

Preschool & School-Age Child Care HEALTH POLICY

Child Care Program Name: [Blazing Trails Child Care](#)

Director: [Rita M Garton](#)

Street: [1901 SW Genesee St \(Cooper Building\)](#)

City, State, & Zip: [Seattle, WA 98106](#)

Telephone: [206-937-5160](#)

Cross Street: [19th Ave SW](#)

Email: blazingtrails@blazingtrails.org Website: www.blazingtrails.org

Hours of operation: [6:30am-6pm](#)

Ages served: [5-12 year olds](#)

Emergency telephone numbers:

Fire/Police/Ambulance: **911**

C.P.S.: **1-800-609-8764**

Poison Center: **1-800-222-1222**

Animal Control: [206-386-4260](#)

Other important telephone numbers:

Public Health Nurse Consultant: [Nancy Wessenberg RN, BSN](#)

Phone: [206-351-4631](#)

Public Health Nutrition Consultant: [Nancy](#)

Phone:

DEL Licensor: [Janette Kwon](#)

Phone: [253-372-5958](#)

Communicable Disease/Immunization Hotline (Recorded Information): (206) 296-4949

Communicable Disease Report Line: (206) 296-4774

Out-of-Area Emergency Contact: [N/A](#)



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CHILD CARE HEALTH PROGRAM CONTACT INFORMATION

CHILD CARE HEALTH PROGRAM
2124 FOURTH AVENUE, 4TH FLOOR
SEATTLE WA 98121
TELEPHONE (206) 296-2770
FAX (206) 296-2750

WEBSITE www.kingcounty.gov/health/childcare



PURPOSE AND USE OF HEALTH POLICY

This health policy is a description of **our** health and safety practices.

Our policy was prepared by [Sarah Cannon](#).

Staff will be oriented to our health policy by [Sarah Cannon, Head Teacher](#) (*who*),

[During beginning of school year staff orientation, September 2009](#) (*when*).

Our policy is accessible to staff and parents and is located [on the Family Information wall/table](#). (*recommended for staff: copy in each classroom*).

Please note: Changes to health policy must be approved by a health professional (as per WAC).

This health policy does not replace these additional policies required by WAC:

1. *Pesticide Policy*
2. *Bloodborne Pathogen Policy*
3. *Behavior Policy*
4. *Disaster Policy*
5. *Animal Policy and/or Fish Policy (if applicable)*



PROCEDURES FOR INJURIES AND MEDICAL EMERGENCIES

1. Child is assessed and appropriate supplies are obtained.
2. If further information is needed, staff trained in first aid refer to the [First Aid Handbook](#) (*name of guide*) located [In the First Aid supply cupboard](#) (*where*).
3. First aid is administered. Non-porous gloves (nitrile, vinyl or latex*) are used if blood is present. If injury/medical emergency is life-threatening, one staff person stays with the injured/ill child and administers appropriate first aid, while another staff person calls 911. If only one staff member is present, person assesses for breathing and circulation, administers CPR for one minute if necessary, and then calls 911.
4. Staff call parent/guardian or designated emergency contact if necessary. For major injuries/medical emergencies, a staff person stays with the injured/ill child until a parent/guardian or emergency contact arrives, including during transport to a hospital.
5. Staff record the injury/medical emergency on [Ouch Reports for minor injuries, and Incident Report for major injuries](#) (*name of report form(s) for minor &/or major injuries*), which is/are kept [in the first aid cupboard for Ouch Reports and Incident Reports located in Blazing Trails Office](#)(*where*).

The report includes:

- date, time, place and cause of the injury/medical emergency (if known),
- treatment provided,
- name(s) of staff providing treatment, and
- persons contacted.

A copy is given to the parent/guardian the same day and a copy is placed in the child's file. For major injuries/medical emergencies, parent/guardian signs for receipt of the report and a copy is sent to the licenser no later than the day after the incident.

6. An injury is also recorded on the Injury Log, which is located [in the First Aid cupboard](#) (*where*). The entry will include the child's name, staff involved, and a brief description of incident. We maintain confidentiality of this log by ["staff only" location and filing of completed forms in office binder](#).
7. The child care licenser is called immediately for serious injuries/incidents which require medical attention.

**Please note: Use of latex gloves over time may lead to latex allergy. Latex-free gloves are preferred. If using latex gloves, consider selecting reduced-powder or powder-free low-protein/hypo-allergenic gloves. Hands should always be washed after gloves are removed.*

Please see Appendix I: INJURY LOG TEMPLATE.



FIRST AID

At least one staff person with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid is present with each group or classroom **at all times**. Training includes: instruction, demonstration of skills, and test or assessment. Documentation of staff training is kept in personnel files.

Our first aid kits are inaccessible to children and located [in the First Aid cupboard](#).
Generally recommended: In "grab & go" bags in all classrooms.)

First aid kits are identified by [the red and white red cross symbol](#).

Each of our first aid kits contain all of the following:

- ◆ First aid guide
- ◆ Sterile gauze pads (different sizes)
- ◆ Small scissors
- ◆ Adhesive tape
- ◆ Band-Aids (different sizes)
- ◆ Roller bandages (gauze)
- ◆ Large triangular bandage
- ◆ Gloves (nitrile, vinyl, or latex)
- ◆ Tweezers for surface splinters
- ◆ Syrup of Ipecac * (unexpired)
- ◆ CPR mouth barrier

***Syrup of Ipecac is administered only after calling Poison Control 1-800-222-1222.**
Our first aid kits do not contain medications, medicated wipes, or medical treatments/equipment which would require written permission from parent/guardian or special training to administer.

Travel First Aid Kit(s)

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

- ◆ Liquid soap and paper towels
- ◆ Water
- ◆ Chemical ice (non-toxic) for injuries
- ◆ Cell phone, walkie-talkies, and/or change for phone calls.
- ◆ Copies of completed 'consent for emergency treatment' & 'emergency contact' forms

All first aid kits are checked by [Head Teacher](#) (*assigned person*) and restocked [monthly/as needed](#) (*how often; monthly recommended*) or sooner if necessary. The expiration date for syrup of ipecac is also checked at this time.

Please see Appendix II: FIRST AID KIT CHECKLIST.



BLOOD/BODY FLUID CONTACT OR EXPOSURE

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. All body fluids may be infected with contagious disease. **Non-porous gloves are always used when blood or wound drainage is present.** To limit risk associated with potentially infectious blood/body fluids, the following precautions are always taken:

1. Any open cuts or sores on children or staff are kept covered.
2. Whenever a child or staff comes into contact with any body fluids, the exposed area is washed immediately with soap and warm water, rinsed, and dried with paper towels.
3. All surfaces in contact with body fluids are cleaned immediately with detergent and water, rinsed, and disinfected with an agent such as bleach in the concentration used for disinfecting body fluids (1/4 cup bleach per gallon of water or 1 tablespoon/quart).
4. Gloves and paper towels or other material used to wipe up body fluids are put in a plastic bag, tied closed, and placed in a covered waste container. Any brushes, brooms, dustpans, mops, etc. used to clean-up body fluids are washed with detergent, rinsed, and soaked in a disinfecting solution for at least 2 minutes and air dried. Machine washable items, such as mop heads, are washed with hot water and detergent in the washing machine. All items are hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach in an area ventilated to the outside.
5. A child's clothes soiled with body fluids are put into a closed plastic bag and sent home with the child's parent/guardian. A change of clothing is available for children in care, as well as for staff.
6. Hands are always washed after handling soiled laundry or equipment, and after removing gloves.

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 informs [Rita Garton, Director](#) and/or [Sarah Cannon, Head Teacher](#) (*assigned person*) immediately.

When staff report blood contact or exposure, we follow current guidelines set by Washington Industrial Safety and Health Act (WISHA), as outlined in our Bloodborne Pathogen Exposure Control Plan (*separate document*). We review the BBP Exposure Control Plan annually with our staff [during beginning of year orientation](#) (*when*) and document this review.



INJURY PREVENTION

1. Proper supervision is maintained at all times, both indoors and outdoors. Staff position themselves to observe the entire play area.
2. The site is inspected **at least monthly** (*how often*) for safety hazards by **Head Teacher or a designee** (*assigned person*). Staff review their rooms daily and remove any broken or damaged equipment.

Hazards include, but are not limited to:

- *Security issues (unsecured doors, inadequate supervision, etc.)*
- *General safety hazards (broken toys & equipment, standing water, chokable & sharp objects, etc.)*
- *Strangulation hazards*
- *Trip/fall hazards (rugs, cords, etc.)*
- *Poisoning hazards (plants, chemicals, etc.)*
- *Burn hazards (hot coffee in child-accessible areas, unanchored or too-hot crock pots, etc.)*
- *Other: _____*

3. The playground is inspected daily for broken equipment, environmental hazards, garbage, animal contamination, and required depth of cushion material under and around equipment by **Pathfinder K-8 Staff** (*assigned person*). It is free from entrapments, entanglements, and protrusions.
4. Toys are age appropriate, safe, and in good repair. Broken toys are discarded. Mirrors are shatterproof.
5. Rooms with children under 3 years old are free of push pins, thumbtacks, and staples.
6. Cords from window blinds/treatments are inaccessible to children.
(Many infants and young children have died from strangling in window cords. Consider cordless window treatments, or replace or retrofit corded models. See the Window Covering Safety Council's website, www.windowcoverings.org, for more information.)
7. Staff do not step over gates or other barriers while carrying children.
8. Hazards are reported immediately to **Pathfinder office and/or Custodian** (*assigned person*). The assigned person will insure that they are removed, made inaccessible or repaired immediately to prevent injury.
9. The Injury Log is monitored by **Director/Office Manager with Pathfinder Safety Committee** (*assigned person*) **Monthly during Pathfinder Safety meetings** (*how often*) to identify accident trends and implement a plan of correction.

We routinely get updates on recalled items and other safety hazards on the Consumer Products Safety Commission website: www.cpsc.gov



POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Children with any of the following symptoms are not permitted to remain in care:

1. **Fever** of at least 100 ° F as read under arm (axillary temp.) **accompanied by** one or more of the following:
 - diarrhea or vomiting
 - earache
 - headache
 - signs of irritability or confusion
 - sore throat
 - rash
 - fatigue that limits participation in daily activities

No rectal or ear temperatures are taken. Digital thermometers are used.

(Oral temperatures may be taken for preschool through school age children if single use covers are used over the thermometer. Glass thermometers contain mercury, a toxic substance, and are therefore should not be used. Temperature strips should not be used because they are frequently inaccurate.)

2. **Vomiting:** 2 or more occasions within the past 24 hours.
3. **Diarrhea:** 3 or more watery stools within the past 24 hours or any bloody stool.
4. **Rash,** especially with fever or itching.
5. **Eye discharge or conjunctivitis (pinkeye)** until clear or until 24 hours of antibiotic treatment.
6. **Sick appearance, not feeling well, and/or not able to keep up with program activities.**
7. **Open or oozing sores,** unless properly covered **and** 24 hours has passed since starting antibiotic treatment, if antibiotic treatment is necessary.
8. **Lice or scabies:**
 - Head lice: until no nits are present.
 - Scabies: until after treatment is begun.



Following exclusion, children are readmitted to the program when they no longer have any of the above symptoms and/or Public Health exclusion guidelines for child care are met.

Children with any of the above symptoms/conditions are separated from the group and cared for **in the Blazing Trails office** (*location*). Parent/guardian or emergency contact is notified to pick up child.

We notify parents and guardians when their children may have been exposed to a communicable disease or condition (other than the common cold) and provide them with information about that disease or condition. We notify parents and guardians of possible exposure by **email, newsletter, letter, posting, verbally, etc.** (*letter, posted notice, or other means*). Individual child confidentiality is maintained.

In order to keep track of contagious illnesses (other than the common cold), an Illness Log is kept. Each entry includes the child's name, classroom, and type of illness. This is located in First Aid cupboard (where). We maintain confidentiality of this log by "staff only" location and filing of completed forms in office binder.

Please see Appendix III: ILLNESS LOG TEMPLATE.

Fact sheets and sample letters are available from your public health nurse consultant and are also online at www.kingcounty.gov/health/childcare (listed in "Model Policies and Forms").

Staff members follow the same exclusion criteria as children.



COMMUNICABLE DISEASE REPORTING

Communicable diseases can spread quickly in childcare settings. Because some of these diseases can be very serious in children, licensed childcare providers in Washington are required to notify Public Health when they learn that a child has been diagnosed with one of the communicable diseases listed below (WAC 246-101-415¹). **In addition, providers should also notify their Public Health Nurse when an unusual number of children and/or staff are ill (for example, >10% of children in a center, or most of the children in the toddler room), even if the disease is not on this list or has not yet been identified.**

To report any of the following conditions, call Public Health at (206) 296-4774.

Acquired immunodeficiency syndrome (AIDS)	Malaria
Animal bites	Measles
Arboviral disease (for example, West Nile virus)	Meningococcal disease
Botulism (foodborne, wound, or infant)	Mumps
Brucellosis	Paralytic shellfish poisoning
Campylobacteriosis	Pertussis
Cholera	Plague
Cryptosporidiosis	Poliomyelitis
Cyclosporiasis	Psittacosis
Diphtheria	Q fever
Diseases of suspected bioterrorism origin (including anthrax and smallpox)	Rabies and Rabies Exposures
Diseases of suspected foodborne origin	Rare diseases of public health significance
Diseases of suspected waterborne origin	Relapsing fever
Enterohemorrhagic <i>E. coli</i> , (including <i>E. coli</i> O157:H7 infection)	Rubella
Giardiasis	Salmonellosis
<i>Haemophilus influenzae</i> invasive disease	Sexually Transmitted Diseases (chancroid, gonorrhea, syphilis, genital herpes simplex, granuloma inguinale, lymphogranuloma venerium, <i>Chlamydia trachomatis</i>)
Hantavirus pulmonary syndrome	Shigellosis
Hemolytic uremic syndrome	Tetanus
Hepatitis A, acute	Trichinosis
Hepatitis B, acute	Tuberculosis
Hepatitis B, chronic	Tularemia
Hepatitis C, acute, or chronic	Typhus
Hepatitis, unspecified	Unexplained critical illness or death
HIV infection	Vibriosis
Immunization reactions, severe	Yellow fever
Legionellosis	Yersiniosis
Leptospirosis	
Listeriosis	
Lyme disease	

Even though a disease may not require a report, you are encouraged to consult with a Child Care Health Program Public Health Nurse at (206) 296-2770 for information about childhood illness or disease prevention. More information about communicable diseases can be found at <http://www.kingcounty.gov/healthservices/health/communicable/diseases.aspx>

¹ **WAC 246-101-415 Responsibilities of child day care facilities.** Child day care facilities shall: (1) Notify the local health department of cases or suspected cases, or outbreaks and suspected outbreaks of notifiable conditions that may be associated with the child day care facility. (2) Consult with a health care provider or the local health department for information about the control and prevention of infectious or communicable disease, as necessary. (3) Cooperate with public health authorities in the investigation of cases and suspected cases, or outbreaks and suspected outbreaks of disease that may be associated with the child day care facility. (4) Child day care facilities shall establish and implement policies and procedures to maintain confidentiality related to medical information in their possession.



IMMUNIZATIONS

To protect all children and staff, each child in our center has a completed and signed Certificate of Immunization Status (CIS) on site. The official CIS form or a copy of both sides of that form is required. (Other forms/printouts are not accepted in place of the CIS form.) The CIS form is returned to parent/guardian when the child leaves the program.

Immunization records are reviewed **bi-annually** (*how often; quarterly recommended*) by **Jennifer Hess, Office Manager** (*whom*).

Children are required to have the following immunizations:

DTaP (Diphtheria, Tetanus, Pertussis)

IPV (Polio)

MMR (Measles, Mumps, Rubella)

Hepatitis B

HIB (Haemophilus influenzae type b) *until age 5*

Varicella (Chicken Pox)

PCV (Pneumococcal bacteria) *until age 5 (as of 7/1/09)*

Children may attend child care without an immunization if the parent/guardian completes a *Certificate of Exemption (COE) from School, Child Care and Preschool Immunization Requirements*, stating:

- they have personal/philosophical or religious reasons for not obtaining the immunization(s)

OR

- the child is medically exempted. (Licensed health care provider signature required as well).

A current list of exempted children is maintained at all times.

Children who are not immunized may not be accepted for care during an outbreak of a vaccine-preventable disease. This is for the protection of the unimmunized child and to reduce the spread of the disease. This determination will be made by Public Health's Communicable Disease and Epidemiology division.

Current immunization information and schedules are available at <http://www.doh.wa.gov/cfh/immunize/schools/>



MEDICATION POLICY

- Medication is accepted only in its **original container**, labeled with **child's name**.
- Medication is **not** accepted if it is **expired**.
- Medication is given **only** with prior **written** consent of a child's parent/legal guardian. This consent on the medication authorization form includes **all of the following** (completed by parent/guardian):
 - child's name,
 - name of the medication,
 - reason for the medication,
 - dosage,
 - method of administration,
 - frequency (**cannot** be given "as needed"; consent must specify *time* at which and/or *symptoms* for which medication should be given),
 - duration (start and stop dates),
 - special storage requirements,
 - any possible side effects (from package insert or pharmacist's written information), *and*
 - any special instructions.

Parent /Guardian Consent*

1. A parent/legal guardian may provide the sole consent for a medication, (without the consent of a health care provider), **if and only if** the medication meets all of the following criteria:
 - a. The medication is over-the-counter and is one of the following:
 - Antihistamine
 - Non-aspirin fever reducer/pain reliever
 - Non-narcotic cough suppressant
 - Decongestant
 - Ointment or lotion intended specifically to relieve itching or dry skin
 - Diaper ointment or non-talc powder intended for use in diaper area
 - Sunscreen for children over 6 months of age; **and**
 - b. The medication has instructions and dosage recommendations for the child's age and weight; *and*
 - c. The medication duration, dosage, amount, and frequency specified on consent do not exceed label recommendations.
2. Written consent for medications covers only the course of illness or specific episode (of teething, etc.).
3. Written consent for sunscreen is valid up to 6 months.
4. Written consent for diaper ointment is valid up to 6 months.

Please note: As with all medications, label directions must be followed. Most diaper ointment labels indicate that rashes that are not resolved, or reoccur, within 5-7 days should be evaluated by a health care provider.

*Medication Authorization forms are available at www.kingcounty.gov/health/childcare



Health Care Provider Consent

1. The written consent of a health care provider with prescriptive authority is required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, iron, supplements, oral re-hydration solutions, fluoride, herbal remedies, and teething gels and tablets).
2. Medication is added to a child's food or liquid only with the **written consent of health care provider**.
3. A licensed health care provider's consent is accepted in one of 3 ways:
 - The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, frequency [cannot be given "as needed"], duration, and expiration date); *or*
 - The provider signs a note or prescription that includes the information required on the pharmacist's label; *or*
 - The provider signs a completed medication authorization form.

Parent/guardian instructions are required to be consistent with any prescription or instructions from health care provider.

Medication Storage

1. Medication is stored: [in locked cupboard, inside a small cooler](#) (*where*).

It is:

- Inaccessible to children
 - Separate from staff medication
 - Protected from sources of contamination
 - Away from heat, light, and sources of moisture
 - At temperature specified on the label (i.e., at room temperature or refrigerated)
 - So that internal (oral) and external (topical) medications are separated
 - Separate from food
 - In a sanitary and orderly manner
2. Rescue medication (e.g., EpiPen® or inhaler) is stored: [in kitchen cupboard designated as medication or in office \(as applicable\)](#). [On field trip days these medications are carried in first aid kits, accessible to teachers only](#) (*where*).

(Location of rescue medications should be consistent in all classrooms.)



3. Controlled substances (e.g., ADHD medication) are stored [in locked cupboard, inside a small cooler](#) (*where*). Controlled substances are counted and tracked with a controlled substance form.

Please see Appendix IV: CONTROLLED SUBSTANCES RECORD.

4. Medications no longer being used are promptly returned to parents/guardians, discarded in trash inaccessible to children, or in accordance with current hazardous waste recommendations. (Medications are not disposed of in sink or toilet.)
5. Staff medication is stored in [Rita's desk and personal staff possessions \(purse, backpack, etc\)](#) in "teacher only" areas (*where*), out of reach of children. Staff medication is clearly labeled as such.

Emergency supply of critical medications

For children's critical medications, including those taken at home, we ask for a 3-day supply to be stored on site along with our disaster supplies. Staff are also encouraged to supply the same. Critical medications – to be used only in an emergency when a child has not been picked up by a parent, guardian, or emergency contact – [are stored in locked cupboard, in small cooler](#) (*where*), Medication is kept current (not expired).

Staff Administration and Documentation

1. Medication is administered by [Blazing Trails staff](#) (*whom*).
2. Staff members who administer medication to children are trained in medication procedure and center policy by [Director/Office Manager as part of beginning of the year staff orientation](#) (*director or designee*). A record of the training is kept in staff files.
3. The parent/guardian of each child requiring medication involving special procedures (e.g., nebulizer, inhaler, EpiPen®) trains staff on those procedures. A record of trained staff is maintained on/with the medication authorization form.
4. Staff giving medication document the time, date, and dosage of the medication given on the child's medication authorization form. Each staff member signs her/his initials each time a medication is given and her/his full signature once at the bottom of the page.
5. Any observed side effects are documented by staff on the child's medication authorization form and reported to parent/guardian. Notification is documented.
6. If a medication is not given, a written explanation is provided on authorization form.
7. Outdated medication authorization forms are promptly removed from medication binder/clipboard and placed in child's file.
8. All information related to medication authorization and documentation is considered confidential and is stored out of general view.



Medication Administration Procedure

The following procedure is followed each time a medication is administered:

1. **Wash hands** before preparing medications.
2. Carefully read all relevant instructions, including labels on medications, noting:
 - child's name,
 - name of the medication,
 - reason for the medication,
 - dosage,
 - method of administration,
 - frequency,
 - duration (start and stop dates),
 - any possible side effects, and
 - any special instructions

Information on the label must be consistent with the individual medication form.

3. Prepare medication on a clean surface away from diapering or toileting areas.
 - Do not add medication to child's bottle/cup or food without health care provider's written consent.
 - For liquid medications, use clean medication spoons, syringes, droppers, or medicine cups with measurements provided by the parent/guardian (not table service spoons).
 - For capsules/pills, measure medication into a paper cup.
 - For bulk medication*, dispense in a sanitary manner.
4. Administer medication.
5. **Wash hands** after administering medication.
6. Observe the child for side effects of medication and document on the child's medication authorization form.

- *We do not use bulk medication.
 use the following bulk medication:
 - diaper ointment
 - sunscreen

A medication authorization form is completed for each child receiving bulk medication [as part of registration packet in child's file](#).



Self-Administration by Child

A school-aged child is allowed to administer his/her own medication when the above requirements are met **and**:

1. A written statement from the child's health care provider *and* parent/legal guardian is obtained, indicating the child is capable of self-medication without assistance.
2. The child's medications and supplies are inaccessible to other children.
3. Staff supervise and document each self-administration.

HEALTH RECORDS

Each child's health record will contain:

- health, developmental, nutrition, and dental histories
- date of last physical exam
- name and phone number of health care provider and dentist
- allergy information and food intolerances
- individualized care plan for child with special health care needs (medical, physical, developmental or behavioral)

Note: In order to provide consistent, appropriate, and safe care, a copy of the plan should also be available in child's classroom.

- list of current medications
- current immunization records (CIS form)
- consent for emergency care
- preferred hospital
- any assistive devices used (e.g., glasses, hearing aids, braces)

The above information will be updated **annually when new paperwork is filled out by parents** (*how often; annually recommended*) or sooner for any changes.



CHILDREN WITH SPECIAL NEEDS

Our center is committed to meeting the needs of all children. This includes children with special health care needs such as asthma and allergies, as well as children with emotional or behavior issues or chronic illness and disability. Inclusion of children with special needs enriches the child care experience and all staff, families, and children benefit.

1. Confidentiality is assured with all families and staff in our program.
2. All families will be treated with dignity and with respect for their individual needs and/or differences.
3. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
4. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with our public health nurse consultant and other agencies/organizations as needed.
5. An individual plan of care is developed for each child with a special health care need. The plan of care includes information and instructions for
 - daily care
 - potential emergency situations
 - care during and after a disaster

Completed plans are requested from health care provider **annually** (*how often; every 6 months – 1 year max. recommended*) or more often as needed for changes. Plans are reviewed, initialed, and dated **monthly/quarterly or as needed due to status updates or changes** (*how often; monthly recommended*) by parent/guardian. **Jennifer Hess, Office Manager** (*who*) is responsible for ensuring care plans are kept updated. Children with special needs are not present without plan on site.

6. All staff receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms.
7. Teachers, cooks, and other staff will be oriented to any special needs or diet restrictions by **Jennifer Hess, Office Manager** (*whom*).

Please see Appendix V: CARE PLAN TRACKING FORM. For individual plan templates or assistance with individual plans, please contact your Public Health Nurse Consultant.



HANDWASHING

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

All **staff** wash hands with soap and water:

- (a) Upon arrival at the site and when leaving at the end of the day
- (b) Before and after handling foods, cooking activities, eating or serving food
- (c) After toileting self or children
- (d) Before, during (with wet wipe - this step only), and after diaper changing
- (e) After handling or coming in contact with body fluids such as mucus, blood, saliva, or urine
- (f) Before and after giving medication
- (g) After attending to an ill child
- (h) After smoking
- (i) After being outdoors
- (j) After feeding, cleaning, or touching pets/animals
- (k) After giving first aid

Children are assisted or supervised in handwashing:

- (a) Upon arrival at the site and when leaving at the end of the day
- (b) Before and after meals and snacks or cooking activities (in handwashing, not in food prep sink)
- (c) After toileting or diapering
- (d) After handling or coming in contact with body fluids such as mucus, blood, saliva or urine
- (e) After outdoor play
- (f) After touching animals
- (g) Before and after water table play



Handwashing Procedure

The following handwashing procedure is followed:

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.
4. Rinse hands thoroughly.
5. Dry hands using an individual paper towel.
6. Use hand-drying towel to turn off water faucet(s) and open any door knob/latch before discarding.
7. Apply lotion, if desired, to protect the integrity of skin.

Handwashing procedures are posted at each sink used for handwashing.



CLEANING, SANITIZING/DISINFECTING, AND LAUNDERING

Cleaning, rinsing, and sanitizing/disinfecting are required on most surfaces in child care facilities, including tables, counters, toys, diaper changing areas, etc. This 3-step method helps maintain a more sanitary child care environment and healthier children and staff.

1. **Cleaning** removes a large portion of germs, along with organic materials - food, saliva, dirt, etc. – which decrease the effectiveness of sanitizers/disinfectants.
2. **Rinsing** further removes the above, along with any excess detergent/soap.
3. **Sanitizing/disinfecting** kills the vast majority of remaining germs.

Storage

Our cleaning and sanitizing/disinfecting supplies are stored in a safe manner In [the Blazing Trails project room](#) (where).

All such chemicals are:

- inaccessible to children,
- in their original container,
- separate from food and food areas,
- in a place which is ventilated to the outside,
- kept apart from other incompatible chemicals (e.g., bleach and ammonia create a toxic gas when mixed), **and**
- in a secured cabinet, to avoid a potential chemical spill in an earthquake

Cleaning

We use the following product for cleaning surfaces [diluted dish-washing liquid, Dawn or comparable](#) (recommended: a few drops of liquid dish detergent added to spray bottle of water), then wipe surface with a [paper towel](#) (paper towel or single-use cloth).

Rinsing

We use the following method for rinsing [clean water spray bottle and a paper towel](#) (recommended: spray bottle of clear water, sprayed and wiped with paper towel or single-use cloth).

Sanitizing/Disinfecting

We use the following product for sanitizing/disinfecting surfaces [Bleach and water spray bottle](#) (recommended: bleach and water solution), then wipe surface with a [Paper towel](#) (paper towel or single-use cloth).

[Our bleach solution bottles will be designated by the rooms where they are used. The kitchen bottle will be filled/used/stored in kitchen. All other bottles will be prepared at the sink in our project room and stored in a locket cupboard above sink in project room.](#)



Bleach solutions* are prepared and used as outlined below:

Body fluids (BF) solution for disinfecting:	Amount of Bleach	Amount of Water	Contact Time
Diapering areas, body fluids, bathrooms and bathroom equipment.	1 tablespoon ¼ cup	1 quart 1 gallon	2 minutes
General purpose (GP) solution for sanitizing:	Amount of Bleach	Amount of Water	Contact Time
Table tops, counters, toys, dishes, mats, etc.	¼ teaspoon 1 teaspoon	1 quart 1 gallon	2 minutes

- Bleach solution is applied to surfaces that have been cleaned and sanitized.
- Bleach solution is allowed to remain on surface for at least 2 minutes or air dry.
- Bleach solutions are made up daily by [Blazing Trails staff](#) (whom), using measuring equipment. For those handling full-strength bleach, we supply protective gear, including gloves and eye protection, as per manufacturer's instructions.

* Please see Appendix VI: ALTERNATE CLEANING/SANITIZING/DISINFECTING CHEMICALS if other chemicals are used for cleaning/sanitizing/disinfecting.

Cleaning and Sanitizing/Disinfecting Specific Areas and Items

- We do all of our own cleaning.

Bathrooms

- Sinks and counters are cleaned, rinsed, and sanitized (BF) daily or more often if necessary.
- Toilets are cleaned, rinsed, and disinfected (BF) daily or more often if necessary. Toilet seats are monitored and kept sanitary throughout the day.

Door handles

- Door handles are cleaned, rinsed, and sanitized (GP) daily, or more often when children or staff members are ill.

Drinking Fountains

- Any drinking fountains are cleaned, rinsed, and sanitized (GP) daily or as needed.



Floors

- Solid-surface floors are swept, washed, rinsed, and sanitized (*GP*) daily. While children are napping on mats or cots, mopping is done with water or detergent and water only.
- Carpets and rugs in all areas are vacuumed daily and professionally steam-cleaned every 3 months (every 1 month in infant room) or as necessary. Carpets are not vacuumed when children are present (*due to noise and dust*).

Furniture

- Upholstered furniture is vacuumed daily. Removable cushions and covers are washed every month or as necessary. Non-removable upholstery is professionally steam-cleaned every six months or as necessary.
- Painted furniture is kept free of paint chips. No bare wood is exposed; paint is touched up as necessary. (*Bare wood cannot be adequately cleaned and sanitized.*)

Garbage

- Garbage cans are lined with disposable bags and are emptied when full.
- Diaper cans are additionally emptied when odor is present in classroom.
- Outside surfaces of garbage cans are cleaned, rinsed, and sanitized daily. Inside surfaces of garbage cans are cleaned, rinsed, and sanitized as needed.
(*Diaper and food-waste cans must have tight-fitting lids and be hands-free. Garbage cans for paper towels must be hands-free; that is, lid-free or with a pedal-operated lid.*)

Kitchen*

- Kitchen counters and sinks are cleaned, rinsed, and sanitized (*GP*) every day before and after preparing food.
- Equipment (such as blenders, can openers, and cutting boards) is washed, rinsed, and sanitized (*GP*) after each use.

**For more details, please see the handbook "Food Safety and Sanitation" from the Child Care Health Program, Public Health - Seattle & King County.*

Laundry

- Cloths used for cleaning or rinsing are laundered after each use.
- Child care laundry is done on site.
Laundry is washed at a temperature of at least 140°F or with bleach added during rinse cycle (measured amount as per manufacturer's instructions).

Mops

- Mops are cleaned, rinsed, and sanitized (*GP/BF*) in a utility sink, then air dried in an area with ventilation to the outside and inaccessible to children.

Tables

- Tables are cleaned, rinsed, and sanitized (*GP*) before and after snacks or meals.



Toys

- **Only washable toys are used.**
- Cloth toys and dress-up clothes are washed weekly (or as necessary) with 140°F water. Dress-up clothes are laundered and stored during an outbreak of lice or scabies.
- Other toys are washed, rinsed, and sanitized (*GP*) weekly (or more often, as necessary) as described above for “mouthed toys.”

Water Tables

- Water tables are emptied and cleaned, rinsed, and sanitized (*GP*) after each use, or more often as necessary.
- Children wash hands before and after water table play.

Other: _____

General cleaning of the entire facility is done as needed.

There are no strong odors of cleaning products in our facility.

Air fresheners and room deodorizers are not used.



SOCIAL-EMOTIONAL-DEVELOPMENTAL CARE

We have a developmentally-appropriate curriculum in each classroom. We consider the social-emotional needs of each age group. Our behavior policy outlines our discipline practices and our plan for helping children who have behavioral difficulties.

FOOD SERVICE

- We prepare meals and snacks at our center.
- We prepare only snacks at our center.
- 1. **Food handler permits** are required for staff who prepare full meals and are encouraged for all staff. An “in charge” person with a food handler permit is onsite during all hours of operation, to assure that all food safety steps are followed.
- 2. **Orientation and training** in safe food handling is given to all staff. Documentation is posted [in staff files](#) *where; in the kitchen area and/or in staff files*).
- 3. **Ill staff or children** do not prepare or handle food. Food workers may not work with food if they have:
 - diarrhea, vomiting or jaundice
 - diagnosed infections that can be spread through food such as Salmonella, Shigella, E. coli or hepatitis A
 - infected, uncovered wounds
 - continual sneezing, coughing or runny nose
- 4. **Staff wash hands** with soap and warm running water prior to food preparation and service in a designated hand-washing sink – never in a food preparation sink.
- 5. **Gloves are worn or utensils are used** for direct contact with food. *(No bare hand contact with ready-to-eat food is allowed.) Gloves must also be worn if the food preparation person is wearing fingernail polish or has artificial nails. We highly recommend that food service staff keep fingernails trimmed to a short length for easy cleaning. (Long fingernails are known to harbor bacteria).*
- 6. **Employees preparing food** shall keep their hair out of food by using some method of restraining hair. Hair restraints include hairnets, hats, barrettes, ponytail holders and tight braids.
- 7. **Refrigerators and freezers** have thermometers placed in the warmest section (usually the door). Thermometers stay at or below 41° F in the refrigerator and 10°F in the freezer.
- 8. **Microwave ovens**, if used to reheat food, are used with special care. Food is heated to 165 degrees, stirred during heating, and allowed to cool at least 2 minutes before serving. *Due to the additional staff time required, and potential for burns from “hot spots,” use of microwave ovens is not recommended.*



9. **Chemicals** and cleaning supplies are stored away from food and food preparation areas.
10. **Cleaning and sanitizing** of the kitchen is done according to the *Cleaning, Disinfecting and Laundering* section of this policy.
11. **Dishwashing** complies with safety practices:
 - Hand dishwashing is done with three sinks or basins (wash, rinse, sanitize).
 - Dishwashers have a high temperature sanitizing rinse (140° F residential or 160°F commercial) or chemical disinfectant.
12. **Cutting boards** are washed, rinsed, and sanitized between each use. No wooden cutting boards are used.
13. **Food prep sink** is not used for general purposes or post-toilet/post-diapering handwashing.
14. **Kitchen counters, sinks, and faucets** are washed, rinsed, and sanitized before food production.
15. **Tabletops** where children eat are washed, rinsed, and sanitized before and after every meal and snack.
16. **Thawing frozen food:** frozen food is thawed in the refrigerator 1-2 days before the food is on the menu, or under cold running water. *Food may be thawed during the cooking process IF the item weighs less than 3 pounds. If cooking frozen foods, plan for the extra time needed to cook the food to the proper temperature. Microwave ovens cannot be used for cooking meats, but may be used to cook vegetables.*
17. **Food is cooked to the correct internal temperature:**

Ground Beef 155° F	Fish 145° F
Pork 145° F	Poultry 165° F
18. **Holding hot food:** hot food is held at 140° F or above until served.
19. **Holding cold food:** food requiring refrigeration is held at 41°F or less.
20. **A digital thermometer** is used to test the temperature of foods as indicated above, and to ensure foods are served to children at a safe temperature.
21. **Cooling foods** is done by one of the following methods:
 - Shallow Pan Method: Place food in shallow containers (metal pans are best) 2" deep or less, on the top shelf of the refrigerator. Leave uncovered and then either put the pan into the refrigerator immediately or into an ice bath or freezer (stirring occasionally).
 - Size Reduction Method: Cut cooked meat into pieces no more than 4 inches thick.

Foods are covered once they have cooled to a temperature of 41° F or less.



22. **Leftover foods** (*foods that have been below 41° F or above 140° F and have not been served*) are cooled, covered, dated, and stored in the refrigerator or freezer. Leftover food is refrigerated immediately and is not allowed to cool on the counter.
23. **Reheating foods:** foods are reheated to at least 165° F in 30 minutes or less.
24. We do not use catered foods at our center.
25. **Food substitutions**, due to allergies or special diets and authorized by a licensed health care provider, are provided within reason by the center.
26. When children are involved in cooking projects our center assures safety by:
 - closely supervising children,
 - ensuring all children and staff involved wash hands thoroughly,
 - planning developmentally-appropriate cooking activities (*e.g., no sharp knives*),
 - following all food safety guidelines.
27. Perishable items in sack lunches are refrigerated upon arrival at the center.

NUTRITION FOR SCHOOL-AGE PROGRAMS

1. Menus are posted and show 2 weeks or more of variety. Menus are dated and include portion sizes.
2. Breakfast is made available to any child who arrives on the premises before 7 a.m.
3. Any child who spends from 1-3 hours before or after school is offered a snack consisting of 2 components. One of the snack components offered daily is a protein or dairy product.
4. During school breaks when children spend a full day at the program, meals and/or snacks are offered at intervals not less than 2 hours and not more than 3 ½ hours apart.

Schedule is shown below:

<u>Time</u>	<u>Meal/Snack</u>
7:00 AM	Early Morning Snack
9:00 AM	Mid-morning Snack
11:30 AM	Lunch from home (all-day days only)
3:25-3:45 PM	Afternoon Snack



5. Each snack or meal includes a liquid to drink. This drink provided is water.
6. Menus include hot and cold food and vary in colors, flavors and textures.
7. Ethnic and cultural foods are incorporated into the menu.
8. Menus list specific types of meats, fruits, vegetables, etc.
9. Menus include a variety of fruits, vegetables, and entrée items.
10. Foods served are generally moderate in fat, sugar, and salt content.
11. Children have free access to drinking water (individual disposable cups or single use glasses only).
12. Menus are followed. Necessary substitutions are noted on the permanent menu copy.
13. Permanent menu copies are kept on file for at least six months. *(USDA requires food menus to be kept for 3 years plus the current year.)*
14. Children with food allergies and medically-required special diets have diet prescriptions signed by a health care provider on file. Names of children and their specific food allergies are posted in the kitchen, the child's classroom, and the area where food is eaten by the child.
15. Children with severe and/or life threatening food allergies have a completed individual care plan signed by the parent and health care provider.
16. Diet modifications for food allergies, religious and/or cultural beliefs are accommodated and posted in the kitchen and classroom and eating area. All food substitutions are of equal nutrient value and are recorded on the menu or on an attached sheet of paper.
17. Mealtime and snack environments are developmentally appropriate and support children's development of positive eating and nutritional habits. We encourage staff to sit, eat and have casual conversations with children during mealtimes.
18. Coffee, tea, and other hot beverages are not consumed by staff while children are in their care, in order to prevent scalding injuries.
19. Staff provide healthy nutritional role modeling.
20. Families who provide sack lunches are notified in writing of the food requirements for mealtime. We have available food supplies to supplement food brought from home that **does not meet** the nutrition requirements.



TOOTHBRUSHING

- Toothbrushing is not done at our center.



DISASTER PREPAREDNESS

Plan and Training

Our Center has developed a disaster preparedness plan/policy. Our plan includes responses to the different disasters our site is vulnerable to, as well as procedures for on- and off-site evacuation and shelter-in-place. Evacuation routes are posted in each classroom. Our disaster preparedness plan/policy is located on [Family Information table and on our website – www.blazingtrails.org](#) (where).

Staff are oriented to our disaster policy [quarterly trainings & annual review through Pathfinder K-8 Health & Safety Committee](#) (when/how often; at least annually). Parents/guardians are oriented to this plan [Annually – upon enrollment – parent/guardians will sign receipt. Copies available on our website \(www.blazingtrails.org \) and on the Family Information Table.](#) (when/how).

Staff are trained in the use of fire extinguishers [annually during Health Plan training or orientation – training by Sarah or Rita](#) - (when, by whom). The following staff persons are trained in utility control (how to turn off gas, electric, water): [Rita, Sarah & Jennifer](#).

Disaster and earthquake preparation and training are documented.

Supplies

Our center has a supply of food and water for children and staff for at least 72 hours, in case parents/guardians are unable to pick up children at usual time. [Jennifer or Justina](#) is responsible for stocking supplies. Expiration dates of food, water, and supplies are checked [at least annually](#) (how often) and supplies are rotated accordingly. Essential medications and medical supplies are also kept on hand for individuals needing them.

Hazard Mitigation

We have taken action to make our center earthquake/disaster-safe. Bookshelves, tall furniture, refrigerators, crock pots, and other potential hazards are secured to wall studs. We continuously monitor all rooms and offices for anything that could fall and hurt someone or block an exit – and take action to correct these things. [Sarah/Rita – monthly checklist](#) is the primary person responsible for hazard mitigation, although all staff members are expected to be aware of their environment and make changes as necessary to increase safety.

Drills

Fire drills are conducted and documented each month. Disaster drills are conducted [monthly](#) (how often; quarterly at a minimum – monthly recommended).



Please see Appendix VII: 3-DAY CRITICAL MEDICATION AUTHORIZATION FORM and Appendix VIII: DISASTER DRILL RECORD. For more detailed information on disaster preparation, please contact your Public Health Nurse Consultant.

STAFF HEALTH

1. New staff and volunteers must document a tuberculin skin test (Mantoux method) within the past year, unless not recommended by a licensed health care provider.
2. Staff members 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.
3. Staff members 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.
4. Our center complies with all recommendations from the local health jurisdiction. (TB is a reportable disease.).
5. Staff members who have a communicable disease are expected to remain at home until no longer contagious. Staff are required to follow the same guidelines outlined in EXCLUSION OF ILL CHILDREN in this policy.
6. Staff members are encouraged to consult with their health care provider regarding their susceptibility to vaccine-preventable diseases.
7. Staff who are pregnant or considering pregnancy are encouraged to 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 or newborn. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles), In addition to the infections listed here, other common infections such as influenza and Hand Foot and Mouth disease can be more serious for pregnant women and newborns. Good handwashing, avoiding contact with ill children and adults, and cleaning of contaminated surfaces can help reduce those risks.*

Recommendations for adult immunizations are available at <http://www.doh.wa.gov/cfh/Immunize/immunization/adults.htm>



CHILD ABUSE AND NEGLECT

1. Child care providers are state mandated reporters of child abuse and neglect; we immediately report suspected or witnessed child abuse or neglect to Child Protective Services (CPS). The phone # for CPS is 1-800-609-8764.
2. Signs of child abuse or neglect are documented on [CPS Reports form](#) (*name of report form*), which is located in [Blazing Trails office](#). (*where*).
3. Training on identifying and reporting child abuse and neglect is provided to all staff and documentation kept in staff files.
4. Licensor is notified of any CPS report made.

ANIMALS ON SITE

1. We have animal visitors: [We rarely have animals come onto our site. If an animal does come to our site it's a cat or dog, generally brought in by the Humane Society Van that we invite to speak with us once per year during our summer program.](#)
2. We have an animal policy, which is located [PETS-Family Handbook Policy 773](#):

[Policy 773](#) [Pets](#)

[Pets are not permitted on school grounds whether they are on a leash or not. This includes Blazing Trails and any area that Blazing Trails uses. Please, do not bring your pet when dropping-off or picking-up your child. Even small pets like rodents or reptiles can be carriers of disease and are not allowed at B.T. according to our Health Plan except in rare cases with prior permission from the Director. Please, see **B.T. Health Plan** in the office and the office staff for more information.](#)

3. Animals at or visiting our center are carefully chosen in regards to care, temperament, health risks, and appropriateness for young children. We do not have birds of the parrot family that may carry psittacosis, a respiratory illness. We do not have reptiles and amphibians that typically carry salmonella, bacteria that can cause serious diarrhea disease in humans, with more severe illness and complications in children.
4. Parents are notified in writing when animals will be on the premises. Children with an allergic response to animals are accommodated.
5. Animals, their cages, and any other animal equipment are never allowed in kitchen or food preparation areas.
6. Children and adults wash hands after feeding animals or touching/handling animals or animal homes or equipment.





Injury Log

Date & Time	Child's Full Name	Injury/Incident	Where/ Equipment	Action Taken	Staff Involved

First Aid Kit Checklist

Room _____ Location _____

	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
First Aid Guide														
Band - Aids (different sizes)														
Tweezers for surface splinters														
Sterile gauze pads (2, 3 and 4 inch sizes)														
Roller bandages (gauze)														
Large Triangular Bandage														
Adhesive tape														
Small Scissors														
Gloves (nitrile, vinyl or latex)														
CPR mouth barrier														
Syrup of Ipecac														

Alternate Cleaning/Sanitizing/Disinfecting Chemicals

The nationwide standard for sanitizing in child care is a bleach and water solution. All sanitizing products other than bleach must be approved by the Department of Early Learning for use in child care. Products must be used according to label instructions. (Complete the following for each product used.)

- Product name: _____

- Product is used to clean sanitize the following: _____

- Product is labeled for use on food contact surfaces (if used in kitchens or food preparation areas, on tables or high chair trays, for infant and toddler toys, or in infant and toddler areas).
- The contact time required for sanitizing/disinfecting is _____
_____ (Product must remain wet on surface for this amount of time.)
- Rinsing after use _____ (is/is not) required.
- Other manufacturer instructions:

_____.

This Product was approved by _____

From the Department of Early Learning on _____

Our bleach solution bottles will be designated by the rooms where they are used. The kitchen bottle will be filled/used/stored in kitchen. All other bottles will be prepared at the sink in our project room and stored in a locket cupboard above sink in project room.

3 - Day Critical Medication Authorization Form

(These medications are to be used only in case of disaster requiring the child to remain at care past the usual hours.)

Child's Name:	Date of Birth/Age:
Name of Medication:	Reason for Medication:
Date:	Date to be replaced/rotated*: Expiration date of medication:
<input type="checkbox"/> Scheduled Times to be given:	Amount to be given:
<input type="checkbox"/> Medication is to be given as needed for the following symptoms:	
Possible Side Effects:	<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Other
<input type="checkbox"/> Above information consistent with label:	Requires Refrigeration <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Instructions:	

* Maximum 6 months - sooner as needed

 Parent/Guardian Signature**

 Date

 Daytime Phone Number

 Physician Signature (Required)

 Date

Physician Phone Number

**** Please be sure to inform program if child's health status/medication changes!**

Child Care/Early Learning Disaster Drill Record

Date of Drill _____ Time of Drill _____ Name of Program _____

Brief Description of Drill

Rooms Participating in Drill

Objectives	Evaluation	Change to be Made	When Changes Made

Name of Person Organizing Drill _____