



4706 Park Center Ave NE  
Lacey, WA 98516  
(360) 493-2223

# Health Care Plan 2019-20

Mrs. Carter  
Program Director

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ECE Administrator

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**Our Address is:**

*4706 Park Center Avenue NE  
Lacey WA 94516*

**Our Phone Number is:**

*(360)493-2223/ (360)951-3054*

## EMERGENCY TELEPHONE NUMBERS

Fire/Police/Ambulance:	911
Poison Control:	(800)222-1222
CPS:	(800) 746-6521
Animal Control:	(360) 352-2510

## MEDICAL FACILITIES FOR LIFE THREATENING EMERGENCIES

St. Peter's Hospital 413 Lilly Road NE. Olympia, WA 98506	(360) 491-9480
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Capital Medical Center 3900 Capital Mall Drive SW Olympia, WA 98502	(360) 754-5858
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For non-threatening emergencies, we will defer to parent preferences as listed in the child's registration form.

Communicable Disease Report Line:	(360) 786-5470
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Crisis Clinic:	(360) 586-2800 24 hrs a day
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# EMERGENCY PROCEDURES

## Minor Injuries/Accidents

- Staff are trained and certified in CPR/First Aid and will take appropriate steps, referring to the Medical Emergency Reference Manual (located in the first aid kits) as needed. Gloves (Nitrile or latex will be used if any body fluids are present).
- Staff will refer to the child's emergency form and call parents/guardians, emergency contacts or health care provider as necessary.
- The incident will also be recorded on an Incident/Accident Form. (Teachers carry these forms with them at all times.) The form includes the date, time, place and cause of the illness or injury, if known. A copy will be given to the parent/guardian the same day and another copy placed in the child's file. Both copies will be signed by the parent before the child leaves for the day.
- The incident will also be recorded in the "Incident/Accident/Illness Log Book" which will be kept under the front reception counter of building "B".
- Incident logs will be reviewed by the director. They will be reviewed for trends/patterns. Corrective action will be taken to prevent further injury or illness. All reports, including this log, are considered confidential.

## Major or Life Threatening Accidents or Illness

- If more than 1 staff; 1 staff calls 911, and 1 stays with sick or ill child (for children, if CPR is needed, 1 attempt to resuscitate is made prior to calling 911)
- Appropriate CPR and or First Aid is administered according to the Medical Emergency Reference Manual. Nitrile or latex gloves will be worn if any body fluids are present.
- Director or staff member attempts to contact parent(s)/guardian. If they cannot be reached after a reasonable attempt, other authorized individuals listed on the child's records will be called.
- If the parent has not reached the facility, and the child needs to be transported for medical care, the Director/staff member will accompany the child and stay with them until the parents or authorized individual arrives.
- The child's file will be taken, containing Authorizations for medical treatment, Health history, and Contact information.
- The incident will be recorded on the Accident/Incident Report Form and logged into the Accident/Incident Log Book as described in "Minor Emergencies".
- Parents will sign 2 copies of this form. 1 will be sent home with them and 1 will be placed in their child's file. This form will include the information as stated in #3 above in minor emergencies.
- Serious injuries requiring medical care will be reported to the Child Care Licensor in writing as soon as possible, but no later than 24 hours later. A copy of the signed Accident/Injury report will also be sent to the Licensor no later than the day after the incident/accident.

## Asthma and Allergic Reactions

An individual written plan of care will be followed in emergency situations. For example:

## Asthma

- An asthma care plan and an individual emergency treatment plan shall be kept on file for any child with asthma.
- The asthma care plan shall be implemented when the child exhibits asthma symptoms at child care.
- Parents shall receive a written report on the Accident/Incident Form. They will sign both copies. One will be sent home with them and the other one will be put in their child's file.

## Allergies

Children with special nutritional needs due to severe food allergies will have an individual nutrition plan developed. This will be kept on file in the preschool office, the kitchen, and in all rooms where said child is. On this form is a list of foods to avoid, a brief description of the reactions to the food, and appropriate substitute foods. This care plan must be signed by a Health Care Provider. Some indication should be given by said Health Care Provider on strength of reaction (severe or not). If the reaction is severe, staff should follow an emergency protocol indicated by the provider such as the following:

- Administer prescribed epinephrine (EpiPen) immediately
- AND/OR
- Administer other prescribed other prescribed medication
  - Call 911
  - Call the parent
  - Stay with child at all times and allow them to be in a position that allows them to breathe most easily (likely sitting up or standing)

## MEDICATIONS

- Medication will be administered only if an Authorization for the Administration of Medication Form is properly filled out and accompanies the medication. This form includes the child's name, name of medication, reason for medication, dosage, method of administration, frequency ( CAN NOT BE GIVEN "AS NEEDED"! ), duration, (start and stop dates), special storage requirements and any possible side effects. ( use package insert or pharmacist's written information)
- Medication will be administered and documented by Director. If Director is unavailable, medication will be administered by Acting Director. If child is on a field trip off campus, a trained staff member will be allowed to administer and record the medication. Children will not be allowed to self-medicate.
- A parent/legal guardian may be the sole consent to medication being given without the consent of a health care provider IF AND ONLY IF, the medication meets ALL of the following criteria:
  - The medication is over-the-counter and is one of the following:
    - Antihistamine
    - Non-aspirin fever reducer/pain reliever
    - Non-narcotic cough suppressant for children over 4 years only
    - Decongestant
    - Ointment or lotions intended specifically to relieve itching or dry skin
    - Sunscreen for children over 6 months of age

- The medication is in the original container and labeled with the child's name
  - The medication has instructions and dosage recommendations for the child's age and weight
  - The medication is not expired
  - The medication duration, dosage and amount to be given does not exceed label-specific recommendation for how often or how long to be given.
- For sunscreen the written consent may cover an extended time period of up to 6 months.
  - For all other medications, the written consent may only cover the course of the illness.

## Health Care Provider Consent

- For all prescriptions and over-the-counter medications that do not meet the above criteria, you will need a licensed Health Care Provider's consent along with parent/legal guardian consent to administer medication. This includes vitamins, supplements and fluoride.
- To add medication to food or liquid you must also obtain consent from a Health Care Provider.
- Consent may be given in 3 ways:
  - Health Care Provider's name is on the original label (along w/the child's name, medication name, dosage, frequency, -not "as needed", duration and expiration date); OR
  - The Provider signs a note or prescription which includes the required information on the pharmacist's label; OR
  - The Provider fills out and signs a completed Authorization for the Administration of Medication Form.

## Medications for Chronic/Life-Threatening Illness or Conditions

- For life-threatening or chronic conditions (such as asthma), the parent/legal guardian written consent for Authorization of Administration of Medication may be extended for a longer period of time. A signed statement must accompany such medication from the child's Health Care Provider or a prescription indicating the treatment is ongoing. Prescription medication must be in the original prescription bottle.

## Emergency Supply of Medication for Chronic Illness

- For any medications taken at home, we ask for a three-day supply to be kept with our disaster kit at the preschool in case of an emergency or disaster.

## Staff Documentation

- Staff administering medications to children will be trained in medication procedure by the Director or Acting Director and a record of training will be kept in the staff files.
- The staff giving the medication will document the time, date and dosage on the Medication Authorization Form and will sign their initials each and every time a medication is given.
- Staff will report and document any observed side effects on child's individual medication form.
- Staff will provide a written explanation if a medication was not given.
- Outdated Medication Authorization Forms and documentation will be kept in the child's file.
- The staff of Northwest Christian Preschool will only administer medication when all conditions above are met.

MEDICATION AUTHORIZATION AND DOCUMENTATION IS CONSIDERED CONFIDENTIAL AND MUST BE STORED OUT OF VIEW.

## Medication Storage

- Medication will be stored in the following way:
  - Individually, by child, in a locked cabinet in the preschool office, accessible with a key only available to Northwest Christian Preschool staff.
  - Epi-Pens (for severe allergic and life-threatening reactions), will be kept in the child's classroom up and away from children's access. It will follow the child if they need to change rooms and be stored in the same manner in each room the child is in.
  - Medications requiring refrigeration will be stored in the refrigerator in the staff room (at the temperature specified on the label). It will be stored in a container away from food, and labeled for medication only.
  - Unused medications will be sent home promptly to the parent(s)/legal guardian(s), or discarded appropriately.
  - Only ORAL medications will be administered with the exception of sunscreen.

## Medication Administration Procedure

- Wash hands before preparing medications.
- Carefully read labels on medications, noting:
  - Child's name
  - Medication name
  - Amount to be given
  - Time and dates to be given (cannot be given "AS NEEDED")
  - How long to give
  - How to give by mouth
  - Information on the Label must be consistent with the Individual Medication Form.
- Prepare medication on a clean surface away from toileting areas.
- Do not add medication to the child's food or drink. (HCP authorization required)
- For liquid medications, use clean medication spoons, syringes, droppers or medicine cups that have measurements on them (not regular tablespoons) provided by parent/legal guardian.
- For capsules/pills, medication is measured into a paper cup and dispensed as directed by the Health Care Provider/legal guardian.
- Wash hands after administering medication.
- Observe the child for side effects of medications and document on the child's Medication Authorization Form.
- For sunscreen, you must fill out a Sunscreen Medication Authorization Form and the sunscreen must be in aerosol form to prevent cross-contamination. Sunscreen cannot and will not be shared.

## PREVENTION OF SPREAD OF COMMUNICABLE ILLNESS

### Receiving Children Into Care

The receiving teacher will conduct a "Daily Health Check" each morning prior to the parent's departure.



Children will thoroughly wash their hands upon arrival, after playtime, before and after eating, and after coming into contact with body fluids.

## Exclusions

**Children will be excluded from care in the following cases:** (if already in attendance, they will be isolated away from other children, in full view of a staff member and the parent will be called to pick them up.)

1. **Temperature-** (under the arm) 99 degrees F (or higher) and/or one or more of the following:
  - Diarrhea
  - Vomiting
  - Earache
  - Headache
  - Signs of Irritability or confusion
  - Sore throat accompanied by any of the following; foul odor, discolored septum, spots on the throat, swelling and/or redness
  - Rash
  - Fatigue or symptoms of illness that prevent child from participating in daily routine
2. **Vomiting-** on 1 occasion within the past 24 hours.
3. **Strep Throat** – until fever is gone and child has been on antibiotics for 24 hours.
4. **Diarrhea-** 1 watery stool within a 24-hour period or any bloody stool.
5. **Rash-** especially with fever or itching
6. **Eye Discharge or Conjunctivitis (pinkeye)-**until a minimum of 24 hours of antibiotic treatment.
7. **Sick appearance,** not feeling well and/or not able to keep up with the program activities
8. **Open or oozing sores,** unless properly covered and 24 hours has passed since starting antibiotic treatment, if necessary.
9. **Lice or scabies-**For head lice, children and staff may return to childcare after treatment and NO NITS are found. For scabies, return after treatment.
10. **Obvious signs of communicable disease-such as chicken pox, measles, fifths disease, etc.**
11. In most cases, a child may also be excluded in the event of painful urination, frequent urination, or extreme pain in the genital area (until medical clearance is provided)
12. **Children that are not immunized** will be excluded in the event of an outbreak of illnesses for which immunizations are given. (In accordance with Washington Law)
13. **Any signs of physical injury or condition** that may need treatment- Cases of abuse/neglect will be reported in accordance with our reporting of abuse procedures.

Children sent home ill will have an “Illness Report” in their student daily report in the Kid reports system. This report gives parents information regarding the conditions under which their child can return to school.

## COMMUNICABLE DISEASE REPORTING

Parents will be informed by a “Posting” and/or a “Notice” that is sent home in the event of an outbreak of a communicable illness. These conditions will also be reported to the Health Department in accordance with the law (WAC 246-101. Below is a partial list of official diseases that should be reported to the Health Department. For a complete list please refer to [www.doh.wa/OS/Policy/246-101prp3.pdf](http://www.doh.wa/OS/Policy/246-101prp3.pdf) Even though a disease may not require a report, you are encouraged to consult with the Child Care Health Program Public Health Nurse for information about common childhood illnesses or disease prevention.

**The following communicable diseases will be reported to the Public Health Communicable Disease Hotline @ (360) 786-5470 (after hours-206-296-4782), giving the caller's name, the name of the Child Care Program, the address and the phone number:**

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

## **IMMUNIZATIONS**

In order to protect all children in our care and our staff here at Northwest Christian Preschool & Childcare, (and to meet state health requirements), we only accept children fully immunized for their age. *The Certificate of Immunization Status Form (CIS)* is kept on file in the preschool office to show the Department of Health and the Division of Child Care and Early Learning (DCCEL) that we are in compliance with licensing standards. The CIS form will be returned to the parent/guardian when the child leaves our program.

Immunization records are reviewed and updated quarterly by the preschool Director. They are also reviewed annually by a private Nurse Consultant and parents are notified of any immunizations that are overdue or upcoming.

Children need to have the following immunizations:

- DTaP (Diphtheria, Tetanus, Pertussis)
- IPV (Polio)
- MMR (Measles, Mumps, Rubella)
- Hepatitis B
- HIB (Hemophilus influenza Type B)
- Varicella (Chicken pox)

A child may attend preschool/daycare without immunization:

- when the parent signs a Certificate of Exemption form stating that they have a personal, philosophical, or religious reason for not obtaining the immunization(s). Licensing now requires a Health Care Provider's signature on this form. This serves as notice that you have been informed of possible consequences of not vaccinating your child.
- <OR>**
- the Health Care Provider signs the CIS form stating that the child is medically exempted due to immunity and a copy of the lab reports are attached.

If you have chosen not to immunize, your child will, by law, be excluded from attendance when a reportable disease or condition is present in the school (for which immunization would prevent). They will not be allowed to return until the incubation period has passed. This is for the protection of the un-immunized child and to reduce the spread of the disease. Examples are measles or mumps.

Staff is also encouraged to talk with their Health Care Providers regarding their susceptibility to immunization preventable diseases.

## **FIRST AID**

When children are in our care, staff with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid is with each group or classroom. Documentation of staff training is kept in the personnel files in the Financial Administrator's office as well as in the Preschool Administrator's office.

Our First Aid kits are inaccessible to children and located in the following locations on the preschool campus: the preschool reception area, each classroom, preschool playground and the preschool side yard (storage shed).

### **The first Aid Kits contain the following items:**

- First Aid Guide
- Roller Bandages
- Sterile Gauze Pads
- Large Triangular Bandage
- Gloves (Nitrile or Latex)
- Tweezers
- Small Scissors
- Adhesive tape
- Band-aids (various sizes)
- CPR Mouth Barrier

## **A fully stocked First Aid Kit will be taken on all field trips. These first aid kits will also contain:**

- Hand Sanitizer
- Chemical Ice (Ice Pack)
- Cell Phone

All First Aid Kits will be checked by the Director or Acting Director and restocked each month or sooner as needed.

## **HEALTH RECORDS**

Each child shall have on record:

- Health , development, nutrition and dental history including any allergies or health concerns
- Verification of up-to-date immunization status or exemption form
- TB Clearance
- Physician's Health Clearance (signed/dated by a physician)
- Health Care Provider and Dentist name and phone number
- Limited Power of Attorney, signed by parent/legal guardian and witnessed
- List of authorized individuals to release child to
- Preferred hospital for emergency care
- List of all current medications
- Individualized care plans for special needs or consideration (medical, physical or behavioral)

The above information will be collected by the Preschool Director/Administrator or acting Director before entry into the program.

Teachers and/or cooks will be oriented to any special needs or diet restrictions before the child enters the program. Plans for children with special needs will be documented and staff will be oriented to the individual special needs plans.

The child's records will be updated yearly or sooner if changes are brought to the attention of a staff member or the Director and will be kept on file a minimum of one year following withdrawal from the center.

Records shall be stored confidentially, accessed only by authorized staff members on an as needed basis.

## **HOW HANDWASHING IS DONE AT OUR CENTER**

### **Staff will wash hands:**

- Upon arrival at Northwest Christian Preschool & Childcare and when leaving at the end of the day.
- Before & after handling foods, cooking activities, eating or serving food.
- After toileting self, or assisting children with toileting.
- After handling or coming into contact with body fluids such as mucus, blood, saliva or urine.
- Before and after giving medication.

- After attending an ill child
- After being outdoors

### **Children will wash hands:**

- Upon arrival at Northwest Christian Preschool & Daycare & when leaving at the end of the day
- Before & after meals or cooking activities (in separate sink from the food prep sink)
- After toileting
- After handling or coming into contact with body fluids such as mucus, blood, saliva or urine.
- After outdoors play
- Before and after water table play

### **Hand washing procedures are posted at each sink and include the following:**

Soap, warm water (between 85 & 120 degrees F) and individual towels are available for staff and children at all sinks at all times.

1. Turn on water and adjust temperature.
2. Wet hands and apply a liberal amount of soap
3. Rub hands in a wringing motion from wrists to fingertips for a period of not less than 20 seconds. (Singing the Alphabet song is usually just about the right amount of time!)
4. Rinse hands thoroughly
5. Dry hands using an individual towel
6. Use the towel to turn off the water faucets

## **CLEANING, DISINFECTING, & LAUNDERING**

A Cleaning Service is contracted to provide daily cleaning and disinfecting of the rooms including vacuuming, mopping and disinfecting of the floors, light switches, door handles, shelving, windowsills, the bathroom surfaces; toilets, sinks and floors, and cleaning the carpets (no less than once every six months). They will also provide extra cleaning following an outbreak of illness

NCP Staff will regularly clean & disinfect the toys and nap cots once per week and/or as needed. Following an outbreak of illness, staff will thoroughly clean & sanitize all toys, surfaces and mats. The bleach solution is stored high, out of children's reach at all times.

Toilet seats will be cleaned and disinfected throughout the day as needed with a bleach solution of 1 Tbsp. bleach to 1 qt of water or ¼ c to 1 gallon water, leaving on surface for a min or 2 minutes before wiping clean.

The dishwasher may be used for toys that cannot be washed in the washer, or a sanitizing liquid consisting of 1 T. bleach per gallon of water may be applied directly to the toy or surface and wiped off with a clean cloth after a period of at least 3 minutes or allowed to air dry. This is the preferred method. Cloth toys, soft objects and dress up clothes will be washed in the washing machine with hot water and detergent on a monthly basis or sooner as needed. If they cannot be machine washed or run through the dishwasher, they will be hand-washed with warm soapy water, rinsed and dipped into a solution of 1 Tbsp. bleach per gallon of water for 1 min and

allowed to air dry. If a toy has been in a child's mouth, or come into contact with body fluids such as mucus, they toy will be washed, rinsed, then put in bleach solution for a period of not less than 3 minutes and allowed to air dry before allowing another child to play with that toy. This will avoid the spread of germs.

Each child will have their own cubby to store their personal belongings/bedding. Each child has their own nap mat and each teacher will have a list posted in their room documenting this. Bedding will be taken home weekly for laundering. Child care laundry will be washed as needed at a temperature of at least 140 degrees or with added disinfecting agent such as bleach.

Eating surfaces will be disinfected and sanitized prior to every use with a solution of ¼ tsp of bleach to 1 qt of water. After the solution has remained on the tables for 2 minutes it will be wiped clean

NCP staff will clean the refrigerator weekly by discarding any out of date food items and wiping the surfaces down with a bleach solution of 1 T. bleach to 1 gallon of water.

Water tables will be emptied and sanitized/disinfected after each use or more often as needed. Children will wash hands before and after play and be closely supervised.

**General cleaning** of the entire center will be done as needed. Trash cans (with disposable liners) will be available to children and staff and will be emptied daily by cleaning service and/or as needed.

## **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 sores/rashes (pus) etc. **Gloves will always be used when blood is present.** When anyone has been in contact with body fluids, or is at risk for being in contact with body fluids, the following precautions will be taken:

- Open sores or cuts will be covered (staff and children). The covering depends on the type of wound. In some cases, clothing may be adequate; in others, bandages may be necessary.
- Whenever a child or staff comes into contact with any body fluids, the area (hands, etc.) will be washed immediately with soap and warm water and dried with paper towels.
- All surfaces in contact with body fluids will be cleaned immediately with soap, water and disinfected with an agent such as bleach in the concentration used for disinfection body fluids (1/4 c bleach per gallon water or 1 Tbsp. bleach per quart water).
- Latex or neoprene vinyl 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 and air dried. Washable items, such as mop heads can then be washed with hot water and soap 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.

### **Blood Contact or Exposure**

When a staff person or child comes into contact with blood (e.g. staff provides first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters the cut or mucous membrane of another person), the staff person will inform the Director immediately. When staff report blood contact or exposure, we follow current guidelines set by Washington Industrial Safety and Health Act (WISHA).

**Children's clothes soiled with body fluids** will be put into a plastic bag and sent home with the child's parent that day. If after 24 hours it has not been taken home it will be thrown away into a trash can lined with a plastic bag, outside of the classroom.

**Pull-ups** will be checked at a minimum of every 2 hours and changed as needed. Soiled pull-ups and wipes will be disposed of in a separate garbage can with a lid (marked for pull-ups/wipes only) that will be kept in the bathroom until the end of each day where it will be disposed of by our janitorial service.

**All Children in care will have a change of clothing available to them.** Staff members are encouraged to have a change of clothing available to them as well.

### **Documentation of Exposure to Body Fluids**

It is reasonable to expect that some frequent and regular contact with body fluid will occur in a child care setting, - all ages (runny nose, potty accidents, etc.). The less common events such as cleaning up vomit or diarrhea, or administering first aid for a cut or puncture wound, actually being urinated on or for example, being spat upon warrant documentation. Such direct exposures or excessive exposure to body fluids are documented and placed in a file maintained in the director's office.

## **FOOD SERVICE AND NUTRITION**

### **Food Service**

- Food handler's permits will be required for staff that prepare full meals and are encouraged for all staff.
- Orientation and training in safe food handling will be given to all staff. Documentation will be posted in the kitchen area and/or in staff files.
- Ill staff or children will not prepare or handle food.
- Tabletops where children eat will be washed rinsed and sanitized before and after every meal and snack.
- Food Substitutions, due to allergies or special diets and authorized by a licensed health care provider will be provided within reason by the center.
- Perishable items in sack lunches will be kept cold, either by refrigeration or use of ice packs.

### **Menu & Nutrition**

Lunch, 2 snacks and a supplemental evening snack (served at 5:30 p.m.) will be served in accordance with USDA food requirements, prepared by the cook in a separate facility from the preschool, and served (in the cafeteria of the separate facility) in compliance with time lines established by WAC for childcare facilities (intervals of not less than 2 hours/not more than 3 ½ hours apart). A dated menu will be posted weekly at least 1 week in advance (labeled with vitamins A & C) and kept on file for a minimum of 6 months. Extra copies will be available to parents. Menus will include

- Water, milk or 100% juice
- Hot and cold food
- Food will vary in color, flavor and texture
- Ethnic and cultural foods will be incorporated
- Menus will list specific types of meats, fruits, vegetables juices, etc.
- Variety of fruits, vegetables and entrée items
- Foods served will generally be moderate in fat, sugar and salt content
- Menu modifications will be planned/written for children needing special diets
- Menus will be followed. Necessary substitutions will be noted on the permanent menu copy.
- Children with food allergies and medically required special diets will have diet prescriptions signed by a health care provider on file. Names of children and their specific food allergies will be posted in the kitchen, the child's classroom and any other room the child will be in.
- Children with severe and/or life threatening food allergies will have a completed emergency plan signed by the parent and health care provider.
- Diet modifications for food allergies & religious beliefs are accommodated and posted in the kitchen and classroom and any other area where the child might be. All food substitutes will be of equal nutrient value and recorded on the menu or on an attached sheet of paper.
- Mealtime and snack environments will be developmentally appropriate and will support children's development of positive eating and nutritional habits. We encourage staff to sit, eat and have casual conversation with children with children during mealtimes.

## Food Storage

Left-over food will be marked indicating the date it was opened. Food will be stored appropriately by placing perishable foods in the refrigerator (with a temperature range of 35-41 degrees) and non-perishable foods in a closed cabinet. Packages will be sealed properly, and all foods placed in the refrigerator will be sealed. No aluminum cans will be used as storage.

# INJURY DOCUMENTATION AND PREVENTION

Northwest Christian Preschool & Daycare will be inspected at least quarterly for safety hazards by the Director. Staff will review their rooms daily and remove any broken or damaged equipment.

- The Campus Maintenance Manager will maintain the facility in a safe and orderly manner. The Preschool Director will be in oversight of the facility ensuring needs are addressed in an appropriate and timely manner minimally in compliance with the law and optimally at an ideal quality. A daily walk-through of the facility will be done upon opening to ensure safety and any necessary corrections will be made as appropriate.
- Toys will be age appropriate, safe, in good repair and not broken. Mirrors will be made of shatter-proof material.
- On a regular basis (monthly) the preschool Director will review the injury log to determine if there is a pattern of injuries and will follow up to correct the problem including staff training and/or removal of materials/equipment that is causing frequent injuries.

## Dental injuries

If Dental injuries occur while a child is on campus as Northwest Christian Preschool they will be handled in the following manner:



- If there is an object wedged between the teeth, dental floss will be used gently to try to loosen the object-no sharp or pointed tools will be used.
- For a bitten lip or tongue, direct pressure will be applied with sterile gauze or a clean cloth; cold packs. Call parent, and send to Doctor if severe or if bleeding won't stop. Fill out accident report/log book and send home a copy with child.
- For a tooth that has been knocked out, staff will gently rinse tooth in cold water but will not remove any tissue OR put the tooth in a cup of cold milk. If the tooth is an adult tooth, it will be placed back in the socket and held in place. Call parent and send to a dentist immediately. Fill out accident report and send home with child. Fill out accident log book.
- If partially knocked out, push tooth back in place, call parent, and go to dentist immediately. Fill out accident report/log book and send home with child. Successful replanting usually occurs within 30 minutes of the accident.
- For a broken tooth, clean the injured area with a clean cloth and warm water, apply a cold pack, call parent and go to dentist immediately. Fill out accident report and send home with child. Fill out accident log.

## **DISASTER PREPAREDNESS**

Our center has a disaster preparedness plan. Annually, staff and parents/guardians will be given a copy of this policy and documentation of their receipt and understanding of the said policy will be kept in their child's file. Our "Disaster Plan" is located in the Preschool Lobby on the Parent Board by the front door in building "B".

- Procedures for medical, dental, poison, earthquake fire or other emergency situations will be posted in each classroom. The Director or acting Director will be responsible for orienting classroom volunteers, new staff and/or substitutes to these plans.
- Evacuation plans and routes will be posted in each classroom as well as in the hallways.
- Fire drills will be conducted and documented monthly.
- Disaster drills are conducted/documented quarterly  
(This includes Lock-down & Earthquake drills)

## **STAFF HEALTH**

- Staff and volunteers must document a tuberculin skin test (Mantoux method) within the past year, unless not recommended by a licensed health care provider.
- Staff who have had a positive tuberculin skin test in the past will always have a positive skin test, despite having undergone treatment. These employees do not need documentation of a skin test. Instead, by the first day of employment, documentation must be on record that the employee has had a negative (normal) chest x-ray and/or completion of treatment.
- Staff do not need to be retested for tuberculosis unless they have an exposure. If a staff member converts from a negative test to a positive test during employment, medical follow-up will be required and a letter from the health care provider must be on record that indicates the employee has been treated or is undergoing treatment.
- Northwest Christian Preschool & Daycare will comply with all recommendations from the local health jurisdiction (TB is a reportable disease).
- 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

“Exclusions of Ill Children” in this policy. Staff with cuts on their hands should not handle food.

- Sick pay is provided for full-time staff (30 hours or more) and staff is encouraged in good self-care habits.
- Staff who are pregnant or considering pregnancy should inform their health care provider that they work with young children. When working in child care settings there is a risk of acquiring infections which can harm a fetus.
- Recommendations of immunizations for child care providers will be available to staff.

## **CHILD ABUSE AND NEGLECT**

**Child Abuse and Neglect training is provided during the New Employee Orientation and on an annual basis every September (for review).**

The training includes the basic reporting requirements and how to handle cases of suspected abuse. Staff members are encouraged to call, regardless of whether their supervisor or co-workers agree with their assessment, however a team approach is encouraged in order to appropriately address and document the concern. **Staff members are made aware that they are MANDATED BY LAW to report abuse or suspected abuse immediately.**

- Staff reports abuse/suspected abuse to Child Protective Services (CPS) @ #725-6700 or 1-888-822-3541
- “Incident/Document of Concern” Forms are used to document cases of concern and the process used to address it.
- CPS calls and all supporting information is documented and placed in a file maintained in the director’s office.
- The Licensor will be notified of any report made.
- Discuss with intake worker the appropriateness of informing parents of a report to CPS. If they deem that it is not harmful to the child, inform the parents that we are mandated by law and that a report has been made. This will help maintain the relationship between staff and parents and let them know you are there to help.

**Staff members are guided in methods to teach children appropriate boundaries and in methods to help reduce or eliminate potential questionable situations in the classroom.**

**On field trips, two adults are always present in the van so that the driver may focus on driving and the other adult can focus on ensuring children maintain appropriate boundaries.**

This Health Care Plan must be reviewed and signed by a physician, physician’s assistant, or a registered nurse when policies and procedures or type of care provided is changed, or at a minimum, every three years at license renewal time.

# PHYSICIAN REVIEW BY:

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

\_\_\_\_\_

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