

Holy Rosary Pre-K Program

Health Policy

Revised 8/28/2010

HEALTH POLICY

Revised 8/26/2010

Child Care Name: Holy Rosary Pre-K Program
 Street: 770 Aloha Street
 City/State/Zip: Edmonds, WA 98020
 Telephone: 425-778-3197

Out-of-area Contact: Kim Greathouse
 Nearest Pay Phone: 1011 Puget Drive (Puget Dr. and Olympic View Dr.)
 Cross Street: 7th Ave. N. and Aloha St.
 Primary contact info: Laura Merced, Director 206-851-3304
 Principal: Dr. Kathy Carr 425-778-3197

Emergency telephone numbers:

Fire/Police/Ambulance: 911
 Poison Center: 1-800-222-1222
 Animal Control: 425-388-3440
 C.P.S.: 1-800-562-5624

Hospital used for life-threatening emergencies:

Name of Hospital: Stevens Hospital
 Address: 21601 76th Ave. W., Edmonds WA 98026
 Phone: 425-640-4000

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

Other important telephone numbers:

DEL Health Specialist:	Hazel Philp	360-416-7492
DEL Licensor:	Frances Conrad	425-438-4826
Nurse Consultant:	Susan Wilson, RN, CNM-ARNP	425-239-4253
Public Health Nutritionist:	Child Care Health Program	425-252-5580
Communicable Disease Reporting Line:	Snohomish Health District	425-339-5235

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INJURY/ EMERGENCY PROCEDURES

MINOR EMERGENCIES

Staff trained in first aid will refer to the Red Cross First Aid book located in the first aid cabinet above the sink with the first aid kit. Gloves will be used if any body fluids are present. Staff will refer to the child's emergency form and call parents/guardians, emergency contacts, or health care provider as necessary.

Staff will record the incident on the "Pre-K Incident/Accident Report" form, which will be kept in the class room. The form will include the date, time, place, and description of the illness or injury, and cause if known. A copy will be given to the parent/guardian the same day and another copy placed in the child's file.

The incident will also be recorded on the incident log, which will be located in the notebook which is located in the Pre-K classroom cabinet, behind the teacher's desk. One copy of the form will be given to the parent and one copy will be placed in the child's folder.

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.

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 and circulation, administer CPR for one minute, if necessary, and then call 911.

Staff will provide first aid as needed according to the Red Cross First Aid Book located in the first aid cabinet above the sink with the first aid kit. Gloves will be worn if any body fluids are present.

A staff person will contact the parent/guardian(s) or the child's alternate emergency contact person.

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 the "Pre-K Incident/Accident Report" form and incident log as described in "Minor Injuries" section.

Serious injuries/illnesses, which require medical attention, will be reported to the licensor immediately. A copy of the incident report will be sent to the licensor no later than the day after the incident. A copy will be placed in the child's file.

FIRST AID

When children are in care, staff members with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid are with each group or classroom. Documentation of staff training is kept in personnel files.

First aid kits are inaccessible to children and located in the locked first aid cabinet above the sink in the class room.

The first aid kits contain:

First Aid Guide	Band-Aids® (different sizes)	Tweezers for surface splinters
Sterile gauze pads	Roller bandages	Syrup of Ipecac *
Small scissors	Large triangular bandage	CPR mouth barrier
Adhesive tape	Gloves (Nitrile or latex)	Digital thermometer with sleeves
Blood Cleanup Kit	Alcohol-based hand sanitizer	

*Syrup of Ipecac is administered only after calling Poison Control.

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

- Liquid soap and paper towels
- Water
- Chemical Ice (non-toxic)
- Cell phone
- An emergency dose of critical medications such as an EpiPen, Jr.TM or asthma inhaler for those children who need it

All first aid kits will be checked by the director and restocked quarterly or sooner if necessary. The expiration date for any emergency medications will also be checked at this time.

CONTACT OR EXPOSURE TO BODY FLUIDS

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

- All staff will have read and received training on Holy Rosary's bloodborne pathogen exposure control plan. A copy of this plan can be found in the staff notebook.
- Any open cuts or sores on children or staff will be kept covered.
- Whenever a child or staff comes in contact with any body fluids, the area (hands, etc.) will be washed immediately with soap and warm water and dried with paper towels.
- All surfaces in contact with body fluids will be cleaned immediately with soap, water, and disinfected with an agent for disinfecting body fluids (1 tablespoon bleach per quart of water, or 1 part bleach to 9 parts water.)
- Latex, neoprene, nitrile, or vinyl disposable gloves and cleaning material used to wipe up body fluids will be put in a plastic bag, closed with a tie, and placed in a covered waste container. Any brushes, brooms, dustpans, mops, etc. used to clean up body

fluids will be washed in detergent, rinsed, and soaked in a disinfecting solution for at least 2 minutes. Washable items, such as mop heads, can be washed with hot water and soap with bleach in the washing machine. All items will be hung off the floor or ground to dry. Equipment used for cleaning will be stored safely out of children's reach in an area ventilated to the outside.

- Children's clothes contaminated with body fluids will be put into a plastic bag, closed, placed in the child's cubby, and sent home with the child's parent or guardian. A change of clothing will be available for all children in care, as well as staff.
- Hands will always be washed after handling soiled laundry or equipment or any other potential exposures to body fluids.

BLOOD CONTACT OR EXPOSURE

When a staff person or child comes into contact with blood (e.g. staff provides first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters a cut or mucous membrane of another person), the staff person will inform the director immediately, as indicated in the Holy Rosary's bloodborne pathogen exposure control plan.

When staff reports blood contact or exposure, the school will follow Holy Rosary's bloodborne pathogen exposure control plan found in the staff notebook and the current guidelines set by the Washington State Department of Labor and Industries.

INJURY PREVENTION

The Pre-K site will be inspected at least monthly for hazards by the director. Staff should report to the director if they observe hazards.

Hazards include, but are not limited to:

- Safety hazards (broken toys, equipment, drowning, choking, sharp objects, etc.)
- Proper security of the school (secure doors, proper supervision, etc.)
- Trip/fall hazards (rugs, cords, uncontained toys, etc.)
- Poisoning hazards (plants, chemical storage, etc.)
- Electrical hazards (electrical cords, outlets, etc.)

Toys will be age-appropriate, safe, in good repair, and not broken. Mirrors will be shatterproof.

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. Staff will review their rooms daily and remove any broken or damaged equipment, toys, etc.

The playground will be inspected daily before use for broken equipment, environmental hazards, garbage, animal contamination, areas of low surfacing material such as at the ends of slides and under swings, and other hazards by the director and any playground teacher. Loose-fill surfacing material (such as play chips) will be raked weekly or as needed.

Playground equipment will be free from entrapments, entanglements, and protrusions and will be checked for these hazards quarterly by the director and playground teachers.

Proper supervision will be maintained during all outdoor play. Staff will position themselves to observe the entire play area.

Holy Rosary Pre-K program offers only walking field trips to local sites. Children are continuously supervised during this time, and state required staff ratios are maintained during all walking field trips. Roll is taken before and after leaving each site and on an “as-needed” basis. Emergency first aid and medical supplies as listed in the previous sections are carried by the director or co-teacher during each field trip.

The accident and injury log will be monitored by the director at least monthly to identify accident trends and implement a plan of correction.

MEDICATION MANAGEMENT

Medications are provided to all children who require it. 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 medication according to the policy and procedures below:

PARENT/GUARDIAN CONSENT

Medication is only given with prior written consent of the child’s parent/legal guardian. The Medication Authorization Form is used for written consent for administering medication. This consent includes:

- the child’s first and last name
- the medical provider’s signature (if necessary, see next section)
- the name of the medication
- reason for giving the medication
- amount of medication to give
- how to give the medication or route of administration
- how often to give the medication
- 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

The consent is good for the number of days stated on the consent form, under the conditions below:

- For acute (short-term) conditions, the number of days must be one month or less. After one month, a new consent must be obtained.
- For chronic (long-term) illnesses, the consent can be used for up to six months.
- For “as needed” medications (such as sunscreens), the consent can be used for up to six months.

All medications must be in the original container and labeled with the following information:

- child's name
- instructions and dosage recommendations for the child's weight and age
- duration, dosage, frequency, and amount to be given
- expiration date

Medication is not given past the days prescribed on the medication bottle even if there is medication left.

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 meets all of the following criteria:

- The medication is over-the-counter and is one of the following types of medications
 - Non-aspirin fever reducer/pain reliever
 - Ointments or lotions, specifically intended to reduce or stop itching, treat dry skin or care for a wound.
 - Sunscreen for children over 6 months of age
 - Alcohol-based hand sanitizer-only for children over 12 months of age

A health care provider's consent, along with parent/guardian consent, is required for:

- 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, and fluoride

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 2 years. According to the American Academy of Pediatrics, cough suppressants, antihistamines, and decongestants may not be effective in children younger than 6 and can have potentially serious side effects, even when given as directed. Based on this information, over-the-counter cough and cold medications will not be administered to children younger than 6 years unless the parent provides written and signed instructions from a health care provider in addition to the completed consent form.

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 signs a note or prescription that includes the information required on the pharmacist's label (such as when medications are dispensed from a clinic.) Note: Medications must be provided in the original container.
- 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 there is a signed Medication Authorization Form which also includes the:

- Symptoms that require the medication
- The length of time the medication is to be given (ex. 1 week)
- The maximum amount of medication that can be given in a day is documented.
- The minimum amount of time between consecutive doses.

BULK MEDICATIONS

Bulk containers of sunscreen or hand sanitizer, can be used if the following criteria are met:

- written parental consent prior to use is obtained
- it is used no longer than six months (write the date opened on the container)
- parents are notified of the name of the product used, it’s active ingredients, and Sun Protection Factor (SPF) of the sunscreen; AND
- ointments/creams/gels are applied in a manner to prevent contaminating the bulk container

When administering bulk medications, such as sunscreen, the method used to prevent contamination of the bulk container is to use a pump type dispenser or to squeeze medication on a clean paper towel and then apply it or use clean disposable gloves for each application. Hands are washed between each application.

ADMINISTRATION

Medications are administered by the school secretary or program director who have been oriented to the medication policies and procedures.

Only staff persons who have been oriented to Holy Rosary Pre-K program’s medication policies and procedures can give medications. Documentation of this training will be kept in the employee files. These policies are reviewed with all staff members who administer medications yearly or as special circumstances dictate.

Before a staff member may administer medications they ask parents to provide instructions on specialized medication administration procedures or observations, i.e. how to use the nebulizer, epi-pens, how to deliver eye drops, or individualized child’s preference for swallowing pills. This is documented on the medication administration form or individual health plan.

To give liquid medication staff use a measuring device designed specifically for oral or liquid medication. Measuring devices for individual use are provided by the parent or the school secretary.

Medications are not mixed in formula or food unless there are written directions to do so from a health care provider with prescriptive authority before the medication is given.

Staff administering medications will wash hands before preparing medications and after giving the medication. Medications are prepared on a clean surface away from toileting areas.

Staff will carefully read labels on medications, noting:

- Child's name
- Medication name
- Amount to be given
- Time and dates to be given
- How long to give
- How to give (e.g. by mouth, inhaled orally, in ear, etc.)

Staff will make sure information on the label is consistent with information on the Medication Authorization Form.

CHILDREN TAKING THEIR OWN MEDICATION

Children may take their own medication if the above requirements are met and:

- There's a written statement from the parent requesting the child take their own medication
- There's a written statement from the health care provider with prescriptive authority stating that the child is physically and mentally capable of taking their own medication
- all criteria in WAC 170-295 including storage of medications are met; AND
- A staff member observes and documents that the child took the medication.

DOCUMENTATION

Each time a staff member administers a medication, staff will document the necessary information on the medication authorization form. This written record will include:

- Child's full name, date, time, name of medication, and amount given (indicate if self-administered)
- Initial of staff person giving medication or observing the child taking the medication with a corresponding signature on the medication record to validate the initials
- Provide a written explanation why a medication that should have been given was not given
- In the event of a missed dose (for example, if the child spits up, vomits, or drops the medication), this should be documented and the parent and health care provider contacted for instructions.
- Any observations of the child in relation to the medication taken (for example: side effects or relief of symptoms)
- Medication authorization and documentation is considered confidential and will be stored inside the locked cabinet where the medications and first aid kit are stored (Note: Emergency medications like Epipens should not be locked up.) until the completion of the medication. The forms will then be placed in the child's file.

Staff will report and document any observations of the child in relation to the medication taken (e.g. side effects) on the Medication Authorization Form, located in the locket closet.

Outdated medication authorization forms and logs will be kept in the child's file while in care and are kept up to three years after the child leaves care.

The program implements the following system for tracking administration of controlled substances: Only 1 week's worth of medication will be accepted from the parent at a time. Pills will be counted at each administration. This will be documented on the Medication Authorization Form with each administration.

STORAGE

Non-emergency children's medication will be kept in a box in the locked first aid cabinet above the sink in the school sick room, if it does not require refrigeration. If refrigeration is required, it will be kept in the refrigerator that is within the school sick room. These locations are inaccessible to children; away from sources of moisture, heat, and light; away from food; and protected from sources of contamination. It will be stored in the original container labeled with the child's first and last name, the expiration date, and easy to read instructions on how to give the medication.

Staff medication will be stored in school sick room. All medications are locked, labeled, and 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 injectible medications.

All controlled substances will be kept as stated above and in a locked container.

Medications requiring refrigeration will be stored in a labeled container to keep them separated from food.

Outdated medications or medications no longer being used will promptly be returned to parents or guardians.

Epi-pens and other emergency medications such as inhalers will be stored in an unlocked location, inaccessible to children but easily accessible to staff in an emergency. This location is above the sink, on the top shelf of the cabinet, above the first aid shelf, where it is inaccessible to children but readily available to staff.

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Staff will check all children for signs of illness when they arrive at the school and throughout the day. If the following signs of a possibly contagious illness are present, a child will not be admitted to the school that day, or will be excluded. The parent will be called to pick up their child. The child will be taken by an available staff member to the school sick room or the administrative offices, where they may wait for their parent under supervision of the school secretary.

Staff members will follow the same exclusion criteria as children and not come to work, or will leave if these signs develop.

Children and staff with the following symptoms will be excluded:

- fever of at least 99 ° F under arm (axillary) or 100° F orally AND who also have one or more of the following:
 - headache
 - earache
 - sore throat
 - rash
- 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 3 or more times within 24 hours; or any bloody stool
- Any suspected communicable infection of the skin or eyes such as impetigo, MRSA, pinkeye, and scabies
- Open or oozing sores, unless properly covered and 24 hours has passed since starting antibiotic treatment, if treatment is necessary
- Lice or nits. For head lice, children and staff may return to childcare after treatment and if no nits are visible.
- Fatigue, irritability, or confusion that prevents participation in regular activities, such as sleeping or resting more than usual for that child, not wanting to eat, or multiple cold symptoms that keep the child from regular activities

Oral temperatures are taken with single use disposable thermometers are taken on preschool children; no axillary, rectal nor ear temperatures are taken.

Parents are notified in writing when their children have been exposed to infectious diseases or parasites/lice. The notification may consist of either a letter to parents which will be delivered by clipping a notification to the sign-in/out clipboard, placing a notice in the child's daily folder, or by posting a notification on the parent board.

Following an illness or injury, children will be readmitted to the program when:

- they no longer have the above symptoms,
- they have been without fever for 24 hours without being treated by an antipyretic such as acetaminophen (Tylenol) or ibuprofen
- 24 hours have passed since starting antibiotic treatment,
- they no longer have significant discomfort,
- the school has been advised by a Public Health Nurse on communicable disease guidelines for child care

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

Should a child be ill for more than two weeks the following is required prior to returning to care: a health care provider's note stating the child is ready to return and the parent and/or medical provider's instructions for care.

COMMUNICABLE DISEASE REPORTING

Licensed childcare facilities are required to report communicable diseases to their local Public Health department (WAC 246-101-415). The following is a partial list of the official diseases that

should be reported. They were selected because they represent diseases that are most likely to be found in child care settings. For a complete list of notifiable diseases, call the Snohomish County Health District. Even though a disease may not require a report, the child care will consult with the Snohomish County Health District at 425-339-5278 for information about common childhood illness or disease prevention, and to determine when a child or staff member may return to the school. Children and staff who have a reportable disease may not be in attendance at the school unless approved by the local Health Authority.

The following communicable diseases will be reported to the Snohomish County Health District at 425-339-5278, giving the caller's name, the name of the child care program, address and telephone number and name of child involved:

AIDS (Acquired Immune Deficiency Syndrome)	Influenza (if more than 10% of children and staff are out ill)
Animal bites	Invasive MRSA infections
Bacterial Meningitis	Listeriosis
Campylobacteriosis (Campy)	Measles (3-day, German or hard)
Cryptosporidiosis	Meningococcal infections
Cyclosporiasis	Mumps
Diphtheria	Pertussis (Whooping cough)
Enterohemorrhagic E. Coli, such as E. Coli 0157:H7	Polio
Food or waterborne illness	Rubella
Giardiasis	Salmonellosis including Typhoid
Haemophilus Influenza Type B (HIB)	Shigellosis
Hepatitis A (acute infection)	Tetanus
Hepatitis B (acute and chronic infection)	Tuberculosis (TB)
Hepatitis C (acute and chronic infection)	Viral Encephalitis
Human Immunodeficiency Virus (HIV) infection	Yersiniosis

Should a child at the school become ill or be exposed to any of the above mentioned diseases, parents and legal guardians will be notified in the following manner: Parent will be notified by phone and asked to come immediately for the child. The name and phone number of the Snohomish County Health District will be provided to the parent for further questions and information.

This will be the responsibility of the director.

HEALTH RECORDS

Each child's health records will contain:

- identifying information about the child
- health, developmental, nutrition, and dental histories
- date of last physical exam
- health care provider and dentist names, addresses, and phone numbers
- allergies
- Individualized Care Plans for special needs or considerations (medical, physical, or behavioral)

- list of current medications
- current immunization record (CIS form)
- consents for emergency care
- preferred hospital for emergency care
- authorization to take the child out of the facility to obtain emergency health care

The above information will be collected by director before a child enters the program.

Teachers and volunteers will be oriented to any special 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.

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

IMMUNIZATIONS

To protect all children in care and the staff, and to meet state health requirements, the school only accepts children fully immunized for their age. The Certificate of Immunization Status (CIS) for each child is kept on file to show the Department of Health and the Department of Early Learning (DEL) that the school is in compliance with licensing standards.

Immunization information is collected in the following manner: The parents will complete the CIS form with other registration papers at time of enrollment.

The CIS form is kept in the child's file and returned to parent/guardian when the child leaves the program. A copy of individual records, including the CIS, must be kept for three years after the child leaves.

The CIS records are reviewed and updated monthly by the director-

Children may attend child care without an immunization:

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

Children who have been exempt from immunizations will not be permitted to attend child care during an outbreak of an immunization preventable disease for which they are not immunized. This is for the un-immunized child's protection and to reduce the spread of the disease.

HANDWASHING

Children and school staff wash their hands using the following method:

- (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 10 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:

- Upon arrival at the school
- Before handling foods, cooking activities, eating, or serving food
- After toileting self, or assisting children with toileting
- 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
- After handling, feeding, or cleaning up after animals
- After smoking
- After being outdoors or involved in outdoor play
- As needed

Children will be assisted or supervised in hand washing:

- Upon arrival at the school
- Before meals, snacks, or cooking activities
- After toileting.
- After outdoor play
- After coming in contact with body fluids
- After touching animals
- As needed

All handwashing sinks are stocked with warm water (85 to 120°F), liquid soap, and paper towels. Cloth towels are not used for drying hands. Handwashing reminders are posted at all handwashing sinks. Handwashing is to be done at sinks dedicated to this purpose only. Handwashing sinks are located in each bathroom. Children are able to access the handsinks by themselves by using a step stool. Infants will be held up by the provider in the infant room. No handwashing occurs in sinks designated for food preparation. No food preparation occurs in handwashing sinks. Handwashing sinks are not used for drinking water.

In the kitchen, hands will be washed in the separate handwashing sink.

The use of hand sanitizers is permitted at this facility. *Hand sanitizers are used in addition to hand-washing, not in place of hand-washing.* Hand sanitizers are not used on any child without written authorization from the parents as described earlier in this policy. Instructions for the proper use of hand sanitizers are posted in the classrooms.

GENERAL CLEANING, SANITIZING, AND LAUNDRY

Holy Rosary Pre-K 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. A cleanable surface is one that is:

- Designed to be cleaned frequently
- Resistant to moisture
- Free from cracks, chips, or tears.

PRODUCTS USED

Cleaning supplies are stored in the original containers, inaccessible to children, and separate from food and food area. Cleaning supplies for the kitchen are stored underneath the sink. Cleaning supplies for the Pre-K classroom are stored in the cleaning closet. Other cleaning products are stored in the janitor's closet and the sprinkler riser room. These locations are ventilated to the outside by wall ventilation to the outdoors.

Cleaning means the removal of dirt, grease, food, art material, body fluids, or other substance from the area. Cleaning is done with soap and water. Surfaces are rinsed with water between cleaning and sanitizing steps.

Sanitizing means the removal of germs and bacteria to a level that will not cause illness.

The Pre-K staff receives cleaning and sanitizing supplies from the custodial staff. Sanitizing in the classroom (desks, tables, counter space, toys) is done with bleach/water mix by the classroom staff. The bleach used contains no scents or surfactants. A minimum contact time of the sanitizer with the surface is 1 minute. After this length of time, the sanitizer may be wiped off with paper towels or the surface may be allowed to air dry. The use of sponges is not permitted in the center.

Sanitizing of the floors and bathrooms is done with Envy by the custodial staff. When using Envy, custodians follow the label directions, including contact time and rinsing. The label for this product states that the product is safe for food contact surfaces.

The following recipes will be followed when making a sanitizing solution of bleach/water:

AREA	QUANTITY	Amount of Bleach	Amount of Water
Bathroom, floors	Small	1 tablespoon	1 quart
	Large	¼ cup	1 gallon
Food contact surfaces, toys, sleeping mats, dishes, utensils, pots and pans	Small	¼ teaspoon	1 quart
	Large	1 teaspoon	1 gallon

Whenever possible, the sanitizer solution is made in large quantity, divided into spray bottles, and labeled with the preparation date.

Cleaner and sanitizer spray bottles are labeled with contents.

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.
- Bathrooms will be cleaned and sanitized daily and as needed. This includes sinks, toilets, counters, and floors. Toilet seats will be cleaned and disinfected throughout the day and as needed. Only children who are self-toileting (potty trained) are accepted into the Pre-K program, thus there are no toilet inserts or potty chairs in use in the school.
- Rugs, and furniture will be vacuumed daily. Rugs will be cleaned monthly at least every three months in other child-occupied rooms. Rug cleaning will be done by the director; professional steam cleaning will be done as required. Spot cleaning will be done as necessary. Hard floors will be swept and mopped with soap and water and/or Envy daily and sanitized daily. Vacuuming and mopping of the center will not occur while children are present (carpet sweepers are ok to use). Utility Mops will be sanitized then hung to dry an area with ventilation to the outside and inaccessible to children.
- Toys or musical instruments that children place in their mouth are sanitized between uses by different children. The following system for mouth toys will be implemented in the Pre-K classroom: Toys will be removed for the washing after each use and cleaned and sanitized at the end of the day or they may be cleaned and sanitized as necessary during the day. Only washable toys or musical instruments will be used.
- Toys that are not mouthed 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 as needed and weekly for other toys.
- Cloth toys and dress up toys will be laundered weekly or more often, as needed, for young children. If they cannot be washed in the washing machine, they will be hand washed in warm soapy water, rinsed and dipped into a solution of 1 tablespoon of bleach per gallon of water for 1 minute and allowed to air dry.
- Water tables will be emptied and sanitized after each use or more often as needed. Children will wash hands before and after play and be closely supervised.
- For art activities, the handwashing sink can be used IF the counters, sinks and faucets are cleaned, rinsed and sanitized prior to use as an art sink.
- Nap mats/cots will be cleaned and sanitized weekly or when a child becomes ill or between uses by different children or as needed. Cots will be stacked so that they do

not touch and with each child's name on their cot. Each child will receive a blanket and a sheet that will be folded and stored in their cubby when not in use. Children may bring one small pillow and one small blanket in addition to the supplied sheet/blanket. However, these items must be brought home weekly to be cleaned and sanitized. These items will also be placed in the child's cubby when not in use.

- General cleaning of the center is done daily and more often when children or staff members are ill. Dusting is done weekly. Toy shelves are cleaned and sanitized weekly. Door knobs are cleaned and sanitized daily and more often when children or staff members are ill. Wastebaskets with disposable liners are available to children and staff and will be emptied when full or more often if necessary.
- Room deodorizers are not used at the school due to the risk of allergy/lung irritation.
- Cleaning duties are assigned to specific staff. These assignments are posted on the Pre-K classroom cleaning cabinet. As cleaning duties are completed, the staff person will sign off when the duty was completed.

LAUNDRY

Linens and bedding are washed weekly or more frequently as needed. Linens and bedding are washed at a temperature of at least 140°F and with bleach in the rinse cycle. Bedding will be stored, folded in their cubby, and changed weekly.

Cloth toys are dress up toys are also laundered weekly at 140 F or with a disinfectant (bleach) in the rinse cycle. If they cannot be washed in the washing machine, they will be hand washed in warm soapy water, rinsed and dipped into a bleach solution for two minutes and allowed to air dry.

Soiled laundry is kept inaccessible to children by being bagged, securely tied and either placed in the upper cubby out of reach, or in the hallway when parents are enroute to pick up the child, or in the laundry room for immediate cleaning. Soiled laundry is kept separate from clean laundry. Laundry machines are separate from kitchen and food preparation areas and are inaccessible to children. Dryers are vented to the outside of the building.

Parents are required to provide a full change of clothes for their child(ren). This includes shirt, pants, socks, shoes and underwear. These clothes are stored in each child's cubby.

Staff members are encouraged to have a change of clothes available as well in event that their own clothing becomes soiled or contaminated.

PRE-K CARE NEEDS

NAPPING PRACTICES FOR PRE-K:

- Each child will be assigned a cot for the week. This cot will be labeled and stacked in such a manner as the cots do not touch.
- Cot sheets will be provided, kept folded in each child's cubby, and laundered at the end of each week per Laundry section above.
- Children may bring one blanket for napping. This will be folded and placed in their cubby after each nap, and sent home weekly for laundering.
- Light levels will be high enough so children can be easily observed when sleeping.
- Cots will not be located directly under windows unless windows are constructed of safety glass or have an applied polymer safety coating.

FOOD SERVICE

FOOD PREPARATION FACILITY

This center prepares food in the main school kitchen. The following items are present in the main center kitchen:

- Refrigerator
- Freezer
- 3 compartment sink
- 2 Pantries
- Counter Space
- Oven with stove top burners

FOOD SUPPLY

Snack foods will be bought by the staff, stored and prepared in the school kitchen. If refrigeration is needed it is available in the school kitchen and in the Pre-K refrigerator that is located across the hall from the Pre-K classroom in the Staff Lounge. The school purchases food from local area grocery stores. All food meets the following criteria:

- All food that is past the expiration date is discarded.
- Severely dented cans are discarded.
- Only pasteurized milk and juice is served.
- All snack food served is prepared in the school's kitchen.
- Home prepared foods for group service are not permitted at the school.
- Children will bring sack lunches from home. Parents are expected to supply nutritional food for their child's sack lunch and required to provide an ice pack for foods requiring refrigeration.
- No leftover foods are served. Leftover foods are defined as previously prepared food that has not been previously served and was stored at the proper temperature for less than 48 hours after preparation. Leftover foods or open foods in the refrigerator are labeled with the date that they were opened or cooked.

FOOD STORAGE

Food is stored away from and never below kitchen chemicals.

Raw meats and unpasteurized eggs are stored away and below all other foods.

All food items are stored off the floor. All dry goods are stored in labeled containers with tight-fitting lids.

All refrigerated foods are kept sealed or covered (except when cooling foods to 41°F). All refrigerated foods are dated.

TEMPERATURE CONTROL

Refrigerators and freezers have thermometers placed in or near the door. Refrigerator temperature is maintained at 41°F or less. Freezer temperatures are maintained at 10°F or less.

Foods are cooked to the correct internal temperature as follows:

- Poultry = 165°F
- Ground meat = 155°F
- Beef = 145°F
- Pork = 145°F
- Eggs = 145°F
- Fish & Seafood = 145°F
- Cooked Vegetables = 140°F

Food temperatures will be monitored using a stem thermometer. The stem thermometer is stored in the kitchen drawer and is calibrated monthly.

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

Cold holding food: food requiring refrigeration will be held at a temperature of 41°F or less until served.

Cooling cooked foods and storing leftovers:

This center does not serve leftovers to the children. All cooked food that is not served is discarded.

If a microwave is used to heat food:

- 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 listed above.
- The food is allowed to sit for 2 minutes prior to serving to allow the temperature to spread evenly throughout the food.

Thawing of frozen foods is done:

- 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
- In the microwave

Sack lunches from home are kept cool to prevent bacteria growth. Parents are required to include an ice pack, gel pack, frozen juice box or water bottle, ice cubes in a leak proof container or other cold product to keep the lunch at a cool temperature.

FOOD HANDLING

All staff will wash hands with soap and water at a designated hand washing sink prior to preparing or serving food, even if food service gloves are worn.

Ill staff will not prepare or handle food.

This center maintains a 'No Bare-Hand Contact' rule when handling ready-to-eat foods. The cook wears gloves or uses utensils when preparing ready-to-eat foods. Gloves are changed when they become contaminated. Staff in the classrooms wear gloves or use utensils when serving food to the children.

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.

To ensure food safety, the kitchen will be kept clean. Kitchen sinks, counters, and floors will be cleaned and sanitized daily, or more often as needed. Refrigerators will be cleaned and sanitized monthly, or more often as needed. Tabletops where the children eat are washed and sanitized before every meal and snack. Kitchen counters, sinks, and faucets will be washed, rinsed, and sanitized before any food preparation and as needed during food preparation.

Sponges are not used on food contact surfaces. Cutting boards will be washed, rinsed, and sanitized between each use.

All dishes, cups, utensils, etc. will be washed in an automatic dishwasher capable of reaching 140°F.

FOOD WORKER EDUCATION

All staff members preparing or serving food have a Washington State Food Worker Card. Documentation will be posted beside the parent information board in the Pre-K classroom and in each employee's folder.

NUTRITION

When parents provide their children meals or snacks, they must meet the nutritional requirements as outlined by the Washington state meal pattern for Pre-K. If the meal provided does not meet nutritional requirements, the school will supplement the meal with the missing components, with consideration of any allergies, intolerances or medical needs as stipulated in the Individual Care Plan. The school will provide a nutritional newsletter listing acceptable lunch options.

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

Only pasteurized milk or pasteurized milk products are served. Nondairy milk substitutions will only be served with written permission of the child's parent/health care provider for children over the age of twelve months. The amount of required milk fat in the milk product is determined by the child's age:

If the age of the child is:	Then the fat content of the milk must be:
Over 24 months	With fat content of provider's or parent's choice; 2% or 1% is recommended by pediatricians

The school will prepare, date, and conspicuously post menus of snacks at least one week in advance. The school uses a monthly cycle menu, with no repeated days, to ensure variety. The past menus will be kept on-site for 6 months. If needed, substitutions of comparable nutrient value may be made and any changes will be recorded on the menu.

The menu will provide a daily source of Vitamin C and foods high in Vitamin A three or more times weekly. A protein or dairy will be incorporated into each afternoon snack. Ethnic and cultural foods will be incorporated into the menu. Food served will be moderate or low in fat, sugar, and salt.

Food is served at intervals of not less than 2 hours and not more than 3½ hours apart. The following meals/snacks are served by the school:

Time:	Meal/Snack:
9:00 am to 9:15 am	Morning Snack
11:45 am to 12:30 pm	Lunch
2:15 pm to 2:30 pm	Afternoon Snack

Each lunch is provided by parents and should contain:

- A dairy product (such as milk, cheese, yogurt, or cottage cheese)
- Meat or meat alternative (such as beef, fish, poultry, legumes, tofu, or beans)
- A grain product (such as bread, cereal, rice cake or bagel)

- Fruits or vegetables (two fruits, two vegetables, or one fruit and one vegetable to equal the total portion size required); When juice is served in place of a fruit or vegetable it must be one hundred percent fruit or vegetable juice

Each snack contains two of the four components:

- A dairy product (such as milk, cheese, yogurt, or cottage cheese)
- Meat or meat alternative (such as meat, legumes, beans, egg)
- A grain product (such as bread, cereal, rice cake or bagel)
- Fruit or vegetable

Each snack or meal includes a liquid to drink. The drink could be water or one of the required components such as milk, fruit, or vegetable juice.

If a child has a food allergy or special menu requirement due to a health requirement, the parent and the child's health care provider will identify the foods to which the child is allergic. The school will specify an alternative food with comparable nutritive value. The school will require the parents to supply food for the special diet if it involves foods not normally served at the school (for example, soy milk) and will develop an allergy management plan with parent and as necessary, medical provider or Snohomish County Health District nutritionist input for the child when in the child care setting.

Mealtime and snack environments will be developmentally appropriate and will support children's development of positive eating and nutritional habits. Staff members are encouraged to sit, eat, and have casual conversations with children during mealtimes.

Coffee, tea and other hot beverages will not be consumed by staff while children are in their care, in order to prevent scalding injuries. Staff will not consume pop and other commercial or non-nutritional beverages while children are in their care, in order to provide healthy nutritional role modeling.

PHYSICAL ACTIVITY

All children 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. Our school follows the NASPE guidelines for physical activity for children age birth to five (Active Start, NASPE, 2002):

PRE-KINDERGARTEN

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

- not be sedentary for more than 60 minutes at a time except when sleeping
- accumulate at least 60 minutes of guided, structured activities that encourage playful practice of movement skills in a variety of activities and settings

- engage in at least an hour and up to several hours of unstructured physical activities in a safe area both indoors and/or outdoors suitable for large muscle activities (gross motor movement)

DISASTER PREPAREDNESS

The school has developed a disaster preparedness policy. See Holy Rosary Pre-K Program's comprehensive disaster plan. This plan is located in the staff notebook and a copy is kept in the disaster kit.

Annually, staff and parents/guardians will be oriented to this policy and documentation of orientation will be kept in the disaster plan manual. Parents should read, review, sign and date the plan upon enrollment and annually thereafter. The director will be responsible for orienting new staff or substitutes to these plans.

Procedures for medical, dental, poison, earthquake, fire, or other emergency situations will be posted in each classroom. These plans include:

- Which staff is responsible for each part of the plan
- Procedure for accounting for all children during and after an emergency
- Evacuation routes and meeting location
- Care Plans for special needs children
- How children will be cared for until parents are able to pick them up
- How contact will be made with parents/guardians when normal lines of communication are not available
- Transportation arrangements, if necessary

Fire drills are conducted monthly, as per the state fire marshal in WAC 212-12. Documentation, including date and time of the drill and a debriefing/evaluation of the drill, is kept inside the cupboard door.

Disaster and earthquake preparation and prevention training are documented. Staff members receive training on how to use the fire extinguisher by the firefighter who is also our CPR/First Aid instructor..

Quarterly, the school conducts and documents a disaster drill. One type of disaster will be chosen for staff and children to practice, such as earthquake or intruder alert. Parents will be notified of the drill.

Food, water, medication and supplies for 72 hours of survival are available for each staff and child. These supplies are stored in the storage area and are checked every six months.

STAFF HEALTH

TUBERCULOSIS (TB)

New employees must have the results of a one step Mantoux TB skin test prior to starting work. The new employee doesn't need the test if:

- they had a documented negative tuberculin skin test within one year prior to employment
- they have had a positive tuberculin 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, or documented proof of treatment.

Staff must be re-tested for TB when the school is notified that any staff has been exposed to TB. The school will comply with Public Health Department with follow-up.

OTHER ILLNESS

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

The Director will review the Holy Rosary's Pre-K Program Bloodborne Pathogen Exposure Control Plan with each staff person within 10 days of hire.

Staff who are designated First Aid providers are offered the Hepatitis B vaccine series when they begin employment and in case of an incident.

Staff immunizations will be recorded upon employment. Recommendations of immunizations for child care providers will be available to staff.

OTHER HEALTH ISSUES

Step stools will be provided for children to reach the sink (with supervision) to help protect employees' backs.

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 upstairs den.

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

For staff who become stressed or frustrated, the following will be provided: Time off, talking with the director or principal, or on-site counseling.

CHILD ABUSE AND NEGLECT

Any instance when staff have reason to suspect the occurrence of any physical, sexual, or emotional child abuse or neglect, child endangerment or child exploitation as required under RCW chapter 26.44, a report is filed by the staff directly involved with the child. The child's file is on hand when placing the call. Call 1-866-ENDHARM, (1-800-363-4267) or the local C.P.S. office at 425-339-1830. The witnessing staff person will make the call, with the assistance of the Director or principal if needed. The director will contact the licensor immediately after a report of abuse is reported.

If there is an immediate danger to a child, a report is made to local law enforcement.

Signs of child abuse or neglect are recorded on "Holy Rosary Pre-K Incident/Accident Report" and are located in the child's folder only to ensure confidentiality. .

Documentation of staff orientation or training on the indicators of child abuse and neglect are kept in staff files. Regular trainings occur every two years.

CHILDREN WITH SPECIAL NEEDS / INCLUSION

Children with special needs are accepted into the program under the guidelines of the Americans with Disabilities Act (ADA). Confidentiality is assured with all families and staff in the program. 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 and if needed, the health care provider for each child with special needs. It includes instructions from the parent and health care provider regarding medications, specific food or feeding requirements, life-threatening allergies, treatments and special equipment or health needs. The parent provides training to staff on any procedures that will be done to the child while in care. The director seeks further information or training if necessary for school Pre-K staff from local resources including public health nurses, nutritionists, therapists, etc. This includes instructions on handling food allergies or special menu requirements.

This plan includes how the child's special need would be met in the case of a disaster. At a minimum the center will plan for the child to stay at the child care for 72 hours without being able to contact the child's parents.

Children with special needs are given the opportunity to participate in the program to the fullest extent possible. This is accomplished by consulting with outside agencies/organizations as needed. The school cooperates with other agencies that can provide services to the child on-site.

The school has a policy as to how they try to accommodate an undiagnosed special need in which a parent refuses to seek medical and/or developmental assessment and intervention for their child.

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. The process for tracking and documenting staff training is noted in the employee's file.

BEHAVIOR MANAGEMENT/GUIDANCE PRACTICES

Teaching staff follow Holy Rosary's behavior management and guidance practices per the school handbook. These guidelines are in compliance with the Child Care Center Licensing Guidebook provided by the Washington State Department of Early Learning, classes taken through the STARS/Merit program, trainings offered through the Seattle Archdiocese, and based on the director and principal's guidance.

Noise levels in the school are kept low, so that teachers can be heard without the need to raise their voices.

Staff members get to know each individual child's needs and stage of development and guide each child accordingly. 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 ignoring, consequences, cool-off and re-directing when behavior issues occur. Behavior management/guidance practices are described in the parent handbook-

Behavior plans are put in place in coordination with the parent/guardian when necessary. Community resources are consulted when needed.

Teaching staff receive the following training on behavior management
We attend classes under the STARS, Merit or DEL authorized educational programs and refer to several different books in our library for specific situations. Discussion with the director and parents are also used when deemed productive.

VISITING ANIMAL POLICY

This Pre-K program does not have any pets on-site. Parents/families are discouraged from bringing their pets on site.

In the rare event that an animal is visiting the site, or if the children have contact with animals while on a field trip, the following policies will be implemented:

- Parents will be notified, in writing, of the type of animal that will be visiting and any potential health risks associated with that animal by a special notice hung on the child's hanger.
- The site director will ensure that no children are allergic to the animal.
- The site director will have primary responsibility of supervising all activities associated with the animal's visit as related to safety and hygiene. This includes making sure that the animal has an acceptable temperament for interactions with children and that the animal is current on all vaccinations (if appropriate). Any animal that has a history of biting or other aggressive behaviors will not be allowed on site.

- The animal will be properly cared for while on-site. This is the responsibility of the visiting animal's owner.
- The animal will not be allowed in any food preparation areas. Items associated with the animal, including cages, food, water, etc., will not be placed on food-contact surfaces.
- Children will be closely supervised while handling the animal. Children will be in small groups of 3 or fewer while handling the animal.
- Children will immediately wash hands after handling or feeding the animal. Handwashing will be closely supervised by staff.
- After the animal leaves the site, 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. If necessary, animal supplies will be cleaned in the shower area which is used as a utility sink.
- Staff will wash hands after cleaning and sanitizing the area.

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 a program.

Review date 08/28/2010

Signed by: Susan L. Wilson, MSN, MAT, RN, CNM-ARNP

Review date _____

Signed by: _____

Review date _____

Signed by: _____