



# Health Policies

Updated on August 6, 2025

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<b>Christ the Rock Fellowship</b> <b>16707 13<sup>th</sup> Ave W</b> <b>Lynnwood, WA 98037</b>	<b>Preschool Office:</b> 425-745-4575 <b>Church Office:</b> 425-745-4535 <b>Director's Phone:</b> 206-953-8196 <b>Email:</b> <a href="mailto:ctr-preschool@ctrf.com">ctr-preschool@ctrf.com</a>	
<b>Center License Capacity:</b> 82	<b>Ages of Children:</b> 12 months to 12 years	<b>Number of Staff:</b> 18
<b>Nearest Pay Phone:</b> Shell Gas Station Parking Lot <b>Nearest Cross Street:</b> 164 <sup>th</sup> Street SW <b>Evacuation Center:</b> Martha Lake Elementary		
<b>Out-of-area Contact:</b> Pullman Christian Center, Pullman WA <b>Contact:</b> Angela Echols (509) 332-3545		
<b>Emergency telephone numbers:</b> <b>Fire/Police/Ambulance:</b> 911 <b>Poison Center:</b> 1-800-222-1222 <b>Animal Control:</b> 425-388-3440	<b>To report abuse or neglect:</b> 1-866-ENDHARM (1-866-363-4267) Toll-Free Open 24/7	
<b>Hospital used for life-threatening emergencies:</b> EMTs dictate		
<b>DCYF Health Specialist:</b> Lalaine Diaz <a href="mailto:lalaine.diaz@dcyf.wa.gov">lalaine.diaz@dcyf.wa.gov</a> 206-760-2027		
<b>DCYF Licenser:</b> Stephanie Mischenko <a href="mailto:stephanie.mischenko@dcyf.wa.gov">stephanie.mischenko@dcyf.wa.gov</a> 425-740-6875		
<b>Communicable Disease Reporting Line Snohomish Health District:</b> 425-339-5278		
<b>Child Care Health Outreach Program Snohomish Health District:</b> 425-252-5415		

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## Table of Contents

<b>Section 1: General Health &amp; Illness Practices .....</b>	<b>7</b>
Injury & Emergency Procedures .....	7
Contact or Exposure to Body Fluids.....	10
Communicable Disease Reporting.....	19
Health Records.....	20
General Health Practices .....	21
Child Care Health Consultation .....	21
Immunizations.....	21
Staff Health.....	22
Communicating Health Policies.....	24
<b>Section 2: Sanitation and Environment.....</b>	<b>25</b>
Handwashing .....	26
General Cleaning, Sanitizing, and Laundry .....	27
Diapering .....	30
Food Service .....	32
Gardening.....	36
Disaster Preparedness.....	36
Smoking & Vaping .....	37
Transportation Safety.....	37
Pest Control .....	38
Animal Policy .....	38
Drinking Water .....	39
Wastewater Disposal.....	40
Injury Prevention.....	40
 <b>Section 3: Nutrition and Physical Activity .....</b>	 <b>51</b>
Nutrition .....	53
Toothbrushing .....	55
Physical Activity.....	56
Screen Time .....	58
<b>Section 4: Social, Emotional, and Behavioral Health .....</b>	<b>59</b>
Child Abuse and Neglect.....	61
Behavior Management & Guidance Practices.....	61
Growth and Development.....	62
<b>Section 5: Special Health Needs.....</b>	<b>63</b>
Children with Special Needs & Inclusion .....	65
Health Policy Review .....	67
<b>Section 6: Pesticide Policy.....</b>	<b>69</b>
Policies and Records .....	72
<b>NOTIFICATION OF PESTICIDE POLICY .....</b>	<b>73</b>
Building & Facility Application.....	73
Landscape & Grounds Application .....	74
Storage of Pesticides .....	74
Pesticide Policy Review .....	75
Forms for Pesticide Policy .....	76
Pesticide Policy Letter .....	80
Pesticide Resources .....	81

<b>Section 7: Bloodborne Pathogen Exposure Policy .....</b>	<b>83</b>
<b>Exposure Control Plan .....</b>	<b>85</b>
Methods of Implementation and Control .....	86
Hepatitis B Vaccination.....	87
Exposure Policy Review .....	91
Exposure Policy Forms.....	93
OSHA Exposure Reporting Form.....	94
Personal Protective Equipment Training.....	97
<b>Section 8: Hazard Communication Standard .....</b>	<b>99</b>
Hazard Communication Program .....	101
Material Safety Data Sheets (MSDSs).....	101
Employee Training and Information.....	101
OSHA Assistance.....	102
Hazard Communication Review .....	106
<b>Section 9: Injury and Accident Prevention .....</b>	<b>107</b>
L & I Workplace Hazards & Solutions Worksheet.....	109
<b>Monthly First Aid Kit Checklist.....</b>	<b>110</b>
First Aid Checklist .....	111
Classroom First Aid Kit Checklist .....	112

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## Section 1: General Health & 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 Center on the **Ouch...Form**. Illness reported by parents or that become evident while the child is in care will be recorded on the **Symptoms Form**. These forms are kept **in the Preschool Office**. 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 in **the Preschool Office**. (WAC 110-300-0465-4l)

Incident logs will be reviewed monthly by the **Director**. 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 **Symptoms Report** and the **DCYF incident form** 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)



**ONGOING CARE FOR THE CENTER DURING AN EMERGENCY**

1. Reassure and calm the other children.
2. Talk with them about the injury or illness and allow them to voice their concerns.
3. Continue with your daily schedule as normal.

**DIRECTOR/PROGRAM SUPERVISOR RESPONSIBILITIES**

1. Assess the child and call 911 if not already done.
2. Take the Emergency Consent Form to the hospital.
3. Stay with the child and accompany them to the hospital if the child is transported.
4. Call parents or emergency contact people if parents are not available:
  - a. Give them the name of the hospital.
  - b. The type of injury.
  - c. The care currently being given.
  - d. The name of who accompanied the child to the hospital.
5. Call Pastor Jon and Pastor Judy.
6. Report serious injury and hospitalization to the licensor.
7. The licensor must be contacted by phone **on the day** after the incident and in writing within 24 hours.

## 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 **in the preschool office supply closet and the Bug's World class in the cupboard labeled "First Aid Kit"**. (WAC 110-300-0230-1). (Syrup of Ipecac may be unavailable at pharmacies; expired Syrup of Ipecac is not a rule violation. Per DEL letter of July 2008)

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                       | • Elastic wrapping bandage           | • <b>CPR barrier</b>             |
| • Gauze pads                            | • Non-Latex gloves (such as nitrile) | • Tweezers for surface splinters |
| • Small scissors                        | • Large triangular bandage or sling  | • Hand sanitizer (for adult use) |
| • Adhesive tape                         | • <b>Temporal thermometer</b>        | • Tissues/hand wipes             |
| • Ice/cold packs                        | • <b>Band aids</b>                   |                                  |
| • <b>Bandages</b>                       |                                      |                                  |
| • Variety of sizes of adhesive bandages |                                      |                                  |

A fully stocked first aid kit will:

- 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 taken on all walks around the child care property and surrounding area (WAC 110-300-0230-1)

Travel first aid kits for **outdoor playground and off-site trips** will also contain:

- |  |  |
|--|--|
| • Liquid soap, a bottle of water, and paper towels | • <b>Band aids</b>   |
| • Instant hand sanitizer <b>for teachers only</b>  | • <b>Wipes</b>   |
| • Chemical ice (non-toxic)                         | • Emergency medication for those children for whom it is prescribed (such as EpiPens, inhalers, etc.) (CFOC 5.6.0.1) |
| • <b>Personal cell phone</b> (WAC 110-300-0480-2b) |  |

All first aid kits will be checked by the **Director** 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 (See Appendix). (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 Office and Staff room**. (WAC 110-300-0500-2a) A blood clean up kit will be available at the Center. (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 another person's blood** or body fluids. **We will notify parents on the Ouch form if a child has a bloody nose or other non-emergency injury or illness.**

The **Director** will review the Center's Bloodborne Pathogen Exposure Control Plan with each staff person **immediately upon employment**. (WAC 110-300-0106-11) Staff are offered the Hepatitis B vaccine series **upon employment**. (WAC 296-823-130)

## Medication Management

Medications will not be administered by Precious Child Care & Preschool. 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) **The exception is for diaper ointment, sunscreen, or lotion for eczema.** (WAC 110-300-0215-3a-iv)

### MEDICATION RULES

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)

- Child's first and last name
- Child's date of birth
- Child's parent/guardian signature for consent
- Medical provider's signature (if necessary; see next section)
- 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)

- Antihistamines **for allergic reactions only**.
- 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 **12 years old** unless the parent provides written and signed instructions from a health care provider in addition to the completed consent form.

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.

Center **will not** 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.

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 **Precious Child Care & Preschool unless the child has an allergy to the ingredients.**
- 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)
- 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 choices 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 **Director, Program Supervisor, or Lead teacher**.

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 received the following medication administration training: **only the minimum DCYF required training**. Documentation of this training will be kept **in the employees training file**. These policies are reviewed with all staff members who administer medications **annually**.

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

## DOCUMENTATION

Each time staff administers 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 a symptom report. The Director or Program Supervisor will also contact the parents by phone and through the BrightWheel app.**

For children with special health needs, detailed instructions for medications or medication delivery devices, such as nebulizer, insulin pump, or EpiPen, will be documented on the **Individual Plan of Care form and 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 number of controlled substances at the Center. **Only 1 weeks' worth of medication will be accepted from the parent at a time. Pills will be counted and documented at each administration.**



## MEDICATION STORAGE

Children's medication will be kept **in the Preschool medication cupboard located in the Preschool 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 **in their locker**. 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 classrooms backpack**. 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 always be with the child.

## 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 **injury/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.

## MEDICATION 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 **two weeks** of the stop date, the director will **get information for medication disposal in Snohomish County from [www.med-project.org/locations/snohomish/](http://www.med-project.org/locations/snohomish/)**. (WAC 110-300-0215-3d)

## POLICY & 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 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 the **Preschool Office** and the **Director or designee** will care for the child until the parent arrives. (WAC 110-300-0205-3)

**The child must be picked up within an hour or the parent will be charged a late fee of \$15.00 for the first five minutes and \$2.00 every minute until the parent arrives.**

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)

This Center has a policy that is stricter than the regulations and best practices and excludes children and staff with the following symptoms: (WAC 110-300-0205-5)

- Temperature of 99° F by any method for children 2 months or older (or 99 ° 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 **has a policy that is stricter than the regulations and best practices and excludes immediately when lice, scabies, or ringworm are identified**. Individual may return the day after treatment was started. (WAC 110-300-0205-5f)

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)

- Messaging parents through the BrightWheel app
- Posting a notice at the sign-in kiosk

Depending on the 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 Center (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 Center activities and environment may be required.

## Communicable Disease Reporting

Licensed Centers 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 **the Snohomish Health District at (425) 339-5278**. 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 **the Snohomish Health District at (425) 339-5278**, giving the caller's name, the name of the Center, address, telephone number, and name of individual involved:

- |  |   |
|--|---|
| • Acute Flaccid Myelitis (AFM)                                   | • Meningococcal Disease   |
| • Animal bites   | • Mumps   |
| • Campylobacteriosis   | • Pertussis (Whooping cough)                                      |
| • COVID 19   | • Shiga toxin-producing E. Coli (STEC), including E. Coli 0157:H7 |
| • (Campy) Cryptosporidiosis                                      | • Shigellosis   |
| • Cyclosporiasis   | • Tetanus   |
| • Diphtheria   | • Tuberculosis (TB)   |
| • Food or waterborne illness Giardiasis                          | • Yersiniosis   |
| • Polio  | • Haemophilus Influenza Type B (HIB)                              |
| • Rubella  | • Hepatitis A (acute infection)                                   |
| • Salmonellosis  | • Hepatitis B (acute and chronic infection)                       |
| • Influenza (if more than 10% of children and staff are out ill) | • Hepatitis C (acute and chronic infection)                       |
| • Listeriosis Measles (rubeola)                                  |   |

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 designee**.

Center 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 **Director** 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 the **trees.** (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 contract with a private child care health consultant on a regular basis. The name of this individual can be found on the front page of this policy.

The consultant is a currently licensed Registered Nurse and is experienced in pediatrics or public health consultant, such as an infant nurse consultant. (CFOC 1.6.01) The child care health consultant visits the center monthly and serves the Infant room only unless asked to consultant in another class (CFOC 1.6.01) Nurse consultation records are kept in the Directors office (WAC 110300-0275-4,5).

## 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) New enrollees are required to have a medically verified immunization record on file before starting care (WAC 246.105)

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)
- 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)

The CIS form is kept **in the child's file**. (WAC 110-300-0210-4) A copy of individual records, including the CIS, must be kept 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 **quarterly for infants, annually for all other children** by the **Director**. When we receive updates, **the parent** will update the CIS form.

If 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 is kept **in the Preschool office**. (WAC 246-105-060-2b)

The Center 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 Center. <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:

- 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 **in the Staff 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: **a break to regain control will be made available. If they are unable to regain control, they will help with cleaning or other support tasks which do not involve the care of children. If there are no support jobs available, they will leave for the day.**

## 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** will only return to work after being released by **the Snohomish Health District**. 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 have documented immunity to a vaccine preventable disease may be excluded from the Center by the local health jurisdiction. (WAC 110-300-0120-3)

All staff members are **encouraged** 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)

Infant room staff members and float staff for infant rooms are **required** to at least have a Tdap booster, be current on their MMR and varicella status, and encouraged to have an annual influenza vaccine.



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 Center's policies and procedures. (WAC 110-300-0450-1)

New staff and volunteer orientation will include, but is not limited to, the 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)

## 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, children, or changing a diaper
- 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), **liquid** 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 Center. (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 **in the restrooms, Infant classroom and the Toddler's classroom**. (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. **Step stools or platforms are provided for children at all hand sinks. 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 **in the designated hand sink (used for handwashing only)**. (WAC 110-300-0198-4a)

Hand sanitizers **are used at this Center by the staff and parents only. Sanitizer stations are located outside of the classrooms and are 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 Center for use by parents and staff only.
- Hand sanitizers may be used by staff when proper handwashing facilities are not readily available or in conjunction with proper handwashing only.

## General Cleaning, Sanitizing, and Laundry

The 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 **in the kitchen and are not accessible by children.** Other cleaning products are stored **in the Janitor's closet and are not accessible by the children.** This location is ventilated to the outside **by mechanical ventilation.** (WAC 110-300-0260-3)

Safety Data Sheets (SDS) are kept for all chemicals **in the Janitor's closet.** (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.

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, highchair 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

## 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. (WAC110-300-0260-1c)
- Wear gloves and eye protection when mixing chemicals that are corrosive. (WaLNI DOH5.15)
- 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.
- An eyewash station that provides 1.5 liters of water per minute for 15minutes and is hands-free is available and located **in the kitchen** per Department of Labor and Industries requirements. (WAC 296-800-11040 and LNI DOH 13.00)
- The use of sponges is not permitted **anywhere** in the Center. (CFOC 5.6.0.4)
- Disposal of wastewater is done in the **floor sink in the Janitor's closet**. (WAC 110-300-0260-2d)

- Chemical tests strips are used daily to ensure that the concentration of bleach is at the correct level.

## 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 **not used at this Center**. (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 4 months or as needed if sooner. Carpet cleaning will be done by a professional carpet cleaner using truck mounted steam extraction.**
- 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 **vacuumed 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 **Unifirsts #10 M-C 10 Sanitizer** 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 **replaced daily**. Separate **mops** 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 infant and young toddler rooms: **each class has a wash and rinse bin, and mouthed toys are put in the wash bin and washed before giving to another child. Only washable toys will be used.** (WAC 110-300-0150-1b)
- Pacifiers are **provided by parents and returned nightly for washing and sanitizing. If a child takes a pacifier that is not their own, it is immediately washed and sanitized. Pacifiers are only used in the Infant classroom.** (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)

- **Cots** will be cleaned and sanitized **weekly**, 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 **in each classroom**. (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 **daily**. Toy shelves are cleaned and sanitized **weekly**. Doorknobs 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 110-300-0236-2d)

## LAUNDRY

Linens and bedding are **washed at the Center in water at least 140F**. (WAC 110-300-0241-4) This Center's minimum schedule for laundry is:

- Linens and bedding are **washed** 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 **weekly**. 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 **on the cots with sleeping surfaces not touching**. (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 **the parents**. **The Center has a few sets of extra clothes available in case a parent forgets**. These clothes are stored **in the child's cubby**. (WAC 110-300-0140-4)

## Diapering

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 **separated from food preparation and eating areas by a solid barrier at least 24" in height** (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.
- 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, lined 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)

Diapers and pull-ups are changed in the **bathroom or diaper changing area** 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 another inaccessible container. (WAC 110-300-0221-4)

Stand-up diapering is done at this Center 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, when used, are not rinsed, are individually bagged, and returned to the parent or guardian daily. (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 in the Center's kitchen. 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:

- Two refrigerator(s) (WAC 110-300-0198-2c)
- Two freezer(s)
- 2-compartment sink and 2 residential dishwashers (WAC 110-300-0198-3d,4c)
- Separate food preparation sink used for no other purpose (WAC 110-300-0198-4a)
- An oven and stove with properly vented hood or exhaust fan (WAC 110-300-0198-1b)
- Microwave

### FOOD SUPPLY

This Center purchases food from Costco. 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 **must 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 **kitchen**. Home-prepared foods, except food for an individual child from their parent/guardian, are not permitted. (WAC 110-300-0196-3)

## 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 **stored away from and below all other foods**. Unpasteurized eggs are **not used in this facility. If eggs are needed, pasteurized egg product is used.** (WAC 110-300-0197-f)

All food items are stored off the floor. (WAC 110-300-0197-4b) Dry food items are stored **in the pantry**. 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 41°F 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 10°F or less. (WAC 110-300-0197-3b)

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

Foods are cooked to the correct internal temperature as follows: (WAC 110-300-0195-1)

- Poultry = 165°F
- Ground beef and ground pork = 155°F
- Beef = 145°F
- Pork = 145°F
- Eggs = 145°F
- Cooked vegetables = 135°F
- Reheated foods = 165°F
- Packaged foods = cooked according to the label instructions.

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

Cold holding food: food requiring refrigeration will be held at a temperature of 41°F 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 will 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) **The Center provides a refrigerator for parents to store lunches in if needed.**

## HANDLING LEFTOVERS

Leftover food is defined as previously prepared food that has not been served and was stored at the proper temperature. **Leftover foods that have been cooked will be properly cooled and reheated. They are served or discarded within 48 hours. Proper temperatures are always maintained.** (WAC 110-300-0197-7)

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 70°F within 2 hours and then to 41°F within 4 additional hours with temperatures being taken and recorded every hour. Once food has cooled to a temperature of 41°F 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 165°F 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)

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.

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 **change diapers or substitute in infant or toddler rooms unless all food preparation is completed for the day**. (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 **in an automatic dishwasher capable of reaching 140 degrees F**. (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)

Unfiltered wading pools are not used at this Center 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** have outdoor gardening space. This space consists of **an in-ground garden**. Soil and water sources meet the requirements of WAC 110-300-0148. (WAC 110-300-0148) Garden space is protected from contamination by animals. (WAC 110-300-0148) Materials used to create garden space will be made of materials that will not leach chemicals into the soil. (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 **Emergency Plan**. The plan has been reviewed and approved by DCYF. This plan is in **the Director's office, in each classroom**, 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 **in the Director's office**. (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 **Director**.

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 **in the modular and pantry** and are checked **every 6 months**. **Battery-operated backup lights** 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)

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

## Transportation Safety

All vehicles will be maintained in good operating condition. (WAC 110-300-0480-3c) A safety check will be done **quarterly** by the driver. All vehicle maintenance is conducted by **a licensed mechanic**.

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 **the parents**. To ensure car seats and booster seats are properly installed, **the parents must provide car seat installation information from the manufacturer**. The child care will ensure that car seats and booster seats are not past their expiration dates. Attendance will be taken each time children enter and exit a vehicle and Children will never be left unattended in a vehicle. (WAC 110-300-0480-2g) and will not be in a vehicle or more than 2 hours in a day (WAC 110-300-0480-1a).

All vehicles will contain a first aid kit (WAC 110-300-0480-2c), **a driver's personal cell phone** 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 the Director or Pastor. This training consists of safety, how to drive a large van, and how to park a large van.

## Pest Control

Public schools and licensed childcare 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 Center takes steps to avoid attracting pests. If pests are found, the Center documents where, what type, and what steps were taken to eliminate the pests. (WAC 110-300-0255-1)

Annually, parents are provided with a copy of our pesticide policy. The policy is located in the Director's office. (See Appendix for full copy)

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

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 can enter them. Parents will be notified 48 hours in advance of the application, unless the pesticide is used to control pests that pose an immediate risk to children's health or safety. (WAC 110-300-0255-1,2)

## Animal Policy

This Center not have pets on-site. Parents/families are discouraged from bringing their own pets on-site.

Animals in this center will be carefully chosen in regard to care, temperament, health risks and appropriates 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)

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

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

- Parents will be notified, in writing, of the presence of a animals that children may have contact with, and any potential health risks associated with that animal upon enrollment. (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. (CFOC3.4.2.1)
- 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 in small groups of 3 or fewer while handling the animal (WAC 110-300-0345-5c-i)
- Children and staff will immediately wash their 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.
- Items associated with the animal, including cages, food, water, etc., will not be placed on food-contact surfaces and will remain the church office. (WAC110-300-0225-4e)
- After an animal leaves the Center, 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 **outside in a non- child area**.
- 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 110-300-0200-4)

## CHILD-PET INTERACTION

Occasionally children may interact with the animal by holding or petting it. To ensure children stay safe during these interactions, the following steps are taken:

- Children will complete curriculum regarding the animal and how to interact gently and appropriately.
- Children will be closely supervised while handling the animal.
- Only trained animals that tolerate handling can interact with the children.
- Immediately stop interaction with animals showing stress or harmful behaviors. (Decide about keeping such animals)
- Children will immediately wash hands after handling or feeding the animal. Handwashing will be closely supervised by staff.

## Drinking Water

This 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 Center 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 Center 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 hand sink or in bathrooms and are cleaned and sanitized daily. (WAC 110-300-0236-2)

## Wastewater Disposal

This Center is connected to public sewer.

The Center 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 drain fields. (WAC 110-300-0250-1d)

## Injury Prevention

The indoor and outdoor Center 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](http://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, areas of inadequate surfacing material such as at the ends of slides and under swings, and other hazards by the lead teacher. (WAC 110-300-0145-1) Surfacing on the playground consists of wood chips. Surfacing material will be raked monthly. (WAC 110-300-0145-1b) 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 Center 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) and a comprehensive inspection for these and other hazards will be conducted **monthly** by the **Director**. This safety inspection is documented on a playground maintenance checklist, which is kept **in a binder in the Director's office**.

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 **monthly** to identify injury trends and implement a plan of correction. (WAC 110-300-0465-4l)

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## Section 3: Nutrition and Physical Activity

## Nutrition

This Center serves breakfast for those who arrive before 7:30 am 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 **2** week cycle menu, with no repeated meal/snack combinations, to ensure variety. The past menus will be kept on-site for **at least 6 months**. 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)
- Have 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)

- **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 aged 2 through 5, milk served will be unflavored 1% milk.**
- **For children aged 6 and older, milk served will be unflavored.**
- **Juice is not served.** (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:

- **Breakfast is from 7:30 AM to 8:00 AM**
- **AM Snack is from 9:00 AM to 9:45 AM**
- **Lunch is from 11:15 AM to 12:15 PM**
- **PM Snack is from 2:30 pm to 3:30 PM**
- **Third Snack is from 5:00 PM to 5:30 PM and is optional for children**

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)

- Lunch is provided by parents, and they are encouraged to follow the CACFP guidelines. The CACFP guidelines are posted on the BrightWheel app.

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

- Fluid milk
- 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 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 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 **covering with a piece of paper labeled "allergies"**. (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 are trained in how to facilitate family-style food service which allows children to practice self-help skills.* (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)

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 child does not have a lunch or the Director will contact the parents through the BrightWheel app. If the parent is unable to bring a lunch the center will provide one. 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](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)

Parents can 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, vegetables, and foods prepackaged in original manufacturer's containers. (WAC 110-300-0190-4c)

## Toothbrushing

Toothbrushing is done once a day. (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 not used, and children brush with water only.

Each child will have his/her own toothbrush that is provided by the parent

- 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

Teachers/ Center 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.

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.
- 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.
- Clean water is poured from a pitcher into a new cup. Each child rinses their toothbrush in the cup and then hands the toothbrush to the teacher
- Staff place toothbrushes back in the toothbrush holder.
- Cups are discarded.
- After all the children have brushed, the table is washed, rinsed, and sanitized.

## 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 will 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)

### 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 **at least 60 minutes** 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 **used for no more 3 times a day for no more than 15 minutes per day per infant**. (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 **each day** 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 **at least 60 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)

## PRESCHOOLERS AND PRE-KINDERGARTEN

Instruction and positive reinforcement are 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 **at least 90 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 **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 **at least 90 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)

## 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.

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 **no more than 1/2 hour of educational media per week**. (WAC 110-300-0155-4,5) Individual children do not use computers in this program. School-age children needing to complete homework are allowed access to screens as necessary. (WAC 110-300-0155-5)

## Section 4: Social, Emotional, and Behavioral Health

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## 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 Director or Program Supervisor, 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 **Symptom report** located **in each classroom**. **When completed the report will be given to the Director and a copy will be placed in the child's file.** (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 **year**. (CFOC 1.4.5.2)

## Behavior Management & Guidance Practices

### GENERAL PRACTICES

The Center's written behavior management and guidance practices are kept **in the Director's office**. (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 Biblical standards. 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, such as in the library center, while still being able to be supervised by staff members. Supervision would be done by their teacher. (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 a DCYF-approved electronic attendance system (BrightWheel app). Attendance records will be kept at the facility for the minimum legal retention period. (WAC 110-300-0455)

## Growth and Development

### GENERAL PRACTICES

Staff will receive training and be provided resources on typical growth and development. This information will include specific information on brain development in young children (such as CDC Developmental Milestones Vroom, American Academy of Pediatrics, and others.)

## Section 5: Special Health Needs

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## 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 fully given the opportunity to participate in the program. 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)

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## Health Policy Review

### SIGNATURES

This program's health policies have been reviewed as complete. The signing of the document does not imply observation of procedures in practice, nor the quality of the program. I have reviewed these health policies and they appear to meet minimum licensing requirements developed by the Washington State Department of Early Learning for Preschool facilities certified by them.

Reviewed by:

\_\_\_\_\_  
Connie Kellaher, Director

Date: \_\_\_\_\_

\_\_\_\_\_  
Pastor Jonathan Engstrom, Head of Preschool Board

Date: \_\_\_\_\_

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## Section 6: Pesticide Policy

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## Pesticide Policy

### EMERGENCY NUMBERS

- Poison Control 1-800-732-6985 or 206-526-2121
- National Pesticide Telecommunications Network (NPTN) 1-800-858-7378
- For staff emergency phone numbers see Emergency Policy Manual located in each classroom *Emergency Kit*.

### BACKGROUND INFORMATION

Increasing concern about the impact of pesticides on children's health has led to a law dealing with pesticide use in schools and licensed Preschool Centers. As of July 1, 2002, public schools and licensed Preschool Centers must provide annual notification of their pest control policies and methods, establish a system to notify families of children and employees 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 residues.

### DEFINITION OF A PESTICIDE

A pesticide is a substance or mixture of substances intended for preventing, destroying, repelling or mitigating any pest.

### THE TERM PESTICIDE APPLIES TO

- Pesticides (note: Some fertilizers may contain pesticides)
- Insecticides (i.e. Ant or roach killer, flea and lice control products)
- Herbicides (i.e. weed killers)
- Fungicides (i.e. Sanitizers, cleaners, mold and mildew cleaners, some pool chemicals for algae, including bleach (note: when bleach is used for general sanitizing [1/4 cup bleach: 1 gallon water] it is NOT considered a pesticide).
- Miticides (i.e. mite control products; termite, dust, spider)

\*Labels should be read carefully. The label will contain an EPA registration number.

### INTENT OF POLICY

This policy is designed to protect the health of children, meet RCW 17.21.415 and the Compliance Guide for the Use of Pesticides published by the Washington State Department of Agriculture. Full text of the law can be found at [www.agr.wa.gov/PestFert/Pesticides/docs/ComplGuidePub075.pdf](http://www.agr.wa.gov/PestFert/Pesticides/docs/ComplGuidePub075.pdf).

### INTENT

We are dedicated to using the least amount of chemical control of pests in our program to provide the healthiest environment possible for our children. To control pests, we attempt to PREVENT infestation by:

- The trash is taken out daily or more as needed.
- Trash cans are cleaned regularly.
- Outdoor trash cans or dumpsters are kept covered and away from the building.
- Grounds are kept clear of food and rubbish.
- Food is stored in sealed plastic or metal containers.
- All dishes, utensils, and surfaces used for eating or food preparation are cleaned and sanitized at the end of the day.
- Pest entry into facility is prevented by sealing cracks and holes, using and repairing window screens and door sweeps.
- Moisture is controlled by maintaining plumbing and water drainage systems.
- Weed management is done mechanically.
- Vegetation is native and non-toxic. Plant beds are mulched.
- We have an Integrated Pest Management (IPM).

#### **INTEGRATED PEST MANAGEMENT (IPM) (DEFINITION)**

**IPM** is a pest management strategy that focuses on long term prevention or suppression of pest problems including the following six components: **(Must also be in compliance with RCW 17.21.415)**

- Education of staff
- Monitoring pests
- Pest prevention (non-chemical)
- Least hazardous approach to pest control
- Notification of pesticide use
- Record keeping

We use the Washington State Department of Agriculture Compliance Guide for the Use of Pesticides at Public Schools (K-12) and Licensed Day Care Centers. This manual can be found at [www.wa.gov/agr/pmd](http://www.wa.gov/agr/pmd) as well as in the Director's office.

### **Policies and Records**

If it is necessary to apply pesticides, the following policies and procedures will be followed. We do NOT regularly apply any pesticides to our facility/building.

If we need to apply any pesticide to our landscape/property, we will employ a licensed pest control company to apply any pesticides they deem necessary. When a pesticide is deemed necessary, we will only apply it over a three-day weekend when the children are not present.



## NOTIFICATION OF PESTICIDE POLICY

We shall provide written notification annually and upon enrollment to families of children and to employees describing the program's pest control policies and methods, including posting

and notification requirements. Our policy will be made available to all families and staff for review annually. A copy will be posted in the Director's office, is available by request from the director, and is posted on our website at [www.ctrf.com](http://www.ctrf.com).

## RECORD KEEPING AND ANNUAL SUMMARY & NOTIFICATION

We shall make the records of all pesticide applications including an annual summary of the records readily accessible to interested persons by contacting the Director. As required by law, the annual summary will include the product names of all pesticides, active ingredients, quantities of each pesticide, and amount of tank mix applied. The annual summary for the previous year will be made available for review and attached to the pesticide policy.

## Building & Facility Application

We will notify families and staff at least **forty-eight (48) hours** before a building/structural pesticide application. The notification system shall include posting of the notification in a prominent place in the Director's office, the entry way, and on the door to each classroom.

\*Application to the Center must be made within **48 hours** following the intended date and time stated or the pre-notification process must be repeated.

The pre-notification requirements do NOT apply if the indoor application is made when the Center is NOT occupied by children or staff for at least **two (2)** consecutive days after the application (i.e. Friday evening).

\*The pre-notification requirements do not apply to any **emergency** application for control of any pest that poses an immediate human health or safety threat, such as an application to control stinging insects. When an **emergency** Center application is made notification will be made at the time of application and the Center will be evacuated and closed to protect children and staff.

Pre-notification and notification signs for facility/structure applications of pesticides (including school van) shall be a minimum of **eight and one-half by eleven inches (8.5" x 11")**, shall state the following, and shall include the heading: *Notice: Pesticide Application*

- The product name and the pesticide to be applied
- The intended date and time of application
- The location to which the pesticide is to be applied
- The pest to be controlled
- The name and phone number of a contact person at the Center
- Notification signs shall be printed in colors contrasting to the background (See Appendix B for an actual sign size example)
- Time of Application Notification (Facility/Structure)

Pre-notification signs must be updated if application differs from intended application with regard to product used, date or time applied, location pesticide applied, pest controlled, name or phone number of contact person.

Notification signs shall remain in place for at **least twenty-four (24) hours** from the time the application is completed. In the event the pesticide label requires a restricted entry interval (REI) greater than **twenty-four (24) hours**, the notification sign shall remain in place consistent with the restricted entry interval (REI) time as required by the label.

## Landscape & Grounds Application

A landscape (school grounds) application is any pesticide application to exterior landscape plants, lawn, or insect nest located around the Preschool property (including weed killers).

At the time of application, notification signs will be posted for all pesticide applications made to Preschool grounds unless the application is otherwise required to be posted by a certified applicator under the provisions of RCW 17.21. 410(1)(d).

Notification signs for applications made to Preschool grounds by Preschool employees shall be placed at the location of the application and at each entry point to the area being treated.

Several signs will be posted when large areas are treated.

The signs shall be a minimum of **four inches by five inches (4" x 5")**, placed at least twelve inches from the ground, and shall include the words:

**"This landscape has been recently sprayed or treated with pesticides by your Preschool Center."**

Signs shall remain in place for a minimum of 24 hours or longer if restricted entry interval time on label requires.

### LIABILITY

We are not liable for the removal of signs by unauthorized persons. We may not be held liable for personal damage or bodily injury resulting from signs that are placed as required.

Center employees do not need to be licensed to apply pesticides unless they are using state or federally restricted use pesticides or using motorized, mechanical, or pressurized power equipment (does not include pressurized backpacks or hand-held spray cans).

## Storage of Pesticides

We do store pesticides on our grounds. We follow the WSDA rules for storage of pesticides, which are:

- Pesticides with signal words **"Danger"**, **"Warning"** or **"Caution"** will be stored in secured storage out of the reach of children in an acceptable enclosure (see below).
- We will not store pesticides above food stuffs due to the possibility of leakage.
- Children will not touch or transport any pesticide or pesticide container.

- Pesticides with signal words "**Danger/Poison**" will be stored in the garage. All containers are labeled and placed on a shelf at least six feet high. The garage is kept locked and is inaccessible to children and unauthorized personal.

We will post warning signs for storage areas containing pesticides with the signal words "Danger/Poison" and will say **(the skull and crossbones symbol) "Danger" Poison Storage Area Keep Out** in letters large enough to be legible from **thirty (30) feet**. For required placement of warning signs please see the map on page 49.

### DISPOSAL

There are strict rules for disposing of leftover pesticide product and its container. Pesticides and their containers may NOT be thrown away in regular garbage nor disposed of into our water supply (ground or sewer). We will follow the recommendations of the below agencies.

We will contact the Washington Pest Consultants Association (WaPCA) for proper disposal recommendations of empty pesticide containers. <http://pep.wsu.edu/waste/wapca.html>

Otherwise, we will contact our local solid waste program, call 1-800-cleanup (1- 800-253-2687) or visit the Earth 911 website [www.earth911.org](http://www.earth911.org) for recommendations for disposal of leftover product.

\*Unopened containers of legal products may be transferred to another legal user or may be listed on the Industrial Materials Exchange (IMEX) (206) 269-489. [www.metrokc.gov/hazwaste/imex/](http://www.metrokc.gov/hazwaste/imex/)

\*Unusable pesticide product will be disposed of in a manner recommended by WSDA. WSDA: [www.wa.gov/agr/pmd/pesticides/collection.htm](http://www.wa.gov/agr/pmd/pesticides/collection.htm) - (306) 902-2056

Waste Pesticide Program  
PO Box 42589  
Olympia, WA 98054-2589

## Pesticide Policy Review

### SIGNATURES

This program's pesticide policies have been reviewed as complete. I have reviewed these health policies and they appear to meet minimum licensing requirements developed by the Washington State Department of Early Learning for Preschool facilities certified by them.

Reviewed by:

\_\_\_\_\_  
Connie Kellaher, Director

Date: \_\_\_\_\_

\_\_\_\_\_  
Pastor Judy Engstrom, Preschool Board

Date: \_\_\_\_\_

\_\_\_\_\_  
Pastor Jonathan Engstrom, Head of Preschool Board

Date: \_\_\_\_\_

## Forms for Pesticide Policy

### Example of Preschool Grounds Poster

This landscape has been recently  
sprayed or treated with pesticides  
by your Preschool facility.

For more information call  
  
425-745-4575.

### *Notice: Pesticide Application*

**Product Name:**

**Raid Ant and Roach Killer**

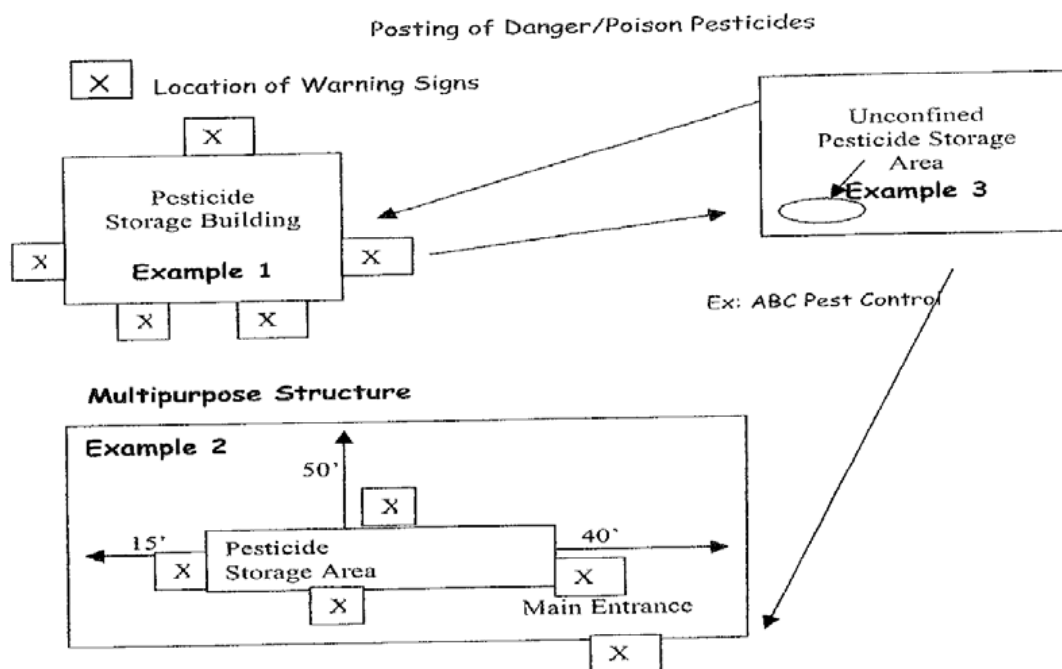
**Date and Time of Application: April 1, 2003 at  
6:00 pm**

**Location to which the Pesticide was applied:  
Under the sink in the kitchen.**

**Pest to be controlled: Cockroaches**

**Contact Person: Leaha Carson Contact**

## Pesticide Storage Sign Placement Map



### PLACEMENT OF WARNING SIGNS EXIT AND ENTRANCE

If the storage unit is contained within a larger multipurpose structure, it again must have the signs as indicated plus there must be a sign at the main entrance to the building and on each exterior wall of the multipurpose structure that is within 30 feet of the pesticide storage unit. A multipurpose structure which houses an unconfined pesticide storage area must be posted as in example one.

\*Note: Posting of the main entrance is not required if a sign is visible from the entrance, which clearly identifies the possibility that pesticides may be stored on the premises. (i.e. ABC Pest Control)

## Pesticide Application Record

Note: This application must be completed same day as the application and must be retained for 7 years.  
(Ref. 17.21)

1. Date of application – Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

2. Name of person for whom the pesticide was applied: \_\_\_\_\_

3. Street address: \_\_\_\_\_

4. Name of person(s) who applied the pesticide: \_\_\_\_\_

5. License Number(s) if applicable: \_\_\_\_\_

6. Licensed Applicator's Name: \_\_\_\_\_

7. Address: \_\_\_\_\_

8. Application site or crop: \_\_\_\_\_

9. Total Area Treated (acre, square feet, etc.): \_\_\_\_\_

Pesticide Information (please list all information for each pesticide used/or in the tank mix):

\*concentration level must be according to label

Product Name	EPA Reg. #	Total Amt.	Pesticide/Acre	Concentration

Address or exact location of application. Note: if the application is made to one acre or more of agriculture land, the field location must be shown on the map

10. Wind direction and estimated velocity during the application: \_\_\_\_\_

\*A wind meter must be used to assess wind direction and velocity.

12. Temperature during the application: \_\_\_\_\_

13. Apparatus license plate number (if applicable): \_\_\_\_\_

14. Air \_\_\_\_\_ Ground \_\_\_\_\_ Chemigation \_\_\_\_\_

Miscellaneous Information: \_\_\_\_\_





## Pesticide Policy Letter

June 6, 2022 Dear Parents and Guardians,

Increasing concern about the impact of pesticides on children's health has led to a law dealing with pesticide use in schools and

licensed Child Care centers. As of July 1, 2002, public schools and licensed child care centers must provide annual notification of their pest control policies and methods (Chapter 17.21 RCW, The Pesticide Application Act). Please read the statement below and electronically sign and email back it back to us. You can also view a full copy at <https://ctr-preschool.com/forms>

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 residues.

We are 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. In order to control pests we attempt to PREVENT infestation by:

- Taking out trash daily or more as needed.
  - Cleaning trash cans regularly,
  - Trash cans or dumpsters are kept covered and away from the building.
  - Keeping grounds clear of food and rubbish.
  - Storing food in sealed plastic or metal containers.
  - Cleaning and sanitizing all dishes, utensils, and surfaces used for eating or food preparation after meals and at the end of the day.
  - Preventing pest entry into facility by sealing cracks and holes, using and repairing window screens and door sweeps.
  - Moisture control by maintaining plumbing and water drainage systems.
  - Mechanically manage weeds.
  - Plant native vegetation that is non-toxic.
  - Mulch plant beds.
- AND**
- Integrated Pest Management (IPM)

Currently, we do **not** use pesticides or herbicides on our property. However, we do have a *Pesticide Policy* that states our plan for the use of pesticides and herbicides. This plan states that we will give all staff and child care families at least 48 hours' notice before using any pesticides or herbicides. It also states that we will only use them over the weekend, when the children are not at the center for at least 48 hours after application.

The pre-notification requirements do not apply to any **emergency** application for control of any pest that poses an immediate human health or safety threat, such as an application to control stinging insects.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature



## Pesticide Resources

Washington State Department of Agriculture (WSDA) Pesticide Management Division 1-877-301-4555 - [www.agr.wa.gov/PestFert/Pesticides/Schools.htm](http://www.agr.wa.gov/PestFert/Pesticides/Schools.htm)

Washington State Legislature RCW 17.21.415

[www.leg.wa.gov/RCW/index.cfm?fuseaction=section&section=17.21.415](http://www.leg.wa.gov/RCW/index.cfm?fuseaction=section&section=17.21.415)

Washington State DSHS - Division of Preschool and Early Learning (DCCEL) Contact according to Region [www.dshs.wa.gov/esa/dccel](http://www.dshs.wa.gov/esa/dccel)

Washington Administrative Code: Preschool Center (WAC's) <http://www1dshs.wa.gov/esa/dccel/pdf/038ctrwacwtoc.pdf>

Washington State Department of Health (DOH) Pesticide Surveillance Program 1-888-586-9427 - [www.doh.wa.gov/ehp/ts/PEST.htm](http://www.doh.wa.gov/ehp/ts/PEST.htm)

Integrated Pest Management (IPM) Resources

California Healthy Schools Campaign - [www.calpirg.org/org/enviro/healthyschools/index.htm](http://www.calpirg.org/org/enviro/healthyschools/index.htm)  
Environmental Protection Agency (EPA) - [www.epa.gov/pesticides/ipm/#bkmrk1](http://www.epa.gov/pesticides/ipm/#bkmrk1)

Safer Pest Control Project (SPCP) - [www.spcpweb.org/Preschoolipm.html](http://www.spcpweb.org/Preschoolipm.html)

Urban Pesticide Strategy Team (UPEST) –

[www.ecy.wa.gov/programs/wg/pesticides/upset/index.html](http://www.ecy.wa.gov/programs/wg/pesticides/upset/index.html)

Wind Meters (search "Wind Meter" on any search engine) Weather Meter.Com: [www.weathermeter.com](http://www.weathermeter.com)

Children's Health and Pesticides Beyond Pesticides <http://www.beyondpesticides.org/main.html>

Children's Environmental Health Network - [www.wehn.org](http://www.wehn.org)

National Children's Study - <http://nationalchildrensstudy.gov/>

Pediatric Environmental Health Specialty Unit (PEHSU) - <http://depts.washington.edu/pehsu>

The Precautionary Principle - <http://www.biotech-info.net/precautionary.html>

UW Center for Child Environmental Health Risks Research <http://www.depts.washington.edu/chc/>

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## Section 7: Blood borne Pathogen Exposure Policy

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## Exposure Control Plan

Precious Child Care & Preschool is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
  - Implementation of various methods of exposure control, including:
    - Universal precautions
    - Work practice controls
    - Personal protective equipment
  - Hepatitis B vaccination
  - Post-exposure evaluation and follow-up
  - Communication of hazards to employees and training
  - Recordkeeping
  - Procedures for evaluating circumstances surrounding exposure incidents
- Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

### PROGRAM ADMINISTRATION

The Preschool Director is responsible for implementation of the ECP. The Preschool Board and the Director will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

The Preschool Director will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Director will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

- The Director will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- Business Administrator will be responsible for the initial training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. The Director will be responsible for all yearly trainings.

### EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees have occupational exposure: All Preschool staff, Church office staff, janitorial staff, and volunteers.

## Methods of Implementation and Control

### **UNIVERSAL PRECAUTIONS**

All employees will utilize universal precautions.

### **EXPOSURE CONTROL PLAN**

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting the Preschool Director or Business Administrator. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Preschool Director and Board are responsible for reviewing and updating the ECP annually or more frequently, if necessary, to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

This facility identifies the need for changes in engineering controls and work practices through Review of OSHA records and when required by DCYF or Labor and Industries. We evaluate new procedures and new products regularly by consulting with the Center's Nurse Consultant, OSHA, or DCYF.

### **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by (Name of responsible person or department). The types of PPE available to employees are as follows:

- Nitrile exam gloves
- Disposable gown when necessary
- Glass when necessary
- Mask when necessary

PPE is located In the Preschool and Church offices and in the Bug's World classroom cupboard and may be obtained through the Director. All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in the garbage can
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface. The procedure for handling used PPE is as follows: (may refer to specific procedure by title or number and last date of review; include how and where to decontaminate face shields, eye protection, resuscitation equipment)

## **LAUNDRY**

The following contaminated articles will be laundered by this company:

- Dish clothes
- Towels
- Sheets

Laundering will be performed by the lead teachers. The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Wear the Nitrile Exam gloves when handling and/or sorting contaminated laundry

## **Hepatitis B Vaccination**

The Business Administrator will provide training to employees upon hiring and the Director will conduct annual trainings on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series;
- Antibody testing reveals that the employee is immune; or
- Medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at (List location). Vaccination will be provided by the employee's physician of choice.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should an exposure incident occur, contact Director immediately at the following number (425) 745-4575. An immediately available confidential medical evaluation and follow-up will be conducted by the Emergency Room at Swedish Edmonds. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).

- Obtain consent and make arrangements to have the source individually tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

### **POST-EXPOSURE EVALUATION AND FOLLOW UP**

The Business Administrator and Director ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard. The Business Administrator and Director ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status
- The Business Administrator and Director provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

### **EVALUATING AN EXPOSURE INCIDENT**

The Business Administrator and Director will review the circumstances of all exposure incidents to determine:

- |  |                             |
|--|-----------------------------|
| • Work practices followed                        | • Location of the incident  |
| • A description of the device being used         | • Procedure being performed |
| • Protective equipment or clothing that was used |                             |

If revisions to this ECP are necessary Preschool Board and the Director will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

### **EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by The Business Administrator and Director. All employees who have occupational



exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA bloodborne pathogen standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An opportunity for interactive questions and answers with the person conducting the training session. Training materials for this facility are available in the Preschool office.

## **RECORDKEEPING**

**Training Records** Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at Christ the Rock Fellowship. The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions.
- Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days.

## **MEDICAL RECORDS**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." The Business Administrator and Director are responsible for maintenance of the required medical records. These confidential records are kept in the Business Administrator's office for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to Jon Engstrom at [jre@ctrf.com](mailto:jre@ctrf.com).

## **OSHA RECORDKEEPING**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by The Business Administrator and Director.

The Injury Log In addition to the 1904 Recordkeeping Requirements. All incidences must include at least:

- Date of the injury
- Type and brand of the device involved (syringe, suture needle)
- Department or work area where the incident occurred
- Explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

## Exposure Policy Review

### SIGNATURES

This program's Exposure policies have been reviewed as complete. I have reviewed these Exposure policies and they appear to meet minimum licensing requirements developed by the Washington State Department of Early Learning for Preschool facilities certified by them.

Reviewed by:

\_\_\_\_\_  
Connie Kellaher, Director

Date: \_\_\_\_\_

\_\_\_\_\_  
Pastor Judy Engstrom, Preschool Board

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_



## Exposure Policy Forms

### HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

☐ I decline hepatitis B vaccination at this time.

OR

☐ I accept the Hepatitis B Vaccination.

☐ I understand I need to bring in a receipt with the name of the Vaccine.

☐ I understand I will only be reimbursed for the cost of the vaccination not paid by my personal insurance.

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## OHSA Exposure Reporting Form

**Note: Please complete this form entirely and accurately. If you have any questions please contact the Safety and Loss Prevention Unit of Risk Management at 215-683-1704.**

Personal Details	
Last Name:	First Name:
Payroll/Badge ID#:	Phone (w):
Department:	Unit/Division:
Job Title:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Incident Details	
Date incident occurred:	Time of incident:
	am/pm
Date incident reported:	To whom was the incident first reported:
Describe location of incident as follows: building name, room number, street address or fieldwork site	
Names and contact details of any witnesses:	
Describe how the incident occurred and any contributing factors:	
Were controls in place to reduce Hazardous Material exposure? (ex. ventilation, procedures, PPE, etc.)	
What was the extent of the contaminated area?	
Attach additional sheets for more information if needed; include sketches and photographs.	

<b>Exposure details</b>					
<b>A. Exposure Route</b>					
<input type="checkbox"/> Ingestion	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Injection	<input type="checkbox"/> Contact/Absorption		
<b>B. Part(s) of body exposed (Circle Left (L) and/or Right (R) )</b>					
<input type="checkbox"/> arm L/R	<input type="checkbox"/> back torso	<input type="checkbox"/> front torso	<input type="checkbox"/> eye L/R	<input type="checkbox"/> face	<input type="checkbox"/> foot L/R
<input type="checkbox"/> respiratory system	<input type="checkbox"/> head	<input type="checkbox"/> leg L/R	<input type="checkbox"/> mouth	<input type="checkbox"/> neck	<input type="checkbox"/> hand L/R
<input type="checkbox"/> Other: _____					
<b>C. Was Medical Treatment required?</b>					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If Yes) By whom and what type _____			
<b>D. Has a <u>COPA II</u> (employee injury report) been completed?</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>E. Hazardous material(s) possibly exposed to (list material):</b>					
<b>F. Have you ever had any previous exposure to the above-mentioned material(s) at another employer?</b>					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If Yes) Name the employer and the job _____			
<b>G. Have you ever had an exposure related medical exam for the above-mentioned materials?</b>					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If Yes) When was the most recent? _____			
<b>H. Personal Protective Equipment used (Check all that apply)</b>					
<b>Glove type:</b>	<input type="checkbox"/> latex	<input type="checkbox"/> Neoprene	<input type="checkbox"/> Nitrile	<input type="checkbox"/> Other: _____	
<b>Protective Clothing:</b> <input type="checkbox"/> Coverall and/or chemical suit (What Type?) _____					
<input type="checkbox"/> Footwear (What Type?) _____ <input type="checkbox"/> Eye/face/head protection (What Type?) _____					
<input type="checkbox"/> Other _____					
<b>Respirator type:</b>	<input type="checkbox"/> Disposable Resp.	<input type="checkbox"/> Half Face	<input type="checkbox"/> Full Face	<input type="checkbox"/> SCBA	<input type="checkbox"/> PAPR
<b>Respirator filter efficiency or cartridge type:</b>					

<b>Completed by:</b> Name: _____	Signature: _____	Date: _____
<b>Reviewed by Supervisor</b>		
Name: _____	Signature: _____	Date: _____

<b>Review by Department Safety Officer</b>		
Name: _____	Signature: _____	Date: _____
<b>Comments:</b>		

<b>Review by Safety and Loss Prevention Unit of Risk Management.</b> (This section is to be completed by the Safety and Loss Prevention Unit of Risk Management)	
<b>Findings:</b>	
<b>Exposure Assessment:</b>	
<b>Recommendations:</b>	



## Personal Protective Equipment Training

Employee's Name: \_\_\_\_\_

Job Title/Work area: \_\_\_\_\_

Employer: Christ the Rock Fellowship /DBS Precious Child Care & Preschool .

Trainer's Name (person completing this form): \_\_\_\_\_

Date of Training: \_\_\_\_\_

Types of PPE employee is being trained to use:

- |   |   |
|---|---|
| 1. Location of PPE                        | 6. What PPE is necessary  |
| 2. Proper use, care, and cleaning of PPE. | 7. How to properly don, doff, adjust, and wear PPE                    |
| 3. Eye Wash Station                       | 8. The limitations of the PPE   |
| 4. Shower Station                         | 9. The proper care, maintenance, useful life, and disposal of the PPE |
| 5. When PPE is necessary to be worn       |   |

The following information and training on the personal protective equipment (PPE) listed above were covered in the training session:

\_\_\_\_\_ The limitations of personal protective equipment: PPE alone cannot protect the employee from on-the-job hazards.

\_\_\_\_\_ What work place hazards the employee faces, the types of personal protective equipment that the employee must use to be protected from these hazards, and how the PPE will protect the employee while doing his/her tasks.

\_\_\_\_\_ When the employee must wear or use the personal protective equipment.

\_\_\_\_\_ How to use the personal protective equipment properly on-the-job, including putting it on, taking it off, and wearing and adjusting it (if applicable) for a comfortable and effective fit.

\_\_\_\_\_ How to properly care for and maintain the personal protective equipment: look for signs of wear, clean and disinfect, and dispose of PPE.

***Note to employee:*** This form will be made a part of your personal file. Please read and understand its contents before signing.

(Employee) I understand the training I have received, and I can use PPE properly.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

(Trainer must check off)

\_\_\_\_\_ Employee has shown an understanding of the training.

\_\_\_\_\_ Employee has shown the ability to use the PPE properly.

\_\_\_\_\_  
Trainer's signature

\_\_\_\_\_  
Date

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## Section 8: Hazard Communication Standard

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## Hazard Communication Program

1Company Policy To ensure that information about the dangers of all hazardous chemicals used by Precious Child Care & Preschool is known by all affected employees, the following hazardous information program has been established. Under this program, you will be informed of the contents of the OSHA Hazard Communications standard, the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals. This program applies to all work operations in our company where you may be exposed to hazardous chemicals under normal working conditions or during an emergency. All work units of this company will participate in the Hazard Communication Program. Copies of the Hazard Communication Program are available in the Preschool Office for review by any interested employee. Business Administrator and Director is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

### Material Safety Data Sheets (MSDSs)

The Business Administrator is responsible for establishing and monitoring the company MSDS program. He/she will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is communicated to affected employees. The procedure below will be followed when an MSDS is not received at the time of initial shipment:

- Copies of MSDSs for all hazardous chemicals to which employees are exposed or are potentially exposed will be kept in the binder located in the Janitors closet.
- MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, contact the Business Administrator.

### Employee Training and Information

(Name of responsible person and/or position) is responsible for the Hazard Communication Program and will ensure that all program elements are carried out. Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and this plan before starting work. Each new employee will attend a health and safety orientation that includes the following information and training:

- An overview of the OSHA hazard communication standard
- The hazardous chemicals present at his/her work area
- The physical and health risks of the hazardous chemicals
- Symptoms of overexposure
- How to determine the presence or release of hazardous chemicals in the work area
- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices and personal protective equipment
- Steps the company has taken to reduce or prevent exposure to hazardous chemicals
- Procedures to follow if employees are overexposed to hazardous chemicals
- How to read labels and MSDSs to obtain hazard information

- Location of the MSDS file and written Hazard Communication program Prior to introducing a new chemical hazard into any section of this company, each employee in that section will be given information and training as outlined above for the new chemical hazard. The training format will be in written and verbal form.

## OSHA Assistance

OSHA can provide extensive help through a variety of programs, including technical assistance about effective safety and health programs, state plans, workplace consultations, voluntary protection programs, strategic partnerships, and training and education, and more. An overall commitment to workplace safety and health can add value to your business, to your workplace, and to your life.

**Safety and health management system guidelines** Effective management of worker safety and health protection is a decisive factor in reducing the extent and severity of work-related injuries and illnesses and their related costs. In fact, an effective safety and health program forms the basis of good worker protection and can save time and money (about \$4 for every dollar spent) and increase productivity and reduce worker injuries, illnesses, and related worker compensation costs.

To assist employers and employees in developing effective safety and health programs, OSHA published recommended Safety and Health Program Management Guidelines (Federal Register 54 (16): 3904-3916, January 26, 1989). These voluntary guidelines can be applied to all places of employment covered by OSHA. The guidelines identify four general elements critical to the development of a successful safety and health management system:

- Management leadership and employee involvement.
- Workplace analysis.
- Hazard prevention and control.
- Safety and health training.
- The guidelines recommend specific actions, under each of these general elements, to achieve an effective safety and health program.
- The Federal Register notice is available online at [www.osha.gov](http://www.osha.gov).

## STATE PROGRAMS

There are 26 state plans and jurisdictions that operate their own occupational safety and health programs under plans approved by OSHA (23 cover both the private sector and state and local government employees, and three cover public employees only). These “state plan states” have standards which are identical to or at least as effective as federal OSHA standards, including the bloodborne pathogens and hazard communications standards. State plan states are required to extend their coverage to state and local government workers, including health care workers. Additional information about state plans, and a list of those programs including contact information are available on OSHA’s website.

## **OSHA CONSULTATION SERVICES**

Consultation assistance is available on request to employers who want help in establishing and maintaining a safe and healthful workplace. Largely funded by OSHA, the service is provided at no cost to the employer. Primarily developed for smaller employers with more hazardous operations, the consultation service is delivered by state governments employing professional safety and health consultants. Comprehensive assistance includes an appraisal of all-mechanical systems, work practices, and occupational safety and health hazards of the workplace and all aspects of the employer's present job safety and health program. In addition, the service offers assistance to employers in developing and implementing an effective safety and health program. No penalties are proposed or citations issued for hazards identified by the consultant.

OSHA provides consultation assistance to the employer with the assurance that his or her name and firm and any information about the workplace will not be routinely reported to OSHA enforcement staff. Under the consultation program, certain exemplary employers may request participation in OSHA's Safety and Health Achievement Recognition Program (SHARP). Eligibility for participation in SHARP includes receiving a comprehensive consultation visit, demonstrating exemplary achievements in workplace safety and health by abating all identified hazards, and developing an excellent safety and health program. Employers accepted into SHARP may receive an exemption from programmed inspections (not complaint or accident investigation inspections) for a period of one year. For more information concerning consultation assistance, see the list of consultation projects listed at the end of this publication.

## **THE OSHA VOLUNTARY PROTECTION PROGRAM (VPP)**

Voluntary Protection Programs and onsite consultation services, when coupled with an effective enforcement program, expand worker protection to help meet the goals of the OSH Act. The three VPP program levels include Star, Merit, and Demonstration and are designed to recognize outstanding achievements by companies that have successfully incorporated comprehensive safety and health programs into their total management system. The VPP motivate others to achieve excellent safety and health results in the same outstanding way as they establish a cooperative relationship between employers, employees, and OSHA. For additional information on VPP and how to apply, contact the OSHA regional offices listed at the end of this publication.

## **STRATEGIC PARTNERSHIP PROGRAMS**

OSHA's Strategic Partnership Program, the newest member of OSHA's cooperative programs, helps encourage, assist, and recognize the efforts of partners to eliminate serious workplace hazards and achieve a high level of worker safety and health. Whereas OSHA's Consultation Program and VPP entail one-on-one relationships between OSHA and individual work sites, most strategic partnerships seek a broader impact by building cooperative relationships with groups of employers and employees. These partnerships are voluntary, cooperative relationships between OSHA, employers, employee representatives, and others (e.g., trade unions, trade and professional associations, universities, and other government agencies). For more information on this and other cooperative programs, contact your nearest OSHA office, or visit [www.osha.gov](http://www.osha.gov).

## **THE OSHA ALLIANCE PROGRAM**

Alliances enable organizations committed to workplace safety and health to collaborate with OSHA to prevent injuries and illnesses in the workplace. OSHA and its allies work together to reach out to, educate, and lead the nation's employers and their employees in improving and advancing workplace safety and health. Alliances are open to all, including trade or professional organizations, businesses, labor organizations, educational institutions, and government agencies. In some cases, organizations may be building on existing relationships with OSHA through other cooperative programs. There are few formal program requirements for alliances, which are less structured than other cooperative agreements, and the agreements do not include an enforcement component. However, OSHA and the participating organizations must define, implement, and meet a set of short- and long-term goals that fall into three categories: training and education; outreach and communication; and promotion of the national dialogue on workplace safety and health.

## **OSHA TRAINING AND EDUCATION**

OSHA area offices offer a variety of information services, such as compliance assistance, technical advice, publications, audiovisual aids and speakers for special engagements. OSHA's Training Institute in Des Plaines, IL, provides basic and advanced courses in safety and health for federal and state compliance officers, state consultants, federal agency personnel, and private sector employers, employees, and their representatives. The OSHA Training Institute also has established OSHA Training Institute Education Centers to address the increased demand for its courses from the private sector and from other federal agencies. These centers are nonprofit colleges, universities, and other organizations that have been selected after a competition for participation in the program.

OSHA also provides funds to nonprofit organizations, through grants, to conduct workplace training and education in subjects where OSHA believes there is a lack of workplace training. Grants are awarded annually. Grant recipients are expected to contribute 20 percent of the total grant cost. For more information on grants, training, and education, contact the OSHA Training Institute, Office of Training and Education, 1555 Times Drive, Des Plaines, IL 60018, (847) 297-4810. For further information on any OSHA program, contact your nearest OSHA area or regional office listed at the end of this publication.

Information available electronically OSHA has a variety of materials and tools available on its website at [www.osha.gov](http://www.osha.gov). These include e-Tools such as Expert Advisors, Electronic Compliance Assistance Tools (e-cats), Technical Links; regulations, directives, publications; videos, and other information for employers and employees. OSHA's software programs and compliance assistance tools walk you through challenging safety and health issues and common problems to find the best solutions for your workplace. OSHA publications OSHA has an extensive publications program. For a listing of free or sales items, visit OSHA's website at [www.osha.gov](http://www.osha.gov) or contact the OSHA Publications Office, U.S. Department of Labor, 200 Constitution Avenue NW, N-3101, Washington, DC 20210. Telephone (202) 693-1888 or fax to (202) 693-2498.



## CONTACTING OSHA

To report an emergency, file a complaint, or seek OSHA advice, assistance, or products, call (800) 321-OSHA or contact your nearest OSHA regional or area office listed at the end of this publication. The teletypewriter (TTY) number is (877) 889-5627. You can also file a complaint online and obtain more information on OSHA federal and state programs by visiting OSHA's website at [www.osha.gov](http://www.osha.gov).

For more information on grants, training, and education, contact the OSHA Training Institute, Office of Training and Education, 1555 Times Drive, Des Plaines, IL 60018, (847) 297-4810, or see Outreach on OSHA's website at [www.osha.gov](http://www.osha.gov).

\*These states and territories operate their own OSHA-approved job safety and health programs (Connecticut, New Jersey, and New York plans cover public employees only). States with approved programs must have a standard that is identical to, or at least as effective as, the federal standard.

Note: To get contact information for OSHA Area Offices, OSHA-approved state plans, and OSHA Consultation Projects, please visit us online at [www.osha.gov](http://www.osha.gov) or call us at (800) 321-OSHA.

OSHA Regional Office  
Region X (AK,\* ID, OR,\* WA\*)  
1111 Third Avenue, Suite 715  
Seattle, WA 98101-3212  
(206) 553-5930

## Hazard Communication Review

### SIGNATURES

This program's Hazard Communication policies have been reviewed as complete. I have reviewed these policies and they appear to meet minimum licensing requirements developed by the Washington State Department of Early Learning for Preschool facilities certified by them.

Reviewed by:

\_\_\_\_\_  
Connie Kellaher, Director

Date: \_\_\_\_\_

\_\_\_\_\_  
Pastor Judy Engstrom, Preschool Board

Date: \_\_\_\_\_

\_\_\_\_\_  
Pastor Jonathan Engstrom, Head of Preschool Board

Date: \_\_\_\_\_

## Section 9: Injury and Accident Prevention

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## L & I Workplace Hazards & Solutions Worksheet



## Workplace Hazards & Solutions Worksheet

For use with the Workplace Hazard Basics Course  
[www.Lni.wa.gov/WorkplaceHazardBasics](http://www.Lni.wa.gov/WorkplaceHazardBasics)

**Hazard Source** (Object, Activity, or Location):

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Work Area: \_\_\_\_\_

Evaluator: \_\_\_\_\_

### Hazards (How can someone get hurt?)

☐ **Caught in or between** (machinery, soil, etc.)

☐ **Fire or explosion**

☐ **Slip or Trip**

☐ **Chemical or substance** (blood, dust, etc.)

☐ **Hit by or against** (vehicle, debris, etc.)

☐ **Sprain or Strain** (lifting, etc.)

☐ **Electrical**

☐ **Hot environment or surface**

☐ **Other:** \_\_\_\_\_

☐ **Falls** (from elevation or at same level)

☐ **Noise**

☐ **Other:** \_\_\_\_\_

Describe each hazard noted:

### Hazard Solutions (What can change to make it safer?)

☐ Change **what's used**  
(safer chemical, materials, or  
equipment, etc.)

☐ Change **how work's done**  
(safer method or tool, etc.)

☐ Change **something about the  
location** (improve ventilation, limit  
access, etc.)

Describe the changes (hazard solutions) for each hazard:

### Personal Protective Equipment (PPE) (when necessary)

☐ Eye

☐ Face

☐ Fall Protection

☐ Foot

☐ Hands

☐ Hearing

☐ Torso

☐ Respirator

☐ Other

Describe PPE and when to use it:







