

**SAMPLE MODEL HEALTH CARE POLICY FOR CHILD CARE CENTERS**

This is a model health policy to help you write a policy for YOUR center. It may be used as a guide to help you write YOUR policies. Remember this may not EXACTLY match your needs. Be sure to make changes to match what YOU do at YOUR center.

**HEALTH POLICY**

Agency Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cross Street: \_\_\_\_\_

**EMERGENCY TELEPHONE NUMBERS:**

Fire/Police/Ambulance: 911

Poison Center: \_\_\_\_\_

Animal Control: \_\_\_\_\_

**HOSPITAL USED FOR LIFE-THREATENING EMERGENCIES\*:**

Name of Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\* For non-threatening emergencies, we will defer to parent preference as listed in the child's registration form.

**OTHER IMPORTANT TELEPHONE NUMBERS:**

DCCEL Health Surveyor: \_\_\_\_\_ phone: \_\_\_\_\_

DCCEL Licensor: \_\_\_\_\_ phone: \_\_\_\_\_

Public Health Nurse: \_\_\_\_\_ phone: \_\_\_\_\_

Public Health Nutritionist: \_\_\_\_\_ phone: \_\_\_\_\_

**Communicable Disease/Immunization Hotline (Recorded Information):**

**COMMUNICABLE DISEASE REPORT LINE:** \_\_\_\_\_

## SAMPLE MODEL HEALTH POLICY FOR CHILD CARE CENTERS

### EMERGENCY PROCEDURES

#### MINOR EMERGENCIES

Staff trained in first aid will refer to the \_\_\_\_\_ (name of first aid guide) located \_\_\_\_\_ (where located). 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.

Staff will record the incident on \_\_\_\_\_ (name of report form), which will be kept in each classroom. 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.

The incident will also be recorded on the Illness/Injury Log, which will be located \_\_\_\_\_ (where located).

Injury/Illness Logs will be reviewed for trends monthly by \_\_\_\_\_ (assigned position/person). Corrective action will be taken to prevent further injury or illness. All reports, including this log, are considered confidential.

#### LIFE-THREATENING EMERGENCIES

*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.

Staff will provide first aid as needed according to the \_\_\_\_\_ (name of guide). Nitrile or latex gloves will be worn if any body fluids are present.

A staff person will contact the parent/guardian(s) or the child's alternate emergency contact person. Information on how to contact the parents, especially in emergencies, will be readily available. A staff person will have written consent from a parent to seek and obtain medical care, a court order waving the right of informed consent, or parent's alternate plans for emergency medical and surgical care if the parent can not be reached.

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.

The incident will be recorded on an Injury/Illness Report and Injury/Illness Log as described in "Minor Emergencies".

Serious injuries/hospitalizations will be reported to the licensor immediately (name and phone on first page).

Staff will record the incident on \_\_\_\_\_ (name of report form), which will be kept in each classroom. The form will include the information as stated in #2 under Minor Emergencies. The parent/guardian will sign receipt for a copy of the report. A copy will be sent to the licensor no later than the following day after the incident. A copy will be placed in the child's record.

#### ASTHMA AND ALLERGIC REACTIONS

##### ASTHMA:

An Asthma Information Report and Individual Emergency Treatment Plan will be kept on file for any child with asthma.

Asthma triage plan will be implemented when child exhibits asthma symptoms at school.

Parents will receive a written report on an accident/illness form.

##### ALLERGIES:

A Food Allergy/Intolerance statement will be filled out and kept on file for children whose registration form or parent report indicate severe food allergies. This form will be signed by a Health Care Provider and list foods to

avoid, a brief description of how the child reacts to the food, and appropriate substitute food(s). There will be a space on the form for the Health Care Provider to indicate if the reaction is severe or not. If the reaction is severe, staff will follow an emergency protocol indicated by the provider such as the following:

- Administer prescribed epinephrine (Epi-Pen) immediately **AND/OR** administer other prescribed medication
- **Call 911**
- Call child's health care provider
- Stay with the child at all times

## **MEDICATION MANAGEMENT**

### **PARENT/GUARDIAN CONSENT**

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, duration (start and stop dates), special storage requirements and any possible side effects (use package insert or pharmacist's written information).

A 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 types of Parent/Guardian Consent medications:

- Antihistamine,
- Non-aspirin fever reducer/pain reliever,
- Non-narcotic cough suppressant,
- Decongestant,
- Ointments or lotions intended specifically to relieve itching, dry skin, or wound care,
- Diaper ointments or powders intended for use with "diaper rash",
- Sunscreen for children over 6 months of age,

and all of the following conditions are true:

- The medication is in the original container and labeled with the child's name,
- The medication has instructions and dosage recommendations for the child's age and weight,
- The medication is not expired,
- The medication duration, dosage and amount to be given does not exceed label-specific recommendations for how often or how long to be given.

For sunscreen and diaper ointment, the written consent may cover an extended time period of up to one year.

For all other medications (such as fever reducers, cough medicine, or antihistamines), the written consent may only cover the course of the illness.

### **HEALTH CARE PROVIDER CONSENT**

A licensed health care provider's consent, along with parent/guardian consent, will be required for prescription medications and all over-the-counter medications that do not meet the above criteria. This includes, but is not limited to, vitamins, herbal supplements, or fluoride.

A licensed health care provider's consent may be given in three different ways:

- The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, duration and expiration date),
- The provider signs a note or prescription that includes the information required on the pharmacist's label,

- The provider signs a completed Medication Authorization form.

### **MEDICATIONS FOR CHRONIC CONDITIONS SUCH AS: ASTHMA OR ALLERGIES**

For chronic conditions (such as asthma), the parent written consent must be renewed monthly. An individual care plan must be provided that lists symptoms or conditions under which the medication will be given.

### **STAFF DOCUMENTATION**

Staff giving medicine will document the time, date and dosage of the medicine given on the Medication Log and will sign with their initials each time a medication is given (with a one-time full signature at the bottom of the page.)

Staff will report and document any observed side effects on the \_\_\_\_\_  
\_\_\_\_\_ (name of report form), located \_\_\_\_\_  
\_\_\_\_\_ (where located) and a copy will be given to the parent on the date the side effect was noted.

Outdated medication authorization forms and logs will be kept in the child's file for one year.

*Medication authorization and documentation is considered confidential and must be stored out of general view.*

### **MEDICATION STORAGE**

Medication will be stored as follows:

- Inaccessible to children
- Separate from staff or household medication
- Protected from sources of contamination
- Away from heat and light
- At temperature specified on the label (refrigerated if required)
- So that internal and external medications are separated
- Separate from food
- In a sanitary and orderly manner

Medications no longer being used will or outdated promptly be returned to parents/guardians or discarded by flushing down the toilet.

Medication belonging to staff will be labelled with the staff's name and stored according to the storage procedures above.

### **SELF-ADMINISTRATION BY CHILD**

A school-aged child will be allowed to administer his or her own inhaler or Epi-pen when the above requirements are met the following conditions are true:

- A written statement from the child's health care provider *and* parent/guardian is obtained, indicating the child is capable of self-medication without assistance,
- The child's medications and supplies are inaccessible to other children. Staff must record documentation of self-administered medications.

### **MEDICATION ADMINISTRATION PROCEDURE**

**Wash hands** before preparing medications.

Carefully read labels on medications, noting:

- Child's name
- Medication name
- Amount to be given
- Time and dates to be given

- How long to give
- How to give (e.g. by mouth, in ear, etc.)
- Information on the label must be consistent with the Medication Authorization form.

Prepare medication on a clean surface.

For *liquid* medications, use clean medication spoons, syringes, droppers or medicine cups that have measurements on them (not table service spoons).

For *capsules/pills*, medication is measured into a paper cup and dispensed as directed by the parent/health care provider.

**Wash hands** after administering medication.

Observe the child for side effects of medications, which are specified on the Medication Authorization Form and document in the child's record.

## POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Children with any of the following symptoms will not be permitted to remain in care at centers with programs not specifically approved for the care of ill children:

**Fever\*** of at least 99° F under arm (axillary) *and* who also have one or more of the following:

- Diarrhea/vomiting
- Earache
- Signs of irritability or confusion
- Sore throat
- Rash

\* No rectal or ear temperatures will be taken. Digital thermometers are recommended due to concerns about mercury exposure if glass thermometers break.

**Vomiting** on 2 or more occasions within the past 24 hours.

**Diarrhea:** 3 or more watery stools within a 24-hour period, or any bloody stools.

**Rash**, especially with fever or itching.

**Eye discharge or conjunctivitis (pinkeye)** until clear or until 24 hours of antibiotic treatment.

**Sick appearance, not feeling well and/or not able to keep up with program activities.**

**Open or oozing sores**, unless properly covered *and* 24 hours has passed since starting antibiotic treatment, if treatment is necessary.

**Lice or scabies.** For head lice, children and staff may return to child care after treatment and no nits. For scabies, children and staff may return after treatment.

Following an illness or injury, children will be readmitted to the program when they no longer have the above symptoms, no longer have significant discomfort and Public Health and Communicable Disease guidelines for Child Care are met.

Staff members will follow the same exclusion criteria as children.

## COMMUNICABLE DISEASE REPORTING

Licensed child care facilities are required to report communicable diseases to their local health department (WAC 388-295-7060) and per State Department of Health WAC 246-110-415. The following is a partial list of the official diseases that should be reported. For a complete list of notifiable diseases refer to the state health department web site: [www.doh.wa.gov](http://www.doh.wa.gov). *Even though a disease may not require a report*, you are encouraged to consult with the your Child Care Health Consultant for information about common childhood illness or disease prevention.

The following communicable diseases will be reported to the Public Health Communicable Disease Hotline at

\_\_\_\_\_ after hours \_\_\_\_\_, giving the caller's name, the name of the child care program, address and telephone number:

- AIDS (Acquired Immune Deficiency Syndrome)
- Animal bites
- Bacterial Meningitis
- Campylobacteriosis (Campy)
- Cryptosporidiosis
- Cyclosporiasis
- Diphtheria
- Enterohemorrhagic E. Coli, such as E. Coli 0157:H7
- Food or waterborne illness
- Giardiasis
- Haemophilus Influenza Type B (HIB)
- Hepatitis A (acute infection)
- Hepatitis B (acute and chronic infection)
- Hepatitis C (acute and chronic infection)
- Human Immunodeficiency Virus (HIV) infection
- Influenza (if more than 10% of children and staff are out ill)
- Listeriosis
- Measles
- Meningococcal infections
- Mumps
- Pertussis (Whooping cough)
- Polio
- Rubella
- Salmonellosis including Typhoid
- Shigellosis
- Tetanus
- Tuberculosis (TB)
- Viral Encephalitis
- Yersiniosis

## IMMUNIZATIONS

To protect all children in our care and our staff, and to meet state health requirements, we only accept children fully immunized for their age. We keep on file the Certificate of Immunization Status (CIS) to show the Department of Health that we are in compliance with licensing standards (returned to parents when the child leaves the program).

Children need to be immunized for the following:

- DPaT (Diphtheria, Tetanus, Pertussis)
- IPV (Polio)
- MMR (Measles, Mumps, Rubella)
- Hepatitis B
- HIB (Hemophilus Influenza Type B)

Children may attend child care without an immunization if one of the following conditions is true:

- the parent signs the back of the CIS form stating they have personal, religious or philosophical reasons for not obtaining the immunization(s),
- the health care provider signs that the child is medically exempted.

*Children who are not immunized will not be accepted for care during an outbreak for diseases that can be prevented by immunization. This is for the un-immunized child's protection and to reduce the spread of the disease. Examples are a measles or mumps outbreak.*

## FIRST AID

Staff with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid is with each group or classroom. Our First Aid Kits are located \_\_\_\_\_ (where located). Documentation of staff training is kept in personnel files.

Our First Aid Kits contain:

- First Aid Guide
- Sterile gauze pads
- Small scissors
- Adhesive tape
- Band-Aids (different sizes)
- Roller bandages
- Large triangular bandage
- Gloves (Nitrile or latex, non-powdered)
- Tweezers for surface splinters
- Minimum of 2 bottles of Ipecac Syrup\*(unexpired)
- CPR mouth barrier

*\*Syrup of Ipecac is administered **only after** calling Poison Control. It is a medication and must be inaccessible to children at all times. Please see \_\_\_<reference to be filled in later>\_\_\_ for further information on Ipecac.*

A fully stocked First Aid Kit will be taken on all field trips and playground trips and will be kept in each vehicle used to transport children. These travel first aid kits will also contain:

- Liquid Soap-paper towels
- Water
- Chemical Ice (non-toxic)
- Change for phone calls and/or cell phone

*All first aid kits will be checked by \_\_\_\_\_ (assigned position/person) and restocked **each month**, or sooner if necessary.*

## HEALTH RECORDS

Each child's health records will contain: identifying information about the child; health, nutrition and dental history; date of last physical exam; health care provider and dentist name and phone number; allergies; plans for special needs or considerations; current immunization records; consents for emergency care; preferred hospital for emergency care and authorization to take the child out of the facility to obtain emergency health care. The record will also contain age-appropriate developmental and behavioral information.

The above information will be collected by \_\_\_\_\_ (assigned position/person) before entry into the program. Teachers and/or cooks and bus drivers will be oriented to any special needs or diet restrictions before the child first enters the program. Plans for special needs will be documented and staff will be oriented to the individual special needs plan.

The above information will be updated yearly, or sooner if changes are brought to the attention of a staff person.

## HANDWASHING

Staff will wash hands:

- Upon arrival at the site and when leaving at the end of the day.
- Before and after handling foods, cooking activities, eating or serving food.
- After toileting self, children or diaper changing ( **3 step handwashing for diaper changing**).
- After handling or coming in contact with body fluids such as mucus, blood, saliva or urine.
- Before and after giving medication.
- After attending to an ill child.
- After smoking.
- After feeding, cleaning or touching pets/animals

Children will be assisted or supervised in hand washing:

- Upon arrival at the site and when leaving at the end of the day.
- Before and after meals or cooking activities (in separate sink from the food prep sink).

- After toileting or diapering.
- After outdoors play.
- After coming in contact with body fluids.
- After touching animals.

### **HANDWASHING PROCEDURES ARE POSTED AT EACH SINK AND INCLUDE THE FOLLOWING:**

- Soap, warm water (between 85° F and 120° F) and individual paper towels will be available for staff and children at all sinks at all times.
- Turn on water and adjust temperature.
- Wet hands and apply a liberal amount of soap.
- Rub hands in a wringing motion from wrists to fingertips for a period of not less than 10 seconds.
- Rinse hands thoroughly.
- Dry hands, using an individual towel.
- Use hand-drying towel to turn off water faucet(s).

### **TOOTHBRUSHING**

- Each child will be provided with a new toothbrush every 3 months or more often as necessary. Toothbrushes will not be disinfected or put in the dishwasher. If a toothbrush is dropped or soiled, the toothbrush will be replaced.
- Toothbrushes will be labeled with children's or staff's names.
- Toothbrushes will be stored so that they are not touching, do not drip on one another, can air dry and will not be contaminated by people or the environment.
- Toothpaste will be provided in pea-sized amounts. Staff will assist children in taking the toothpaste from a disposable or disinfectable surface, such as a cup or plate, without touching a surface that another toothbrush has touched.
- Tooth brushing can be done at the table after lunch or in the restroom sinks. Children must not walk with a toothbrush in their mouths. However, the counters, sinks & faucets must be washed (soap and water) rinsed with clear water and disinfected prior to tooth brushing.

### **CLEANING, SANITIZING**

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

**Disinfecting/Sanitizing** will consist of using a bleach/water solution as follows: The cleaning/sanitizing solution must remain on the surface at least two minutes.

<b>Disinfecting (Sanitizing):</b>	<b>Amount of Bleach:</b>	<b>Amount of Water:</b>
• Diapering areas, body fluids, bathrooms and bathroom equipment	• 1 tablespoon	• 1 quart
	• ¼ cup	• 1 gallon
• Table tops, dishes, toys, mats, etc	• ¼ teaspoon	• 1 quart
	• 1 teaspoon	• 1 gallon

**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.

**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.

**Bathroom(s)** will be cleaned daily or more often if necessary. Sinks, counters, toilets and floors will be cleaned and disinfected at least daily.

**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.

**Hard floors** will be swept and mopped (with cleaning detergent) daily and disinfected (with above bleach solution) daily.

**Mouth Toys** will be washed and disinfected in between use by different children. A system for ongoing rotation of mouth toys will be implemented in infant and young toddler rooms.

**Toys** (that are not mouth toys) will be washed, rinsed, disinfected and air-dried weekly *or* toys that are dishwasher safe can be run through a full wash and dry cycle.

**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.

**Street shoes** will not be worn in the infant room. Clean slippers, socks, or other foot covers will be available for use.

**Bedding** (e.g. mat covers and blankets) will be washed weekly at a temperature of at least 140° F, or with disinfectant in the rinse cycle. Mats will be cleaned and disinfected weekly or between uses by different children. Mats will be stored so that sleeping surfaces are not touching one another.

**Professional Steam cleaning** will be scheduled bi-annually. *Rented equipment is often unsatisfactory and can actually worsen the condition of the carpet and the indoor air quality.*

**Art Activities Sink** - the hand washing sink can be used for art activities IF the counters, sinks and faucets are washed (soap and water), rinsed and then sanitized prior to use as an art sink.

This Center's schedule for cleaning of all **other preschool toys** is: \_\_\_\_\_.

This Center's schedule for cleaning **toy shelves** is: \_\_\_\_\_.

This Center's schedule for cleaning \_\_\_\_\_ **equipment** is:

This Center's schedule for **dusting** is: \_\_\_\_\_.

This Center's schedule for **general cleaning** of these areas is:\_\_\_\_\_.

## DIAPERING

The following diapering procedure will be posted and followed at our center:

- **Wash Hands**
- Gather necessary materials.
- Place child gently on table and remove diaper. Child is not left unattended.
- Dispose of diaper in container with cover (foot pedal type preferred).
- Clean the child's diaper area from front to back, using a clean, damp wipe for each stroke.
- Apply topical cream/ointment/lotion when written consent is on file.
- **Wash Hands.** A wet wipe or damp paper towel may be used for this handwashing only.
- Put on clean diaper and protective pants (if cloth diaper used). Dress child.
- Wash child's hands with soap and running water or with a wet wipe for young infants.
- Place child in a safe place.
- Wash the diaper-changing pad, if soiled, and disinfect with 1-Tablespoon bleach/1 quart water.
- **Wash Hands.**

Even if gloves are used, all of the above steps must still take place.

## CONTACT OR EXPOSURE TO BODY FLUIDS (BLOODBORNE PATHOGENS)

Even healthy people can spread infection through direct contact with body fluids. Body fluids include blood, urine, stool (feces), drool (saliva), vomit, drainage from sores/rashes (pus), etc. **Gloves will always be used when blood is present.** When anyone has been in contact with body fluids, or is at risk for being in contact with body fluids the following precautions will be taken:

- Any open cuts or sores on children or staff will be kept covered. Depending on the type of wound a covering may be a bandage or clothing or staff may wear latex or neoprene vinyl gloves.
- Whenever a child or staff comes into contact with any body fluids, the area (hands, etc.) 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 with an agent such as bleach in the concentration used for disinfecting body fluids (1/4 cup bleach per gallon of water or 1 Tablespoon/quart).
- Used latex or nitrile gloves and cleaning material used to wipe up body fluids will be put in a plastic bag, closed with a tie, 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, should be washed with hot water in the washing machine. 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 into a closed plastic bag and sent home with the child's parent. A change of clothing will be available for children in care, as well as staff.
- Hands are always washed after handling soiled laundry or equipment or any other potential exposures to body fluids.

## BLOOD CONTACT OR EXPOSURE

When a staff person or child comes into contact with blood (e.g. staff provides first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters the cut or mucous membrane of another person), the staff person will inform \_\_\_\_\_ (*assigned position/person*) immediately.

When staff reports blood contact or exposure, we follow current guidelines set by Labor and Industries.

Documentation on staff orientation and training on Bloodborne Pathogens will be kept in staff files.

## FOOD SERVICE

**Food handler permits** are required for staff, who prepare full meals and are encouraged for all staff.

**Orientation and training** in safe food handling will be given to all staff. Documentation will be posted in the kitchen area and/or in staff files.

**Ill staff** will not prepare or handle food.

**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 handling, preparation or service sink.

**Refrigerators and freezers** will have thermometers placed in both the refrigerator and the freezer. Thermometers will stay between the range of 35° F and 45° F in the refrigerator and 0° F or less in the freezer.

**Microwave ovens**, if used to heat food, require special care. Food must be heated to 165° F degrees and allowed to cool at least 2 minutes before serving. Due to the additional staff time required, use of the microwave ovens is not recommended. Microwaves will not be used to heat infant food or formula.

**Chemicals** and cleaning supplies are stored away from food and food preparation areas.

**Cleaning and disinfecting** of the kitchen will be according to the Cleaning, Disinfecting and Laundering section of this policy.

**Dishwashing** will comply with safety practices:

- Hand dishwashing will use three sinks or wash basins (wash, rinse and sanitize).

- Dishwashers will have a high temperature sanitizing rinse (140° F residential or 160° F commercial) or chemical disinfectant.

**Cutting boards** will be washed, rinsed, and disinfected between each use.

**Food prep sink** will not be used for general purposes or post toilet/diapering handwashing.

**Kitchen counter, sinks & faucets** will be washed rinsed and disinfected before food production.

**Tabletops** where children eat are washed and disinfected before and after every meal and snack.

**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. If cooking frozen foods, plan for the extra time needed to cook the food to the proper temperature.

**Food will be cooked to the correct internal temperature:**

Ground Beef 155° F

Fish 140° F

Pork 160° F

Poultry 165° F

**Holding hot food:** hot food will be held at a temperature of 140° F or above until served.

**Holding cold food:** food-requiring refrigeration will be held at a temperature of 45° F or less.

**A metal stem thermometer** will be used to test the temperature of foods as indicated above and to ensure foods are served to children at a safe temperature.

**Cooling foods** be done by the following methods:

- Place food in shallow containers (metal pans are best) 4” deep or less. Leave uncovered and then either put the pan into the refrigerator immediately or an ice bath or freezer (stirring occasionally).
- Cool to 70° F within 2 hours or to 45° F within 4 hours or less.
- Cool “high density” foods (i.e. refried beans, clam chowder, chili, etc.) in uncovered shallow container (metal pans are best) 2” deep or less until food is cooled to 45° F or less.

**Cover** foods once they have cooled to a temperature of 45° F or less.

**Leftover foods** (foods that have been held lower than 45° F or above 140° F and have not been served) will be cooled, covered, dated and stored in the refrigerator or freezer.

**Reheating foods:** foods to be reheated are heated to at least 165° F in 30 minutes or less.

**Food substitutions**, due to allergies or special diets and authorized by a licensed health care provider will be provided within reason by the center.

**NUTRITION**

The goal of foodservice is to introduce children to a healthy diet reflecting their cultural and ethnic background and following the current American Dietetic Association and American Pediatric Association guidelines. The meals served will provide moderate amounts of fat, sugar and salt. The following meals and snacks are served by the center:

<u>Time</u>	<u>Meal/Snack</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Menus are posted at least one week in advance. Menus will include dates and portion sizes.

The menus will include hot and cold food and vary in colors, flavors and textures.

Ethnic and cultural foods will be incorporated into the menu.

Menus will list specific types of meats, fruits, vegetables, juices, etc.

Menus will include a variety of fruits, vegetables and entrée items.

Foods served will generally be low in fat, sugar and salt.

Children will have free access to drinking water.

Menu modifications will be planned and written for children needing special diets.

Menus will be followed. Necessary substitutions will be noted on the permanent menu copy.

Permanent menu copies will be kept on file for at least six months.

Children with food allergies and medically required special diets will have diet prescriptions signed by a health care provider on file. Names of children and their specific food allergies will be posted in the kitchen and the child's classroom.

Children with severe and/or life threatening food allergies will have a completed emergency plan signed by the parent and health care provider.

Diet modifications for food allergies, religious and/or cultural beliefs are accommodated and posted in the kitchen and eating area. All food substitutions will be of equal nutrient value and recorded on the menu or on an attached sheet of paper.

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 mealtimes.

Staff will not consume coffee, tea, and other hot beverages while children are in their care, in order to prevent scalding injuries.

Staff will not consume pop and other commercial or non-nutritional beverages while children are in their care, in order to provide healthy nutritional role modeling.

## **INJURY PREVENTION**

The child care site will be inspected at least quarterly for safety hazards by \_\_\_\_\_ (assigned person). Staff will review their rooms daily and remove any broken or damaged equipment.

The playground will be inspected daily for broken equipment, environmental hazards, garbage, animal contamination, etc. and proper amount of cushion material under and around equipment by \_\_\_\_\_ (assigned position/person).

Hazards will be reported immediately to \_\_\_\_\_ (assigned position/person). The assigned person will insure that they are removed, made inaccessible or repaired immediately to prevent injury.

The accident and illness log will be monitored by \_\_\_\_\_ (assigned position/person) \_\_\_\_\_ (how often) to identify accident trends and implement a plan of correction.

## **DISASTER PREPAREDNESS**

Please see the sample Disaster Policy.

## **STAFF HEALTH**

Staff members must document a tuberculin skin test within 12 months prior to hire, unless not recommended by a licensed health care provider.

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.

Staff members do not need to be retested for tuberculosis unless they have an exposure. If a staff member converts from a negative test to a positive test during employment, medical follow up will be required and a letter from the health care provider must be on record that indicates the employee has been treated or is undergoing treatment.

Staff who have a communicable disease are expected to remain at home until the period of communicability has passed. Staff will also follow the same procedures listed under "Exclusion of Ill Children" in this policy.

Recommendations of immunizations for child care providers will be available to staff.

**CHILD ABUSE AND NEGLECT**

Suspected or witnessed child abuse or neglect will be immediately reported Child Protective Services (CPS).

Signs of suspected child abuse or neglect will be recorded on \_\_\_\_\_  
(name of report form) and are located \_\_\_\_\_ (where located).

Documentation of staff orientation or training on the indicators of child abuse and neglect will be kept in staff files.

**SLEEP POSITION**

Infants will be put to bed on their backs.

**SPECIAL NEEDS**

Confidentiality is assured with all families and staff in our program.

All families will be treated with dignity and with respect for their individual needs and/or differences.

Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).

The director, parent/guardian and teacher for each child with special needs will develop a written plan of care.

Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. Consulting with outside agencies/organizations may support this.

All staff will receive general training on working with children with special needs and updated trainings on specific special needs that are encountered in their classrooms.

**PET HEALTH**

See sample Pet Policy.

**INFANT CARE****PROGRAM**

Infants will be at least one month of age when enrolled.

Our infant room provides the following to our infants:

- encouragement to handle and manipulate a variety of objects.
- toys, objects and other non-toxic play materials are cleaned daily or between use by different infants, then bleach solution is used to sanitize these objects. Cloth toys are machine washed, at least weekly.
- a safe environment for climbing, moving, exploring
- materials and opportunities for large and small muscle development
- daily indoor opportunities for freedom of movement outside their cribs, in an open, uncluttered space. Our room has areas where all infants can be safely placed on the floor at any given time. Mats are used because they are easy to clean and disinfect when soiled. Blankets may be placed on the floor if they are used only for that purpose and are changed when soiled with vomit or other body fluids.
- "tummy time" when they are awake and staff are observing them
- time to talk and interact with each infant and encouragement for them to respond
- holding and cuddling infants to encourage strong relationships
- response to and investigation of cries or other signs of distress immediately
- limited time (20 minutes total) in swings, infant seats, saucers; baby walkers will never be used

Because this Center is licensed for 4 or more infants, there will be monthly nurse consultation visits in the infant room. Our nurse's background is: \_\_\_\_\_. Our written agreement/duties reflect the center's needs for consultation. There will be at least one monthly on-site visit unless no infants are enrolled. Otherwise, the nurse or a designee will be available for consultation by phone, as needed. The Center has dated

and signed written notes of the nurse's visits that include topics discussed, and areas of concern.

## **NAPPING**

We will furnish a \_\_\_\_\_ for napping. Infants will not sleep in infant or car seats. When the child care provider and parent agree, and the infant can safely do so, transitioning to a mat or cot will happen. Our cribs, mattresses and their arrangement in the room meet the standards set out in WAC 388-295-4100-3 a-f; 4 a-c; 5 a-b.

Infants will sleep on their backs, unless a written note is filed from the parent and infant's health care provider to request another position. Rolling infants are not awakened to return them to their backs when they roll themselves over.

Infants will not sleep with bumper pads, pillows, stuffed toys, quilts, lambskins, and pillows. Each crib will have an appropriate fitting crib sheet or cover, and a clean light weight or suitable cover. These will be laundered weekly or more often if soiled.

Infants will not sleep anywhere other than their specified bed. (Sleeping in infant seats or swings makes it harder for infants to breathe fully and may inhibit gross motor development.)

We discourage sleeping schedules. However, parents may request that an infant be awakened if sleeping more than 3 hours. (This may be necessary to assist with the infant's 24-hour sleep/wake cycle.)

## **INFANT BOTTLE FEEDING**

### **PREPARING BOTTLES**

Our bottle/food preparation area has a sink that meets WAC 388-295-4030-3 a-b. We use water as stated in WAC 388-295-4030-4 a-b.

To prepare bottles:

- We wash hands first
- We use water from a bottle/food preparation sink or an airtight container
  - We don't use water from a hand washing sink. Powdered formula in cans will be dated when opened and stored in a cool, dark place. Unused portions will be discarded or sent home one month after opening. Formula will be mixed as directed on the can.
- We warm formula and breast milk bottles under running warm water
  - Or we warm formula and breast milk bottles in a container i.e. crock pot, that is not warmer than 120 degrees Fahrenheit.
- We don't heat bottles in a microwave or allow them to warm at room temperature for more than an hour, in order to limit bacterial growth.

Breast milk is thawed in the refrigerator then heated as stated above. Thawed breast milk will not be refrozen.

Label the bottle with the infant's full name and the date, so the correct formula or breast milk is given to each infant. If not served immediately, we have a refrigerator to store bottles and unserved, leftover infant food.

Counters will be cleaned and sanitized daily.

### **BOTTLE CLEANING**

Our bottles, bottle caps, nipples and other equipment used for bottle feeding will not be reused without first being cleaned and sanitized:

- Washing in a dishwasher
- Or washing, rinsing and boiling for one minute

Bottles will be provided by the parent/guardian. We will request enough bottles to last the day, returning all used bottles to the parent/guardian at the end of the day (to be sanitized at home).

### **STORING INFANT FORMULA, FOOD, OR BREAST MILK**

Our parents bring filled bottles labeled with the infant's name for daily use. We will add the date. We have a refrigerator to store bottles and unserved, leftover infant food. Full bottles will be refrigerated immediately upon arrival at the Center, unless being fed to an infant right away.

We throw away or return to the family any - formula or liquid breast milk - unused bottle contents within twelve hours of preparing or arriving at the Center.

We don't serve any infant formula past the expiration date on the manufacturer's container.

We keep nipples covered when not in use to reduce cross contamination and exposure.

We throw away the contents of any bottle not fully consumed within an hour. Bottles that have been used don't go back into the refrigerator. (Bacteria begin to multiply once bottles are taken from the refrigerator and warmed.)

Containers of frozen breast milk are also labeled with the infant's name and date when brought in. The frozen milk is stored at 10 degrees Fahrenheit or less. This milk is stored at the center for no more than 2 weeks.

Bottles will be stored in the coldest part of the refrigerator, not on the door. A thermometer will be kept in the warmest part of the refrigerator and will be between 35 degrees and 40 degrees Fahrenheit at all times. A freezer at 10 degrees Fahrenheit is needed for frozen breast milk.

**FEEDING PRACTICE**

Infants will be fed according to their need rather than an adult prescribed time schedule. Bottles will be mixed or prepared as needed. Bottles contents will be discarded after one hour of being out of the refrigerator, to prevent bacterial growth. Unconsumed baby food portions will be thrown away.

Infants are held when fed until they are able to hold a bottle or drink from a cup. Bottles will not be propped. Infants able to hold their own bottle will be held or seated while feeding.

Juice is offered only from a cup.

Infants will not be given a bottle while reclining unless the bottle contains only water. (Lying with a bottle puts a baby at risk for baby bottle tooth decay, choking and ear infections.)

Bottles will be removed from the infant when he/she finishes feeding.

When feeding an infant, staff will watch for cues (signs) to know when the infant has had enough.

**INFANT AND TODDLER SOLID FOODS**

We work with the infant's parent to develop a plan for the infant's feedings that is acceptable to the parent and incorporates the following guidelines:

<b>Developmental Stage/Age of Infant</b>	<b>Type of Feeding</b>
Under 4 months of age	Serve only formula or breast milk unless you have a written order from the child's health care provider.
When baby can: (at about 4-6 months of age) Sit with support Hold head steady Close lips over the spoon Keep food in mouth and swallow it.	Serve only formula or breast milk unless you have a written order from the child's health care provider.  Begin iron fortified baby cereal and plain pureed fruits and vegetables upon consultation with parents.
When baby can: (at about 6-8 months) Sit without support Begin to chew Sip from a cup with help Grasp and hold onto things	Serve only formula or breast milk unless you have a written order from the child's health care provider.  Start small amounts of juice, or water in a cup.  Let baby begin to feed self.  Start semi-solid foods such as cottage cheese, mashed tofu, mashed soft vegetables or fruits.

Developmental Stage/Age of Infant	Type of Feeding
When baby can: (at about 8-10 months) Take a bite of food Pick up finger foods and get them into the mouth Begin to hold a cup while sipping from it	Serve only formula or breast milk unless you have a written order from the child's health care provider. Small pieces of cheese, tofu, chicken, turkey, fish or ground meat. Small pieces of soft cooked vegetables, peeled soft fruits. Toasted bread squares, unsalted crackers or pieces of soft tortilla. Cooked plain rice or noodles. Only formula, breast milk, juice or water in the cup.
When a baby can: (10-12 months) Finger Feed Chew and swallow soft, mashed and chopped foods Start to hold and use a spoon Drink from a cup	Serve only formula or breast milk unless you have a written order from the child's health care provider. Begin offering small sized, cooked foods. Variety of whole grain cereals, bread and crackers, tortillas. Cooked soft meats, mashed legumes (lentils, pinto beans, kidney beans, etc.), cooked egg yolks, soft casseroles.
When a baby can eat a variety of foods from all food groups without signs of an allergic reaction	Offer small amounts of formula, breast milk or water in the cup during meals. Fruit pieces and cooked vegetables. Yogurt, cheese slices.

Children will eat from plates, paper napkin and developmentally appropriate utensils. Bare high chair trays or table-tops are not approved for food. We serve food wearing gloves, using tongs or spoons.

No egg whites (allergy risk) or honey (bacteria risk) will be given to children less than 12 months of age.