**Child Care Name: Tumble Town Daycare**

Director: Lillian O’Neel

Hours of operation: 7am-5pm

Ages served: 1-5 years

|  |  |  |
| --- | --- | --- |
| Address: | 5416 Tacoma Mall Blvd | (Street) |
|  | Tacoma, WA 98409 | (City, State, & Zip) |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Telephone: | 360-836-0148 |
| Email: | Contact@tumbletowndaycare.com |
| Website: | Tumbletowndaycare.com |

**Emergency telephone numbers:**

|  |  |
| --- | --- |
|  | Phone |
| Fire/Police/Ambulance | **911** |
| Poison Center | **1-800-222-1222**  |
| C.P.S. | **1-800-609-8764** |
| Animal Control | **1-253-627-7387** |
| DCYF | **1-866-482-4325** |

|  |  |  |
| --- | --- | --- |
| **Other important telephone numbers:** | Contact | Phone |
| **Communicable Disease and Immunizations** | kcranfield@tpchd.org | (253) 649-1770 |
| **DCYF Licensor** | NAME | CONTACT |
| **Communicable Disease Report Line** |  | (253) 649-1412 |
|  |  |  |
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#

# **PURPOSE AND USE OF HEALTH POLICY**

This health policy is a description of **our** early learning program’s health and safety practices.

Our policy was prepared by Lillian O’Neel – Daycare Director

Staff will be oriented to our health policy by Lillian O’Neel – Daycare Director upon hiring and whenever there are changes to policies and procedures.

Our policy is accessible to staff and parents and is located on our website tumbletowndayacre.com. Paper copies maintained on site.

**CLEANING, SANITIZING, DISINFECTING AND LAUNDERING**

Cleaning, rinsing, and sanitizing/disinfecting are required on most surfaces in childcare facilities. This includes tables, counters, toys, diaper changing areas, etc. This 3-Step Method helps maintain a more sanitary childcare environment and healthier children and staff.

**Definitions:**

* ***Sanitizers*** are used to reduce germs from surfaces, but not totally get rid of them. Sanitizers reduce the germs from surfaces to levels that are considered safe.
* ***Disinfectants*** are chemical products that destroy or inactivate germs and prevent them from growing. Disinfectants are regulated by the U.S. Environmental Protection Agency (EPA).

**Rationale:**

1. ***Cleaning*** *removes a large portion of germs, along with organic materials - food, saliva, dirt, etc. – this removal increases the effectiveness of the sanitizing/disinfecting.*
2. ***Rinsing*** *further removes the above, along with any excess detergent/soap.*
3. ***Sanitizing/Disinfecting*** *kills the vast majority of remaining germs.*

**3-Step Method**

1. **Clean** – Spraywith a dilution of a few drops of liquid dish detergent and water, then wipe surface with a paper towel.
2. **Rinse** – Spray with clear water and wipe with a paper towel.
3. **Sanitize/Disinfect** – Spray with proper dilution of bleach and water (see Method for Mixing Bleach table below), leave on surface for a minimum of 2-minutes, then wipe with a paper towel.

**Storage**

Our cleaning and sanitizing supplies are stored in a safe manner in the

locked cabinet under handwash sink*.* All such chemicals are:

* Inaccessible to children;
* In their original container;
* Separate from food and food areas (not above food areas);
* Kept apart from other incompatible chemicals;

*(e.g., bleach and ammonia create a toxic gas when mixed);* ***and***

* In a secured cabinet, to avoid a potential chemical spill in an earthquake. *The preferred place to store bleach solutions is in a laundry or utility room. If not available, solutions may be stored in a lower cabinet that is locked to prevent exposure to a spill.*

**Method for Mixing Bleach**





**Note: Use only plain, unscented bleach. Please ensure that the concentration of bleach matches labels on classroom spray bottles.**

**Bleach Preparation**

* Bleach solutions are prepared using the correct proportions on the “Method for Mixing Bleach” table (see table on previous page).
* To avoid cross-contamination, two sets of spray bottles are used: one set for disinfecting bottles and one set for sanitizing bottles.
* Bleach solutions are prepared at sink near washing machine and dryer*.* *The preferred place to prepare bleach solutions is in a laundry or utility room. If not available, solutions may be prepared in a bathroom or kitchen.*
* *It is best practice to mix the bleach in a gallon-sized container then fill classroom spray bottles from the bleach solution in gallon-sized container.*
* Bleach solutions are made up daily by lead teacher on site at beginning of the day. Using correct measuring tools is required. *It is recommended that two people are designated to mix bleach at the center. This creates consistency in the process and reduces employee exposure to undiluted bleach.*

**Cleaning, Sanitizing & Disinfecting Specific Areas and Items**

**Bathrooms**

* Sinks, counters, and floors are cleaned, rinsed, anddisinfected daily or more often if necessary.
* Toilets are cleaned, rinsed, anddisinfected daily or more often if necessary. Toilet seats are kept sanitary throughout the day and cleaned immediately if visibly soiled.

**Cots and mats**

* Cots and mats are washed, rinsed, and sanitized weekly, before use by a different child, after a child has been ill, **and** as needed.

**Door handles**

* Door handles are cleaned, rinsed, and disinfected daily, or more often as necessary.

**Floors**

* Solid-surface floors are swept, washed, rinsed, and sanitized daily.
* Carpets and rugs in all areas are vacuumed daily and cleaned using a carpet shampoo machine or steam cleaner every six months or as necessary. Carpets are not vacuumed when children are present *(due to noise and dust).*
* Carpets or area rugs soiled with bodily fluids must be cleaned and disinfected with high heat or an EPA registered product. An early learning provider must limit exposure to blood and body fluids during cleanup.

**Furniture**

* Upholstered furniture is vacuumed daily and cleaned using a carpet shampoo machine or steam cleaner twice a year or as necessary.
* Painted furniture is kept free of paint chips. No bare wood is exposed; paint is touched up as necessary.

**Garbage**

* Garbage cans are lined with disposable bags and are emptied daily or when full.
* Outside surfaces of garbage cans are cleaned, rinsed, and disinfected daily. Inside surfaces of garbage cans are cleaned, rinsed, and disinfected as needed.
* Food-waste cans must have tight-fitting lids and be hands-free. Garbage cans for paper towels must be hands-free.

**Kitchen**

* Kitchen counters and sinks are cleaned, rinsed, andsanitized daily.
* Food preparation surfaces are cleaned, rinsed, and sanitized before and after each use.
* Refrigerators and freezers are cleaned, rinsed, and sanitized monthly or as needed.
* Kitchen floors are swept, washed, rinsed, and sanitized daily.

**Laundry**

* Cloths used for cleaning or rinsing are laundered after each use.
* Laundry is washed above 140⁰F due to heat needed to sanitize items. If the hot water tank is set to 120⁰F, then you must use bleach to sanitize laundry according to equipment manufacturer’s instructions.

**Tables and high chairs**

* Tables are cleaned, rinsed, andsanitized before and after snacks or meals.

**Mops**

* Mops are cleaned, rinsed, and disinfected, then air dried in an area with ventilation to the outside and inaccessible to children.

**Toys**

* Cloth toys and dress-up clothes are laundered weekly and as necessary.
* Pre-school and school-aged toys are washed, rinsed, and sanitized weekly and as necessary.

 **Water Tables**

* Water tables are emptied, cleaned, rinsed, and sanitized after each use and as necessary.
* Children wash hands before and after water table play.
* **General cleaning of the entire facility is done as needed.**

# **HAND HYGEINE**

**Liquid soap, warm running water (120⁰F or below), and paper towels or single-use cloth towels are available for staff and children at sinks, at all times.**

All **staff** wash hands with soap and running water at the following times/circumstances:

1. Upon arrival at the site and when leaving at the end of the day
2. Before and after handling or serving food
3. Before preparing bottles
4. After toileting self or children
5. Before, during (with wet wipe - this step only), and afterdiaper changing
6. After handling or coming in contact with body fluids such as mucus, blood, saliva, or urine
7. After giving first aid
8. Before and after giving medication, or applying topical ointments or creams
9. After attending to an ill child
10. After being outdoors and/or gardening activities
11. After handling garbage and garbage receptacles
12. As needed or required by circumstances

**Children** are assisted or supervised in handwashing at the following times/ circumstances:

1. Upon arrival at the site and when leaving at the end of the day
2. Before and after meals and snacks or food activities
3. After toileting or diapering
4. After handling or coming in contact with body fluids such as mucus, blood, saliva or urine
5. After outdoor play or gardening activities
6. Before and after water table or sensory play
7. As needed or required by circumstances

**Hand Sanitizers** may be used by adults and children over 24 months of age with proper supervision only when handwashing facilities are not available and hands are not visibly soiled. An alcohol-based hand sanitizer must contain 60 to 90% alcohol to be effective.

Hand sanitizers may not be used in place of proper handwashing, as required above.

**Handwashing Procedure**

The following handwashing procedure is followed:

1. Turn on water and adjust temperature.
2. Wet hands and apply a liberal amount of liquid soap.
3. Rub hands in a wringing motion from wrists to fingertips for at least 20 seconds.
4. Rinse hands thoroughly.
5. Dry hands using an individual paper towel, a single-use cloth towel, or a hand dryer.
6. Use hand-drying towel to turn off water faucet(s) (unless the faucet turns off automatically) and open any door knob/latch before properly discarding.

**POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN**

\*\*\*All children are observed for signs of illness when they arrive at the early learning program and throughout the day.

Children with any of the following symptoms are not permitted to remain in care:

* **Fever:** for children, a fever of 100.4º F or above, as read using a digital forehead scan thermometer (temporal scan) or digital thermometer placed under the arm (axillary method), ***accompanied by*** one or more of the following:
* Diarrhea or vomiting
* Earache
* Headache
* Signs of irritability or confusion
* Sore throat
* Rash
* Fatigue, crankiness, or illness that limits participation in daily activities

***No rectal or ear temperatures are taken.*** *Oral temperatures may be taken for preschool through school age children if single use covers are used over the thermometer. Glass thermometers contain mercury, a toxic substance, and are therefore not to be used.*

* **Vomiting:** 2 or more occasions within the past 24 hours
* **Diarrhea:** 2 or more loose or watery stools more than normal for the child in a 24 hour period; or any blood or mucus in stool
* **Rash:** Body rash (not related to allergic reaction, diapering, or heat)
* **Open or oozing sores** (unless properly covered with a waterproof dressing **and** 24 hours has passed since starting antibiotic treatment, if antibiotic treatment is necessary) or mouth sores with drooling
* **Lice:** Children can remain in care until the end of the day head lice are found. Children may return after they have received their first treatment. Parents should consult with a child’s health care provider for the best treatment plan for the child. The life cycle of a louse is about 25 to 30 days, so sometimes treatments need to be repeated 7 to 12 days after the first treatment to kill newly hatching lice.
* **Scabies or ringworm:** Children can remain in care until the end of the day scabies or ringworm are found. A child with scabies may return after he/she has received his/her first treatment. Children should see their health care provider to be assessed and get an appropriate prescription for treatment and instructions on its proper use.
* **Sick appearance, not feeling well,** **and/or not able to keep up with program activities.**

Children with any of the above symptoms/conditions are separated from the group and parent/guardian or emergency contact is notified to pick up child.

**Following exclusion, children are readmitted to the program when they no longer have any of the above symptoms and/or Public Health exclusion guidelines for child care are met.**

We notify parents and guardians when their children may have been exposed to a communicable disease or condition (other than the common cold) and provide them with information about that disease or condition. We notify parents and guardians of possible exposure verbally and in writing oriented or emailed.

When a child has illness symptoms or a condition, individual confidentiality is maintained, as not to single out children and/or families.

**Staff members follow the same exclusion criteria as children.**

**IMMUNIZATIONS**

To protect all children and staff, children attending child care are required to be vaccinated or show proof of acquired immunity against the following vaccine-preventable diseases:

* Diphtheria, Tetanus, Pertussis (DTaP/DT)
* Polio (IPV)
* Measles, Mumps, Rubella (MMR)
* Hepatitis B
* *Haemophilus influenzae* type b (Hib) *until age 5*
* Varicella (Chicken Pox)
* Pneumococcal bacteria (PCV) *until age 5*

Immunization records are reviewed and updated monthly by Lillian O’Neel Daycare-Directorto ensure all children and staff are up to date on all eligible immunizations*.*

**Documentation and Reporting**

Each child enrolled in our program is required to have [medically verified](https://www.doh.wa.gov/YouandYourFamily/Immunization/SchoolandChildCare/RuleChanges) documentation of immunizations *before* attending. Any one of the following is an accepted form of documentation:

* A Certificate of Immunization Status (CIS) printed from the Immunization Information System (IIS)
* A physical copy of the CIS form with a healthcare provider signature
* A physical copy of the CIS filled out and signed by the parent and verified and signed by child care or early learning program administrator. For this option, the CIS needs to have medical immunization records from a healthcare provider attached
* A CIS printed from [MyIR](https://wa.myir.net/rorl) (families can create an account on MyIR and print this form themselves)

**A new CIS form is required each year to re-certify the child’s immunization records.** When a child disenrolls or transfers from our program, we return the original CIS or Certification of Exemption (COE) or a legible copy of the document to the parent/guardian. **We cannot withhold this documentation for any reason.**

* All employees and volunteers at the program are required to provide an immunization record indicating that they have received the MMR vaccine or proof of immunity.

**Requirements for Attending Early Learning and Child Care Programs**

A child may begin child care **only if\***:

* They get all the required vaccine doses they are eligible to receive, AND
* The parent/guardian has submitted medically verified immunization records (see above) **on or before the first day** of attendance. Children without immunization paperwork should not start childcare until the paperwork is **turned in**.

***\*Foster Care or Homelessness Exception:***

A child in foster care or who is identified as experiencing homelessness and is lacking medically verified immunization records MUST be enrolled immediately and allowed to participate in all program activities. The child’s family, caseworker, or health care provider must, however, offer written proof that they are in the process of obtaining the child’s immunization records.

***Attending While in Conditional Status:***

Children may attend child care while in **conditional status** if/when:

* They have received all vaccine doses they are eligible to receive **before** starting child care, however they need additional doses to complete the series.
* The parent/guardian must sign the Conditional Status statement on the CIS form.
* Children may remain in care while waiting until the next dose becomes due, *plus* 30 calendar days for the parent/guardian to turn in medically verified, updated records showing they received the missing dose(s).
* **If the 30 days expire without updated records, the child must be excluded from further attendance.**

**Exemptions** (please choose one below)

[ ] We have a written policy stating we **do not** accept children into our childcare program who are exempted from immunization, **unless it is due to** a health condition protected by the ADA or WLAD and we have a completed COE signed by a licensed medical professional on file. ([WAC 110-300-0210 (8))](https://app.leg.wa.gov/wac/default.aspx?cite=110-300-0210)

* The child’s health care provider must sign the COE form for a medical exemption.

[ ] We accept children into care who may have an exemption from immunization. If a parent/guardian chooses to exempt their child from immunization requirements, they must complete and sign the COE form, which accompanies the CIS form.

* The child’s health care provider must also sign the COE form for a medical, religious belief, or personal/philosophical exemption.
* A health care provider’s signature is not required for a “religious membership” exemption.
* **As of July, 2019 personal and philosophic exemptions for the MMR vaccine are not permitted, per WA state law.**  Only medical and religious exemptions for MMR are allowed.

A current list of exempted children ismaintained **at all times.**

Children who are not fully immunized may also be excluded from care during an outbreak of a vaccine-preventable disease if they have any type of immunization exemption for the disease or do not have vaccine documents. This is for the protection of the unimmunized child and to reduce the spread of the disease.

# **STAFF HEALTH**

* Our early learning program complies with all recommendations from the local health jurisdiction.
* Staff members who have a communicable disease are expected to remain at home until no longer contagious. Staff are required to follow the same guidelines outlined in EXCLUSION OF ILL CHILDREN in this policy.
* Staff members are encouraged to consult with their health care provider regarding their susceptibility to vaccine-preventable diseases.
* Staff who are pregnant or considering pregnancy are encouraged to inform their health care provider that they work with young children. *When working in child care settings, there is a risk of acquiring infections which can harm a fetus or newborn. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles). In addition to the infections listed here, other common infections such as influenza and Hand Foot and Mouth disease can be more serious for pregnant women and newborns. Good handwashing, avoiding contact with ill children and adults, and cleaning of contaminated surfaces can help reduce those risks.*

**Tuberculosis (TB) testing requirements**

There are two types of FDA-approved tuberculosis (TB) tests available in Washington State; the tuberculin skin test and a type of blood test known as an Interferon Gamma Release Assay (IGRA).

Prior to working onsite at the child care program, new staff, volunteers, or family home members over 14 years must have documentation of a TB test or treatment signed by a health care professional within the last 12 months (unless not recommended by a licensed health care provider). This documentation must consist of either:

1. A negative TB symptom screen and negative TB risk assessment;
2. A previous positive TB test, a current negative (normal) chest x-ray, and documentation of clearance to safely work or reside in an early learning program; or
3. A positive symptom screening or a positive risk assessment with documentation of:
4. a current negative TB test; or a
5. positive (previous or current) TB test and a current negative (normal) chest x-ray and documentation of clearance to safely work or reside in an early learning program.

Staff members do not need to be retested for TB unless they have been notified of a TB exposure by the local health jurisdiction.

**Measles, Mumps, and Rubella (MMR) requirements**

All licensed child care center staff and volunteers must provide either:

1. An immunization record showing they have received at least one dose of MMR vaccination.
2. Proof of immunity to measles disease (also known as a blood test or titer).
3. Documentation from a health care provider that the person has had measles disease sufficient to provide immunity against measles; or
4. Written certification signed by a licensed health care practitioner that the MMR vaccine is, in the practitioner's judgment, not advisable for the person.

A personal/philosophical or religious exemption for MMR is no longer allowed for child care staff.

# **NOTIFIABLE CONDITIONS and COMMUNICABLE DISEASE REPORTING**

Licensed child care providers in Washington are required to notify their DCYF licensor, parents or guardians of the enrolled children, and public health authorities at their local health jurisdiction, within 24 hours, when they learn that a child, staff member, volunteer, or household member is suspected or confirmed to have certain contagious conditions or diseases. **These are referred to as ‘Notifiable Conditions’, and are listed below:**

Immediately notifiable conditions in **bold** should be reported when suspected or confirmed



**Reporting:**

* **To report any of the above conditions,** call CD/EPI at (253) 649-1412.

Please note the child care and early learning WAC requires programs to **report varicella (chickenpox)**, along with other vaccine-preventable diseases.

# **MEDICATION POLICY**

Medication is given **only** with prior **written** consent of a child’s parent/guardian. A completed **Medication Authorization Form** indicates written consent and includes **all of the following:**

* Child’s full name;
* Name of the medication;
* Reason for the medication;
* Dosage;
* Medication expiration date
* Method of administration (route);
* Frequency (**cannot** be given “as needed”; must specify ***time*** at which **and/or *symptoms*** for which medication should be given);
* Duration (start and stop dates);
* Special storage requirements;
* Any possible side effects (from package insert or pharmacist's written information)
* Any special instructions; *and*
* Parent/guardian signature and date signed

**Prescription medications:**

Prescription medications can be administered to a child in care by an early learning provider only if the medication meets all of the following requirements:

* 1. Prescribed by a health care provider with prescriptive authority for a specific child;
	2. Include a label with:
* Child’s first and last name;
* Date prescription was filled;
* Prescribing health provider’s name and contact information;
* Expiration date;
* Dosage amount;
* Length of time to give the medication; and
* Instructions for administration and storage;
1. Accompanied with a completed Medication Authorization Form signed by a parent/guardian;
2. Only given to the child named on the prescription.

**Over-the-counter (non-prescription) medications:**

If following the instructions on the label and dosage recommendations for the child’s age on an over-the-counter medication, it can be administered to a child in care by an early learning provider **only if** the medication meets all of the following criteria:

1. It is in its original packaging;
2. Labeled with the child’s first and last name; and
3. Accompanied with a completed Medication Authorization Form signed by the parent/guardian.

If an over-the-counter medication’s label instruction doesn’t include age, expiration date, dosage amount, and/or length of time to give the medication/product, as is often the case for vitamins, herbal supplements, fluoride supplements, homeopathic or naturopathic medication, and teething gel or tablets, it must be:

* + 1. Accompanied with a completed Medication Authorization Form that is signed by the health care provider with prescriptive authority.

An over the counter-medication is given only to the child named on the label provided by the parent/guardian.

**Non-medical products:**

A parent/guardian must provide written annual consent (valid for up to 12 months) for the following non-medical products to be given or applied to a child by the early learning provider:

1. **Diaper ointment** (used according to manufacturer’s instructions);

*Please note: As with all medications, label directions must be followed. Most diaper ointment labels indicate that rashes that are not resolved, or reoccur, within 5-7 days should be evaluated by a health care provider.*

1. **Sunscreen**
2. **Lip balm or lotion**;
3. **Hand sanitizers or hand wipes with alcohol** (only to be used on children over 24 months); and
4. **Fluoride toothpaste** for children 24 months and older.

Amber bead necklaces are **not** allowed.

Parent/guardian instructions (for duration, dosage, amount, frequency, etc.) on the Medication Authorization Form are required to be consistent with any label recommendations, prescription, or instructions from a health care provider.

Medication and non-medical products are **not** accepted if they are **expired**.

Written consent for medications covers only the course of illness or specific time-limited episode.

Medication is added to a child’s food or liquid only with the **written consent of health care provider.**

Homemade medication, such as diaper cream or sunscreen, cannot be accepted by an early learning provider or given to a child in care.

**Medication Storage**

Medication is stored: in a locked cabinet and is:

* Inaccessible to children;
* Separate from food;
* Separate from staff medication;
* Protected from sources of contamination;
* Away from heat, light, and sources of moisture;
* At temperature specified on the label (i.e., at room temperature or refrigerated);
* So that internal (designed to be swallowed, inhaled, or injected) and external (applied to outside of body) medications are separated; and
* In a sanitary and orderly manner.

Rescue medication (e.g., EpiPen® or inhaler) is stored in the “Grab and Go” bag.

Medications no longer being used are promptly returned to parents/guardians, or discarded in accordance with the Food and Drug Administration (FDA) recommendations for medication disposal. (Medications are not disposed of in sink or toilet.)

Staff medication is stored upstairs, out of reach of children. Staff medication is clearly labeled as such.

**Staff Administration and Documentation**

Before administering medication to children, staff members must first be a) oriented to the early learning program’s medication procedure and policy; and b) complete the department standardized training course in medication management and administration or an equivalent training. A record of the training is kept in staff files.

The parent/guardian of each child requiring medication involving special procedures (e.g., nebulizer, inhaler, EpiPen®) trains staff on those procedures. Documentation of the training must be signed by the early learning care provider and the child’s parent/guardian. A record of trained staff is maintained on/with the Medication Authorization Form.

Staff giving medications keeps a written medication log on the back of the Authorization Form that includes:

* Child’s first and last name;
* Name of medication that was given to the child;
* Dose amount that was given to the child;
* The time and date the medication was given; and
* Each time a medication is given, staff member prints name and full signature.

Although the current WACs do not require documentation when administering non-medical items, such as diaper creams/ointments and sunscreen, the Child Care Health Program recommends documenting applications of these items. This provides record for the child care providers and families, in case a rash, irritation, or sunburn do occur or persist.

[ ] We document application of diaper creams and sunscreens, each time they are applied, on a written medication log on the back of the Authorization form.

[ ]  We do not document applications of diaper creams/ointments and sunscreen.

Any observed side effects are documented by staff on the child’s Medication Authorization Form and reported to parent/guardian. Notification is documented.

If a medication is not given, a written explanation of why is provided on the Medication Authorization Form.

**Medication Administration Procedure**

The following procedure is followed each time a medication is administered:

1. **Wash hands** before preparing medications.
2. Carefully read all relevant instructions, including labels on medications, noting:
* Child’s name;
* Name of the medication;
* Reason for the medication;
* Dosage;
* Method of administration;
* Frequency;
* Duration (start and stop dates);
* Expiration date
* Any possible side effects; and
* Any special instructions.
1. Prepare medication on a clean surface away from diapering or toileting areas.
* Do not add medication to child’s bottle/cup or food without health care provider’s written consent.
* For liquid medications, use clean and sanitized medication spoons, syringes, droppers, or medicine cups with measurements provided by the parent/guardian (not table service spoons).
* Bulk medication is dispensed in a sanitary manner (sunscreen, diaper ointment)
1. Administer medication.
2. **Wash hands** after administering medication.
3. Observe the child for side effects of medication and document on the child’s Authorization Form.
4. Document medication administration.

**FIRST AID**

**Training**

At least one staff person with current training and certification in Cardio-Pulmonary Resuscitation (CPR) and First Aid is present with each group or classroom **at all times**.

First Aid and CPR Training must:

* Be delivered in person.
* Include a hands-on component for first aid and CPR that is demonstrated in front of an instructor who is certified by a nationally recognized certification program (i.e. American Red Cross, American Heart Association, etc.).
* Include child and adult CPR.

Documentation of staff training is kept in personnel files.

**First Aid Kits**

Our first aid kits are inaccessible to children and located in “Grab and Go” bag.

First aid kits are labeled and identified by a First Aid Sign.

**Each of our first aid kits contains all of the following items:**

|  |  |  |
| --- | --- | --- |
| * Disposable gloves (non-porous, non-latex, i.e. nitrile or vinyl)
* Band-Aids (different sizes)
* Small scissors
* Tweezers for surface splinters
* Sterile gauze pads (different sizes)
 | * Ice packs (chemical, non-toxic ice)
* Thermometer (disposable or mercury-free that either uses disposable sleeves or is cleaned and sanitized after each use)
* Triangular bandage or sling
* Hand sanitizer (for adult use only)
 | * Elastic wrapping bandage
* Either a CPR barrier with one-way valve OR an adult/pediatric and an infant CPR mask with a one-way valve
* Current first-aid guide/ manual
* Adhesive tape
 |

All first aid kits are checked and restocked monthly or sooner if necessary. The First Aid Kit Checklist is used for documentation and is kept in each first aid kit.

**INJURY PREVENTION**

* Proper supervision is maintained at all times, both indoors and outdoors. Staff will position themselves to observe the entire play area.
* Staff will review their rooms and outdoor play areas daily for safety hazards and remove any broken/damaged equipment.

 *Hazards include, but are not limited to*:

* *Security issues (unsecured doors, inadequate supervision, etc.)*
* *General safety hazards (broken toys & equipment, standing water, chokeable & sharp objects, etc.)*
* *Strangulation hazards*
* *Trip/fall hazards (rugs, cords, etc.)*
* *Poisoning hazards (plants, chemicals, etc.)*
* *Burn hazards (hot coffee in child-accessible areas, unanchored crock pots, etc.)*
* *Windows within the reach of children*
* Hazards are reported immediately to the Director. The Director will ensure hazards are removed, made inaccessible or repaired immediately to prevent injury.

* Toys are age and developmentally appropriate, safe (lead and toxin free), and in good repair. Broken toys are discarded.

* Rooms with children under 3 years old are free of push pins, thumbtacks, and staples.
* Cords from window blinds/treatments are inaccessible to children.
* Staff does not step over gates or other barriers while carrying children.
* Children will wear helmets when using riding equipment. Helmets will be removed prior to other play.
* Children will always be properly supervised when interacting with or near water. (*Drowning is the leading cause of injury related death for children ages 1-4 years old and drowning can happen in less than 2 inches of water.*)

**PROCEDURES FOR INJURIES AND MEDICAL EMERGENCIES**

1. Assess the injured child and obtain appropriate supplies.
2. Staff trained in first aid will refer to the First Aid Guide, located in every first aid kit, for more information if needed.
3. Administer first aid. Non-porous, non-latex gloves (i.e. nitrile or vinyl\*) are used if blood is present. If the injury/medical emergency is life threatening, one staff person stays with the injured/ill child, administers appropriate first aid, and starts CPR, while another staff person calls 911. If only one staff member is present, that person assesses the child for breathing and circulation.
* If **collapse is** **un-witnessed**: First perform 2 minutes of CPR, then call 911.
* If **collapse is witnessed**: First call 911, then start CPR.
1. Staff calls parent/guardian or designated emergency contact if necessary. For major injuries/medical emergencies, a staff person stays with the injured/ill child until a parent/guardian or emergency contact arrives, including during transport to a hospital.
2. Staff record the injury/medical emergency on an accident/injury report form.

The report includes:

* Date, time, place and cause of the injury/medical emergency (if known),
* Treatment provided,
* Name(s) of staff providing treatment, and
* Persons contacted.

Staff provide a copy of the form to the parent/guardian the same day, and place a copy in the child’s file. For major injuries/medical emergencies, the parent/guardian signs upon receipt of the form, and staff sends a signed copy to the licensor.

1. The designated staff person immediately calls the childcare licensor when serious injuries/incidents that require medical attention occur.
2. Record any injury on the site “Incident/Injury Log.” Every entry will include the child’s name, name(s) of staff involved, and a brief description of the incident. The site injury log is confidential.

# **BLOOD/BODY FLUID CONTACT OR EXPOSURE**

Even healthy people can spread disease through direct contact with body fluids. All body fluids – including blood, urine, stool (feces), drool (saliva), vomit, drainage from sores/rashes (pus) – may be infected with contagious disease. To limit risk of infection associated with blood and body fluids, our site always takes the following precautions:

* **Non-porous, non-latex** **gloves are always used when blood or wound drainage is present.**
* Any open cuts or sores on children or staff are kept covered.
* Whenever a child or staff comes in contact with a body fluid, the exposed area is washed immediately with soap and water, rinsed, and dried with paper towels.
* Surfaces that come in contact with blood/body fluids are cleaned immediately with detergent and water, rinsed, and disinfected with an appropriate EPA approved disinfectant, such as bleach in the concentration used for disinfecting body fluids (refer to “[Methods for Mixing Bleach](https://www.kingcounty.gov/depts/health/child-teen-health/child-care-health/~/media/depts/health/child-teen-health/child-care-health/documents/method-for-mixing-bleach-EN.ashx)”). The site’s “Bloodborne Pathogen Exposure Control Plan” (BBP ECP) includes details on how to clean and disinfect specific surfaces (carpets, smooth surfaces, etc).
* A child’s clothing soiled with body fluids is removed as soon as possible, put into a plastic bag, securely tied or sealed, then put into another plastic bag that is securely tied or sealed and sent home with the child’s parent/guardian. A change of clothing is available for children in care, as well as for staff.
* Any equipment (mops, brooms, dustpans, etc.) used to clean-up body fluids is cleaned with a disinfectant according to manufacturer’s instructions and air-dried.
* Gloves, paper towels, and other first aid materials used to wipe up body fluids are put in a plastic bag, tied closed, and placed in a plastic-lined waste container with lid.
* Hands are always washed after handling soiled laundry or equipment, and after removing gloves.

**Blood Contact or Exposure**

If a child is exposed to blood or other body fluid, parent/guardian will be notified by the Director and an appropriate report will be completed.

**DISASTER PREPAREDNESS**

**Plan and Training**

Our early learning program has developed a Disaster Preparedness Plan/Policy. The plan includes responses to different disasters our site is vulnerable to, as well as procedures for on- and off-site evacuation and shelter-in-place.

Staff receive fire extinguisher training. The following staff members have received utility control training (how to turn off gas, electric, water): Lillian O’Neel – Daycare Director

**Supplies**

Our early learning program maintains a supply of food and water on site for children and staff sufficient for at least 72 hours, in case parents/guardians are unable to pick up children at the usual time. We check food, water, and supply expiration dates at least annuallyand rotate supplies accordingly. We maintain essential prescribed medications and medical supplies on hand for individuals who need them.

# **HEALTH RECORDS**

Each child’s health record is maintained in a confidential manner and will contain the following:

* Health, developmental, nutrition, and dental histories or conditions
* Name and phone number of health care provider and dentist
* Consent for emergency care
* Current “Certificate of Immunization Status” (CIS), “Certificate of Exemption” (COE), or a current immunization record from the Washington state immunization information system (WA IIS);

**If applicable** to the child, the health record will also contain**:**

* Allergy information and food intolerances
* Individualized care plan for child with special health care needs (medical, physical, developmental or behavioral)
* List of current medications
* Injury report
* Any assistive devices used (e.g., glasses, hearing aids, braces)

The above information will be updated annually or sooner for any changes.

\*Staff at Tumble Town Daycare LLC will be trained on all allergies as the demand arises. Food intolerances as well as other allergies will be posted and staff will be notified. All staff will follow all procedures involving allergies/intolerances as according to the parent/guardian\*

**DIAPERING**

Children are **never** left unattended on the diaper-changing table. Safety belts are not used on the diaper changing table. **The diaper changing table and area are used only for diapering.** Toys, pacifiers, papers, dishes, blankets, etc., are not placed on diapering surface or in the diapering area.

The following diapering procedure is posted and followed at our early learning program:

1. **Wash Hands.**
2. Gather necessary materials. If using bulk diaper ointment, put a dab of ointment on paper towel.
3. Put on disposable gloves, if desired.
4. Place child gently on table and unfasten diaper. *Do not leave child unattended*.
5. Clean the child’s diaper (peri-anal) area from front to back, using a clean, damp wipe for each stroke.
6. Dispose of dirty diaper and used wipes in a plastic-lined, hands-free container with lid *(foot pedal type).*
7. **Wash hands.** If wearing gloves, remove gloves and wash hands. Please note: A wet wipe or damp paper towel may be used for this handwashing only. *Do not leave child unattended*.
8. If parent/guardian has completed a medication authorization for diaper cream/ointment/lotion, put on clean gloves and apply to area. Remove gloves.
9. Put on a clean diaper (and protective cover, if cloth diaper used). Dress child.
10. **Wash child’s hands** with soap and running water.
11. Place child in a safe place. Do not touch toys, play equipment, etc. and return to the diaper area for step 12.
12. Use 3-Step method on changing pad where diaper change has occurred:
	1. Clean with soap and water.
	2. Rinse with water.
	3. Disinfect with bleach solution: Refer to: “Method for Mixing Bleach.” Allow the bleach solution to air dry or to remain on the surface for at least 2 minutes before drying with a paper towel.
13. **Wash Hands.**

*Please note: Even if gloves are used, all of the above handwashing must still be done.*

**TOILET TRAINING**

Toilet training is a major milestone in a young child’s life. Because children spend much of their day in child care, you may recognize signs that a child is ready to begin toilet training. As a provider, you can share your observations with the family and offer suggestions and emotional support. Working together with the family, you can help make toilet training a successful and positive experience for their child.

* When the child is ready for training, discuss toilet training procedures and develop a toilet training routine that is developmentally appropriate in agreement with the parent or guardian.
* Develop a detailed written plan of communication between the child care program and the family. Keep daily records of successes and concerns to share with the family.
* Develop routines that encourage toilet use. Watch for those non-verbal signs that suggest a child has to use the toilet. Suggest bathroom visits at set times of the day, before going out to play, after lunch, etc.
* Encourage the family to dress the child in easily removable clothing. Keep an extra set of clothing on hand for accidents.
* Encourage the child with positive reinforcement (which may not include food items) and culturally sensitive methods.
* Expect relapses and treat them matter-of-factly. Praise the child’s successes, stay calm, and remember that this is a learning experience leading to independent behavior.

# **TODDLER AND PRESCHOOL SLEEP**

* Children 29 months of age or younger follow their individual sleep patterns.
* Alternate quiet activities are provided for a child who is not napping (while others are doing so).
* To allow for easy observation, toddlers are within sight and hearing range of providers while asleep. Lighting must be sufficient to observe skin color and breathing patterns.

* Not allowing a blanket, bedding or clothing to cover any portion of a toddler’s head or face while sleeping, and readjusting these items when necessary.
* Nap mats are separated by at least 18 inches to reduce germ exposure and allow early learning providers’ access to each child. In addition, children are placed head-to-toe or toe-to-toe.

# **FOOD SERVICE**

Food is not prepared by daycare staff. Parents/guardians are responsible for sending packaged lunch/snacks for child while at facility that are properly labeled. Perishable items in lunches brought from home are refrigerated upon arrival. If staff must assist in opening packages, hands will be washed as required prior to assistance. Foods from opened containers are discarded or sent home at the end of the day. Children are not allowed to walk around with food or cups.

**Refrigerators and freezers** are used for storage of lunchboxes and must maintain 41F or below.

Emergency snacks will be kept on site. Packaged non-TCS snacks will not contain any major allergens.

**Mealtime Environment and Socialization**

Mealtime and snack environments are developmentally appropriate and support children’s development of positive eating and nutritional habits.

* Staff sit with children (and preferably eat the same food that is served to the children in care) and have casual conversations with children during mealtimes.
* Children are not coerced or forced to eat any food.
* Children decide how much and which foods to choose to eat of the foods available.

**Dental:** We will not be practicing any dental hygiene although we do encourage practices at home.

**PHYSICAL ACTIVITY AND SCREEN TIME LIMITATIONS**

Adequate physical activity is important for optimal physical development and to encourage the habit of daily physical activity. Active play time includes a balance of a few teacher-directed activities as well as child-initiated play. The structured activities help contribute to skill building and promote fitness. The focus is on fun and interactive games and movement that also serve to enhance social and emotional skill development. Children have ample opportunity to do moderate to vigorous activity (running, jumping, skipping, and other gross motor movement) to the extent of their ability.

**Outdoor play**

* All children go outside in all weather (rain, snow etc…) unless it is dangerous or unhealthful.
* Our early learning program provides shaded areas in outdoor play space.
* Toddlers spend 20 minutes per every 3 hours of programming outdoors. If they are in care for a full day, they are allowed 60 to 90 minutes of moderate to vigorous activity, of which 30 minutes may be indoor activities.
* Preschool-age and older spend 30 minutes per every 3 hours of programming outdoors. If they are in care for a full day, they are allowed 90-120 minutes per day of moderate to vigorous activities, of which 30 minutes may be indoor activities.

**Screen Time**

* **Children under 2 years do not get any screen time.**
* Children over 2 years are limited to 30 minutes of educational viewing per week, if at all. Computer use is limited to 15 minute increments of play time, except when children are completing homework or school lessons.
* There is no screen time during scheduled meals or snacks.

# **DEVELOPMENTAL CARE**

Early learning for children is anchored in the respect for the developmental needs, characteristics, and cultures of the children and their families. Supporting the success of developmental tasks for children is necessary for their social-emotional health. Providers are in a unique position to encourage a child’s development in a healthy and safe environment.

* Classrooms have curriculum and a variety of early learning materials that meet developmental and cultural needs for each age group of children served. Curriculum enhances the development of self-control and social skills, with opportunities for children to exercise choice and share ideas.
* Materials should promote imagination, creativity, language development, numeracy and spatial ability, as well as discovery and exploration.
* Lead teachers or family home early learning providers should be given regularly scheduled time to plan and develop curriculum and activities.
* Providers must discuss with parents or guardians the importance of developmental screenings for each child and offer available resources if screenings are not done on-site.

# **CHILD ABUSE AND NEGLECT**

Childcare providers are state mandated reporters of child abuse and neglect; we immediately report suspected or witnessed child abuse or neglect to Child Protective Services (CPS). The phone number for King County CPS is 1-800-609-8764. Please refer to your region’s local intake number if not within King County.

Signs of child abuse and/or neglect are documented. The information is kept confidentially in the Director’s office.

Training approved by DCYF on identifying and reporting child abuse and neglect is provided to all staff and documentation kept in staff files.

The licensor is notified of any CPS report made within 48 hours.

# **“NO SMOKING, NO VAPING” POLICY**

* Staff will not smoke or vape while at work in the presence of children or parents.
* There will be no smoking or vaping of any substance on site or in outdoor areas within 25 feet of an entrance, exit, operable window, or vent in the building. This policy is always in use, regardless of whether or not children are on the premises. (Rationale: residual toxins from smoking can trigger asthma and allergies when children do use the space).
* Using, consuming, or being under the influence of cannabis on licensed space is prohibited at all times.
* The program will post “no smoking or vaping” signs that are clearly visible.

# **ANIMALS IN EARLY LEARNING**

* We have the following animals on site: We have a personal cat upstairs with updated vaccinations. These animals do not have interaction with any children on site and are not allowed in the daycare areas. They are not outdoor animals and remain inside.

# **PEST CONTROL AND PESTICIDE USE**

[x]  We do use pesticides on site. When pesticide is applied,

[ ]  our **family home** complies with pesticide manufacturer's instructions.

**Our pesticide policy emphasizes integrated pest management, such as**:

* Nonchemical pest control methods (*e.g., removing food sources, sanitation, repairs, etc.*)
* Pest population monitoring, inspection, and reporting
* Low-toxicity methods used after non-toxic options have been utilized first

**Notification of pesticide use**

Notification of pesticide use will be posted no less than 48 hours prior to application and will specify the type of pesticide applied and location of application.

Pesticides will be applied in licensed space only when children are not present.

**Emergency pesticide use**

Pesticides used in the event of an emergency (e.g., wasp nest) may be applied prior to the 48-hour notification, but the notification will be posted as soon as possible and provide all necessary information.