, due to allergies or special diets (and authorized by a licensed health care provider) will be provided within reason by the center.
When children are involved in cooking projects our center will assure food safety by directly supervising handwashing prior to the activity, providing gloves or utensils to reduce/eliminate direct hand contact with foods and encouraging children to prepare their individual food product only when possible.

Safe Food Storage

To ensure safe food storage, we:

1. Store foods in the original containers either in the refrigerator, freezer or in clean, labeled containers that are airtight and off the floor.
2. Store refrigerated raw meat, poultry or fish below cooked or ready to eat foods.
3. Store foods not requiring refrigeration at least six-inches above the floor in a clean, dry, ventilated storeroom or other area.
4. Store all foods in a manner that prevents contamination from other sources and in an area separate from toxic materials such as cleaning supplies, paint, or pesticides.
5. The lead cook and/or the Director regularly check to ensure foods have not past the manufacturer's expiration or freshness date.

Eating and Drinking Equipment

1. All eating surfaces are cleaned and sanitized before and after each use.

2. The center provides eating and drinking equipment that is cleaned and sanitized between uses by different children; free from cracks or chips; individual; and developmentally appropriate.
3. We serve food on a plate or paper napkin and serve with gloves, tongs or spoons to reduce skin contact and potential exposure to communicable diseases.

Approved Food Sources

1. This center prepares and serves only foods obtained from an approved source including a licensed caterer, a food service company or a grocery store.
2. We do not serve foods that are left over or previously served from outside our center, home canned, frozen or prepared food unless it is for an individual's own children.
3. We do not accept food donated from restaurants or caterers that was previously served, game meat that has not been inspected by the USDA and donated meat, fish, poultry or milk that is not from a source inspected for sale.
4. We prepare all foods on site unless it is provided by a licensed satellite kitchen, catering kitchen or other source licensed by the local health jurisdiction or provided by a parent or legal guardian for an individual child. On special occasions parents may bring store-bought prepackaged foods in original manufacturer's containers or uncut fruits and vegetables.

Care for Children with Special Needs

Our center is committed to meeting the needs of all children. This includes children with special health care needs such as asthma, allergies, as well as children with emotional or behavior issues or chronic illness and disability. Inclusion of children with special needs enriches the child care experience and all staff, families and children benefit. This facility operates as a public place and does not discriminate in employment practices and client services on the basis of race, creed, color, and national origin, marital status, gender, sexual orientation, class, age, religion, or disability.

1. Written individual health care plans will be developed collaboratively with the center director, parent/guardian, Health Care Provider.
2. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with the public health nurse consultant and other agencies/organizations as needed.
3. All staff will receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms.
4. To maximize the health and safety of children in our care, we require written instructions from the parent and/or health care provider related to medication, specific equipment or health care needs if necessary (WAC 388-295-7010).
5. Confidentiality is assured with all families and staff in our program.
6. All families will be treated with dignity and with respect for their individual needs and/or differences.
7. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
8. We require a 3-day supply of emergency medications for children with identified needs.

Child Health Records

Certain health information about each child is required by the state childcare regulations (WAC 388-295-7010). This information will be updated annually or sooner if changes are brought to the attention of the director. We ask for specific information in our registration packet, this includes:

1. Child's health history to include the date of the child's last physical exam or the date the child was last seen by a health care provider for reasons other than immunizations; allergies; expected symptoms, and method of treatment if necessary; special health or developmental concerns or medical conditions; a list of current medications used by the child; name, address and phone number of the child's health care provider; and name address and phone number of the child's dentist, if the child has a dentist.
2. Individual plan of care when needed for chronic health conditions and life threatening medical conditions.
3. Consent for emergency care.
4. Certificate of immunization status.
5. Emergency contact information for the parents.
6. Instructions from parent or health care providers related to medications, specific food or feeding requirements, allergies, treatments, and special equipment or health care needs if necessary.

Disaster Plan

1. Our complete disaster plan must be read, reviewed and signed annually by the director, staff and parents.
2. All staff are educated and trained on the disaster plan during orientation.
3. We conduct and document, at least quarterly, our disaster drill for children and staff.
4. A record of each drill is maintained by the Director and includes a written evaluation.
5. The evacuation routes and plan are posted near the exit door of each room.
6. Fire drills are conducted monthly and documented on the state Fire Drill documentation form.
7. Staff is familiar with the use of the fire extinguisher.

Child Abuse & Other Reportable Conditions

1. All employees are mandated reporters, and as such, must report any instance when they have reason to suspect the occurrence of any physical, sexual, or emotional child abuse or child neglect, child endangerment, or child exploitation as required under RCW 26.44.
2. Training will be provided to all staff and documentation kept in staff files.
3. Staff should notify the Director with their concern if they have reason to suspect a need for reporting so that proper documentation can be completed.
4. Calling the local Child Protection Services (CPS) office at 253-983-6100 or 1-800-422-7517, or the statewide no. 1-866-ENDHARM to make a CPS report.
5. Our licensor, the parent and the child's social worker (if applicable) will be notified both by telephone and in writing of a death or serious injury or illness that requires medical treatment or hospitalization of a child in care.

Staff Health

1. All staff are entitled to breaks of 10 minutes for each 4 hours and minimum 30 minute lunch after 5 hours .
2. All staff must document a negative tuberculin skin test or chest x-ray prior to starting work.
3. Staff members who have had a positive tuberculin skin test in the past will always have a positive skin test, despite having undergone treatment. These employees do not need documentation of a skin test. Instead, by the first day of employment, documentation must be on record that the employee has had a negative (normal) chest x-ray and or completion of treatment.
4. A criminal history and background history will be completed prior to any caregiver's contact with children. A volunteer or employee's failure to fully disclose previous convictions will be viewed as automatic grounds for dismissal.
5. A list of potentially hazardous materials present in the facility and Material Safety Data Sheets are available in the Director's office. This information will be reviewed and updated by The Director annually.
6. The Washington Industrial Health and Safety Administration requires that employers of individuals who may be expected to incur occupational exposure to blood or other potentially infectious materials (i.e., providing first aid) must be oriented to our center's Exposure Control Plan and must be offered immunization against Hepatitis B either pre-exposure or immediately upon exposure.
7. Employees are encouraged to meet with their health care provider to review their immunization status.
8. Employees of childbearing age are encouraged to review with their health care provider occupational health concerns associated with childcare, including risk during pregnancy.
9. Staff who are pregnant or considering pregnancy should inform their health care provider that they work with young children. When working in the child care settings there is a risk of acquiring infections which can harm a fetus. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles).
10. The major occupational health hazards in child care are infectious diseases, stress, noise, injuries from back strain and biting, skin injury from frequent hand washing, and environmental exposures to art materials, indoor cleaning and disinfecting materials.
11. Staff should follow the same procedure listed under Guidelines For Excluding Ill Children From Child Care.

Review

Our center is not licensed for infants and we do not receive regular consults from the Tacoma-Pierce County Health Department, Promoting Healthy Child Care team. They reviewed our Health Care Plan in preparation for licensing. We may consult with them by phone as needed.

Reviewed By:

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