READ THIS FIRST…

This document is a model health policy for child care centers in Washington State. It is written to meet Chapter 110-300 WAC (2019) and what is currently considered to be best practice standards from the American Academy of Pediatrics' Caring for Our Children 4th edition.

**** IMPORTANT INSTRUCTIONS: To meet licensing requirements, a health policy must be individualized for each child care center. This document has been formatted such that sections in red can be personalized by the center, while portions in black are considered standard language. Please pay attention to these things:**

- **Parts labeled "click here to enter text" allow you to type information in the space.**
- **Parts labeled "choose an item" will have drop down box – click the small arrow to the right to see the choices.**
- **Make sure you mark any red checkboxes that apply to your center.**
- **Black text cannot be changed. Feel free to make notes in the pink box at the end of the section if you feel there are things that do not pertain to your center or if there are additional practices not included in this document.**
- **If you have your policy reviewed by our team (Snohomish County only), or if you contract with a nurse consultant, a nurse can modify the full document, revert all red font to black, and streamline the policy appearance. Nurses must have registered with DCYF and contacted our program to obtain permission.**

Once finalized, your health policy should be personalized and reflect exactly what is done in your center.

Use your health policy to train all staff and to inform parents.

Call the Child Care Health Outreach Program (CCHOP) or your licensor if you have questions, or need clarification on which items are required by WAC. If your center is in Snohomish County, contact the Child Care Health Outreach Program at childcarehealth@snohd.org for assistance in completing the policy. Ask to schedule an appointment to have your policy reviewed and signed.

Note: The table of contents has been set up so that it can be easily updated. Make all changes to the document, including any page breaks. When you are finished, click once somewhere in the

middle of the table of contents which should select the entire table. Then right click, select “update field” and then “update entire table.” The table of contents will automatically update itself.

This model health policy references various forms, logs, and other policies that are necessary for recordkeeping. Below is a list of these items. The Child Care Health Outreach Program has sample templates of all of these forms and policies. They can be accessed by visiting our website at www.snohd.org or by clicking on the desired document link below. Email CCHOP staff at childcarehealth@snohd.org for assistance with personalizing these documents.

- **Model Policies** – *for all available model policies, see our website*
  - Pet Policy, Fish Policy, or Backyard Farm Animal Policy
  - Pesticide Policy
  - Disaster Plan – Child Care Center or School-age Program
  - Bloodborne Pathogen Exposure Control Plan

- **Example Forms**
  - Injury/Incident Report Form (from DCYF) (PDF)
  - Record of Injury/Illness (log) (PDF)
  - Medication Count Verification Form (PDF)
  - Certificate of Immunization Status CIS (from DOH) (PDF)
  - Diaper Changing Log (PDF)
  - Cleaning and Sanitizing Checklist (PDF)
  - Medication Authorization Form (PDF)
  - List of Children with Immunization Exemptions (from DOH) (PDF)

- **Individual Care Plans** (Call or email CCHOP for copies of these documents)
  - Individual Plan of Care (general form)
  - Asthma Plan
  - Emergency Plan for Severe Allergies

- **Other Useful Documents**
  - Keep Me Home If Poster (PDF)
  - Menu Planning Template (PDF)
  - Child Care Food Transportation Temperature Log (for catered foods) (PDF)
  - Refrigerator Temperature Log (PDF)
  - Child Care Food Safety Temperature Log (PDF)
  - Playground Maintenance Checklist (PDF)

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Health Policy

Revised 8/10/26

Name of Center: Assumption Catholic Preschool		
Address: 2116 Cornwall Avenue		Phone Number: 360-733-6133
City/State/Zip: Bellingham, WA 98225	Center Email Address: theoffice@assumption.school	
Center License Capacity: 28	Ages of Children: 3-5	Number of Staff: 4
Participating in Early Achievers: ☐ Yes ☒ No	Child Care Health Consultant/Infant Nurse Consultant name and phone/email: None	

Director's Name: Beverly Williams	Director's Emergency or Evening Phone Number: (360) 920-7592
Out-of-Area Contact Name and Phone Number: *(should be at least 100 miles away)* David Mayer 206-512-4336	Facilities or Maintenance Contact/Phone Number: Brenna Sebens (360) 303-1125

Emergency telephone numbers:

Fire/Police/Ambulance:	911
Poison Center:	1-800-222-1222
Animal Control:	425-388-3440
To report abuse or neglect	1-866-ENDHARM (1-866-363-4267) Toll-free, 24 /7

Hospital used for life-threatening emergencies:

Name of Hospital: Peace Health St Joseph Medical Center
Address: 2901 Squalicum Parkway
Phone: 360-734-5400

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

Other important telephone numbers:

DCYF Health Specialist: Yvonne Lewis yvonne.lewis@dcyf.wa.gov 509-834-6848

DCYF Licensor: Ashleigh Anselment anselsment.ashleigh@dcyf.wa.gov (360) 685-8703
Communicable Disease Reporting Line: Snohomish Health District 425-339-5278
Child Care Health Outreach Program: Snohomish Health District 425-252-5415

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Section 1: General Health and Illness Practices

INJURY / EMERGENCY PROCEDURES

MINOR EMERGENCIES
Staff trained in first aid will refer to the first aid guide located with the first aid supplies. Gloves will be used if any body fluids are present. (WAC 110-300-0106-12, WAC 110-300-0111-1c and WAC 110-300-0230-2) Staff will refer to the child's emergency form and call parents/guardians, emergency contacts, or health care provider as necessary. (WAC 110-300-0475-4)

Staff will record an injury that becomes evident in the child care on the Incident Reporting Form. Illness reported by parents or that become evident while the child is in care will be recorded on the Incident Reporting Form. These forms are kept in the preschool classroom. These forms will include the date, time, place, and the cause of the injury or illness, if known. A copy will be given to the parent/guardian on the same day and another copy placed in the child's file. (WAC 110-300-0460-4i)

Staff will keep a current, written incident log listing date of illness or injury, the child's name, names of staff involved, and a brief description of the incident. This log will be located in the preschool classroom. (WAC 110-300-0465-4l)

Incident logs will be reviewed monthly by the lead teacher. The logs will be reviewed for trends. Corrective action will be taken to prevent further injury or illness. All reports, including this log, are considered confidential. (WAC 110-300-0460-1a)

SERIOUS/LIFE-THREATENING EMERGENCIES
If more than one staff person is present: one staff person will stay with the injured/ill child and send another staff person to call 911. *If only one staff person is present:* person will assess for breathing, administer CPR for two minutes (for infants/children only) if necessary, and then call 911. (Red Cross, 2016)

Staff will provide first aid as needed according to the first aid guide located with the first aid supplies. Gloves will be worn if any body fluids are present. (WAC 110-300-0111-1c and 110-300-0230-2)

A staff person will immediately contact the parent/guardian(s) or the child's alternate emergency contact person. (WAC 110-300-0475-4)

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 either the Incident Reporting Form or the N/A and incident log as described in "Minor Injuries" section. (WAC 110-300-0465-4l)

Serious injuries/illnesses, which require medical attention or a call to 911, poison control, or the health department, will be reported to the licensor immediately. A DCYF incident form and written report will be completed and sent to the licensor no later than 24 hours after the incident. A copy will be placed in the child's file. (WAC 110-300-0475-2e,3)

FIRST AID
When children are in care, staff members with current training in cardiopulmonary resuscitation (CPR) and first aid are with each group or classroom. Documentation of staff training is kept in personnel files. (WAC 110-300-0106-12)

First aid kits are inaccessible to children and located above the sink in the preschool room. (WAC 110-300-0230-1)

The first aid kits contain the following in sufficient quantity for the enrolled children and staff: (WAC 110-300-0230-1f,2)

first aid guide	variety of sizes of adhesive bandages	tweezers for surface splinters
sterile gauze pads	elastic wrapping bandage	CPR barrier
small scissors	large triangular bandage or sling	hand sanitizer (for adult use)
adhesive tape	non-latex gloves (such as nitrile)	tissues/hand wipes
ice/cold packs	digital thermometer with sleeves	

A fully stocked first aid kit will:

- ☒ be taken on all walks around the child care property and/or surrounding area (WAC 110-300-0230-1)
- ☒ be taken with on all off-site field trips and kept in each vehicle used to transport children (WAC 110-300-0230-1 and WAC 110-300-0480-2c)
- ☒ be available on the child care playground.

These travel first aid kits will also contain:

- Liquid soap, a bottle of water, and paper towels
- Instant hand sanitizer
- walkie talkie (WAC 110-300-0480-2b)
- Emergency medication for those children for whom it is prescribed (such as EpiPens, inhalers, etc.) (CFOC 5.6.0.1)

All first aid kits will be checked by the lead teacher at least monthly and restocked as needed. (WAC 110-300-0230-1f)

CONTACT OR EXPOSURE TO BODY FLUIDS

Staff who work directly with children must complete bloodborne pathogen exposure training. (WAC 110-300-0106-11) When staff report blood contact or exposure, the center's bloodborne pathogen exposure control plan and the current guidelines set by the Washington State Department of Labor and Industries will be followed. (WAC 110-300-0400-2e and WAC 296-823)

The center has developed a bloodborne pathogen exposure control plan. (WAC 296-823-11010) This plan is stored in the preschool room. (WAC 110-300-0500-2a) A blood clean up kit will be available at the child care. (WAC 296-823) Each staff will keep written documentation of bloodborne pathogen training including HIV/AIDS. (WAC 110-300-0106-11)

Parents will be informed immediately if a child comes in contact with blood or body fluids.

The director will review the center's Bloodborne Pathogen Exposure Control Plan with each staff person within the first 10 days of hire. (WAC 110-300-0106-11) Staff are offered the Hepatitis B vaccine series within 24 hours of a bloodborne pathogen exposure event. (WAC 296-823-130)

MEDICATION MANAGEMENT

Mark the box next to one of the following three statements. The first or second choice are recommended.

☒ *Choose this paragraph if no medications will be given except to meet ADA requirements.*
Medications will not be administered by the child care. Parents administer all medications. If a child has a condition where the Americans with Disabilities Act (ADA) applies, reasonable accommodations will be made and the child will be given necessary medication. (ADA, WAC 110-300-0030)

☒ *Choose this paragraph if only prescription medications will be administered.*
Medications are provided only to those children with a health care provider's prescription, with the exception of diaper ointment, sunscreen, lip balm or lotion, hand sanitizers, or fluoride toothpaste. If a child has a condition where the Americans with Disabilities Act (ADA) applies, reasonable accommodations will be made and the child will be given necessary medication. (WAC 110-300-0030 and WAC 110-300-0215)

☐ *Choose this paragraph if you will administer prescription and over-the-counter medications.*
Medications are provided to any child with a health care provider's prescription or a medication consent form from the child's parent/guardian as appropriate. If a child has a condition where the Americans with Disabilities Act (ADA) applies, reasonable accommodations will be made and the child will be given necessary medication. (WAC 110-300-0215)

MEDICATION RULES
In order for staff to give a child medication, the medication must have a medication authorization form filled out with the following information: (WAC 110-300-0215-3)

- the child's first and last name
- the child's date of birth
- the child's parent/guardian signature for consent
- the medical provider's signature (if necessary; see next section)
- the name of the medication
- reason for giving the medication (medical need)
- amount of medication to give (dose)
- route of administration (such as oral, topical, etc.)
- how to give the medication (such as with a syringe, with food, etc.)
- how often or at what time to give the medication (frequency)
- start and stop dates
- possible side effects (use package insert or pharmacist's written information)
- how to store the medicine consistent with directions on the label

When receiving medication, staff will make sure the above information on the label is consistent with information on the medication authorization form.

The consent is good for the number of days stated on the medication authorization form, not to exceed:

- For prescription medications, the number of days stated on the pharmacist's label. Medication is not given past the days prescribed on the medication bottle even if there is medication left.
- For as-needed medications (prescription or over-the-counter) to be used beyond an acute, short-term illness, an individual care plan, signed by a health care provider and parent/guardian, must be in place and must be reviewed and signed by all parties at least annually. (CFOC 3.6.3.1)
- For certain over-the-counter products listed in WAC 110-300-0215-3a-iv, such as diaper ointments, toothpaste, and sunscreens), the medication authorization consent form can be used for up to one year. (WAC 110-300-0215-2a-iv)

All medications must be in the original container and labeled with the following information: (WAC 110-300-0215-3)

- child's first and last name
- instructions and dosage recommendations for the child's weight and age
- duration, dosage, frequency, and amount to be given
- if a prescription, the date it was filled
- expiration date

REQUIRED CONSENT

A parent/legal guardian is the sole consent to medication being given, without the consent of a health care provider, if and only if the medication is over-the-counter, is appropriate for the child's age and weight, is for a specific condition of limited duration, and is one of the following types: (WAC 110-300-0215-3a-ii)

- ☐ antihistamine
- ☐ non-aspirin fever reducer/pain reliever

  The child care agrees to administer certain over-the-counter medications. It is the parent's responsibility to ensure that incompatible medications are not given together. More than one medication containing acetaminophen (APAP) will not be given without written authorization from a health care provider.
- ☐ non-narcotic cough suppressants and decongestants for children 4 years and older

  Many over-the-counter medications are not approved for young children. The Food and Drug Administration recommends that cough and cold products not be given to children younger than 4 years. According to the American Academy of Pediatrics, cough suppressants, antihistamines, and decongestants may not be effective in children younger than 6 and can have potentially serious side effects, even when given as directed. Based on this information, over-the-counter cough and cold medications will not be administered to children younger than 6 years unless the parent provides written and signed instructions from a health care provider in addition to the completed consent form.
- ☐ other non-prescription (over-the-counter) oral medications

A parent/legal guardian is the sole consent, without the consent of a health care provider, for the following types of over-the-counter products. Consent for these products must be renewed annually. The center will keep a log of the application of the products below. The product must be age-appropriate and the manufacturer's instructions must be followed. (WAC 110-300-0215-3a-iv)

- ☐ ointment, balm, or lotion specifically intended to reduce or stop itching or treat dry skin

☐ diaper ointment or non-talc powder intended for the use in the diaper area
☐ sunscreen for children over 6 months of age
☐ fluoride toothpaste for children over 2 years old
☐ hand sanitizers or alcohol hand wipes for children 3 years and older

A health care provider's consent, along with parent/guardian consent, is required for: (WAC 110-300-0215)

- prescription medications
- over-the-counter medications that are not one of the medications listed above
- over-the-counter medication with a label that does not include the age or weight of the child being treated
- vitamins, herbal supplements, teething aids, fluoride supplements, and homeopathic or naturopathic medications. (WAC 110-300-0215-3a-iii)

A health care provider's consent is accepted in 3 different ways:

- The health care 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 health care provider with prescriptive authority provides written directions with a signature.
- The health care provider signs a completed medication authorization form.

"AS NEEDED" MEDICATIONS

"As needed" medications are given when the above requirements are met and the signed medication authorization form also includes the:

- specific symptoms that require the medication
- the length of time the medication is to be given (e.g. 1 week, once only)
- the maximum amount of medication that can be given in a day
- the minimum amount of time between consecutive doses

SUNSCREEN

When sunscreen is necessary, it is applied only when the above requirements are met. In addition, the following special requirements are adhered to:

- the sunscreen is provided by the parents for their individual child
- sunscreen is applied at least 30 minutes before sun exposure (CFOC 3.4.5.1) or per manufacturer instructions
- reapplied if it has been more than 2 hours since last application (CFOC 3.4.5.1)
- aerosol (spray-on) sunscreen is not allowed (WAC 110-300-0240-2d)
- homemade sunscreens are not allowed (WAC 110-300-0215-3e)

☐ *Check this box if the center provides the sunscreen. The following additional bullets will be included.*

- written parental consent is obtained annually prior to use (WAC 110-300-0215-3a-iv)
- parents are notified of the name of the product used, the active ingredients, and the Sun Protection Factor (SPF) of the sunscreen (WAC 110-300-0215-3a-iv)
- if the parent or guardian does not agree with the center's choice of sunscreen, they may bring in one of their choice for use on their child
- sunscreen is applied in a manner which prevents contaminating the bulk container

Sunscreen is applied by staff to each individual child. Hands are washed and/or gloves are changed between each child.

ADMINISTRATION
Medications are administered by the lead teachers.

Only staff persons who have completed the DCYF medication administration training course and who have been oriented to the center's medication policies and procedures can give medications. (WAC 110-300-0215-2 and WAC 110-300-0106-10) Staff members administering medications have taken the mandatory DCYF medication training (WAC 110-300-0106-10) and additional medication administration training: Choose an item. Documentation of this training will be kept Click here to enter text. These policies are reviewed with all staff members who administer medications Choose an item.

Before a staff member may administer medications, parents will provide instructions and demonstrate the use of specialized medication administration procedures (for example: how to use the nebulizer or EpiPen, children's preferences for swallowing pills, how to deliver eye drops, etc). (WAC 110-300-0186-1c) This is documented on the medication form. The provider will contact 911 whenever epinephrine or other lifesaving medication has been administered. (WAC 110-300-0186-3b)

To give liquid medication, staff use a measuring device designed specifically for oral or liquid medication. (WAC 110-300-0215-3) Measuring devices for individual use are provided by the parent and stored with the medication in a plastic Ziploc bag. The measuring device will be cleaned with soap and water after each use. (WAC 110-300-0215-3)

Medications are not mixed in formula or food unless there are written directions to do so from a health care provider with prescriptive authority. (WAC 110-300-0285-2h)

Staff administering medications will wash hands before preparing medications and after giving the medication, including topical medications. (WAC 110-300-0200-4i) Medications are prepared on a clean surface away from toileting/diapering areas.

Staff will carefully read the medication label and authorization form before and after each administration, verifying that it is the:

- Right child
- Right medication
- Right amount to be given
- Right time
- Right date to be given
- Right route (how to give e.g. by mouth, to diaper area, in ear, etc.)
- Right instructions being followed (e.g. refrigeration, give with food)

CHILDREN TAKING THEIR OWN MEDICATION
Children may take their own medication if the above requirements are met AND: (WAC 110-300-0215-3v)

- there is a written statement from the parent and health care provider requesting the child take their own medication and stating that the child is physically and mentally capable of doing so,
- all storage criteria stated in this policy are met, and

- a staff member observes and documents that the child took the medication. (WAC 110-300-0215-3v)

DOCUMENTATION

Each time staff administer a medication, staff will immediately document the necessary information on the medication administration form. This written record will include: (WAC 110-300-0215)

- child's full name, date, time, name of medication, and amount given (indicate if self-administered)
- the full signature of the staff person giving each dose of medication or observing the child taking the medication (if staff initial after each administration, a full corresponding signature is needed on the form to validate the initials)
- a written explanation why a medication that should have been given was not given
- any observations of the child in relation to the medication taken (example: side effects or relief of symptoms)
- when "as needed" medications are administered, staff must document the symptoms that prompted administration.

Staff will report any side effects that occur to the center director and to the parent immediately. Side effects that occur will be documented on the medication log and incident/injury form.

For children with special health needs, detailed instructions for medications or medication delivery devices, such as nebulizers, insulin pumps, or EpiPens, will be documented on the medication form.

Medication authorization and documentation forms are considered confidential. (WAC 110-300-0460-1a,4c)

The medication log that tracks when doses have previously been given will be kept in the child's file until the child leaves care. (WAC 110-300-0460-4c)

The program implements a system for minimizing the amount of controlled substances at the child care. Only 1 week's worth of medication will be accepted from the parent at a time. Pills will be counted and documented at each administration..

STORAGE

Children's medication will be kept school's front office. This is a location inaccessible to children; away from sources of moisture, heat, and light; away from food; and protected from sources of contamination. Medication will be stored as directed on the packaging or prescription label. (WAC 110-300-0215-3c)

Staff medication will be stored Top shelf of First Aid cupboard. This location is inaccessible to children. Staff medications are clearly identified as such.

External medications that go on the skin will be kept as stated above but also separate from oral or injectable medications. (WAC 110-300-0215-3c-iv)

All controlled substances will be kept as stated above and in a locked container. (WAC 110-300-0215-3c-ii)

Medications requiring refrigeration will be stored in a labeled container to keep them separated from food. (WAC 110-300-0215-3c)

EpiPens and other rescue medications will be stored in an unlocked location, inaccessible to children, but easily accessible to staff in an emergency. This location is in the classroom grab and go bag. Rescue medications that are also controlled substances will be stored in a secure manner which allows quick access by staff. All rescue medications, whether controlled or not, should be with the child at all times.

MEDICATION ERRORS

In the event of a medication error, staff will call 911 for any of the following:

- Incorrect administration of any medication
- Overdose (giving too much) of any medication
- Child receives another child's medication
- Child appears in distress (e.g. problem breathing)
- Any other concerning event following a known or suspected medication error

Poison control will be contacted at the instruction of 911 personnel.

If a medication that should have been given was not given, a written explanation must be kept in a child's file (WAC 110-300-0215-3b-v) and the parent must be notified.

The error and actions taken will be documented on the medication error/incident form and will be kept with the child's records. The error will also be entered in the incident log. The parent, director, and licensor will be notified. (WAC 110-300-0475)

Staff will review the cause of the error and develop a plan to prevent future errors.

DISPOSAL

Outdated medications or medications no longer being used will promptly be returned to parents or guardians. (WAC 110-300-0215-3d) If the parent/guardian is not available or does not pick up the medication within one week of the stop date, the director get information on medication disposal from the FDA at https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines. (WAC 110-300-0215-3d)

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Staff will check all children for signs of illness when they arrive at the center and throughout the day. (WAC 110-300-0205-1) If the following signs of a possibly contagious illness are present, a child will be excluded. The parent will be called to pick up their child. The child will be kept In school isolation room and the float staff will care for the child until the parent arrives. (WAC 110-300-0205-3)
Optional: describe consequences if parents do not pick up child promptly.

Staff members will follow the same exclusion criteria as children and not come to work, or will leave if these signs develop. (WAC 110-300-0205-2)

Children and staff with the following symptoms will be excluded: (WAC 110-300-0205-5)

- temperature of 101º F by any method for children 2 months or older (or 100.4 º F for an infant younger than 2 months) AND who also have one or more of the following:
  - headache
  - earache
  - sore throat
  - rash
  - behavior change
  - other sign of illness
- vomiting on 2 or more occasions within the past 24 hours
- diarrhea (increased fluidity and/or frequency of bowel movements relative to the person's usual pattern) occurring two times above normal for that person within 24 hours; or one stool containing blood or mucus
- a rash not associated with previously diagnosed heat rash, diaper rash, or allergic reaction (WAC 110-300-0205-5d)
- open sores or wounds discharging bodily fluids that cannot be adequately covered with a waterproof dressing or mouth sore with drooling (WAC 110-300-0205-5d)
- a child who appears severely ill, which may include lethargy, persistent crying, difficulty breathing, or a significant change in behavior or activity level indicative of illness
- symptoms of illness that prevent participation in regular activities or require a greater level of care than can be provided by staff without compromising the health and safety of other children (AAP Managing Infectious Disease)

Certain illnesses and conditions will require specific exclusion criteria and management. Lice, ringworm, and scabies do not require exclusion immediately per licensing regulations and best practice. This center follows best practice by sending an individual home at the end of the day when lice, scabies, or ringworm are identified. Individual may return the day after treatment was started. (WAC 110-300-0205-5f)

Temperatures are taken with a temporal thermometer. Temperatures are taken using the temporal route. No rectal nor ear temperatures are taken. (WAC 110-300-0205-7)

Parents are notified in writing when their children have been exposed to infectious diseases or parasites/lice. The notification is provided to parents by: (WAC 110-300-0205-6)

- ☒ placing copies in children's cubbies or folders
- ☐ placing copies by the sign-in book
- ☐ emailing parents
- ☐ posting on the parent board
- ☐ posting on the classroom door
- ☐ *Optional* – write your own. Click here to enter text.

Depending on the particular illness or injury, staff and children will be readmitted to the program when they no longer pose a disease risk to others and can participate in program activities. Criteria are dependent on the condition and may include, but are not limited to: (WAC 110-300-0205-8)

- they no longer have symptoms
- they have been without fever for 24 hours without being treated by an antipyretic such as acetaminophen or ibuprofen (e.g. Tylenol, Advil)

- 24 hours have passed since starting appropriate treatment
- they no longer have discomfort
- the center has been advised by a Public Health Nurse on communicable disease exclusion guidelines for child care
- when staff have been diarrhea-free for at least 48 hours if preparing food at the child care (CDC)
- they have a note to return from their health care provider

Following surgery or injury requiring medical care, a note from the physician stating that the child may return to routine child care activities and environment may be required.

COMMUNICABLE DISEASE REPORTING

Licensed child care facilities are required to report certain communicable diseases, called notifiable conditions, to their local public health department and to their licensor. (WAC 246-101-415 and WAC 110-300-0205-6) The following is a partial list of the diseases that must be reported. Access the Washington State Department of Health website for a complete list of notifiable conditions that must be reported, or call your local health department. Children and staff who have a reportable disease may not be in attendance at the center unless approved by the local health department. (WAC 246-101-415 and WAC 246-110-020-1,2)

The following communicable diseases will be reported to Type in your local health department name and phone number, giving the caller's name, the name of the child care program, address, telephone number, and name of individual involved:

Acute Flaccid Myelitis (AFM)
Animal bites
Campylobacteriosis (Campy)
Cryptosporidiosis
Cyclosporiasis
Diphtheria
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)
Influenza (if more than 10% of children and staff are out ill)
Listeriosis
Measles (rubeola)
Meningococcal disease
Mumps
Pertussis (Whooping cough)
Polio
Rubella
Salmonellosis
Shiga toxin-producing E. Coli (STEC), including E. Coli 0157:H7
Shigellosis
Tetanus
Tuberculosis (TB)
Yersiniosis

Should a child at the center or an adult working at the center be diagnosed with a reportable disease and expose others, the local health department will provide the child care with a letter that must be given to all parents and legal guardians in accordance with the health department instructions. Delivery of this information to parents will be the responsibility of the director or program supervisor.

☐ *Include the following paragraph if your child care is located within Snohomish County.* Child care staff may also consult with the Child Care Health Outreach Program at the Snohomish Health

District at 425-252-5415 for information about common childhood illnesses that are not reportable, disease prevention, and guidance to determine when a child or staff member should be excluded and when they may return to the center.

HEALTH RECORDS

Each child's file will contain:

- identifying information about the child, including date of birth (WAC 110-300-0460-2a)
- health, developmental, nutrition, and dental histories (WAC 110-300-0460-4b)
- date of last physical exam (WAC 110-300-0460-4f)
- health care provider and dentist names, addresses, and phone numbers (WAC 110-300-0460-4e)
- allergies (WAC 110-300-0186-1)
- Individualized Care Plans for special needs or considerations (medical, physical, or behavioral) (WAC 110-300-0460-4b)
- list of current medications and medication logs (WAC 110-300-0460-4c)
- current immunization record (CIS form) (WAC 110-300-0210-2a)
- consents for emergency care and authorization to take the child out of the facility to obtain emergency health care (WAC 110-300-0460-4g)
- preferred hospital for emergency care (WAC 110-300-0460-4e)
- incident and injury reports (WAC 110-300-0460-4i)

The above information will be collected by the office staff before a child enters the program and will be updated annually or sooner if changes are brought to the attention of a staff person. (WAC 110-300-0460-1) Child records will be kept for a minimum of 5 years. (WAC 110-300-0465-1)

Staff caring for the same child during the day will share any applicable health or development information as needed. (WAC 110-300-0110-3)

GENERAL HEALTH PRACTICES

The following general health practices will take place:

- Children will sleep at least 18 inches apart at the sides and in a head to toe or toe to toe arrangement. (WAC 110-300-0265-8)
- Fresh air will be provided by adjusting the HVAC system to provide adequate air exchanges. Furnace filters will be changed per manufacturer's instructions, or more often if necessary. (CFOC 5.2.1.1 and CFOC 5.2.1.3)
- Daily outside activity must be provided in the morning and afternoon (if you provide full time care). (WAC 110-300-0360-2) Children will meet the daily minimum outside play requirements as detailed in the physical activity section of this policy.
- Weather and outdoor air quality conditions are monitored to ensure child health and safety during outdoor play. (WAC 110-300-0147) Children will be dressed appropriately for the weather. (WAC 110-300-0147-2)
- Shade is provided in the outdoor space by buildings. (WAC 110-300-0145-3)

Children 29 months of age or younger will be allowed to follow their individual sleep pattern. (WAC 110-300-0290-2 and WAC 110-300-0291-1g) Alternative, quiet activities (no TV or video) will be provided for the child who is not napping. (WAC 110-300-0265-2) Light levels will be high enough so children can be easily observed when sleeping. (WAC 110-300-0291-1e,f)

CHILD CARE HEALTH CONSULTATION
This center does not use the services of a child care health consultant.

☐ *Include the following paragraph if the child care contracts with a child care health consultant.*
The consultant is a currently licensed Choose an item with training and/or experience in pediatrics or public health. (CFOC 1.6.0.1) The child care health consultant visits the center Choose an item. (CFOC 1.6.0.2) The consultant serves Choose an item. (CFOC 1.6.0.1) Nurse consultation records are kept Click here to enter text. (WAC 110-300-0275-4,5)

☐ *Include the following sentence if the child care is located within Snohomish County.* The child care contacts Snohomish Health District Child Care Health Outreach Program for guidance on health and safety issues as needed.

IMMUNIZATIONS

To protect all children and the staff, and to meet state health requirements, the center only accepts children fully immunized for their age. (CFOC 7.2.0.1 and WAC 110-300-0210-8) The Certificate of Immunization Status (CIS) for each child is kept on file to show the Department of Health and the Department of Children, Youth, and Families (DCYF) that the center is in compliance with licensing standards. (WAC 110-300-0210-2a, 4)

A completed CIS form is collected upon enrollment. (WAC 246-105-080-1) The parent must sign the CIS form to verify the information. (WAC 110-300-0210)

Children may attend child care without one or more immunizations: (WAC 110-300-0210-3,8)

- with a written statement from a health care provider that the child is scheduled to receive the immunization(s), (WAC 110-300-0210-3)
- for homeless or foster children if the child's family, case worker, or health care provider provides written documentation that the records are in the process of being obtained, (WAC 110-300-0210-5)
- with a completed Medical Exemption section of the Certificate of Exemption form, signed by both the parent and health care practitioner, (WAC 246-105-050)
- with a completed Religious Membership Exemption section of the Certificate of Exemption form, signed by the parent. This exemption type is only used when the religious belief does not allow for any medical treatment, therefore no health care practitioner signature is required. (WAC 246-105-050)
- with a completed Religious Exemption section of the Certificate of Exemption form, signed by both the parent and health care practitioner, (WAC 246-105-050)

The child care may have a policy that children exempted from immunization by the parents will not be accepted into care unless covered by ADA, provided that parents are given adequate notice. Please mark ONE of the boxes below that you wish to have included in your policy.

- ☐ with a completed Personal/Philosophical Exemption section of the Certificate of Exemption form, signed by both the parent and health care practitioner. A personal exemption is not permitted for the Measles, Mumps and Rubella immunization requirement, (WAC 246-105-050)
- ☒ This center does not accept children who have a Personal/Philosophical exemption. Only a medical, religious, or religious membership exemption is acceptable; otherwise children are expected to be fully immunized.

The CIS form is kept N/A. (WAC 110-300-0210-4) A copy of individual records, including the CIS, must be as long as required by state law. A legible copy of the CIS form is returned to the child's family upon disenrollment. (WAC 246-105-060-2c)

The CIS records are reviewed and updated Choose an item by the Choose an item. When we receive updates, Choose an item will update the CIS form.

In the event that a vaccine preventable disease to which children are susceptible occurs in the facility, the local health department will be consulted regarding the potential exclusion of children who are un-immunized for that disease. (WAC 246-110-020) This is for the un-immunized child's protection and to reduce the spread of the disease. (CFOC 9.2.3.5) A current list of exempted children (webpage link to form) is kept Click here to enter text. (WAC 246-105-060-2b)

The child care will submit an annual immunization status report to the Washington State Department of Health by November 1. (WAC 246-105-060-3b, DOH Forms)

STAFF HEALTH

All relevant Washington State Department of Labor and Industry rules will be followed by the child care. http://www.lni.wa.gov/forms/pdf/F414-073-000.pdf.

Staff members who are pregnant or considering pregnancy should inform their health care provider that they work with young children and discuss possible risks.

The following will be provided to staff: *(mark all that apply)*

- a secure place to store personal belongings that is inaccessible to children (WAC 110-300-0120-1)

☒ Adult sized bathrooms will be on-site.
☐ Staff receive training on topics like stress management and body mechanics.
☒ Separate space will be provided for staff to work or take breaks. This space is available Staff work room.
☒ Step stools will be provided for children to reach the sink and diaper changing table (with supervision) to help protect employees' backs.

For staff who become stressed or frustrated, the following will be provided: work break.

ILLNESS PREVENTION
Staff members who have a communicable disease are expected to remain at home until the period of communicability has passed. For cases of reportable illnesses, staff members will only return to work after being released by type in your local health department. Staff will also follow the same procedures listed under "Exclusion of Ill Children" in this policy. (WAC 110-300-0120-2,4)

TUBERCULOSIS (TB)
Prior to starting work, new employees and volunteers must have documentation of tuberculosis (TB) testing or treatment signed by a health care professional within the last 12 months. The testing or treatment must consist of: (WAC 110-300-105-3)

- a negative TB symptom screen and negative TB risk assessment
- if they have had a positive TB skin test in the past, they will always have a positive skin test, despite having undergone treatment. These employees do not need documentation of a skin test. Instead, documentation must be on record that the employee has had a negative (normal) chest x-ray, and documentation that they are cleared to safely work in an early learning program.

Staff must be re-tested for TB when the center is notified that any staff has been exposed to TB. The center will comply with the public health department for follow-up. (WAC 110-300-105-4)

STAFF IMMUNIZATIONS

Staff members are encouraged to talk to their health care provider about recommended vaccines and precautions for child care providers. (CFOC 7.2.0.3) Staff members who have not been vaccinated or do not have documented immunity to a vaccine preventable disease may be excluded from the child care by the local health jurisdiction. (WAC 110-300-0120-3)

All staff members are required be fully immunized for their protection and the protection of the children. Staff members and volunteers must provide immunization records indicating that they have received the MMR vaccine, provide certification that the vaccine is not medically advisable, or provide proof of immunity. (EHB 1638) All staff members are encouraged to receive an annual flu vaccine to protect themselves and help prevent the spread of influenza. (CFOC 7.3.3.1)

☐ *Mark box if you care for infants and the following statement will be included.*
Infant room staff members and float staff for infant rooms are Choose an item to at least have a Tdap booster, be current on their MMR and varicella status, and receive an annual influenza vaccine.

☒ *(optional – mark box if you do this)* Staff immunizations will be recorded upon employment.

COMMUNICATING HEALTH POLICIES

The director will assure that there will be, in each child's file, written documentation signed by the parent indicating that they are aware of the child care's policies and procedures. (WAC 110-300-0450-1)

New staff and volunteer orientation will include, but is not limited to, the child care center program policies, practices, philosophies and goals. (WAC 110-300-0110)

The director will provide training when there are changes to center policies and procedures. (WAC 110-300-0110) Documentation of all staff training will be kept on file. (WAC 110-300-0115)

If you have comments, questions, or wish to change any of the black text in Section 1, type them here.
Click here to enter text.

Section 2: Sanitation and Environment

HANDWASHING

Children and center staff wash their hands using the following method: (WAC 110-300-0200-1)

(1) Turn on water and adjust the temperature, then wet hands with warm water
(2) Apply a liberal amount of soap to hands.
(3) Rub hands in a wringing motion from wrists to fingertips for not less than 20 seconds.
(4) Rinse hands with warm water.
(5) Dry hands with a paper towel.
(6) Use the paper towel to turn off the water faucet(s).

Staff will wash hands: (WAC 110-300-0200-4)

- upon arrival at work
- before and after handling foods, cooking activities, eating, or serving food
- after toileting self or children or changing a diaper or pull-up
- after handling or coming in contact with body fluids such as mucus, blood, saliva, urine, or feces
- after cleaning or taking out garbage
- after attending to an ill child
- before and after giving medications, including applying sunscreen
- after handling, feeding, or cleaning up after animals
- after using tobacco or vaping products
- after being outdoors or involved in outdoor play or gardening
- as needed

Children will be assisted or supervised in hand washing: (WAC 110-300-0200-5)

- upon arrival at the center
- before meals, snacks, or cooking or food activities
- after toileting or diapering (Staff may wipe the hands of a child under the age of 6 months with a diaper wipe after diapering instead of a hand wash)
- after outdoor play or gardening
- after coming in contact with body fluids
- after touching animals
- as needed

All handwashing sinks are stocked with warm water (WAC 110-300-0220-1b) (less than 120°F) (WAC 110-300-0165-4e-2), foaming soap, and paper towels. (WAC 110-300-0200-1e) Common cloth towels are not used for drying hands. Antimicrobial soaps are not used at the child care. (CFOC 3.2.2.2) (FDA 2016) Handwashing practices are posted at all handwashing sinks. (WAC 110-300-0505-1d)

Handwashing is to be done at sinks dedicated to this purpose only. Handwashing sinks are located bathroom and room 158. (WAC 110-300-0220-1b, WAC 110-300-0221, and WAC 110-300-0198-4a) Children are able to access the handwashing sinks by themselves. Child height sinks or step stools/platforms are provided in all classrooms. Step stools or platforms are easily cleanable and resistant to moisture and slipping. (WAC 110-300-0220-1bi)

No handwashing occurs in sinks designated for food preparation. No food preparation occurs in handwashing sinks. (WAC 110-300-0198-4) Handwashing sinks are not used for drinking water. (WAC 110-300-0220-1b-vi and WAC 110-300-0236-1d) In the kitchen, hands will be washed no kitchen. (WAC 110-300-0198-4a)

Hand sanitizers are used at this child care center. Hand sanitizer contains sixty to ninety percent alcohol and are kept out of reach of children. The use of hand sanitizer is NOT a replacement for handwashing with soap and water (WAC 110-300-0200-7) and should never be used when hands are visibly soiled. (WAC 110-300-0200-6)

☐ Hand sanitizers are provided at this child care for use by parents only.
☒ Hand sanitizers may be used by staff when proper handwashing facilities are not readily available or in conjunction with proper handwashing only.
☐ Hand sanitizers may be used on children 24 months of age or older (WAC 110-300-0200-6), only with written parental consent, and under close adult supervision. (WAC 110-300-0200-7) Instructions for the proper use of hand sanitizers are posted in the classrooms.
☒ Hand sanitizers are only used on children during field trips or outdoor play when adequate handwashing facilities are not readily available. Proper parental consent is obtained. Children's hands are properly washed at a handsink as soon as possible.

GENERAL CLEANING, SANITIZING, AND LAUNDRY

The child care center is maintained in a clean and sanitary manner that helps protect the children from illness. Surfaces in the center are designed and maintained to be easily cleanable. (WAC 110-300-0198-2 and WAC 110-300-0240-2) A cleanable surface is one that is:

- designed to be cleaned frequently
- resistant to moisture
- free from cracks, chips, or tears

PRODUCT STORAGE

Cleaning, sanitizing, and disinfecting supplies are stored in the original containers, inaccessible to children, in a manner to avoid spills, and separate from food and food preparation areas. (WAC 110-300-0260-1) Cleaning supplies for the kitchen are stored high shelf in cupboard above sink in room 158. Other cleaning products are stored same. This location is ventilated to the outside by mechanical ventilation. (WAC 110-300-0260-3)

Safety Data Sheets (SDS) are kept for all chemicals n/a. (WAC 110-300-0240-2f-iii)

PRODUCTS USED

Cleaning means the removal of dirt, grease, food, art material, body fluids, or other substance from the area. Surfaces must be cleaned before they are sanitized or disinfected. Cleaning is done with soap and water. (WAC 110-300-0240-2c)

Surfaces are rinsed with water between cleaning and sanitizing steps. (WAC 110-300-0240-2c)

Sanitizing means the removal of germs and bacteria to a level that will not cause illness. Disinfecting removes a larger number of germs than sanitizing.

Choose one of the following two sections to include and make appropriate changes:

☒ This center uses bleach as a sanitizer and disinfectant. The bleach used contains no scents or surfactants. (WAC 110-300-0240-2e) Bleach is added to a container of cold water and solutions are made fresh daily. Two (2) minutes of contact time of the solution with the surface is allowed. After the minimum contact time, the sanitizer may be wiped off with paper towels or the surface may be allowed to air dry. Only bleach products with the percent of sodium hypochlorite written on the bottle will be used. The recipes on the following chart will be used to prepare the solutions based on the percent sodium hypochlorite in the bleach. (WAC 110-300-0240-2e) This center uses 5.5-6.0% bleach.

Disinfecting Solutions			
For use on diaper change tables, hand washing sinks, bathrooms (including toilet bowls, toilet seats, training rings, soap dispensers, potty chairs), door and cabinet handles, etc.			
Water	**2.75% Bleach**	**5.25-6.25% Bleach**	**8.25% Bleach**
1 Gallon	1/3 cup + 1 Tablespoon	3 Tablespoons	2 Tablespoons
1 Quart	1 ½ Tablespoons	2 ¼ teaspoons	1 ½ teaspoons

Sanitizing Solutions			
For use on eating utensils, food use contact surfaces, mixed use tables, high chair trays, crib frames and mattresses, toys, floors, sleep mats, etc.			
Water	**2.75% Bleach**	**5.25-6.25% Bleach**	**8.25% Bleach**
1 Gallon	1 Tablespoon	2 teaspoons	1 teaspoon
1 Quart	1 teaspoon	½ teaspoon	¼ teaspoon

☐ *Include this section if your center uses a product other than bleach and water.*

This center uses a sanitizer product and a disinfectant product other than bleach and water. This product is fragrance-free. (WAC 110-300-0240-2f-vi) Product use was reviewed and approved by the Department of Children, Youth, and Families on Click here to enter date. (WAC 110-300-0240-4f) Only trained staff will use these products. (WAC 110-300-0240-2fii) When using these products, the label directions are followed, including concentration, contact time, and rinsing. (WAC 110-300-0240-2f) The label instructions state:

- Sanitizer: Click here to enter text – *include name of product and label instructions for mixing, contact time, and rinsing*; The label for this product states that the product is safe for food contact surfaces. (WAC 110-300-0240-2f-v)
- Disinfectant: Click here to enter text – *include name of product and label instructions for mixing, contact time, and rinsing*

AREA	Amount of Chemical	Amount of Water	Contact time	Rinse?
Diapering area, bathroom, handwashing sinks, door and cabinet handles, faucets, toilets	Fill in: amount needed	Fill in: water needed	Fill in: contact time	Rinse needed –or– No rinse needed
Food contact surfaces, mixed use tables, high chair trays, toys, pacifiers, floors, sleeping mats, crib frames and mattresses, dishes, eating utensils, pots and pans, kitchen	Fill in: amount needed	Fill in: water needed	Fill in: contact time	Rinse needed –or– No rinse needed

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CHEMICAL SAFETY

The following safety guidelines will be used when preparing and using chemical cleaners, sanitizers, and disinfectants: (WAC 296-800-11040)

- All chemical spray bottles, including cleaners, water-only, sanitizers, and disinfectants, are labeled with contents and concentration. (WAC 110-300-0260-1c)
- Wear gloves and eye protection when mixing chemicals that are corrosive. (WaLNI DOH 5.15)
- A funnel is used when pouring chemicals into the spray bottle to avoid spills.
- Make dilutions of sanitizer and disinfectant in a well-ventilated area. Never mix solutions in the classroom. (WAC 296-800-11040)
- Never store incompatible chemicals in the same space. For example, bleach and ammonia products should never be mixed or stored together. Make sure storage spaces are properly ventilated. (WAC 110-300-0260-3)
- Adjust spray bottles to a heavy spray setting, rather than a fine mist.
- Avoid applying disinfectant strength chemical when children are in the immediate area.
- If possible, or if chemical odors are present, ventilate the area.
- ☒ *(include this bullet if mixing chemical/water solutions, such as bleach water)* An eyewash is available and located school office per Department of Labor and Industries requirements. (WAC 296-800-11040 and LNI DOH 13.00)

☐ *Include this if you mix products in larger quantities (e.g. enough for a week at a time). This practice is recommended as it reduces employee exposure to full strength chemicals.* Whenever possible, the sanitizer and/or disinfectant solution is made in large quantity and the diluted product is poured into spray bottles daily. (WAC 110-300-0240-2e) All containers are labeled with the preparation date and contents, including the dilution ratio. (WAC 110-300-0260-1c)

The use of sponges is not permitted Choose an item in the center. (CFOC 5.6.0.4)

Disposal of wastewater is done in the Choose an item. (WAC 110-300-0260-2d)

CLEANING SCHEDULE

This center's minimum schedule for general cleaning is:

- Tables and counters used for food service will be cleaned and sanitized before and after each meal or snack. (WAC 110-300-0241-1a)
- Classroom sinks, countertops, and floors will be cleaned and sanitized daily. (WAC 110-300-0241-5,10)
- Bathrooms will be cleaned and disinfected at least daily. This includes sinks, toilets, counters, and floors. (WAC 110-300-0220-1f) Toilet seats will be cleaned and disinfected throughout the day, at least daily, and as needed. (WAC 110-300-0220-4 and WAC 110-300-0241-6)
- Potty chairs are n/a. (WAC 110-300-0220-5)
- Any carpeting, rugs, and upholstered furniture will be vacuumed daily. (WAC 110-300-0241-10)
- Furniture and equipment are cleaned at least monthly. (WAC 110-300-0241-1h)
- Carpets and rugs will be cleaned every 6 months. Carpet cleaning will be done by maintenance. Children will not sit or play on wet carpets. Spot cleaning will be done as necessary. (WAC 110-300-0241-11) Small area rugs are shaken outdoors daily and laundered as needed. (WAC 110-300-0241-12)
- Vacuuming and mopping of the center will not occur while children are present (except spot cleaning), but carpet sweepers may be used. (WAC 110-300-0241-14)
- Hard floors will be swept and mopped with Envirox H20 daily and sanitized daily. (WAC 110-300-0241-10) Utility mops will be hung to dry in an area with ventilation to the outside (WAC 110-300-0260-3) and inaccessible to children. (WAC 110-300-0260-2a)
- Mop heads are washed weekly in the washing machine. Separate mop heads are used for bathroom/toileting areas, classrooms and/or kitchen areas.
- Toys will be easily cleanable. (WAC 110-300-0150-1a,b) Toys will be washed, rinsed, sanitized, and air-dried or toys that are dishwasher safe can be run through a full wash and dry cycle. This is done weekly or more often if needed. (WAC 110-300-0241-1g)

- Toys that children place in their mouth will be sanitized between uses by different children. (WAC 110-300-0241-1g)The following system for ongoing rotation of mouth toys will be implemented in any rooms where children place toys in their mouth: no mouth toys. Only washable toys will be used. (WAC 110-300-0150-1b)

- Pacifiers are n/a. (WAC 110-300-0241-1c)

- Water tables, if used, will be emptied and sanitized daily or more often as needed. (WAC 110-300-0175-6) Children will wash hands before and after play in water or sensory tables (CFOC 6.2.4.2) and will be closely supervised. (WAC 110-300A-5050-3 and 110-300-0345-5c-ii)

- Nap mats will be cleaned and sanitized daily, between uses by different children, after a child has been ill, and as needed. (WAC 110-300-0241-3 and WAC 110-300-0265-6b) They will be stored stacked on top shelf. (WAC 110-300-0265-6c) Nap mats will be in good repair. (WAC 110-300-0265-6a)

- General cleaning of the center is done daily and more often when children or staff members are ill. Dusting is done weekly. Toy shelves are cleaned and sanitized weekly. Door knobs are cleaned and disinfected daily and more often when children or staff members are ill. (CFOC 3.3.0.1 and Appendix K) Wastebaskets will have disposable liners and are emptied daily or more often if necessary. (WAC 110-300-0241-8)

- All garbage cans are emptied daily and cleaned and disinfected as needed. (WAC 110-300-0241-8)

- Room deodorizers and air fresheners are not used at the center due to the risk of allergy/lung irritation. (WAC 110-300-0240-2d)

LAUNDRY

Linens and bedding are n/a. (WAC 110-300-0241-4) This center's minimum schedule for laundry is:

- Linens and bedding are n/a weekly or more frequently as needed. (WAC 110-300-0241-4 and WAC 110-300-0265-9)

- Cloth toys and dress up clothes are laundered n/a. If they cannot be washed in the washing machine, they will be hand washed in warm soapy water, rinsed, then dipped into a sanitizing solution for the required contact time and allowed to air dry.

- Bedding will be stored n/a. (WAC 110-300-0265-9c)

Soiled laundry is kept inaccessible to children. Soiled laundry is kept separate from clean laundry. (WAC 110-300-0245-1,2a) Laundry and laundry machines are separate from kitchen and food preparation areas and are inaccessible to children. (WAC 110-300-0245-1) Dryers are vented to the outside of the building. (WAC 110-300-0245-3)

Children's coats and other personal items will not touch during storage. (WAC 110-300-0140-5b and CFOC 5.5.0.2)

A change of clothes is available for the children and is provided by family. These clothes are stored in cubbies. (WAC 110-300-0140-4)

DIAPERING

☐ *Check this box if diapering is done at this child care. This section will be included.*

Diapers are changed at the changing station only. Each diaper changing station:

- has a washable, moisture-impervious surface (WAC 110-300-0221-1a)
- has a protective barrier that is at least 3.5 inches high (WAC 110-300-0221-2b)
- has a hands-free, lined garbage can with a lid within arm's reach (WAC 110-300-0221-4)
- is on moisture impervious flooring extending 2' or more (WAC 110-300-0221-1a)
- is located adjacent to a hand washing sink (WAC 110-300-0221-2a)
- is Choose an item (WAC 110-300-0198-1 and WAC 110-300-0280-2)
- does not have safety belts (WAC 110-300-0221-1a)

The diaper changing procedure is posted. (WAC 110-300-0221-1d and WAC 110-300-0505-1e) The proper diaper changing procedure is as follows: (CFOC 3.2.1.4)

- Wash hands. (WAC 110-300-0200-4c)
- Put on disposable gloves.
- Gather necessary materials and have them in reach.
- *(optional)* Cover surface with paper.
- Place child on the changing table and remove diaper.
- Clean child's bottom with diaper wipes. Wipe from front to back. Use only one swipe per diaper wipe.
- Remove disposable gloves.
- Discard all dirty items in a hands-free, covered, line diaper disposal container. (WAC 110-300-0221-4)
- Provider wipes own hands with a wet wipe. (WAC 110-300-0221-4c)
- Diaper and dress the child.
- Wash the child's hands with soap and water. (WAC 110-300-0221-5c) For immobile infants unable to hold up their head, a diaper wipe can be used to wipe off the child's hands.
- Return child to a safe area.
- Remove and discard paper if used. Clean surface with soapy water, and then rinse with water. Disinfect the changing table and any equipment or supplies you touched, ensuring proper contact time with the disinfectant. (WAC 110-300-0241-7)
- Wash hands with soap and water. (WAC 110-300-0221-4c)

☐ *Check this box if stand up diapering is done at this child care. This section will be included.*

Diapers and/or pull-ups are changed in the Choose an item only. (WAC 110-300-0220-6) The following will be present:

- Diapers will be changed on a washable, moisture-impervious surface. (WAC 110-300-0221-1a-iv)

- The center will have a mat available should the child need to lie down to be changed. (WAC 110-300-0221-1a-iii)
- Diapers will be disposed of in a hands-free, lined, covered garbage can or other inaccessible container. (WAC 110-300-0221-4)

Stand-up diapering is done at this child care when appropriate for the age and ability of the child. The stand-up diapering procedure is posted. (WAC 110-300-0505-1e) The stand-up diapering procedure is as follows: (CFOC 3.2.1.4)

- Wash hands. (WAC 110-300-0221-4c)
- Put on disposable gloves.
- Gather necessary materials and have them in reach.
- Coach child in pulling down pants and removing diaper/pull-up/underpants and assist as needed.
- Put soiled diaper/pull-up/underpants in plastic bag.
- Coach child in cleaning diaper area front to back using a clean, damp wipe for each stroke and assist as needed.
- Remove disposable gloves and use them to wrap up dirty items. Discard all wipes and other dirty items in a hands-free, covered, lined diaper disposal container. (WAC 110-300-0221-4)
- Provider and child wipe hands with a wet wipe. (WAC 110-300-0221-4c and CFOC 3.2.1.4)
- If a signed medication authorization indicates, apply ointment using disposable gloves or a tissue. Remove gloves and/or dispose of tissue.
- Coach child in putting on clean diaper/pull-up/underpants and clothing.
- Wash the child's hands with soap and water. (WAC 110-300-0221-5c)
- Return child to a safe area.
- Any contaminated equipment will be cleaned, rinsed with water and then disinfected allowing adequate contact time. (WAC 110-300-0241-7)
- Wash hands with soap and water. (WAC 110-300-0221-4c)

Children are not left unattended during the diaper changing procedure. (WAC 110-300-0221-1b)

Nothing but the child, changing pad, and diaper supplies is placed on the changing table, counter, or sink. The changing surface is not used for other activities, including writing. (WAC 110-300-0221-1a-v)

Each diaper change is recorded on a diapering log. (CFOC 3.2.1.4)

Disposable diapers are removed from the facility and the garbage liner is changed daily and more often if necessary. Diaper receptacle is cleaned and disinfected at least daily. Disposable diapers are disposed of with curbside garbage. (WAC 110-300-0241-9)

Reusable diapers Choose an item. (WAC 110-300-0221-3)

Soiled clothing is not rinsed, is individually bagged, and is returned to the parent or guardian. (CFOC 5.2.7.4)

FOOD SERVICE

FOOD PREPARATION FACILITY

This center prepares food ready-made food. The food preparation area has adequate counter space that is moisture resistant and well maintained. (WAC 110-300-0198-2) The following items and equipment are present in the food preparation area:

- ☒ one available for lunches and snacks refrigerator(s) (WAC 110-300-0198-2c)
- ☒ one available for snacks freezer(s)
- ☐ Choose an item (WAC 110-300-0198-3d,4c)
- ☐ Choose an item (WAC 110-300-0198-4a)
- ☐ Choose an item (WAC 110-300-0198-4b)
- ☐ oven and stove with properly vented hood or exhaust fan (WAC 110-300-0198-1b)
- ☐ microwave

FOOD SUPPLY

This center purchases food from families provide snack and lunch. All food meets the following criteria:

- All food that is past the expiration date is discarded. (WAC 110-300-0197-4e) Food does not show any signs of tampering or spoilage. (WAC 110-300-0196-1)
- Severely dented cans are discarded. (WAC 110-300-0196-1)
- Only pasteurized milk and juice is served. (WAC 110-300-0196-2a)
- Children may bring sack lunches from home. Parents are expected to supply nutritional food for their child's sack lunch. (WAC 110-300-0195-3b)
- All food served is prepared at the center's n/a. Home-prepared foods, except food for an individual child from their parent/guardian, are not permitted. (WAC 110-300-0196-3)

☐ *If the center receives food from another site, that is considered catering and this section must be included and followed. Mark this box if catering is done.* This center receives food from a permitted catering facility. The center follows WAC 110-300-0196-3a regarding who can cater the center's food. These steps are followed to assure the safety of the food: (WAC 110-300-0196-3a and CFOC 4.10.0.1,2)

- Upon delivery, the food is checked with a stem thermometer. Any food that does not arrive at the proper temperature will be refused. (WAC 110-300-0195-1 and WAC 110-300-0197-5)
- Proper food temperature control will be maintained until the food is served. (WAC 110-300-0195-1 and CFOC 4.10.0.3)
- Food is labeled with the date upon arrival.
- Documentation on this catering facility is kept Click here to enter text. This documentation is kept for the previous 6 months and includes:
  - a copy of the catering permit
  - the name and temperature of the food upon arrival
  - the date and time the temperature was checked
  - the name and signature of the person who is checking and recording the food temperatures (WAC 110-300-0197-5)
- This center has a back-up system if the food does not arrive, if the food arrives at an improper temperature, or if for some other reason that the food cannot be served. This backup system is Click here to enter text.

FOOD STORAGE

Food is stored away from and never below kitchen and other chemicals. (WAC 110-300-0197-4d)

Raw meat, poultry, and fish are n/a. Unpasteurized eggs are n/a. (WAC 110-300-0197-f)

All food items are stored off the floor. (WAC 110-300-0197-4b) Dry food items are stored in high cupboard. All dry goods are stored in labeled food-grade containers with tight-fitting lids. (WAC 110-300-0197-4) These containers are labeled with the date when the item was opened. (WAC 110-300-0197-4a)

All refrigerated foods are kept sealed or covered (except when cooling foods to 41°F). (WAC 110-300-0197-4a,c) All refrigerated foods are dated. (WAC 110-300-0197-6)

TEMPERATURE CONTROL

Refrigerators and freezers have thermometers placed in or near the door. Refrigerator temperature is maintained at 41ºF or less. (WAC 110-300-0197-3) The refrigerator temperature is checked daily and documented. (WAC 110-300-0197-5) Freezer temperatures are maintained at 10ºF or less. (WAC 110-300-0197-3b)

All food temperatures will be monitored using a calibrated n/a food thermometer. (WAC 110-300-0197-5)

Foods are cooked to the correct internal temperature as follows: (WAC 110-300-0195-1)
Select the boxes next to those foods that are cooked from a raw state at the child care.

- ☐ poultry = 165ºF
- ☐ ground beef and ground pork = 155ºF
- ☐ beef = 145ºF
- ☐ pork = 145ºF
- ☐ eggs = 145ºF
- ☐ fish & seafood = 145ºF
- ☐ cooked vegetables = 135ºF
- ☐ reheated foods = 165ºF
- ☐ packaged foods = cooked according to the label instructions.

Hot holding food: hot food will be held at a temperature of 135ºF or above until served. (WAC 110-300-0195-1)
)

Cold holding food: food requiring refrigeration will be held at a temperature of 41ºF or less until served. (WAC 110-300-0197-3a,b)

If the microwave is used to heat food: (WAC 110-300-0195-1)

- the food is rotated and stirred during heating
- the food is covered to retain moisture
- the internal temperature is monitored and cooked until the food reaches the proper cooking temperature
- the food is allowed to sit for 2 minutes covered prior to serving to allow the temperature to spread evenly throughout the food
- any raw animal products cooked in a microwave must be cooked to at least 165°F checked in several places

Thawing of frozen foods is done: (WAC 110-300-0197-8 and WAC 110-300-0195-1)

- by placing in the refrigerator,
- by placing in a pan in the sink with cool water running over the food,
- during the cooking process if the food is to be cooked immediately, or
- in the microwave

Any sack lunches or foods brought from home are kept cool to prevent bacteria growth. (WAC 110-300-0197-3) all lunches are stored in preschool designated refrigerator.

HANDLING LEFTOVERS

Leftover food is defined as previously prepared food that has not been served and was stored at the proper temperature. No leftover foods are served at this center. (WAC 110-300-0197-7)

This section will be included if leftovers are cooled and reheated.

Before storing a cooked food, the food is cooled by placing food in shallow containers 2" deep or less, leaving uncovered, and immediately putting the pan into the refrigerator on a top shelf, or by cooling to 70ºF within 2 hours and then to 41ºF within 4 additional hours with temperatures being taken and recorded every hour. Once food has cooled to a temperature of 41ºF or less, the food is covered, dated, and stored in the refrigerator. (WAC 110-300-0195-1) Previously prepared foods may be reheated one time only to an internal temperature of 165ºF within 60 minutes. (WAC 110-300-0195-1) Leftovers that were prepared more than 48 hours ago are discarded. (WAC 110-300-0197-7a)

FOOD HANDLING

All staff will wash hands with soap and water (WAC 110-300-0197-1) at a designated hand washing sink prior to preparing or serving food, even if food service gloves are worn.

Food preparation is not done in handwashing sinks. (WAC 110-300-0220-1b and WAC 110-300-0198-4b)

Ill staff will not prepare or handle food. (WAC 110-300-0195-1)

Staff who prepare ready-to-eat foods wear gloves or use utensils during preparation. Staff in the classrooms wear gloves or use utensils when serving food to the children. Gloves are changed when they become contaminated. (WAC 110-300-0195-3d)

This center serves fresh fruits and vegetables. (WAC 110-300-0198-3b,c)

Choose one:

☒ All produce is washed in a dedicated food preparation sink that is used for no other purpose and is not part of a multi-compartment sink. This sink is cleaned and sanitized prior to any food preparation, including the rinsing of produce. Also, a colander is used so that produce never touches the bottom of the sink.

☐ Produce is washed in a food preparation sink that may be used for other purposes such as dishwashing, food disposal, cleaning toys, etc. This sink is cleaned and sanitized prior to any food preparation, including the rinsing of produce. Also, a colander is used so that produce never touches the bottom of the sink.

☐ Produce is washed in a food preparation sink that is part of a multi-compartment sink where the other compartment is used for handwashing and/or washing dirty dishes. The "sanitizer" compartment of the multi-compartment sink used for all food preparation. It is cleaned and sanitized prior to any food preparation, including the rinsing of produce. Also, a colander is used so that produce never touches the bottom of the sink.

When meals are served family-style, children use utensils to serve themselves. Steps are taken to ensure children only touch their own food. Children are supervised so that they do not touch each other's food. Staff members sit with the children during meals and snacks. (WAC 110-300-0195-4)

The cook does not have any classroom duties at the center. (CFOC 4.9.0.2)

KITCHEN CLEANING AND SANITIZING

All chemicals and cleaning supplies are stored away from and below food and food preparation areas. All chemicals are stored in their original containers. All spray bottles are labeled with the contents and the date. (WAC 110-300-0260-1)

To ensure food safety, the kitchen will be kept clean and maintained in good condition. (WAC 110-300-0198-2) Refrigerators will be cleaned and sanitized monthly, or more often as needed. (WAC 110-300-0241-1e) Tabletops where the children eat are washed and sanitized before every meal and snack. (WAC 110-300-0198-1) Kitchen counters, sinks, appliances, and faucets will be washed, rinsed, and sanitized before and after any food preparation and as needed during food preparation. (WAC 110-300-0198-1 and WAC 110-300-0241-1d))

Sponges are not used on food contact surfaces. (CFOC 4.9.0.9) Cutting boards will be washed, rinsed, and sanitized between each use. (WAC 110-300-0198-1)

All dishes, cups, utensils, etc. will be washed after each use disposable items used. (WAC 110-300-0195-3b, WAC 110-300-0198-3d and WAC 110-300-0241-1b)

FOOD WORKER EDUCATION

All staff members preparing or serving food have a Washington State Food Worker Card. (WAC 110-300-0106-13)

Food worker card documentation will be kept in individual staff files.

WATER AND SENSORY PLAY

Children wash hands before and after play at water or sensory tables. (WAC 110-300-0200-5i and CFOC 3.2.2.1) Water tables are emptied and sanitized after each use, and more often if necessary. (WAC 110-300-0195-6)

Wading pools are not used at this child care due to the high risk of disease spread. (WAC 110-300-0175-3) Instead sprinklers, water-only spray bottles, paintbrushes, watering cans, and other forms of water play may be done.

This center does not go to any offsite water recreation areas. Supervision during water activities will meet the requirements of WAC 110-300-0350. (WAC 110-300-0350 and WAC 110-300-0345-5c-iii)

GARDENING

This center ***does not*** have outdoor gardening space.

☐ *The following is included if the center provides garden space.*
This space consists of Choose an item. Soil and water sources meet the requirements of WAC 110-300-0148. (WAC 110-300-0148) Pesticides are not used in children's garden spaces.

Any produce grown in an early learning garden space may be served to children provided it is thoroughly washed and scrubbed under cool running water and that damaged or bruised parts are removed. Any produce showing signs of rot is discarded. (WAC 110-300-0196-4)

DISASTER PREPAREDNESS

This center has developed a disaster preparedness policy. (WAC 110-300-0166-1 and WAC 110-300-0470-1) See the Disaster Preparedness Plan. The plan has been reviewed and approved by DCYF. This plan is located in preschool room and a copy is kept in the disaster kit.

Parents should read, review, sign, and date the plan upon enrollment. (WAC 110-300-0470-1f) The plan is discussed with parents whenever it is updated but at least annually.

All staff will review this disaster policy upon hire and annually thereafter. Staff will sign that they have reviewed the plan. The director will be responsible for orienting new staff or substitutes to these plans. (WAC 110-300-0470-1f)

Evacuation routes will be posted in each classroom. (WAC 110-300-0505-2b) Procedures for medical, dental, poison, earthquake, fire, and other emergency situations will be easily accessible by all staff. These plans include: (WAC 110-300A-0470-2)

- which staff is responsible for each part of the plan and actions to be taken by a person discovering an emergency
- procedure for accounting for all children during and after an emergency
- evacuation routes and meeting location (WAC 110-300-0470-2a-i)
- Individualized Care Plans for children with special needs (WAC 110-300-0300)
- how children will be cared for until parents are able to pick them up (WAC 110-300-0470-1d)
- how contact will be made with parents/guardians when normal lines of communication are not available (WAC 110-300-0470-2a)

Fire safety requirements per WAC are met by this center. (WAC 110-300-0170) Fire drills are conducted monthly. (WAC 212-12-044) Documentation, including date and time of the drill and a debriefing/evaluation of the drill, is kept on parent info board. (WAC 110-300-0470-1e)

Disaster and earthquake preparation and prevention training are documented. Staff members receive training on how to use the fire extinguisher annually by the fire department.

Quarterly, the center conducts and documents a disaster drill. One type of disaster will be chosen for staff and children to practice, such as earthquake, lockdown, or shelter-in-place. (WAC 110-300-0470-4b) Parents will be notified of the drill.

Food, water, medication, and supplies for 72 hours of survival are available for each staff and child. (WAC 110-300-0470-3) These supplies are stored room 158 and are checked annually. A flashlight with extra batteries will be available for use as an emergency light source. (WAC 110-300-0166-2a) A working telephone with sufficient power for at least 5 hours will be available at all times. (WAC 110-300-0166-2b)

SMOKING/VAPING

Smoking and vaping are prohibited in indoor and outdoor licensed space at all times. (WAC 110-300-0420-2) "No smoking or vaping" signs are posted at each entrance. (WAC 110-300-0420-2f) Cannabis use is not allowed during business hours. (WAC 110-300-0420)

Choose which sentence describes your policy regarding smoking/vaping. It is strongly recommended that no smoking or vaping be allowed during child care hours.

☐ Smoking or vaping is not permitted. Staff, on-site parents, or volunteers are not allowed to smoke during child care hours. (WAC 110-300-0420) Staff are prohibited from wearing clothing that smells of smoke when working. (CFOC 3.4.1.1)

☒ Smoking or vaping is not permitted. Staff, on-site parents, or volunteers are not allowed to smoke during child care hours. (WAC 110-300-0420)

☐ Staff, parents, or volunteers are allowed to smoke or vape outdoors, off the premises, and out of view of the children. Parents are made aware that their children may be exposed to residual chemicals in second and third-hand smoke, which are hazardous and may trigger asthma and allergies in some children. (CFOC 9.2.3.15) Hands are washed well after smoking or vaping. (WAC 110-300-0200-4l) Tobacco and vaping products will be stored in a space that is inaccessible to children. (WAC 110-300-0420-3c) Employees who smoke or vape are provided information about tobacco or nicotine addiction counseling. (CFOC 9.2.3.15)

TRANSPORTATION SAFETY

☐ *Mark this box and complete this section if the child care transports children. Otherwise it will be deleted.*

All vehicles will be maintained in good operating condition. (WAC 110-300-0480-3c) A safety check will be done Choose an item by the driver. All vehicle maintenance is conducted by Click here to enter text. Vehicles will be properly licensed and insured. (WAC 110-300-0480-3e)

Child-adult ratios for the youngest child in the group will be maintained in vehicles. (WAC 110-300-0480-2d) All adults and children riding in the vehicle will use age-appropriate safety restraints (seatbelts, car seats, booster seats). Restraints for children with special needs will be appropriate for the child. (WAC 110-300-0480-3) Car seats and booster seats are provided by Choose an item. To ensure car seats and booster seats are properly installed, Choose an item. Children will never be left unattended in a vehicle. (WAC 110-300-0480-2g)

All vehicles will contain a first aid kit (WAC 110-300-0480-2c), a Choose an item as a means of communication (WAC 110-300-0480-2b), emergency supplies for children with special needs (example: EpiPen or inhaler), and all children's emergency information (WAC 110-300-0480-2a). Drivers will not use cell phones while operating the vehicle.

Signed field trip permission slips are kept on-site at the center. (WAC 110-300-0480 and WAC 110-300-0460-2f)

Drivers will have a current driver's license, a safe driving record for at least 5 years, background check, and CPR/ First Aid training. (WAC 110-300-0480-3) Drivers receive training on safe vehicle operation from Click here to enter text. This training consists of Click here to enter text.

PEST CONTROL

Public schools and licensed child care centers must develop and provide annual notification of their pest control policies and methods, establish a system to notify employees and families of children of planned pesticide use, and post signs where pesticides have been applied. (Chapter 17.21 RCW, the Pesticide Application Act).

The impact of pesticides on children's health can range from irritation to skin and mucous membranes, to difficulty breathing, rash or vomiting. Long term exposure may lead to developmental delay, immune or endocrine system disruption, or cancer.

In addition, children with special needs, asthma and allergies can be highly sensitive to pesticides and suffer from mild to severe reactions to pesticides and pesticide residue.

This center is dedicated to using the least amount of chemical control of pests in our program in order to provide the healthiest environment possible for our children. (WAC 110-300-0255-2) The child care takes steps to avoid attracting pests. If pests are found, the child care documents where, what type, and what steps were taken to eliminate the pests. (WAC 110-300-0255-1)

Upon request, parents are provided with a copy of our pesticide policy. The policy is located in school office. *(If you do not have a pesticide policy please request template or download it from the SHD website).*

According to the EPA, insect repellents are considered a pesticide (www.epa.gov) . Repellents are never used on children. (CFOC 3.4.5.2)

Choose one of the following three paragraphs:

☐ *Choose this one if you do not use any pesticides except for emergencies (recommended).*
Pesticides, including weed killers, are not routinely used on the child care property. If pests are found on the property, non-chemical methods of pest control are used. Pesticides are only used for

emergency situations, such as nests of stinging insects. In such an emergency situation, pesticides will not be used when children are present and parents will be notified of the situation. (WAC 110-300-0255-1,2)

☒ *Choose this one if you only allow a Certified Pest Control operator to apply pesticides.*
Whenever possible, non-chemical methods of pest control are used. When pest problems persist, we may choose to use chemical pest control, such as rodent baits, weed killers, or insect sprays. When chemical pest control measures are taken, they will be applied by a Certified Pest Control operator, will not be applied while children are present, and will not be placed in a location accessible to children. All surfaces will be wiped down and rooms aired out before children are allowed to enter them. Parents will be notified 48 hours in advance of the application, unless the pesticide is used to control pests that post an immediate risk to children's health or safety. (WAC 110-300-0255-1,2)

☐ *Choose this one if you self-apply pesticides when necessary, even if not an emergency.*
Whenever possible, non-chemical methods of pest control are used. When pest problems persist, we may choose to self-apply chemicals to control pests. We may use products such as rodent baits, weed killers, or insect sprays. When chemical pest control measures are taken, they will not be applied while children are present and will not be placed in a location accessible to children. All surfaces will be wiped down and rooms aired out before children are allowed to enter them. Parents will be notified 48 hours in advance of the application, unless the pesticide is used to control pests that post an immediate risk to children's health or safety. (WAC 110-300-0255-1,2)

ANIMAL POLICY

This child care program does not have pets on-site. Parents/families are discouraged from bringing their own pets on-site.

☐ *The following section will be included if the child care has animals, including fish, on-site.*

Animals in this center will be carefully chosen in regards to care, temperament, health risks, and appropriateness for young children. Children must not have access to reptiles and amphibians. (WAC 110-300-0225-4a) Animals are not in rooms that are typically used by infants or toddlers. (WAC 110-300-0225-4g)

The following animals are on-site at the child care:

- Click here to enter text.
- Click here to enter text.
- Click here to enter text.
- Click here to enter text.

Parents are notified in writing that we have animals and will sign a document that they understand the potential health risks of contact with the animals. (WAC 110-300-0225-2b)

The center has a comprehensive animal policy which is kept Click here to enter text. (WAC 110-300-0225-2a)

This child care does not have on-site animal-related educational activities where an animal is brought to the child care site. The child care does not take visits to locations that may have animals (such as petting zoos, pumpkin patches, pet stores, etc).

☐ *The following section will be included if the child care has visiting animals or goes on animal-related field trips.*

The following policies will be implemented to whenever animal-related activities occur:

- Parents will be notified, in writing, of the type of animal that children may have contact with and any potential health risks associated with that animal by Choose an item. (WAC 110-300-0225-2b)
- The director will ensure that no children are allergic to the animal or that children with an allergy have a plan in place describing precautions that need to be taken. (CFOC 3.4.2.1)
- The director will have primary responsibility of supervising all animal-related activities to ensure safety and hygiene. This includes making sure that the animal has an acceptable temperament for interactions with children and that the animal is current on all vaccinations (if appropriate). (WAC 110-300-0225-3)
- Any animal that has a history of biting or other aggressive behaviors will not be allowed on-site or to interact with children. (WAC 110-300-0225-3c)
- Children will be closely supervised while handling animals. Children will be in small groups of 3 or fewer while handling an animal. (WAC 110-300-0345-5c-i)
- Children and staff will immediately wash hands after handling or feeding animals. (WAC 110-300-0200-4j,5f) Children's handwashing will be closely supervised by staff.
- When possible, snacks/meals will occur before animal activities.

☐ *The following bullets will be included if animals visit the child care site.*

- Animals will not be allowed in any food preparation areas or areas typically used by infants or toddlers. (WAC 110-300-0225-4e,g)
- Items associated with the animal, including cages, food, water, etc., will not be placed on food-contact surfaces. (WAC 110-300-0225-4e)
- After an animal leaves the child care, staff will clean and sanitize the area. Sinks that are used for food preparation or cleaning dishes are not used to clean animal supplies or cages. (WAC 110-300-0225-4g) If necessary, animal supplies will be cleaned Choose an item.
- Animal waste will be inaccessible to children. (WAC 110-300-0225-5e)
- Staff will wash hands after cleaning and sanitizing following an animal visit. (WAC 110-300-0220-4j)

DRINKING WATER

This child care center obtains drinking water from a public water system. Water is tested every six years for lead and copper through a certified water testing laboratory. (WAC 110-300-0235-2) If results are at or above the EPA action level, the child care will supply bottled water, consult with public health, inform licensing of the test results and notify parents. (WAC 110-300-0235-2a-e)

Drinking water is available to the children throughout the day. (WAC 110-300-0236-1a) The child care will notify licensing if the water supply is interrupted for more than one hour. (WAC 110-300-0235-4) The center has drinking fountains. They are not attached to handsink or in bathrooms and are cleaned and sanitized daily. (WAC 110-300-0236-2)

WASTEWATER DISPOSAL

Choose one of the following:

☒ This child care is connected to public sewer.

☐ This child care is served by an onsite septic system. The septic system was approved to serve the child care center. (WAC 246-272A-0230) The system is a Choose an item. In an effort to maintain the septic system in good working order and prevent possible health hazards, the child care provider has the septic system is inspected Choose an item. and pumped when recommended by inspector. (WAC 110-300-0250-1a) All septic system inspection and maintenance records are kept on the premises. (WAC 110-300-0250-1b)

The child care director will notify the local health jurisdiction immediately if there are problems or malfunctions with the septic system. Playground equipment is not placed over septic tank areas or drainfields. (WAC 110-300-0146-2 and WAC110-300-0250-2)

The following best practice guidelines are followed by the child care: *(mark all that apply – all are recommended)*

- ☐ An as-built drawing which shows the exact location of the drainfield is available at the child care.
- ☐ All roof downspouts are directed away from the drainfield.
- ☐ The child care does not allow driving or parking over the drainfield.
- ☐ The child care has installed low flow toilets and practices water conservation as much as possible, while maintaining proper sanitation.
- ☐ Laundry loads are spread out as much as possible and children's individual laundry is sent home with parents.
- ☐ The child care director is knowledgeable about the warning signs of a possible septic system failure and will contact a professional if any of these occur:
    - Odors, surfacing sewage, wet spots or lush vegetation growth in the drainfield
    - Plumbing or septic tank back ups
    - Slow draining fixtures
    - Gurgling sounds in the plumbing system

INJURY PREVENTION

The indoor and outdoor child care space will be inspected regularly and be kept free from hazards. Hazards include, but are not limited to: (WAC 110-300-0165-1,2,3,4,5)

- safety hazards (broken toys, equipment, drowning, choking, sharp objects, entrapments, unshielded light bulbs, etc.)
- proper security of the center (secure doors, proper supervision, etc.)
- trip/fall hazards (heights, rugs, cords, uncontained toys, heavy items up high, etc.)
- poisoning hazards (plants, lead paint, chemical storage, toxics, etc.) (WAC 110-300-0260-1, WAC 110-300-0410-6, and WAC 110-300-0145-10)

- electrical hazards (electrical cords, unprotected outlets, etc.)
- burn hazards (unprotected heaters, space heaters, cooking equipment, etc.)
- suffocation (plastic bags)
- strangulation hazards (blind cords, ropes, etc.)

Toys will be age-appropriate (WAC 110-300-0150-1d), safe, in good repair, non-toxic (WAC 110-300-0150-1e), and not broken (WAC 110-300-0150-1f) The provider will periodically review the CPSC website for recalled items at www.cpsc.gov and remove recalled items immediately. (WAC 110-300-0150-1h)

Staff will review their rooms daily and remove any broken or damaged equipment, toys, etc. Hazards or contamination will be reported immediately to the director. This person will ensure that the hazard or contamination is removed, made inaccessible, or repaired immediately to prevent injury. (WAC 110-300-0135-2c)

Any indoor climbing equipment will have fall protection that meets ASTM standards (CPSC 5119) and will not be placed near windows not made of safety glass. (WAC 110-300-0165-1g)

The playground and outdoor play space will be inspected daily before use for broken equipment, environmental hazards, garbage, animal contamination, and other hazards by the playground teacher. (WAC 110-300-0145-1) Outdoor space will be enclosed with a fence or barrier in good condition and meeting licensing requirements. (WAC 110-300-0145) The outdoor space is accessed directly from the child care building.

Playground equipment will meet applicable Consumer Product Safety Commission (CPSC) standards, including being free from entrapments, entanglements, and protrusions having adequate surfacing material, particularly at the ends of slides and under swings. (WAC 110-300-0146-1) A comprehensive inspection for these and other hazards will be conducted quarterly by the safety lead. This safety inspection is documented on a playground maintenance checklist, which is kept school office. Surfacing on the playground consists of wood chips. Surfacing material will be raked monthly. (WAC 110-300-0145-1b)

Proper and active supervision will be maintained during all outdoor play. Staff will position themselves to observe the entire play area. (WAC 110-300-0345-3,5c-vii)

Any power tools or sharp tools, major maintenance equipment, and janitorial supplies will be kept inaccessible to children. (WAC 110-300-0260-5)

The injury log will be monitored by the director at least quarterly to identify injury trends and implement a plan of correction. (WAC 110-300-0465-4l)

If you have comments, questions, or wish to change any of the black text in Section 2, type them here.
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Section 3: Infant Care

☒ *If you do not care for infants, check this box and the entire section will be removed.*

This center is not licensed to care for infants. If infant care is added to the program, the center will contact licensing for assistance with completing health policies specific to infants.

INFANT CARE

Monthly consultation visits in the infant room are conducted by a licensed child care health consultant. Each visit is documented per licensing requirements.

Infants will be at least Choose an item of age when enrolled.

Infants' hands are washed in the infant room by being held up by the staff. (CFOC 3.2.2.3) High chairs will be cleaned and sanitized before and after each meal or snack. (WAC 110-300-0241-1a)

INTERACTIONS AND ENVIRONMENT

Infant room staff members have been trained in understanding and reacting appropriately to infant cues. Staff members interact regularly with each infant throughout the day by: (WAC 110-300-0296)

- encouraging infants to handle and manipulate a variety of objects
- providing a safe environment for climbing, moving, exploring
- providing materials and opportunities for large and small muscle development
- reading, talking, and listening to infants
- providing daily indoor opportunities for freedom of movement outside their cribs, in an open, uncluttered space. The room has areas where all infants can be safely placed on the floor at any given time. Infants are placed Choose an item..
- placing infants on their tummy part of the time when they are awake and staff are observing them (WAC 110-300-0296-1b)
- providing outdoor opportunities Choose an item while following sun safety precautions

The infant room has been designed so that all accessible spaces are safe and secure for infant exploration and whole body movement. Infants will either be held or placed on the floor near an observant and engaged staff person.

Baby walkers are never used. (WAC 110-300-0275-3) The use of infant containers (swings, infant seats, saucers, and other confining equipment are Choose an item. (WAC 110-300-0296-2b-ivA and CFOC 5.3.1.10)

The child care has a plan for evacuating infants (or other children who cannot walk independently). To safely evacuate infants, the center uses Choose an item. (WAC 110-300-0470-2a-iv)

This center Choose an item allow shoes to be worn in the infant room. *Mark any of the following that apply.*

☐ All parents and staff are required to remove their shoes upon entering the infant room. (CFOC 5.2.9.14)

☐ Shoe covers are provided for individuals entering the infant room. (CFOC 5.2.9.14)

☐ All staff and children have indoor shoes or slippers. (CFOC 5.2.9.14)

INFANT BOTTLE FEEDING

The center will serve only formula or breast milk in bottles to children under 12 months of age. Infants will be fed according to their need rather than an adult prescribed time schedule. (WAC 110-300-0285-2b) Infants are held when fed a bottle. (WAC 110-300-0285-2d-ii) Bottles will not be propped or given to a child who is lying down. (WAC 110-300-0285-2d-iv) Lying with a bottle puts a baby at risk for baby bottle tooth decay, choking and ear infections. Infants able to hold their own bottle will be held when possible (if it is not possible, the teacher will sit close and interact with the child during the feeding time). 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. (WAC 110-300-0285-2d-iii)

Food preparation areas, including bottle preparation sink, in the infant room will be cleaned and sanitized daily before use. (WAC 110-300-0280-3b)

All bottles and containers of formula or breast milk must be labeled with the infant's full name and the date. This is done by Choose an item. Staff must ensure that the correct formula or breast milk is given to each infant. (WAC 110-300-0280-1a and WAC 110-300-0281-1b)

A refrigerator for infant food is located Choose an item. It is used to store bottles and un-served, leftover infant food. (WAC 110-300-0280-3j) The refrigerator temperature is checked daily to ensure it is not more than 41°F or 39°F when storing breast milk. A log of these temperatures is kept Choose an item. Bottles will be stored in the coldest part of the refrigerator, not in the door. A thermometer will be kept in the door of the refrigerator. (WAC 110-300-0280-1a and WAC 110-300-0281-2)

Bottles are provided by the Choose an item glass (with a protective silicone sleeve), stainless steel, or plastics numbered 1, 2, 4, or 5. Bottles and nipples must be in good repair. (WAC 110-300-0280-3d,e)

Bottles are prepared by Choose an item (WAC 110-300-0280-1) Frozen breast milk, if brought to the center, is stored in a closed container in a freezer at 0°F or less located Choose an item. (WAC 110-300-0281-1c) Frozen breast milk is stored at the center for no more than 30 days. (WAC 110-300-0281-1d)

Staff uses the following steps to prepare bottles: (WAC 110-300-0280)

- Staff must wash hands before preparing or serving bottles. (WAC 110-300-0200-4g)
- All infant bottles and baby foods are prepared Choose an item. Cold water used for mixing bottles or drinking is obtained from Choose an item. Water from a hand washing sink is not used for bottle preparation. (WAC 110-300-0236-1d; WAC 110-300-0280-3c)
- Formula will be mixed as directed on the can. (WAC 110-300-0280-3f)
- Formula will not be used past the manufacturer's expiration date. (WAC 110-300-0280-3f)
- If prepared bottles are not warmed immediately, the bottles are stored in the refrigerator. (WAC 110-300-0280)

Formula and breast milk bottles are warmed Choose an item. (WAC 110-300-0280-3h) Staff will check the temperature of a bottle before feeding. (WAC 110-300-0285-2di) Bottles are never warmed or thawed in a microwave. A microwave heats unevenly and can cause "hot spots", posing a burn risk. Microwaving also destroys much of the nutritional component in breast milk. (WAC 110-300-0280-3g and WAC 110-300-0281-6) Frozen breast milk is thawed Choose an item then warmed as stated above. Thawed

breast milk will not be refrozen. It must be served or returned to the parent within 24 hours (or label "do not use"). (WAC 110-300-0281-3,5)

The contents of any bottle not fully consumed within an hour are thrown away. Bottles that have been used don't go back into the refrigerator. (WAC 110-300-0280-3l) Bacteria begin to multiply once bottles are taken from the refrigerator and warmed. Families are advised to send several small bottles or portions, enough for one day only to minimize the amount of breast milk or formula that is discarded.

Bottle nipples are kept covered when not in use to reduce cross contamination. (WAC 110-300-0280-3i)

Bottles, bottle caps, nipples, and other equipment used for bottle feeding will not be reused without first being cleaned and sanitized by Choose an item. (WAC 110-300-0280-3a)

CARING FOR BREASTFED INFANTS

Our child care welcomes breastfed babies and actively accommodates mothers nursing their babies. The center has a plan to support the needs of a breastfeeding mother and infant. (WAC 110-300-0285-2a) Staff knows the benefits of breastfeeding for babies and moms. The staff encourages pregnant mothers to continue breastfeeding when returning to work or school. The child care will provide information and resources to moms (WAC 110-300-0285-2a-ii) needing assistance with pumping, safe storage and transfer of breast milk, and other support or will direct parents to community resources. Staff safely store and handle breast milk brought into the center.

The center provides comfortable places for nursing (WAC 110-300-0285-2a-i) and private places for pumping. Staff is trained to develop a trusting relationship with all parents and caregivers. They help assist new moms and babies with the home to child care transition. They communicate often with parents, encourage parents to drop-in any time and understand the unique needs of the breastfed baby (may need to feed more often, coordinating bottle feedings with mom's visits, delayed introduction to solid foods). Staff is trained to create a positive feeding environment for all infants and recognize and respond appropriately to infant feeding cues. (WAC 110-300-0285-2b)

Center staff must obtain parental consent before feeding infant formula to a breastfed infant. (WAC 110-300-0281-7)

FEEDING SOLID FOODS

INFANT FOOD SAFETY

Infants who self-feed have their hands washed with soap and running water before eating. (WAC 110-300-0200-5h) Staff members wash hands thoroughly before preparing any infant foods. (WAC 110-300-0200-4f,g) Staff never touches infant food with bare hands. Baby foods are prepared Choose an item. (WAC 110-300-0198) Cold water used for preparing baby foods is obtained from Choose an item. (WAC 110-300-0198) Water from a hand washing sink is NOT used to prepare baby foods. (WAC 110-300-0236)

The infant room Choose an item. (WAC 110-300-0198)

Baby food is served from a dish with a clean spoon, not from the baby food jar. Opened baby food jars are kept covered and refrigerated, and are discarded or sent home with the family after 24

hours. (CFOC 4.3.1.12) Unconsumed baby food portions in the serving bowl will be thrown away. (WAC 110-300-0285-2n)

INFANT SOLID FOODS

The center will work with the infant's parent/guardian to develop a plan for the infant's feedings that is acceptable to the parent/guardian. (WAC 110-300-0285-2) Solid foods are not served until the child is developmentally ready and is between 4 and 6 months of age, unless the family provides a written order from the child's health care provider. (WAC 110-300-0285-2f)

The parent/guardian is advised to work with their child's health care provider in developing a plan for introducing solid foods based on the infant's development. The child care center asks to be kept informed of the feeding plan for the infant. (CFOC 4.3.1.11) New foods are never introduced at the center; the introduction of new foods is always done by the family first.

The center will ensure that infants are only presented with foods that they are developmentally ready to eat. (WAC 110-300-0285-2f)The center allows infants to self-feed once they are developmentally ready and after consultation with the child's parent/guardian. (WAC 110-300-0285-2j) Solid foods presented to infants will be mashed, soft-cooked, small cut, or otherwise prepared to prevent choking and meet the infant's developmental needs. (WAC 110-300-0285-2i)

Cracked high chair trays or table-tops are not approved for food service. (WAC 110-300-0285-2k-iii) Foods will be served on plates, containers, napkins, or paper towels. (WAC 110-300-0195-2e) Staff members face infants and allow them to control the pace of the feeding. Staff members serving or preparing food to infants wear gloves and use tongs or spoons to minimize bare hand contact. (WAC 110-300-0095-2e)

No honey will be given to children less than 12 months of age due to the risk of botulism. (CDC) One hundred percent juice, sweetened beverages, (WAC 110-300-0285-2h) or processed cheese food or cheese spread (CACFP) will not be served to infants through 11 months of age.

SAFE SLEEP FOR INFANTS

All infant room staff complete the DCYF required safe sleep training annually. (WAC 110-300-0275-2 and WAC 110-300-0106-8) Staff will be within sight and hearing and actively supervise sleeping infants. (WAC 110-300-0291-1a) The room will be sufficiently lit to observe skin color and monitor breathing patterns. (WAC 110-300-0291-1e,f)

Infants will be allowed to follow their individual sleep pattern. (WAC 110-300-0291-1g) Sleeping schedules are discouraged. The child care staff will communicate an infants' sleep needs and patterns with the parent/guardian. (WAC 110-300-0265-3)

A Choose an item will be furnished for napping. (WAC 110-300-0290-1) When the child care provider and parent agree, and the infant can safely do so, transitioning to a mat or cot may occur. (WAC 110-300-0265-5) A plan will be developed with the parents to transition children who can climb out of their sleeping equipment. (WAC 110-300-0290-6)

Mattresses and railings will be cleaned and sanitized Choose an item, before use by a different child, after a child has been ill, and as needed. (WAC 110-300-0241-3) Highchairs will be cleaned and sanitized after each use. (WAC 110-300-0241-1a) Infant bedding is changed Choose an item, between uses by different children, or more frequently if soiled. (WAC 110-300-0290-3f)

To reduce the risk of SIDS/SUIDS, the center will meet the safe sleep practice standards of the American Academy of Pediatrics: (AAP and WAC 110-300-0291-1b)

- Infants will always be placed to sleep on their backs. Infants who are able to independently roll from back to front and front to back, can be left in place if they have rolled over. (WAC 110-300-0291-c)
- Sheets will fit the mattress snugly and securely in all corners and sides. (WAC 110-300-0290-3d)
- Sleep equipment will not contain bumper pads, pillows, soft toys, fleece, cushions, or loose blankets. Blankets will not be draped over sleep equipment. (WAC 110-300-0291-1h,i)
- Infants will be dressed comfortably for sleep and steps are taken to ensure infants do not get too warm. (WAC 110-300-0291-1k)
- Clothing or bedding will not be allowed to cover any portion of an infant's face while sleeping. (WAC 110-300-0291-1j)
- Hanging mobiles or toys will not be allowed in sleep equipment. (WAC 110-300-0291-1b,h)
- Should a parent or legal guardian request an alternate sleep position or sleep positioning device it must be specified in writing by the parent/guardian and the child's health care provider. (WAC 110-300-0291-1d)

Because sleeping in infant seats, car seats, or swings makes it harder for infants to breathe fully and may inhibit gross motor development, infants will not sleep in car seats, swings, and infant seats. Children who arrive at the center asleep in car seats will be immediately transferred to appropriate sleep equipment. (WAC 110-300-0290-5)

Check one of the following sections which apply to your child care center.

☐ The child care center uses cribs for sleeping. Cribs will meet the following safety requirements: (WAC 110-300-0290-3)

- be approved by CPAC or ASTM International Safety Standards for use by infants and toddlers (WAC 110-300-0290-3a)
- sturdy and in good repair, including mattress (WAC 110-300-0290-3e) (no sharp edges, points, unsealed rough surfaces, splinters, peeling paint, cracks, missing/broken parts) (WAC 110-300-0265-6)
- mattresses will be firm, snug fitting, intact, easily cleanable, and waterproof, and will fit snugly against the crib frame (WAC 110-300-0290-3c)
- Documentation, compliance certificate, and/or crib sticker must be available on-site stating that the equipment meets 16 CFR 1219 and 1220 (CFR/CPSC and WAC 110-300-0290-3b)

☐ The child care center uses play yards for sleeping. Play yards will meet the following safety requirements: (WAC 110-300-0290-3 and WAC 110-300-0265-6a)

- have no holes in the netting
- play yards will be sturdy and in good repair
- play yards will be checked to ensure they meet CPSC or ASTM standards and have not been recalled due to sides that do not properly lock, protruding bolts, or other safety concerns

Sleeping equipment will be spaced at least 30 inches apart or separated by a solid, easily cleanable barrier if placed end-to-end. (WAC 110-300-0290-3g)

Sleeping equipment will not be located directly under windows unless windows are constructed of safety glass or have an applied polymer safety coating. (WAC 110-300-0165-1g)

If you have comments, questions, or wish to change any of the black text in Section 3, type them here.
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Section 4: Nutrition and Physical Activity

NUTRITION

This center serves meals and snacks which meet the daily nutritional requirements of the USDA Nutrition Standards for the Child and Adult Care Food Program (CACFP) or the National School Lunch and School Breakfast Program. (WAC 110-300-0185 and http:/www.fns.usda.gov/cacfp/meals-and-snacks)

The center will prepare, date, and post menus of meals and snacks. (WAC 110-300-0185-1a) The center uses a 4 week cycle menu, with no repeated meal/snack combinations, to ensure variety. The past menus will be kept on-site for 3 years plus the current year to meet CACFP requirements. If needed, substitutions of comparable nutrient value may be made and any changes will be recorded on the menu. (WAC 110-300-0185-1b)

The foods served will:

- consist of a wide variety of foods that are low in fat, sugar, and salt (CFOC 4.2.0.4)
- include cereals that contain no more than 6 grams of sugar per 1 oz serving (CACFP)
- include yogurts that do not contain more than 23 grams of total sugar per 6 oz serving (CACFP)
- limit fruit juices to one or less servings per day (CACFP)
- follow CACFP serving sizes for children 1-12 years of age (CACFP)
- include one whole grain-rich item per day (100% whole grains or at least 50% whole grains with the rest being enriched grain) (CACFP)
- include a fruit or vegetable for at least one snack a day (WAC 110-300-0185-2)

☐ incorporate ethnic, cultural, and seasonal foods regularly

Only pasteurized milk or pasteurized dairy products are served. (WAC 110-300-0185-2a) Breast milk for a particular child may be served at a parent's request. Soy milk may be substituted for cow's milk with a written request from the child's parents/guardians. (CACFP) All other milk substitutions can be served only with written permission from the child's parent and health care provider for children over the age of twelve months. (WAC 110-300-0186-1) The parents/guardians must provide the milk substitute.

The amount of required milk fat in the milk product is determined by the child's age. (WAC 110-300-0185-1) *(Mark which ages you care for:)*

☐ For children between 12 and 24 months of age, breast milk, or unflavored whole milk will be served unless there is written instruction from a licensed health care provider.

☒ For children age 2 through 5, milk served will be unflavored 1% milk.

☐ For children age 6 and older, milk served will be unflavored Choose an item milk.

Juice is always 100% fruit or vegetable juice and is limited to one age-appropriate serving per day. (WAC 110-300-0185-1c,d)

Meals and snacks will be served every 2 to 3 hours, except if children are sleeping. (WAC 110-300-0180-1a) The following meals/snacks schedule is followed:

- Snack – 10:15-10:30
- Lunch – 12:00-12:30
- Click here to enter text.
- Click here to enter text.
- Click here to enter text.
- Click here to enter text.

☐ *Mark box if breakfast is served. Note: It is recommended to serve a breakfast if the center opens before 7:00am.*

Each breakfast meal contains: (WAC 110-300-0185-1)

- a fruit or vegetable
- fluid milk or suitable substitute with appropriate documentation
- a whole grain or enriched grain product (such as bread, cereal, rice cake, or bagel)
- the entire grains components may be substituted with a meat/meat alternate a maximum of 3 times per week

Each lunch meal contains: (WAC 110-300-0185-1)

- fluid milk
- meat or meat alternative (such as beef, fish, poultry, legumes, tofu, dairy, or beans)
- a whole grain or enriched grain product (such as bread, cereal, rice cake, or bagel)
- 1 fruit and 1 vegetable. A second vegetable may replace the fruit at lunch, but must be 2 different vegetables.

Each snack contains two of the four components: (WAC 110-300-0185-1)

- fluid milk or suitable substitute with appropriate documentation
- meat or meat alternative (such as meat, legumes, beans, bean dip, nut or seed butters, egg, cheese, yogurt, cottage cheese)
- a whole grain or enriched grain product (such as bread, cereal, rice cake, or bagel)
- fruit, vegetable, or fruit or vegetable juice; Make at least one snack component a fruit or vegetable ***at least once a day***. (WAC 110-300-0185-2)

Each snack or meal includes a liquid to drink. The drink could be water or one of the required components such as milk or fruit/vegetable juice. (WAC 110-300-0185-1)

Solid foods presented to young children will be will be soft-cooked, small cut, or otherwise prepared to prevent choking and meet the child's developmental needs. (WAC 110-300-0285-2-i) All children will eat from plates or other appropriate surface, have a paper napkin, and developmentally appropriate utensils. (WAC 110-300-0195-3a,e)

If a child has a food allergy or special dietary need, the parent and the child's health care provider will identify a protocol for managing the child's special dietary need. The center will be provided with this comprehensive allergy management plan or an individual care plan for the child. This plan will include information on foods to be avoided, alternative foods, who will provide alternative foods, relevant medical information provided by the health care provider including medications, steps to take, etc. (WAC 110-300-0186-1-3)

The center will post children's food allergies where food is prepared and refer to this information when preparing food for children. This list will include the child's allergic reactions and will be kept confidential by placing inside a labeled cupboard. (WAC 110-300-0505-1c and WAC 110-300-0186)

Mealtime and snack time will support children's development of healthy eating habits. For safety and role-modeling, staff members sit, eat, and have casual conversations with children during mealtimes. (WAC 110-300-0195-4b) Staff members ***Children bring own lunches and serve themselves***. (WAC 110-300-0195-4a) Staff are respectful of each child's cultural food practices. (WAC 110-300-0195-3f)

Coffee, tea and other hot beverages will not be consumed by staff while children are in their care, in order to prevent scalding injuries. (WAC 110-300-0165-3b) Staff will not consume pop or other non-nutritional beverages while in the presence of children in their care. During meal and snack times, staff will eat only those foods that are served to the children. (CFOC 2.4.1.2)

☒ *If parents provide food for their children, mark and include this paragraph.*
When parents provide their children meals or snacks, they must meet the nutritional requirements as outlined by the Washington State Meal Pattern for Child Care found on the USDA Nutrition Standards for CACFP Meals and Snacks webpage http:/www.fns.usda.gov/cacfp/meals-and-snacks. (WAC 110-300-0190-3) The child care must inform parents of these requirements. (WAC 110-300-0190-3a) If the meal provided does not meet nutritional requirements, the center will supplement the meal with the missing components. (WAC 110-300-0190-3b) The center will help the parent provide more nutritionally adequate meals in the future by sharing information and resources with the parents (such as the Pack-a-Sack handout from the Child Care Health Outreach Program or a summary of what a sack meal must contain (http://www.fns.usda.gov/sites/default/files/cacfp/CACFP_childmealpattern.pdf)).

FOODS FOR SPECIAL OCCASIONS
Before bringing in foods for a special occasion, parents/guardians must discuss the food choices with staff to address any food safety or allergy concerns. (WAC 110-300-0190)

Choose any of the following paragraphs that apply to your center:
☐ Parents/caregivers are not allowed to bring in foods from outside of the classroom for any reasons other than meeting an individual child's special dietary needs.

☒ Parents are allowed to bring in snacks for all the children that may not meet the nutritional requirements on special occasions such as birthdays. The snacks provided by parents must be limited to store purchased uncut fruits and vegetables and foods prepackaged in original manufacturer's containers. (WAC 110-300-0190-4c)

☐ Parents are allowed to bring in treats for special occasions that are prepared or baked in the home by parents or guardians provided that the center has received written permission from each child's parent or guardian stating that their child may consume food prepared or baked in the home of another child's parent or guardian. (WAC 110-300-0190-4c)

☐ Parents are discouraged from bringing in treats high in sugar.

☐ Birthdays and other special occasions are celebrated with activities rather than foods.

TOOTHBRUSHING

Toothbrushing is Choose an item. (WAC 110-300-0180-2)

Children are taught about oral health. (CFOC 3.1.5.3) Toothbrushing will be done in a safe, sanitary, and educational manner. (WAC 110-300-0180-2) It will be supervised to ensure: (CFOC 3.1.5.2)

- the establishment of a routine which enhances learning
- proper toothbrushing technique
- that toothbrushes are not shared and that they are handled properly
- that excess toothpaste is spit out

Toothpaste is:

- provided by Choose an item.
- used only when parents sign an annual permission form allowing the use of fluoride toothpaste for children age 2 and older. (WAC 110-300-0215-3a-iv)
- used by children in the following amounts: Choose an item

Each child will have his/her own toothbrush that:

- is provided by Choose an item
- is stored properly to decrease cross contamination (including, open to air with bristles up, unable to drip on one another, not in contact each other or any other thing, and without toothbrush caps)
- is clearly marked with the child's name on the handle with a non-toxic, permanent marker
- has soft, rounded nylon bristles and be sized appropriately for the child
- is replaced twice each year when used less than twice a day, 5 days a week, or sooner if the bristles become splayed or the toothbrush is contaminated

Optional statements (choose those that apply):

☐ Teachers/child care staff will brush their own teeth to model the desired behavior.
☐ Staff training will be provided yearly on the etiology of tooth decay, oral health promotion, and toothbrushing protocol.

Choose ONE of the two options below (note: the table method is preferred).

☐ Children will brush teeth using the table method. Children brush teeth while sitting at the table. The toothbrushing procedure at the table is:

- A pitcher of water is obtained from a food preparation sink for rinsing toothbrushes.
- Table area is cleared of all dishes when toothbrushing immediately follows a meal or snack.
- The table is washed, rinsed, and sanitized, except when toothbrushing immediately follows a meal or a snack and the 3-step process was completed prior to the meal/snack.
- Each child is given a paper towel/napkin and a small paper cup with no more than an age-appropriate amount of toothpaste on the edge.
- Children are directed to apply the toothpaste to the brush.
- Staff will guide the children to brush in a pattern and move from area to area (left-to-right, inside and outside, top-to-bottom) around the mouth. Finish with the top of the teeth.
- Brushing should continue for at least two minutes.
- Child spits the excess toothpaste into the empty paper cup and wipes mouth with paper towel/napkin.
- Choose an item..
- Staff place toothbrushes back in the toothbrush holder.
- Cups are discarded.
- After all the children have brushed, the table is washed, rinsed, and sanitized.

☐ Children will brush teeth using the sink method. Children brush at the sink, located Click here to enter text. The toothbrushing procedure at the sink is:

- A pitcher of water is obtained from a food preparation sink.
- The sink will be cleaned with the 3-step process (wash, rinse, sanitize).
- Teacher will hand each child their toothbrush and a small paper cup with an age-appropriate amount of toothpaste on the edge.
- No more than Choose an item children will be at the sink at one time.
- Children apply the toothpaste to the brush.
- Teach the children to brush in a pattern and move from area to area (left-to-right, inside and outside, top-to-bottom) around the mouth. Finish with the top of the teeth.
- Brushing should continue for at least two minutes.
- Child spits excess toothpaste into Choose an item.
- Child returns the toothbrush to the teacher who rinses it in the sink using water from the pitcher and replaces it in the toothbrush rack.
- After all the children have brushed, the sink is cleaned and sanitized with the 3-step process.

PHYSICAL ACTIVITY

All children birth to age five should engage in daily physical activity that promotes fitness for health and movement skills. Promoting and fostering enjoyment of movement and motor skill competence and confidence at an early age helps to ensure that children develop active, healthy habits. Current research also shows that regular physical activity of infants and young children is an important component of early brain development and learning.

Outdoor play will be provided for all children in care. Children should have ample opportunity to do moderate to vigorous activity (running, climbing, skipping, and other gross motor movement) to the extent of their ability. (CFOC 3.1.3.1)

Adults are outdoors with the children in continuous visual and auditory range. A variety of age-appropriate activities and play equipment for climbing, pulling, pushing, riding and balancing activities are available. (WAC 110-300-0145-4) The activity schedule must ensure appropriate child grouping by developmental or age levels, staff-to-child ratio adherence, and maintenance of group size. (WAC 110-300-0356)

Active play is never withheld from a child for disciplinary purposes. (CFOC 3.1.3.1)

☐ *For drop-in care facilities mark this box and the following will be added and the following sections will be amended as appropriate.*
Outdoor space Choose an item.

INFANTS
Positive early movement experiences increase the infant's chances of achieving full developmental potential throughout life. Infants will:

- be placed in a safe setting such as carpeted floors, mats, or sectioned-off areas that encourages exploration and does not restrict movement for prolonged periods of time. (WAC 110-300-0296-2b-4)
- have help from staff to facilitate movement by:
    - receiving regular, attentive interaction (using facial, verbal and non-verbal expressions) that encourages playful activity
    - having an open environment suitable for the exploration and development of rolling over, reaching, sitting, crawling, creeping and standing
    - getting supervised tummy time every day while they are awake. (WAC 110-300-0296-2b-i)Tummy time is placing infant on his/her tummy to promote wiggling, scooting, crawling, pulling up, etc. which contributes to large motor skill development. Caregivers interact with awake babies placed on tummies for short periods (3-5 minutes) increasing the amount of time as the baby shows interest and enjoyment (CFOC 3.1.3.1)
- have access to outdoor playtime each day with a minimum of 20 minutes for each 3 hours of programming, as tolerated. (WAC 110-300-0360-2c-i)
- be provided Choose an item. a day of active playtime which may include 30 minutes or more of moderate to vigorous activity indoors for programs operating 6 hours or more (WAC 110-300-0360-2c-iii or CFOC 3.1.3.1)
- have the least restrictive environment possible. Restrictive equipment (such as swings, stationary activity centers, bouncy seats, molded seats, etc.) is Choose an item. (CFOC 3.1.3.1)

TODDLERS
With ample opportunity for exploration and learning, basic gross motor movement skills like running, jumping, throwing, and kicking will develop. Toddlers will:

- not be sedentary for more than 60 minutes at a time except when sleeping
- get at least 30 minutes of staff-guided, playful activity that contributes to the development of movement skills (walking, jumping, hopping, side-stepping etc.)

- have opportunities throughout the day (several hours) for unstructured physical activities and play in a safe area both indoors and outdoors that promotes exploration and playful practice of movement skills
- have access to outdoor playtime Choose an item with a minimum of 20 minutes for each 3 hours of programming. (WAC 110-300-0360-2c-i or CFOC 3.1.3.1)
-
- be provided Choose an item a day of active playtime with moderate to vigorous activity, which may include 30 minutes or more being indoors for programs operating 6 hours or more (WAC 110-300-0360-2c-iii or CFOC 3.1.3.1)

PRESCHOOLERS AND PRE-KINDERGARTEN

Instruction and positive reinforcement is critical during this time in order to ensure that children develop gross motor and movement skills before entering school. Children 3 – 5 will:

- not be sedentary for more than 60 minutes at a time except when sleeping
- accumulate at least 60 minutes of guided, structured activities that encourage playful practice of movement skills in a variety of activities and settings
- engage in at least an hour and up to several hours of unstructured physical activities in a safe area both indoors and outdoors suitable for large muscle activities (gross motor movement)
- have access to outdoor playtime each day with a minimum of 30 minutes for each 3 hours of programming. (WAC 110-300-0360-2c-i or CFOC 3.1.3.1)
- be provided 30 minutes a day of active playtime with moderate to vigorous activity, which may include 30 minutes or more being indoors for programs operating 6 hours or more (WAC 110-300-0360-2c-iii or CFOC 3.1.3.1)

SCHOOL-AGERS

Instruction and positive reinforcement will help develop children's knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity. Children in grades K-6 will

- not be sedentary for more than 60 minutes at a time except when sleeping
- accumulate at least 60 minutes of guided, structured activities that encourage playful practice of movement skills in a variety of activities and settings
- engage in at least an hour and up to several hours of unstructured physical activities in a safe area both indoors and outdoors suitable for large muscle activities (gross motor movement)
- have access to outdoor playtime Choose an item with a minimum of 30 minutes for each 3 hours of programming. (WAC 110-300-0360-2c-i or CFOC 3.1.3.1)
- be provided Choose an item a day of active playtime with moderate to vigorous activity, which may include 30 minutes or more being indoors for programs operating 6 hours or more (WAC 110-300-0360-2c-iii or CFOC 3.1.3.1)

SCREEN TIME

Because TV and other screen time can get in the way of playtime, physical activity, and interactions with others, which all contribute to learning and healthy physical/social development, our center restricts screen time during child care hours.

Choose one of the following two paragraphs to include in your plan.

☒ This center does not allow children to have screens of any kind in our child care (including TV, videos, computers, handheld devices) with the exception of school-age children needing to complete homework. The program focuses on physical activity and social interactions during the day. (CFOC 2.2.0.3)

☐ This center allows developmentally age appropriate, nonviolent, and culturally sensitive screen time that involves staff interaction. (WAC 110-300-0155-1) Alternative activities are provided for children not wanting to participate in screen time. (WAC 110-300-0155-2) Screens are not on during meals or snacks. (WAC 110-300-0155-3) We allow zero screen time for children under the age of two. (WAC 110-300-0155-6) We do not allow television or movies to be left on as background noise. We do not offer screen time as a reward. Screen time use will be limited to Choose an item. (WAC 110-300-0155-4,5) Individual children Choose an item. School-age children needing to complete homework are allowed access to screens as necessary. WAC 110-300-0155-5)

If you have comments, questions, or wish to change any of the black text in Section 4, type them here.
Click here to enter text.

Section 5: Social, Emotional, and Behavioral Health

CHILD ABUSE AND NEGLECT

All staff have completed training in preventing child abuse and neglect, as well as recognizing and reporting suspected child abuse, neglect, and exploitation. (WAC 110-300-0106-4) In the event that staff have reason to suspect the occurrence of any physical, sexual, or emotional child abuse or neglect, child endangerment, or child exploitation, staff will make a report by calling Child Protective Services (CPS) at 1-866-ENDHARM (1-866-562-5624). (WAC 110-300-0475 and RCW 26.44) The child's file is on hand when placing the call. These phone numbers and the reporting system are clearly posted by all phones. (CFOC 3.4.4.1) The witnessing staff person will make the call, with the assistance of the lead teacher if needed. The director will contact the licensor immediately after a report of abuse is made. (WAC 110-300-0425-9b-iii)

If there is an immediate danger to a child, a report is made to local law enforcement. (WAC 110-300-0475)

Staff will record the signs of child abuse or neglect on the abuse reporting form which is located binder. (CFOC 3.4.4.1)

Providers must complete the DCYF recognizing and reporting suspected child abuse, neglect, and exploitation training. (WAC 110-300-0106-4) Documentation of staff orientation and training on the indicators of child abuse and neglect are kept in staff files. Training occurs at the time of employment and then every other. (CFOC 1.4.5.2)

BEHAVIOR MANAGEMENT/GUIDANCE PRACTICES

GENERAL PRACTICES

The center's written behavior management and guidance practices are kept in parent handbook. (WAC 110-300-0110-2)

Staff point out positive social interactions rather than only focusing on negative behavior. Staff help children problem solve when conflicts arise. Staff members exhibit a range of techniques such as offering choices, distracting, ignoring, consequences, cool-off, and re-directing when behavior issues occur. (WAC 110-300-0330-2)

Staff promote developmentally appropriate social skills and behaviors, self-control, conflict resolution, and respect for the rights of others. (WAC 110-300-0330-2b) Staff ensure that behavior management and guidance practices are fair, reasonable, consistent, and related to the child's behavior. (WAC 110-300-0330-1) Community resources (such as Early Achievers or Snohomish Health District Behavioral Health Specialist) are consulted when needed.

Behavior management principles are based on Good behaviour is fostered and encouraged using clear expectations in a caring, structured and understanding environment. Teaching staff receive regular training on behavior management.

ENVIRONMENT

Classrooms will have simple, clear, and consistent rules. (WAC 110-300-0330-2g)

Noise levels in the center are kept low, so that teachers can be heard without the need to raise their voices. (WAC 110-300-0165-4d) Children are given the opportunity to have privacy or time alone, while still being able to be supervised by staff members. This is done by calming corner. (WAC 110-300-0140-3)

INDIVIDUAL BEHAVIOR MANAGEMENT AND PLANS

Staff guide a child's behavior based on an understanding of the individual child's needs and stage of development. (WAC 110-300-0085 and WAC 110-300-0330-2) Staff will receive updated behavioral, developmental, social, and cultural information about each child from families at least on an annual basis. (WAC 110-300-0085-2) Individual behavior care plans, when needed, are implemented in coordination with the parent/guardian. (WAC 110-300-0085-4-iv)

ATTENDANCE RECORDS

Daily attendance records will be kept. The parent or other authorized person will sign their child in upon arrival and sign the child out upon departure using their full signature and writing the time of arrival and departure. Attendance records will be kept at the facility for the minimum legal retention period. (WAC 110-300-0455)

If you have comments, questions, or wish to change any of the black text in Section 5, type them here.
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Section 6: Special Health Needs

CHILDREN WITH SPECIAL NEEDS / INCLUSION

Children with special needs are accepted into the program under the guidelines of the Americans with Disabilities Act (ADA). (WAC 110-300-0030-1b) Confidentiality is assured with all families and staff in the program. (WAC 110-300-0085 and WAC 110-300-0460-1a) All families are treated with dignity and with respect for their individual needs and/or differences.

A written individual plan of care is developed by the director, parent/guardian, and teacher for each child with special needs. It includes instructions from the parent and health care provider regarding the diagnosis (if known), medications, specific food or feeding requirements, life-threatening allergies, treatments, special equipment or health needs, modifications needed, emergency response plans, and contact information for the health care provider and/or specialists working with the child. (WAC 110-300-0300-2a and WAC 110-300-0190)

Dietary restrictions and nutrition requirements for particular children are posted but kept confidential. (WAC 110-300-0505-1c)

All individuals who work or may work with a particular child with special needs will be oriented to their particular needs or diet restrictions before the child first enters the program. Plans for children with special needs will be documented and staff will be oriented to the individualized care plan for that child. (WAC 110-300-0190-1)

The parent provides training to staff on any procedures that will be done to the child while in care. A written plan of care must be developed and updated at least once a year or sooner if needed. (WAC 110-300-0300) The director seeks further information or training if necessary for center staff from local resources.

This plan includes how the child's special needs would be met in the case of a disaster. At a minimum the center will plan for the child to stay at the center for 72 hours without being able to contact the child's parents. (WAC 110-300-0470-1d)

Children with special needs are given the opportunity to participate in the program to the fullest extent possible. This is accomplished by consulting with outside agencies/organizations as needed. The center cooperates with other agencies that can provide services to the child on-site. Written parent/guardian permission is obtained for any visiting health professional services provided at the child care. (WAC 110-300-0300-1d)

All staff members receive general training on working with children with special needs and updated trainings on specific special needs that are encountered in their classrooms. (WAC 110-300-0300-1d)

If you have comments, questions, or wish to change any of the black text in Section 6, type them here.
Click here to enter text.

Health Policy Signature Page for Staff

I have read, and understand the health policies and procedures.

Staff name and signature	***Date***	***Date***	***Date***

Parent Signature Page

(This page is kept separate from the actual health policy and a copy is kept in each child's file.)

I have been informed of the child care's policies including:

- ***the health policy***
- ***the parent handbook***
- ***the pesticide use policy***
- ***the disaster response plan***
- ***the pet policy (if applicable)***
- ***Choice to opt out of toothbrushing***
- ***Click here to enter text***
- ***Click here to enter text***

Parent/Guardian name and signature	Child's name (please print)	Date

A copy of this document will be kept in the child's file. (WAC 110-300-0450)