

Olympic View Christian Daycare & Preschool Health Policies and Procedure

I. Communicable Disease Prevention, Reporting, and Management

A. Communicable diseases are illnesses. They are spread by direct contact with infectious agents (i.e. bacteria, viruses, and other germs). Germs can be spread by:

- 1) Direct contact with body fluids
- 2) Indirect contact with inanimate objects (i.e. toys, chairs, door knobs, bedding, etc.)
- 3) Flies, mosquitoes or other insects are capable of spreading diseases.

We will call the Tacoma Pierce County Health Department and notify parents for the following:

Conditions (Suspected or Confirmed) Notifiable to Local Health Departments <u>Immediately</u>:	Conditions (Suspected or Confirmed) Notifiable to Local Health Departments <u>within 3 Work Days</u>:
Animal bites Botulism (food borne, infant, and wound) Brucellosis (Brucella species) Cholera Diphtheria Disease of suspected bioterrorism origin (including): .Anthrax .Smallpox Disease of suspected food borne origin (clusters only) Disease of suspected waterborne origin (clusters only) Enterohemorrhagic E. coli such as E. coli 0157:H7 infection Haemophilus influenza (invasive disease, under age 5) Hemolytic uremic syndrome Hepatitis A (acute infection) Listeriosis Measles (rubeola) Meningococcal disease Paralytic shellfish poisoning	Acquired Immunodeficiency Syndrome (AIDS) Campylobacteriosis Chancroid Chlamydia trachomatis infection Cryptosporidiosis Cyclosporiasis Encephalitis, viral Giardiasis Gonorrhea Granuloma inguinale Hantavirus pulmonary syndrome Hepatitis B (acute infection) Hepatitis B surface antigen positive pregnant women Hepatitis C and NANB (acute infection) Herpes simplex, neonatal and genital (initial infection only) Human immunodeficiency virus (HIV) infection Legionellosis Leptospirosis Lyme disease Lymphogranuloma venereum Malaria

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<p>Pertussis Plague Poliomyelitis Rabies (including the use of post-exposure prophylaxis) Relapsing fever (borreliosis) Rubella (including congenital rubella syndrome) Salmonellosis Shigellosis Tuberculosis Typhus Yellow fever —Other rare diseases of public health significance —Unexplained critical illness or death</p>	<p>Mumps Psittacosis Q Fever Serious adverse reactions to immunizations Streptococcus, Group A (invasive disease only) Syphilis Tetanus Trichinosis Tularemia Vibriosis Yersiniosis</p>
<p>Conditions (Suspected or Confirmed) Notifiable to Local Health Department within <u>7 Work Days</u>:</p> <p>Tuberculosis infection, latent (positive Mantoux skin test, per Tacoma-Pierce County Health regulation)</p>	<p>To Report, Please Call</p> <p>Tacoma-Pierce County Health Department: Communicable Disease (253) 798-6410 *Press "0" to speak to an operator</p>

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<p>Conditions (Suspected or Confirmed) Notifiable to Local Health Department on a <u>Monthly</u> Basis:</p> <p>Hepatitis B (chronic) Hepatitis C (chronic)</p>	<p>24-Hour Reporting Line (253) 798-6534</p> <p>Confidential Fax Line (253) 798-7666</p> <p>Animal Bites/Zoonotics (253) 798-7694</p>
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<p>Conditions (Suspected or Confirmed) Notifiable to the WA State Department of Health:</p> <p>Immediately: Pesticide Poisoning (hospitalized, fatal, or cluster) – 800 732-6985</p> <p>Three work days: Pesticide Poisoning (other) – 800 732-6985</p> <p>Monthly Basis: Asthma, occupational (suspected or confirmed) – 888 66-SHARP</p> <p>Birth Defects: Autism, Cerebral Palsy, Fetal Alcohol Syndrome/Fetal Alcohol Effects – 360 236-3492</p> <p>Revised 1/01</p>
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Primary Precautions for Child Care Programs to Prevent the Spread of Disease

- Good hand-washing
- Regular cleaning and sanitizing of the child care environment
- Following universal precautions as spelled out in the 1192 OSHA regulations

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- Requiring immunizations
- Reporting illnesses to both enrolled families as well as to public health and/or licensing departments
- Excluding children who are infectious from programs

B. Preventing infections when contacting bodily fluids.

- 1) All of our staff will be trained on the transmission and prevention of diseases, including those with bodily fluids. (i.e. first aid/HIV training, etc).
- 2) All blood and body fluid will be considered potentially harmful.
 - a. Body fluids include:
 - b. Blood
 - c. Urine
 - d. Feces
 - e. Saliva
 - f. Vomit
 - g. Breast milk
 - h. Nasal drainage
 - i. Any drainage from wounds
- 3) To protect children and staff, the following precautions will be observed when anyone is at risk for or has been in contact with body fluids:
 - a) Any open cuts or soars will be kept covered. Suitable covering may be:
 - Clothing
 - Bandages
 - Gloves for staff
 - b) Whenever a child or staff member comes into contact with any body fluids, the effected area will be immediately washed with soap and warm water and dried with paper towels.
 - c) All surfaces in contact with body fluids will be cleaned immediately with a bleach solution made of ¼ cup of bleach to one gallon water.

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- d) Cleaning materials used to wipe up body fluids will be put in a plastic bag secured with a tie and placed in covered waste container. Cleaning items will be rinsed and soaked in a bleach solution. Cloth items will be soaked and then machine washed in hot water with laundry detergent and bleach.
- e) Children's clothes soiled with body fluids will be put in a sealed plastic bag and sent home with the child's parent. A change of clothes will be available for children in care. Soiled laundry will be kept out of the reach of children.
- f) Staff in regular contact with body fluids will be provided an apron to protect work clothing. All staff should have a change of clothes readily available.
- g) Hands are always washed after handling soiled laundry, equipment, or children.

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C. Exclusion of Ill Children

A "mildly ill" child is defined as a child with a *"common temporary illness, non-progressive in nature and not on the Division of Health Communicable Disease Chart"*. This definition has been approved and adopted by the Department of Health and Family Services, Division of Regulation and Licensing

Recognizing Illnesses in Children - The following behaviors may indicate the onset or presence of illness in children.

- **Alertness**-decreased attention to environment; doesn't look around, doesn't look at the care giver.
- **Motor movement**-decreased body movement; decreased kicking and waving of arms or limp arms and legs.
- **Playfulness**-decreased spontaneous vocalization (cooing, laughing, gurgling); no smiling; face appears anxious or child has dull expression and doesn't attempt to play with toys/favorite objects.
- **Consolability**-child does not stop crying when held by parent or care giver; unable to "settle"; constant "fussiness."
- **Quality of cry**-whimpering, sobbing, moaning, high pitched cry or absence of crying.
- **Wakefulness**-stays awake or wakes quickly to stimuli; eyes close only briefly then immediately awakens, only awakens with prolonged stimulation or unable to rouse.

So that we may provide a safe and healthy environment for all children in care, there are times when a child will be excluded from daycare. Children with any of the following symptoms will not be allowed to remain in care or attend care until they have been symptom free for 24 hours:

- a) Fever of 100° F (axillary's ~ under arm) or higher in the past 24 hours (including prior to arrival at the center)
- b) Vomiting more than 2 times or persistent diarrhea more than 3 times in a 24 hour period, or one bloody stool.
- c) Draining rash or sore that may not be covered.
- d) Conjunctivitis (pink eye i.e. drainage from the eye, or a pink color in the white of the eye) except after 24 hours of antibiotic treatment.

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- e) Head lice and scabies. Children/staff may be re-admitted after proper treatment and removal of nits.

- f) Fatigue which prevents the child from being a part of regular activities.

If a staff member or the director has concerns about the child's ability to safely return to child care, we reserve the right to request a note from the child's health care provider.

When a child is excluded from care, a note of documentation will be placed in the child's file.

II. Emergency Policy

- A. In the event of a life threatening emergency to a child in our care, we will do the following:
 - 1) One staff member will stay with the child. If necessary, First Aid or CPR will be administered according to the City of Tacoma Fire Department First Aid and CPR manual.
 - 2) Other staff will call 911 and provide the operator with the necessary information, staying on the line until told to hang up or emergency help arrives.
 - 3) The remaining children will be dispersed into other rooms.
 - 4) The child's teacher or the center director will notify the parent as soon as possible.
 - 5) Emergency personnel will decide if and where the child needs to be transported.
 - 6) If neither the parent nor the designated emergency contact person arrives before the child is transported, a staff person trusted by the child will go in the same vehicle as the child if permitted by emergency personnel.

 - 7) The child's emergency information will go with the child. The emergency information will contain the following:

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- Full/Legal name of child and parent or parents and parent contact information.
- Home address and phone number
- Date of birth
- Any known medical information/conditions and current medications and allergies
- Insurance coverage
- Physician and dentist name and number
- Consent for treatment pre signed by parent
- Alternate emergency contact

An incident report will be completed, giving one copy to the parent, one for the child's file and one sent to Department of Social Health Service Office of Childcare Policy and Procedure (Licensing)

III. First Aid

- A. Staff with current training in age appropriate Cardiac Pulmonary Resuscitation (CPR) and First Aid will always be available when children are in our care.
- B. Our First Aid kits are located in the business office, director's office, and in any vehicle transporting children. Our kits contain the following:
 - One way CPR barrier mask
 - One eye patch
 - Tweezers
 - Sterile gauze pads
 - Gloves
 - One antiseptic wipe
 - Small scissors
 - Tape
 - Burn cream and cold compress
 - Assorted band-aids, roller bandages, large triangular sling/bandage
 - Ace bandage
- C. Office personnel are responsible for insuring our first aid kits are fully stocked.

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Teachers are responsible for taking a first aid kit on any trip leaving the facility

IV. Minor Illness Management

- A. In the event of a minor emergency (i.e. minor cuts, bruises, bumps, sprains, etc.) we will do the following:
- 1) A staff member trained in First Aid will take the appropriate steps and refer to the City of Tacoma Fire Department First Aid and CPR as needed.
 - 2) The incident will be recorded on an incident report, head injury report, or illness form, whichever is indicated. The original form will be given to the parent to sign and then a copy to be made for our files and the child's.
 - 3) The parent will be notified by phone as a courtesy call if there is any question about the child requiring additional care. If there is a doubt, the decision will be made by the parent.
 - 4) Any injury or illness requiring medical treatment beyond first aid will be reported to Department of Social Health Service Office of Childcare Policy and Procedure (Licensing).

V. Medication Management

- A. Medication will be given with only prior written consent of the child's parent or legal guardian. The parent or guardian must complete the necessary medication form provided by OVCDC with reason for medication, start and stop dates, expected side effects, and medication storage.
- B. Prescription medication will be given only as specified on the prescription label or authorized in writing by the child's physician or other persons legally authorized to prescribe medications. Prescription medication must be in the original container from the pharmacy labeled with the following information:
- 1) The child's first and last name
 - 2) The medication name
 - 3) Dosage
 - 4) Frequency and duration of time to be taken
 - 5) Route (i.e. oral or topical)

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- 6) The date the prescription was filled
- 7) Expiration date

C. The Health Department requires that all non-prescription medications (over the counter), such as Tylenol and allergy medications have a written request from the child's physician. The written request is only valid for one month. The reason for this regulation is that the Health Department wants to discourage parents from masking symptoms in an ill child in order to keep them at daycare. These medications may be of the following:

- Antihistamines
- Non-aspirin fever reducers / pain reliever (acetaminophen)
- Non-narcotic cough syrup
- Decongestant
- Anti-itching ointments
- Diaper ointments, intended for use with diaper rash
- Sunscreen for children 6 months and older

OVCDC staff may apply diaper rash ointment and sun block if a permission to administer form has been signed by the parent. The parent must provide these medications and label it with their child's name. We may not use a product that has not been specifically provided by the parent. All medications will be kept in a box in the refrigerator labeled "medications", or in the business office (out of the reach of children). Oral medications and topical medications will be kept in separate labeled boxes. Left over medications will be returned to the parent or flushed down the toilet.

VI. Health Records and Immunizations

A. Health Records

1. Prior to admission, the following information must be filled out completely, signed by the child's parent or legal guardian and returned:
 - a) Child's health history, including last physical examination (must be within the last year).
 - b) Any known allergies to food or medications
 - c) Consent for emergency care.
 - d) Immunizations given or signed exemption whether personal or religious.
 - e) Permission to administer form
2. Information will be updated as follows:

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- a) Quarterly for children less than one year
- b) Semi-annually for children 1 – 2 years of age
- c) Yearly for children over 2 years or as
- d) New immunizations are given, or the child has been seen for routine examination by their physician.

B. Immunizations

1. The state requires that all immunizations be kept up-to-date unless a signed exemption statement has been signed (whether personal or religious) or the child's physician has determined that immunizations are medically unsafe or unnecessary for the child.

A. Children must be immunized for the following: (State of Washington WAC 246- 100- 166)

- Diphtheria
- Polio (OPV or IPV)
- Pertussis
- Measles
- Rubella
- Mumps
- Tetanus (DPT)
- Hepatitis B
- HIB

Children who are not immunized or exempt from immunization will not be accepted for care during a disease out break which could be prevented from immunizations.

VII. Infection Control Practices

The best ways to control the spread of illnesses are to practice proper hand washing and disinfect all surfaces that can spread germs.

A. Hand washing Safety

1. The most important thing that you can do to keep from getting sick is to wash your hands. By frequently washing your hands you wash away germs that you have picked up from other people, from contaminated surfaces, or from animals and animal waste.
2. What happens if you do not wash your hands frequently? **You pick up germs from other sources and then you infect yourself when you touch:**

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- Your eyes
- Your nose
- Your mouth

- a) One of the most common ways people catch colds is by rubbing their nose or their eyes after their hands have been contaminated with the cold virus.
- b) You can also spread germs directly to others or onto surfaces that other people touch. And before you know it, everybody around you is getting sick.
- c) The important thing to remember is that, in addition to colds, some pretty serious diseases -- like food poisoning, hepatitis A, meningitis, and infectious diarrhea -- can easily be prevented if people make a habit of washing their hands.

B. It is especially important to wash your hands:

- a) Before, during, and after you prepare food – especially raw meat, poultry, seafood products, eggs, and fresh produce
- b) Before you eat, and after you use the bathroom
- c) After handling animals or animal waste
- d) Before and after changing a baby's diaper
- e) After sneezing or coughing into hands, handkerchief or tissue
- f) After performing any personal body function, such as touching the hair of face area, scratching any part of the body, licking the hands, etc.
- g) After handling, feeding, or cleaning up of animals
- h) Before and after giving medications
- i) After smoking or being out doors
- j) Handling garbage or trash
- k) When your hands are dirty
- l) More frequently when

1. Children will wash their hands several times through out the day.
Children will wash their hands as follows:

- Upon arrival at the center
- Before you eat, and after you use the bathroom

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- After coming in from outdoor play
 - Any other times needed
2. The following steps will be done when staff or children wash their hands:
 - 1) Use soap and warm, running water.
 - 2) Rub your hands vigorously for 30 seconds. We encourage the children to sing the ABC song
 - 3) Wash all surfaces, including:
 - backs of hands
 - wrists
 - between fingers
 - tips of fingers
 - under fingernails
 - 4) Rinse your hands well.
 - 5) Dry your hands with a paper towel, if possible.
 - 6) Use the paper towel to turn off the faucet and even to open the door when in a public washroom.
 3. Children who are unable to wash their hands by themselves will be assisted by a staff member to insure appropriate hand washing has been done.

C. Cleaning Policy

1. When we use bleach solutions, we do the following daily:
 - a) Mix and fill clean spray bottles with appropriate bleach solutions
 - b) Date each bottle
 - c) Empty each bottle at end of day
2. When we soap and water solutions to clean surfaces we do the following:
 - a) Mix and fill clean spray bottles with appropriate soap solutions

We use bleach solutions to sanitize that consist of:

- 2 tablespoons of bleach to 1 quart of water for diaper changing tables and other areas where bodily fluid comes into contact.
- 1 tablespoon bleach to 1 gallon of water for all other areas.

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3. The bedding, dish towels, and cleaning rags laundered are off the premises weekly, or as needed. They are washed with water at least 140° and detergent in the amount recommended by the manufacturer and with bleach as stated by the manufacturer.

4. Beds are disinfected after a child soils them and in-between uses by different children. The sleeping mats are otherwise stored in a large plastic garbage bag with the child's name on it and stored in a manner that one child's bedding does not touch another's.

5. The following is cleaned daily:
 - Vacuumed end of each day and as needed.
 - Kitchen cleaned daily with monthly cleaning and defrosting of refrigerator, freezer, stove tops, and ovens.
 - Bathrooms are disinfected and mopped twice daily. (Nap time and end of day)
 - Mirrors, counter tops, and any surfaces frequently touched (i.e. door knobs, telephones, faucets) are cleaned daily.

6. Table tops and highchairs are disinfected after every meal or snack. Chairs are disinfected weekly.

7. Toys are disinfected weekly for children ages 3 years and above, and daily for younger children.

8. Rugs and carpets are steamed cleaned every 6 months.

9. Cribs, swings, and exersaucers are disinfected weekly.

10. Cleaning of walls weekly

D. The Ill Child

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1. Our staff will observe and screen children daily for signs of illnesses. When the child has a severe illness, is injured, tired, or upset, staff will separate the child from other children and continuously attend to the child until;
 - a) The child is able to return to the group
 - b) The child is returned to the parent
 - c) The staff secures appropriate health care for the child
2. Staff will encourage the parent to obtain health care for the child as necessary.
3. We provide a quiet, separate room (or area) to allow the child requiring separate care an opportunity to rest.
4. All equipment used by an ill child will be disinfected after use.

E. Staff Health

- 1) Each staff employee or volunteers having regular contact with children in care will be screened for TB, by the Mantoux (skin test) method, before employment, unless contraindicated.
- 2) A person with a positive TB skin test (ten millimeters or more in duration) must have a chest x-ray within 30 days of the skin test.

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- 3) No staff member or volunteers with a reportable communicable disease is permitted to work at the center unless his or her health care provider supplies a written approval to do so.

- 4) In order to meet the staff's mental health needs, we allow a 10 minute break may be taken for every 4 hours worked. The breaks may be taken when needed as long as adequate coverage is secured for your job prior to leaving for break. Breaks are paid time; therefore you may not leave the facilities premises during break. A ½ hour lunch break is offered for every 6 hours worked.

VIII. Food Service and Nutrition

A. Food Service

1. Food borne illness remains an important public health concern. The CDC estimates that there are 76 million cases of food borne illness each year in the U.S. These illnesses result in 323,000 hospitalizations and 5000 deaths. To reduce the risk of food borne illnesses, OV CDC always practices proper food handling as required by the Pierce county Health Department.

2. Our cook has a valid food handler permit.

B. Food Thawing

Thawing is a critical step in the food preparation chain. It is often the stage where an otherwise safe food preparation process goes wrong. Thawing should be designed so that the amount of time food is under temperatures in which bacterial growth is abundant, is minimal. As a rule of thumb, minimize the time foods spend in temperatures from 45 degrees F to 140 degrees F.

Some foods are meant to be cooked from frozen temperatures. These foods have an advantage over other foods because they pass through the dangerous temperatures very quickly.

There are four acceptable methods of thawing:

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1. Cooking foods from frozen temperatures (only applies to those foods that are designed to be cooked that way).

2. Thawing foods under refrigeration at temperatures of 40 degrees F or less: Foods should be stored in pans on the lower shelves of the refrigerator so that they do not drip on to other foods.

. Thawing foods in a microwave oven: You should be careful when using this process because the microwave oven may actually start the cooking process. When thawing with a microwave oven, make sure that the cooking process is continuous. Either the whole cooking process takes place in a microwave oven or, the food goes from the microwave oven straight to the next cooking step. This thawing process is not recommended for large items such as a large turkey.

4. Thawing under potable water: The water temperature should be about 70 degrees F or below. The whole process shouldn't take more than two hours. Make sure that running water has enough speed to wash loose particles. Also make sure that the place that you are thawing your food is sanitized and that water will not splash from the food being thawed, to other foods. This process is not recommended for large food items such as a large turkey.

C. Personal Hygiene

(1) Food service workers shall wash their hands, including fingernails, in an approved hand washing facility by applying soap, using warm water, scrubbing thoroughly, rinsing, and then drying, using methods which prevent recontamination:

(a) Before starting work; and

(b) During work, as often as necessary to prevent contamination of foods:

(i) After using the toilet;

(ii) After handling raw meat, poultry, or aquatic foods;

(iii) After handling unclean items;

(iv) After eating or smoking; and

(v) Before preparing ready-to-eat foods.

(2) Food service workers shall:

(a) Wear clean outer garments;

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(b) Maintain a high degree of personal cleanliness; and

(c) Restrain hair as necessary.

(3) The food service establishment owner shall ensure bactericidal and veridical hand rinses are used only in addition to approved hand washing methods.

(4) The food service establishment owner shall ensure eating or use of tobacco in any form by food service workers is permitted only in designated areas approved by the health officer.

(5) The food service establishment owner shall provide adequate facilities for the orderly storage of food service workers' clothing and personal belongings.

(6) The person in charge of the food service establishment shall ensure all food service workers:

(a) Comply with the provisions of chapter [69.06](#) RCW and chapter [246-217](#) WAC;

(b) Obtain valid food and beverage service worker permits within thirty days of employment; and

(c) Maintain current food and beverage service worker permits.

(7) The person in charge of the food service establishment must display or file the food and beverage service workers permits, or copies thereof, where they are available for inspection by the health officer upon request.

D. Food Protection

(1) Food service establishment owners shall protect food from potential or actual sources of contamination or adulteration during transporting, storing, preparing, cooking, displaying, and serving by the following methods:

(a) Covering food or food storage containers with tightly fitting covers manufactured from approved materials such as metal, plastic, plastic wrap, or aluminum foil, except:

(i) During necessary preparation or cooling periods;

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(ii) When serving food to the customers;

(iii) When displaying or storing fresh, raw, unprocessed whole fruits and vegetables;

(iv) When displaying or storing raw, whole aquatic foods; and

(v) During storage, quarters or sides of meat, and primal cuts may be placed on clean sanitized hooks or racks.

(b) Prohibiting the storage of food under leaking refrigeration condensers, exposed or unprotected sewer lines, leaking water lines, or water lines with accumulations of condensed water;

(c) Storing foods above the floor level to prevent contamination and permit easy cleaning, except:

(i) Floor storage is permitted for foods stored in bulk if contained in impervious covered containers;

(ii) Storage on a floor surface is permitted when beverages are in pressurized beverage containers; or foods are protected by glass, durable plastic, cans, or other waterproof containers; and

(a) Floors beneath the foods are dry and easily cleanable; and

(b) Foods can be easily moved to allow cleaning of the floor.

(d) Prohibiting the storage of food, utensils, or single-service articles in toilet rooms, toilet room vestibules, or garbage rooms;

(e) Labeling foods removed from original containers, unless identity of the food is unmistakable;

(f) Providing protection from contamination through use of a sneeze guard, display case, packaging, or other effective measures;

(g) Minimizing hand contact with foods by:

(i) Using appropriate utensils, including single service food service gloves when practical; and

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(ii) Providing tongs, bakery papers, scoops, spatulas, ladles, and similar utensils for handling foods during display or service.

(h) Prohibiting the storage of raw meats, poultry, and aquatic foods above foods requiring no additional cooking before service or in a manner increasing the probability of cross-contamination;

(i) Prohibiting the use of ice for human consumption following use for cold holding or after contamination; or

(j) Prohibiting use of pooled eggs prepared from raw eggs, except:

(i) If used for immediate service; or

(ii) If cooked to 140° F. or above within thirty minutes of breaking.

(k) Prohibiting egg breaking procedures where liquid eggs contact egg shells such as egg breaking machines;

(l) By any other methods approved by the health officer.

E. Food Preparation

(1) The health officer may require a food service establishment owner to limit or modify food preparation and may delete some menu items when the available equipment is inadequate to rapidly cool or reheat, properly cook, hot hold, cold hold, or process potentially hazardous foods.

(2) Food service establishment owners shall prepare, display, serve, and transport food:

(a) Only with safe and necessary time-temperature steps;

(b) With a minimum amount of hand contact;

(c) With suitable utensils;

(d) On clean, sanitized surfaces:

(i) Washed, rinsed, and sanitized as required under

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this chapter prior to use; and

(ii) Washed, rinsed, and sanitized to prevent cross-contamination.

(3) Food service establishment owners shall:

(a) Maintain the internal temperature of potentially hazardous food at 45° F. or below, or 140° F. or above, at all times except as provided in these regulations;

(b) Minimize the time potentially hazardous foods remain at room temperature during preparation to a total time of two hours;

(c) Store in-use serving utensils:

(i) In the food product, only if the handle remains out of the food item; except in ice machines;

(ii) In a running water dipper well;

(iii) In water above 140° F., or below 45° F.;

(iv) For ice machines, either on a clean dry surface or in an approved utensil holder; or

(v) By other approved methods;

(vi) Except that in-use serving utensils for non-potentially hazardous foods may be stored on a clean surface.

(d) Discard any leftover foods already served to a customer; except that packaged, non-potentially hazardous foods, which are still packaged in a sound and sanitary condition, may be re-served. Properly dispensed, non-potentially hazardous foods such as those dispensed by using squeeze dispensers, covered containers with proper serving utensils, or shaker dispensers, may be re-served.

(e) Ensure all foods served raw are thoroughly washed with potable water before serving;

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F. Infant Nutrition

Developmental Stage/Age of Infant	Type of Feeding
(a) Under 4 months of age	Serve only formula or breast milk unless you have a written order from the child's health care provider.
(b) When baby can: (at about 4-6 months of age) Sit with support Hold head steady Close lips over the spoon Keep food in mouth and swallow it.	Serve only formula or breast milk unless you have a written order from the child's health care provider. Begin iron fortified baby cereal and plain pureed fruits and vegetables upon consultation with parents.
(c) When baby can: (at about 6-8 months) Sit without support Begin to chew Sip from a cup with help Grasp and hold onto things	Serve only formula or breast milk unless you have a written order from the child's health care provider. Start small amounts of juice, or water in a cup. Let baby begin to feed self. Start semi-solid foods such as cottage cheese, mashed tofu, mashed soft vegetables or fruits.
(d) When baby can: (at about 8-10 months) Take a bite of food Pick up finger foods and get them into the mouth Begin to hold a cup while sipping from it	Serve only formula or breast milk unless you have a written order from the child's health care provider. Small pieces of cheese, tofu, chicken, turkey, fish or ground meat. Small pieces of soft cooked vegetables, peeled soft fruits. Toasted bread squares, unsalted crackers or pieces of soft tortilla. Cooked plain rice or noodles. Only formula, breast milk, juice or water in the cup.
(e) When a baby can: (10-12 months) Finger Feed Chew and swallow soft, mashed and chopped foods Start to hold and use a spoon Drink from a cup	Serve only formula or breast milk unless you have a written order from the child's health care provider. Begin offering small sized, cooked foods. Variety of whole grain cereals, bread and crackers, tortillas. Cooked soft meats, mashed legumes (lentils, pinto beans, kidney beans, etc.), cooked egg yolks, soft casseroles.
(f) When a baby can eat a variety of foods from all food groups without signs of an allergic reaction	Fruit pieces and cooked vegetables. Yogurt, cheese slices. Offer small amounts of formula, breast milk or water in the cup during meals.

6) To prepare or store bottles, formula or infant food, OVDC will:

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- (a) Label all bottles with the infant's full name and the date the bottle was filled to be sure the correct formula or breast milk is given to each infant;
- (b) Have a refrigerator accessible to staff to store bottles and un-served, leftover infant food;
- (c) Throw away the contents of any bottle not fully consumed within one hour. Do not put bottles that have been used back into the refrigerator;
- (d) Throw away or return to the family any unused bottle contents within twelve hours of preparing or arriving at the center;
- (e) Not serve infant formula past the expiration date on the manufacturer's container;
- (f) Keep bottle nipples covered when not in use to reduce risk of cross contamination and exposure.
- (g) Formulas will be mixed either by the parent at home or at the center and put in labeled container
- (h) All bottles are heated in a crock-pot and not the microwave. Crock-pot is cleaned daily
- (i) Infants will be held during feedings

7) Storage of breast milk

- (1) You can keep frozen breast milk if you:
 - (a) Label the contents with the child's name and date it was brought into the center;
 - (b) Store the frozen breast milk at 10 degrees Fahrenheit or less;
 - (c) Thaw the breast milk in the refrigerator, under warm running water or in a pan of

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warm water;

(d) Keep frozen breast milk in the center for no more than two weeks.

[Statutory Authority: Chapter 74.12 and 74.15 RCW. WSR 03-14-110, filed 6/30/03, effective 8/1/03.]

8) Infant care:

(A) Infants will be positioned on their backs during sleep to reduce the risk of SIDS.

(B) Each child will have its own crib. Crib sheets will be washed weekly in hot water with bleach or sent home for parent to wash, mattresses and crib surface will be disinfected with a bleach solution weekly.

(C) Infants may not be left sleeping in car seats

G. Nutrition for children 12 months and older

(1) To promote proper growth and development of all children at the center, we provide meals and snacks on the following schedule:

(a) Breakfast is served from 5:30 am until 8:00 am

(b) Snacks are served at 9:00 am and again at 2:30 pm, with the exception of school age children who will receive snack immediately upon arrival to the center from school.

(c) Lunch will be served at 11:00 am

9) All meal and snack menu's are prepared at least one week in advanced, and are posted through out the center. A variety of foods are offered. All food substitutions will be of equal nutrient value and recorded on the menu. Foods sent from home will be inspected for nutritional value. OV CDC will have nutritious foods available to supplement foods sent from home if necessary.

10) Meal Patterns:

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(a) Breakfast: one serving of dairy product, cereal or bread, whole grain or enriched, and fruit or vegetable juice with a minimum of 50% real juice.

(b) Lunch: one serving of dairy product, one serving of protein, of bread or bread alternative, and two servings of fruit or vegetable.

(c) Snack: includes two or more of the following; a dairy product, a protein food, a bread or bread alternative, fruit or vegetable juice with at least 50% real juice.

We will provide water as an additional beverage or anytime through the day

- 11) Included in the above, we serve at least one serving daily of a food high in vitamin C, and at least 3 servings of a food high in vitamin A.
- 12) We serve only pasteurized milk. We provide only whole milk to children 23 months or younger, except with written permission from the child's parent.
- 13) Parents must provide a list of foods that their child cannot consume because of allergies, religious, or cultural beliefs.
- 14) A child in care for 9 hours or less will receive at least one meal and two or more snacks. Parents may bring breakfast for their children to eat upon arrival at the center.
- 15) Food will be provided at least every 3 ½ hours and not less than 2 hour intervals.
- 16) OV CDC will permit the occasional servings of low nutrient foods for birthday parties or other special events.

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17) Food Allergies will be posted in locations where food is prepared and classrooms that food is served in. OV CDC requires written directions from a child's health care provider and parent for medically modified diets. OV CDC may ask the parent to provide food supply for supplements and special diets.

IX. Diaper Changing Policies and Toileting Procedures

A. The following steps will be followed to insure the safety of diaper changing procedures and to prevent the spreading of disease

(1) Your diaper changing table and area must:

(a) Have a washable, moisture resistant diaper-changing surface that is cleaned and sanitized between children;

(b) Be a table or counter with a protective barrier on all sides that is at least three and one-half inches higher than the surface that the child lays on;

(c) Have a garbage can with a lid, plastic liner, and method for disposing of hand drying supplies so that a garbage can lid does not have to be opened with hands;

(d) Be on moisture impervious and washable flooring that extends at least two feet surrounding the diaper changing and hand washing area; and

(e) Be directly adjacent to a sink used for hand washing supplied with:

(i) Warm running water (between 85 degrees Fahrenheit and 120 degrees Fahrenheit);

(ii) Soap; and

(iii) A sanitary method for drying hands (single use towels).

(2) You must have the diaper changing procedure posted and must follow the steps included.

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- (3) You must not leave the child unattended during the diaper change.
- (4) You must not use the safety belts on diaper changing tables because they are neither cleanable nor safe.
- (5) You must not place anything on the diaper-changing table, counter or sink except the child, changing pad and diaper changing supplies.
- (6) OVCDC elects not to use cloth diapers.

B. Toilet training is initiated with consultation with parents:

- (1) Using positive reinforcement;
- (2) Cultural sensitivity;
- (3) Not using foods as a reinforcement; and
- (4) Following a routine established between the parent and you.
- (5) Potty chairs used will be cleaned and disinfected after every use.

X. Nursing consultant

- A. As required by law, we have regular nursing consultation by a registered nurse at our center. Our consultant is trained and experienced in the care of young children. She is available to advise us on a monthly operation of our center's health program, as well as doing periodic check of our health care plan.
- B. Documentation of visits are available in the director's office.
- C. Consultants name: Kristie Nolta RN,C. BSN
Phone (253) 473-5485

Our programs health policy has been reviewed an approved by;

RN Signature

Date

Annual Reviews:

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Signature and Dates:

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