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Section 1: General Health and Illness Practices

INJURY / EMERGENCY PROCEDURES

MINOR EMERGENCIES

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

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

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

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

SERIOUS/LIFE-THREATENING EMERGENCIES

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

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

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

A staff person will stay with the injured/ill child, including transport to a hospital if necessary, until a parent, guardian, or emergency contact arrives.

The incident will be recorded on either the Ouch Report or the Illness binder and incident log as described in "Minor Injuries" section. (WAC 110-300-0465-4l)

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

FIRST AID

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

First aid kits are inaccessible to children and located in each classroom, on the playground, in each vehicle and in strollers. (WAC 110-300-0230-1)

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

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



- personal cell phone

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

CONTACT OR EXPOSURE TO BODY FLUIDS

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

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

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

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

MEDICATION MANAGEMENT



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

MEDICATION RULES

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

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

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

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

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

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

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

REQUIRED CONSENT

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

(WAC 110-300-0215-3a-ii)

☒ antihistamine

☒ non-aspirin fever reducer/pain reliever

The child care agrees to administer certain over-the-counter medications. It is the parent's responsibility to ensure that incompatible medications are not given together. More than one medication containing acetaminophen (APAP) will not be given without written authorization from a health care provider.

☒ non-narcotic cough suppressants and decongestants for children 6 years and older

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

☒ other non-prescription (over-the-counter) oral medications

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

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

☒ diaper ointment or non-talc powder intended for the use in the diaper area

☒ sunscreen for children over 6 months of age

☒ fluoride toothpaste for children over 2 years old

☒ hand sanitizers or alcohol hand wipes for children 24 months and older

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

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

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

- The health care provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, duration, and expiration date).
- The health care provider with prescriptive authority provides written directions with a signature.
- The health care provider signs a completed medication authorization form.

"AS NEEDED" MEDICATIONS

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

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

SUNSCREEN

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

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

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

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

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

ADMINISTRATION

Medications are administered by the director or lead teacher.

Only staff persons who have completed the DCYF medication administration training course and who have been oriented to the center's medication policies and procedures can give medications. (WAC 110-300-0215-2 and WAC 110-300-0106-10) Staff members administering medications have taken the mandatory DCYF medication training (WAC 110-300-0106-10) and additional medication administration training: American Academy of Pediatrics' Medication Administration Training. Documentation of this training will be kept with Health Care Plan. These policies are reviewed with all staff members who administer medications annually.

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

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

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

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

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

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

CHILDREN TAKING THEIR OWN MEDICATION

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

- there is a written statement from the parent and health care provider requesting the child take their own medication and stating that the child is physically and mentally capable of doing so, with the exception of diaper ointment, sunscreen, lip balm or lotion, hand sanitizers, or fluoride toothpaste.
- all storage criteria stated in this policy are met, and
- a staff member observes and documents that the child took the medication. (WAC 110-300-0215-3v)

DOCUMENTATION

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

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

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

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

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

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

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

STORAGE

Children's medication will be kept in child diaper cubby for infant, waddler and toddler, Office for preschool, in locking medicine bag in teacher box for Forest School. This is a location inaccessible to children; away from sources of moisture, heat, and light; away from food; and protected from sources of contamination. Medication will be stored as directed on the packaging or prescription label. (WAC 110-300-0215-3c)

Staff medication will be stored in the locking medicine bag in teacher box. This location is inaccessible to children. Staff medications are clearly identified as such.

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

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

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

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

MEDICATION ERRORS

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

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

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

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

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

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

DISPOSAL

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

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Staff will check all children for signs of illness when they arrive at the school and throughout the day. (WAC 110-300-0205-1) If the following signs of a possibly contagious illness are present, a child will be excluded. The parent will be called to pick up their child. Kaleidoscope office staff will be called to pick up the child if parents cannot arrive within 15 minutes. The child will be kept in the office and the office staff will care for the child until the parent arrives. (WAC 110-300-0205-3) Emergency contacts will be called if parent does not arrive within 30 minutes

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

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

- temperature of 101° F by any method for children 2 months or older (or 100.4 ° F for an infant younger than 2 months) AND who also have one or more of the following:
 - headache
 - earache
 - sore throat
 - rash
 - behavior change
 - other sign of illness
- vomiting on 2 or more occasions within the past 24 hours
- diarrhea (increased fluidity and/or frequency of bowel movements relative to the person's usual pattern) occurring two times above normal for that person within 24 hours; or one stool containing blood or mucus
- a rash not associated with previously diagnosed heat rash, diaper rash, or allergic reaction (WAC 110-300-0205-5d)
- open sores or wounds discharging bodily fluids that cannot be adequately covered with a waterproof dressing or mouth sore with drooling (WAC 110-300-0205-5d)

- a child who appears severely ill, which may include lethargy, persistent crying, difficulty breathing, or a significant change in behavior or activity level indicative of illness
- symptoms of illness that prevent participation in regular activities or require a greater level of care than can be provided by staff without compromising the health and safety of other children (AAP Managing Infectious Disease)

Certain illnesses and conditions will require specific exclusion criteria and management. Lice, ringworm, and scabies do not require exclusion immediately per licensing regulations and best practice. This center has a policy that is stricter than the regulations and best practices and excludes immediately when lice, scabies, or ringworm are identified. Individual may return the day after treatment was started. (WAC 110-300-0205-5f)

Temperatures are taken with a digital thermometer with single use disposable covers. Temperatures are taken using the axillary route for all children. No rectal nor ear temperatures are taken. (WAC 110-300-0205-7)

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

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

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

- they no longer have symptoms
- they have been without fever for 24 hours without being treated by an antipyretic such as acetaminophen or ibuprofen (e.g. Tylenol, Advil)
- 24 hours have passed since starting appropriate treatment
- they no longer have discomfort
- the center has been advised by a Public Health Nurse on communicable disease exclusion guidelines for child care
- when staff have been diarrhea-free for at least 48 hours if preparing food at the child care [\(CDC\)](#)
- they have a note to return from their health care provider

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

COMMUNICABLE DISEASE REPORTING

Licensed child care facilities are required to report certain communicable diseases, called notifiable conditions, to their local public health department and to their licensor. (WAC 246-101-415 and WAC 110-300-0205-6) The following is a partial list of the diseases that must be reported. Access the Washington State Department of Health website for a [complete list of notifiable conditions](#) that must be reported, or call your local health department at 360-378-4474. Children and staff who have a reportable disease may not be in attendance at the center unless approved by the local health department. (WAC 246-101-415 and WAC 246-110-020-1,2)

The following communicable diseases will be reported San Juan County Health & Community Services at 360-378-4474 giving the caller's name, the name of the child care program, address, telephone number, and name of individual involved:

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

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

HEALTH RECORDS

Each child's file will contain:

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

- preferred hospital for emergency care (WAC 110-300-0460-4e)
- incident and injury reports (WAC 110-300-0460-4i)

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

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

GENERAL HEALTH PRACTICES

The following general health practices will take place:

- Children will sleep at least 18 inches apart at the sides and in a head to toe or toe to toe arrangement. (WAC 110-300-0265-8)
- Fresh air will be provided by opening windows at least 15 minutes per day. (CFOC 5.2.1.1 and CFOC 5.2.1.3)
- Daily outside activity must be provided in the morning and afternoon (if you provide full time care). (WAC 110-300-0360-2) Children will meet the daily minimum outside play requirements as detailed in the physical activity section of this policy.
- Weather and outdoor air quality conditions are monitored to ensure child health and safety during outdoor play. (WAC 110-300-0147) Children will be dressed appropriately for the weather. (WAC 110-300-0147-2)
- Shade is provided in the outdoor space by a combination of methods. (WAC 110-300-0145-3)

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

CHILD CARE HEALTH CONSULTATION

This center contracts with a private child care health consultant on a regular basis. The name of this individual can be found on the front page of this policy



The consultant is a currently licensed Registered Nurse with training and/or experience in pediatrics or public health. (CFOC 1.6.0.1) The child care health consultant visits the center monthly. (CFOC 1.6.0.2) The consultant serves only the infant room, and to review and sign the health policy. (CFOC 1.6.0.1) Nurse consultation records are kept in an office file. (WAC 110-300-0275-4,5)

IMMUNIZATIONS

To protect all children and the staff, and to meet state health requirements, the center only accepts children fully immunized for their age. (CFOC 7.2.0.1 and WAC 110-300-0210-8) The Certificate of Immunization Status (CIS) for each child is kept on file to show the Department of Health and the Department of

Children, Youth, and Families (DCYF) that the center is in compliance with licensing standards. (WAC 110-300-0210-2a, 4)

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

Children may attend child care without one or more immunizations: (WAC 110-300-0210-3.8)

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

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

- ☒ with a completed Personal/Philosophical Exemption section of the Certificate of Exemption form, signed by both the parent and health care practitioner. A personal exemption is not permitted for the Measles, Mumps and Rubella immunization requirement, (WAC 246-105-050)

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

The CIS records are reviewed and updated annually by the assistant director. When we receive updates, the center staff will update the CIS form.

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

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

STAFF HEALTH

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

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

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

- a secure place to store personal belongings that is inaccessible to children (WAC 110-300-0120-1)
- ☒ Adult sized bathrooms will be on-site.
- ☒ Staff receive training on topics like stress management and body mechanics.
- ☒ Separate space will be provided for staff to work or take breaks. This space is available in the office.
- ☒ Step stools will be provided for children to reach the sink and diaper changing table (with supervision) to help protect employees' backs.

For staff who become stressed or frustrated, the following will be provided: Referral to Community Wellness Program for mental health services.

ILLNESS PREVENTION

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

TUBERCULOSIS (TB)

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

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

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

STAFF IMMUNIZATIONS

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

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

☒ Staff immunizations will be recorded upon employment.

COMMUNICATING HEALTH POLICIES

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

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

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

Section 2: Sanitation and Environment

HANDWASHING

Children will strongly be encouraged to:

- (a) Wet hands with warm water;
- (b) Apply soap to the hands;
- (c) Rub hands together to wash for at least twenty seconds;
- (d) Thoroughly rinse hands with water;
- (e) Dry hands with a paper towel, single-use cloth towel, or air hand dryer. Outdoor preschools may use cotton roll towels, or otherwise ensure that children do not use the same part of re-usable cloth towels;
- (f) Turn water faucet off using a paper towel or single-use cloth towel unless it turns off automatically; and
- (g) Properly discard paper single-use cloth towels after each use.

Hand sanitizer will be used only after soil and dirt have been cleaned from the hands and when proper handwashing facilities are not available

When permanent sinks are not available, Forest School will also have warm water available through a spouted jug for handwashing and the above, applicable, procedures will be followed.

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

- upon arrival at work
- before and after handling foods, cooking activities, eating, or serving food
- after toileting self or children or changing a diaper or pull-up

- after handling or coming in contact with body fluids such as mucus, blood, saliva, urine, or feces
- after cleaning or taking out garbage
- after attending to an ill child
- before and after giving medications, including applying sunscreen
- after handling, feeding, or cleaning up after animals
- after using tobacco or vaping products
- after being outdoors or involved in outdoor play or gardening
- as needed

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

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

Antimicrobial soaps are not used at the child care. (CFOC 3.2.2.2) (FDA 2016) Handwashing practices are posted at all handwashing areas that are permanently occupied by Forest School.

Children are able to access the handwashing sinks by themselves. Step stools or platforms are easily cleanable and resistant to moisture and slipping. (WAC 110-300-0220-1bi)

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

☒ Hand sanitizers may be used by staff when proper handwashing facilities are not readily available or in conjunction with proper handwashing only.

☒ Hand sanitizers may be used on children 24 months of age or older (WAC 110-300-0200-6), only with written parental consent, and under close adult supervision. (WAC 110-300-0200-7) Instructions for the proper use of hand sanitizers are posted in the classrooms.

GENERAL CLEANING, SANITIZING, AND LAUNDRY

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

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

PRODUCT STORAGE

Cleaning, sanitizing, and disinfecting supplies are stored in the original containers, inaccessible to children, in a manner to avoid spills, and separate from food and food preparation areas. (WAC 110-300-0260-1) Cleaning supplies for the kitchen are stored in the laundry room. Other cleaning products are stored in the furnace room. This location is ventilated to the outside by mechanical ventilation. (WAC 110-300-0260-3). Forest School cleaning supplies will be stored out of reach of children.

Safety Data Sheets (SDS) are kept for all chemicals in the office. (WAC 110-300-0240-2f-iii)

PRODUCTS USED

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

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

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

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

☒ This center uses bleach as a sanitizer and disinfectant. The bleach used contains no scents or surfactants. (WAC 110-300-0240-2e) Bleach is added to a container of cold water and solutions are made fresh daily. Two (2) minutes of contact time of the solution with the surface is allowed. After the minimum contact time, the sanitizer may be wiped off with paper towels or the surface may be allowed to air dry. Only bleach products with the percent of sodium hypochlorite written on the bottle will be used. The recipes on the following chart will be used to prepare the solutions based on the percent sodium hypochlorite in the bleach. (WAC 110-300-0240-2e) This center uses 8.25% bleach.

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

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

CHEMICAL SAFETY

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

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

The use of sponges is not permitted anywhere in the center. (CFOC 5.6.0.4)

Disposal of wastewater is done in the utility sink. (WAC 110-300-0260-2d)

Forest School bleach bottles will be made at Kaleidoscope daily and brought on the Bus.

CLEANING SCHEDULE

This center's minimum schedule for general cleaning is:

- Tables and counters used for food service will be cleaned and sanitized before and after each meal or snack. (WAC 110-300-0241-1a)
- Classroom sinks, countertops, and floors will be cleaned and sanitized daily. (WAC 110-300-0241-5,10)
- Bathrooms will be cleaned and disinfected at least daily. This includes sinks, toilets, counters, and floors. (WAC 110-300-0220-1f) Toilet seats will be cleaned and disinfected throughout the day, at least daily, and as needed. (WAC 110-300-0220-4 and WAC 110-300-0241-6)
- Potty chairs are not used at this center. (WAC 110-300-0220-5)
- Composting toilet will be removed and emptied weekly, or more, when necessary.
- Any carpeting, rugs, and upholstered furniture will be vacuumed daily. (WAC 110-300-0241-10)
- Furniture and equipment are cleaned at least monthly. (WAC 110-300-0241-1h)

- Toys will be easily cleanable. (WAC 110-300-0150-1a,b) Toys will be washed, rinsed, sanitized, and air-dried or toys that are dishwasher safe can be run through a full wash and dry cycle. This is done daily for infant/toddler toys and weekly for all other toys or more often if needed. (WAC 110-300-0241-1g)
- Water tables, if used, will be emptied and sanitized daily or more often as needed. (WAC 110-300-0175-6) Children will wash hands before and after play in water or sensory tables (CFOC 6.2.4.2) and will be closely supervised. (WAC 110-300A-5050-3 and 110-300-0345-5c-ii)
- Nap mats will be cleaned and sanitized weekly, between uses by different children, after a child has been ill, and as needed. (WAC 110-300-0241-3 and WAC 110-300-0265-6b) They will be stored separately. (WAC 110-300-0265-6c) Nap mats will be in good repair. (WAC 110-300-0265-6a)
- Wastebaskets will have disposable liners and are emptied daily or more often if necessary. (WAC 110-300-0241-8)
- All garbage cans are emptied daily and cleaned and disinfected as needed. (WAC 110-300-0241-8)

LAUNDRY

Linens and bedding are washed at the center with bleach. (WAC 110-300-0241-4) This center's minimum schedule for laundry is:

- Linens and bedding are washed weekly or more frequently as needed. (WAC 110-300-0241-4 and WAC 110-300-0265-9)
- Cloth toys and dress up clothes are laundered weekly. If they cannot be washed in the washing machine, they will be hand washed in warm soapy water, rinsed, then dipped into a sanitizing solution for the required contact time and allowed to air dry.
- Bedding will be stored separately in each classroom. (WAC 110-300-0265-9c)

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

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

A change of clothes is available for the children and is provided by the parents. The center has a few sets of extra clothes available in case a parent forgets. These clothes are stored in cubbies or in individual backpacks (WAC 110-300-0140-4)

FOOD SERVICE

Forest School food will be delivered daily, with appropriate temperatures maintained.

FOOD PREPARATION FACILITY

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

- ☒ 1 refrigerator(s) (WAC 110-300-0198-2c)
- ☒ 3 freezer(s)
- ☒ 2-compartment sink and a commercial dishwasher (WAC 110-300-0198-3d,4c)
- ☒ separate handsink used for handwashing only (required for facilities licensed after 8/2019) (WAC 110-300-0198-4a)
- ☒ compartment of a multi-compartment sink that is designated for food preparation (should be the compartment used for sanitizing dishes) (WAC 110-300-0198-4b)
- ☒ oven and stove with properly vented hood or exhaust fan (WAC 110-300-0198-1b)

FOOD SUPPLY

This center purchases food from FSA, Costco and local grocery store. All food meets the following criteria:

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

FOOD STORAGE

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

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

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

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

TEMPERATURE CONTROL

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

All food temperatures will be monitored using a calibrated metal stem-type dial food thermometer. (WAC 110-300-0197-5)

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

Select the boxes next to those foods that are cooked from a raw state at the child care.

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

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

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

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

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

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

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

Any sack lunches or foods brought from home are kept cool to prevent bacteria growth. (WAC 110-300-0197-3) Staff will check lunches from home and refrigerate any lunches that contain perishable items.

HANDLING LEFTOVERS

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

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

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

FOOD HANDLING

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

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

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

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

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

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

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

The cook does not change diapers unless all food preparation is completed for the day. (CFOC 4.9.0.2)

KITCHEN CLEANING AND SANITIZING

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

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

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

All dishes, cups, utensils, etc. will be washed after each use in an automatic dishwasher capable of reaching 140 degrees F. (WAC 110-300-0195-3b, WAC 110-300-0198-3d and WAC 110-300-0241-1b)

FOOD WORKER EDUCATION

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

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

WATER AND SENSORY PLAY

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

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

Forest School will engage in water exploration, only when life guard is present and life saving equipment is available.

DISASTER PREPAREDNESS

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

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

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

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

- which staff is responsible for each part of the plan and actions to be taken by a person discovering an emergency
- procedure for accounting for all children during and after an emergency
- evacuation routes and meeting location (WAC 110-300-0470-2a-i)
- Individualized Care Plans for children with special needs (WAC 110-300-0300)

- how children will be cared for until parents are able to pick them up (WAC 110-300-0470-1d)
- how contact will be made with parents/guardians when normal lines of communication are not available (WAC 110-300-0470-2a)

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

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

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

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

SMOKING/VAPING

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

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

TRANSPORTATION SAFETY



All vehicles will be maintained in good operating condition. (WAC 110-300-0480-3c) A safety check will be done quarterly by the driver. All vehicle maintenance is conducted by Orcas Auto Tech. Vehicles will be properly licensed and insured. (WAC 110-300-0480-3e)

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

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

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

Drivers will have a current driver's license, a safe driving record for at least 5 years, background check, and CPR/ First Aid training. (WAC 110-300-0480-3) Drivers receive training on safe vehicle operation from NPIP. This training consists of online information that meets insurance requirements.

PEST CONTROL

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

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

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

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

Annually, parents are provided with a copy of our pesticide policy. The policy is located in each classroom's Emergency Binder and in office. *(If you do not have a pesticide policy please request template or download it from the SHD website).*

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




Whenever possible, non-chemical methods of pest control are used. When pest problems persist, we may choose to use chemical pest control, such as rodent baits, weed killers, or insect sprays. When chemical pest control measures are taken, they will be applied by a Certified Pest Control operator, will not be applied while children are present, and will not be placed in a location accessible to children. All surfaces will be wiped down and rooms aired out before children are allowed to enter them. Parents will be notified 48 hours in advance of the application, unless the

pesticide is used to control pests that post an immediate risk to children's health or safety. (WAC 110-300-0255-1,2)

Management of shared areas have been asked to inform Kaleidoscope of pesticide use. Alternate locations will be sought when necessary.

ANIMAL POLICY

This child care program does have pets on-site. Parents/families are discouraged from bringing their own pets on-site.

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

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

- Sam, the desert box turtle, in Preschool

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

The center has a comprehensive animal policy which is kept in office. (WAC 110-300-0225-2a)

This child care may occasionally have on-site animal-related educational activities where an animal is brought to the child care site. The Forest School occurs in locations that may have animals.

Students may not touch or interact with dogs while attending Forest School.

Families who bring their dog to drop off/pick up will be asked to leash their dog outside of the classroom area.

Teachers have the right to ask people to leash their dogs while around children.

Teachers will instruct students on "hiking etiquette," requesting that they move to one side of the trail and wait for the dog to pass.

Wild Animal Encounters Policy

While wild animal encounters are less frequent, teachers must follow policies regarding interacting with wild animals. These include:

Raccoons: Use the emergency whistle procedure to call the kids together, then move away from the area. Raccoon feces is toxic

Farm animals, such as horses, cows, goats, etc.: Children may only interact with these animals under close supervision of a farm member. Children should wash their hands with soap and water and/or hand sanitizer immediately after being in contact with any farm animals.

Predators, such as coyotes, cougars, foxes, bears: Blow the emergency whistle and keep the children close, then evacuate the area.

Stinging/Biting Insects: If a nest is found, teachers must contact the park/camp director.

Squirrels/Crows: Squirrels and crows are frequent visitors. Students may never touch these animals. To prevent squirrel/crow mischief, keep backpacks and any bags/containers containing food in a covered bin or locked shed.

Bats: Teachers or students should never touch live or dead bats. Parks/camp staff will be called, with bat-impacted area marked off by teaching staff. Teachers should sanitize any impacted areas.

Deer: Moving calmly and slowly, teachers and children will gather together away from the deer. If needed, teachers may make a loud sound to encourage the deer to retreat from the classroom.

Dead animals: Don't touch, or in special cases for learning purposes touch with one finger and then wash hands with soap and water immediately after.

DRINKING WATER

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

Drinking water is available to the children throughout the day and (WAC 110-300-0236-1a) The child care will notify licensing if the water supply is interrupted for more than one hour. (WAC 110-300-0235-4) The center does not have drinking fountains. (WAC 110-300-0236-2)

When necessary, jugs of water will be brought to Forest School on the morning Bus. Jugs will be cleaned and sanitized daily.

TOILETING

Public restrooms will be used when available. Staff will inspect for cleanliness upon arrival, clean and sanitize when necessary. Composting toilet will be used by children at Camp Orkila and the blackwater buckets will be changed out weekly or when half full. The black water will be transported to a community members current composting system which is in accordance with the Water Conserving On-Site Wastewater Treatment Systems guidelines from DOH. At Camp Orkila, staff can use the portable chemical toilet. In emergencies, a portable toilet will be available on the bus. Handwashing practices are always used. Toilets are cleaned and sanitized daily, or more, if necessary.

WASTEWATER DISPOSAL

Used water will be disposed of outside of the classroom boundaries or in proper waste equipment.

INJURY PREVENTION

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

- safety hazards (broken toys, equipment, drowning, choking, sharp objects, entrapments, unshielded light bulbs, etc.)
- proper security of the center (secure doors, proper supervision, etc.)
- trip/fall hazards (heights, sticks, uncontained toys, heavy items up high, etc.)
- poisoning hazards (plants, lead paint, chemical storage, toxics, etc.) (WAC 110-300-0260-1, WAC 110-300-0410-6, and WAC 110-300-0145-10)
- electrical hazards (electrical cords, unprotected outlets, etc.)
- burn hazards (unprotected heaters, space heaters, cooking equipment, etc.)
- suffocation (plastic bags)
- strangulation hazards (blind cords, ropes, etc.)

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

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

The playground and outdoor play space will be inspected daily before use for broken equipment, environmental hazards, garbage, animal contamination, and other hazards by the assistant director. (WAC 110-300-0145-1) Outdoor space boundaries will be marked with safety cones or orange caution tape tied around trees.

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

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

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

Section 4: Nutrition and Physical Activity

NUTRITION

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

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

The foods served will:

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

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

The amount of required milk fat in the milk product is determined by the child's age. (WAC 110-300-0185-1)
☒ For children age 2 through 5, milk served will be unflavored 1% milk.

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

- 845/9am
- 11:30
- 3:00

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

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

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

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

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

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

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

All children will eat from plates or other appropriate surface, have a paper napkin, and developmentally appropriate utensils. (WAC 110-300-0195-3a,e)

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

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

Mealtime and snack time will support children's development of healthy eating habits. For safety and role-modeling, staff members sit, eat, and have casual conversations with children during mealtimes. (WAC 110-300-0195-4b) Staff members **are trained in facilitating family-style food service which allows children to practice self-help skills**. (WAC 110-300-0195-4a) Staff are respectful of each child's cultural food practices. (WAC 110-300-0195-3f)

During meal and snack times, staff will eat only those foods that are served to the children. (CFOC 2.4.1.2)



When parents provide their children meals or snacks, they must meet the nutritional requirements as outlined by the Washington State Meal Pattern for Child Care found on the USDA Nutrition Standards for CACFP Meals and Snacks webpage

<http://www.fns.usda.gov/cacfp/meals-and-snacks>. (WAC 110-300-0190-3) The child care must inform parents of these requirements. (WAC 110-300-0190-3a) If the meal provided does not meet nutritional requirements, the center will supplement the meal with the missing components. (WAC 110-300-0190-3b) The center will help the parent provide more nutritionally adequate meals in the future by sharing information and resources with the parents (such as the Pack-a-Sack handout from the Child Care Health Outreach Program or a summary of what a sack meal must contain (http://www.fns.usda.gov/sites/default/files/cacfp/CACFP_childmealpattern.pdf)).

FOODS FOR SPECIAL OCCASIONS

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

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

TOOTHBRUSHING

Forest School elects to offer toothbrushing education in lieu of a daily toothbrushing opportunity.

PHYSICAL ACTIVITY

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

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

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

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

PRESCHOOLERS AND PRE-KINDERGARTEN

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

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

- be provided at least 90 minutes a day of active playtime with moderate to vigorous activity, which may include 30 minutes or more being indoors for programs operating 6 hours or more (WAC 110-300-0360-2c-iii or CFOC 3.1.3.1)

SCREEN TIME

Screen use is prohibited at Forest School. Staff use tablets/phones for documentation and phototaking.

Section 5: Social, Emotional, and Behavioral Health

CHILD ABUSE AND NEGLECT

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

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

Staff will record the signs of child abuse or neglect on the CPS Referral form which is located in the office. (CFOC 3.4.4.1)

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

BEHAVIOR MANAGEMENT/GUIDANCE PRACTICES

GENERAL PRACTICES

The center's written behavior management and guidance practices are kept In each classroom's emergency binder and office binder. (WAC 110-300-0110-2)

Staff point out positive social interactions rather than only focusing on negative behavior. Staff help children problem solve when conflicts arise. Staff members exhibit a range of techniques such as

offering choices, distracting, ignoring, consequences, cool-off, and re-directing when behavior issues occur. (WAC 110-300-0330-2)

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

Behavior management principles are based on King County Behavior Guidelines. Teaching staff receive regular training on behavior management.

ENVIRONMENT

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

Noise levels in the center are kept low, so that teachers can be heard without the need to raise their voices. (WAC 110-300-0165-4d) Children are given the opportunity to have privacy or time alone, while still being able to be supervised by staff members. This is done by encouraging and providing the use of "sit-spots" for all children.

INDIVIDUAL BEHAVIOR MANAGEMENT AND PLANS

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

ATTENDANCE RECORDS

Daily attendance records will be kept. The parent or other authorized person will sign their child in upon arrival and sign the child out upon departure using DCYF's electronic system. Attendance records will be kept at the facility for the minimum legal retention period. (WAC 110-300-0455)

Section 6: Special Health Needs

CHILDREN WITH SPECIAL NEEDS / INCLUSION

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

A written individual plan of care is developed by the director, parent/guardian, and teacher for each child with special needs. It includes instructions from the parent and health care provider regarding the diagnosis (if known), medications, specific food or feeding requirements, life-threatening

allergies, treatments, special equipment or health needs, modifications needed, emergency response plans, and contact information for the health care provider and/or specialists working with the child. (WAC 110-300-0300-2a and WAC 110-300-0190)

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

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

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

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

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

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

Additional information can be found in Kaleidoscope Disaster Plan, Family Handbook, Bloodborne Pathogens Policy, Pet Policy, Risk Management Policies & Procedures Forest School 2019, Kaleidoscope Health Care Plan. These documents can be located online, at www.ourkaleidoscopekids.com, or in Kaleidoscope's office.