INTERLAKE CHILD CARE & LEARNING CENTER	Non-Profit Corporation Taxpayer I.D. #91-1186874	
4927 GREENLAKE WAY N, SEATTLE, WA, 98103	(206) 632-6479	admin@interlakechildcare.org

HEALTH POLICY

Public Health
Seattle & King County

Policy Reviewer	Brandon Eller
Date Reviewed	08/01/25

Child Care Center Name	**Interlake Child Care & Learning Center**
Director	John Coley
Hours of Operation	7:30a – 6:00p
Ages Served	2 months – 5 years
Address	4927 Green Lake Way N, Seattle, WA 98103
Cross Streets	N 50th St, Stone Way Ave N
Phone	+1 (206) 632-6479
Email	admin@interlakechildcare.org
Website	www.interlakechildcare.com

Emergency Numbers	
Fire/Police/Ambulance	911
Poison Center	1-800-222-1222
C.P.S.	1-800-609-8764
Animal Control	1-206-386-7387

WA State & Other Contacts		
Public Health – Seattle & King County Child Care Health Program (to consult with Registered Dietitian, Public Health Nurse, Mental Health Consultant, or other Community Health services)	CCHC.Support@kingcounty.gov	(206) 263-8262
Public Health Nurse Consultant	Kim Ander	(206) 477-9871
Public Health Nutrition Consultant	Kim Ander	(206) 477-9871
DCYF Licensor	Monique Pleasant	(425) 917-7927
Infant Room Nurse Consultant	Kim Ander	(206) 477-9871
Communicable Disease & Immunization Hotline (Recorded Info)	n/a	(206) 296-4949
Communicable Disease Report Line	n/a	(206) 296-4774
Out-of-Area Emergency Contact	Family Services – Reno, NV	(755) 321-5037

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PURPOSE AND USE OF HEALTH POLICY

This health policy is a description of the health and safety practices of Interlake Child Care and Learning Center. Interlake is a fully licensed early childhood education center in Washington state, operating in King County.

Many policies are copied directly from guidelines set by King County Public Health for licensed child care centers.

This policy is prepared and reviewed by Interlake Administrative Staff.

Staff will be oriented to our health policy by the Director upon hiring, and whenever there are changes to policies and procedures.

Our policy is accessible to staff and parents. It is provided at enrollment and can be read online at Interlake's website <interlakechildcare.com>

This health policy does not replace these additional policies required by the Washington Administrative Code (WAC):

- Crisis & Disaster Emergency Preparedness Plan
- Bloodborne Pathogen Policy
- *Expulsion Policy
- *Child Restraint Policy
- *Termination of Services Policy
- *Transportation Policy

**located in the ICC Family Handbook*

Health Consultation Services

Programs in King County are encouraged to consult with a Child Care Health Program (CCHP) Public Health Nurse at CCHP.Support@kingcounty.gov or 206.263.8262 for information and resources regarding childhood illnesses and disease prevention.

CLEANING, SANITIZING, DISINFECTING AND LAUNDERING

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

Definitions:

- *Sanitizers* are used to reduce germs from surfaces, but not totally get rid of them. Sanitizers reduce the germs from surfaces to levels that are considered safe.
- *Disinfectants* are chemical products that destroy or inactivate germs and prevent them from growing. Disinfectants are regulated by the U.S. Environmental Protection Agency (EPA).

Rationale:

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

3-Step Method

1. *Clean* – spray with a dilution of a few drops of liquid dish detergent and water, then wipe the surface with a paper towel.
2. *Rinse* – spray with clear water and wipe with a paper towel.
3. *Sanitize/Disinfect* – spray with proper dilution of bleach and water (see *Method for Mixing Bleach* below), leave on surface for a minimum of 2-minutes, then wipe with a paper towel.

Storage

Our cleaning and sanitizing supplies are stored in a safe manner in the laundry room, kitchen, kitchen porch, or office. All such chemicals are:

- Inaccessible to children
- In their original container
- Separate from food and food areas (not above food areas)
- Kept apart from other incompatible chemicals
- In a secured cabinet, to avoid a potential chemical spill in an earthquake

METHOD FOR MIXING BLEACH

Sanitizing using bleach concentrations of sodium hypochlorite 2.75 – 8.3%

Solution for **sanitizing** on Food Surfaces, in Kitchen and Classrooms	**Amount of Bleach**	**Amount of Water**	**Contact time**
8.25-8.3%	**¼ Tsp**	1 quart	2 minutes
	1 Tsp	1 gallon	2 minutes
5.25-6.25%	**½ Tsp**	1 quart	2 minutes
	2 Tsp	1 gallon	2 minutes
2.75%	**1 Tsp**	1 quart	2 minutes
	1 Tbsp	1 gallon	2 minutes

Disinfecting using bleach concentrations of sodium hypochlorite 2.75 – 8.3%

Solution for **disinfecting** for Body Fluids, Bathrooms and Diapering	**Amount of Bleach**	**Amount of Water**	**Contact time**
8.25-8.3%	**1 Tbsp**	1 quart	2 minutes
	¼ cup	1 gallon	2 minutes
5.25-6.25%	**4 Tsp**	1 quart	2 minutes
	⅓ cup	1 gallon	2 minutes
2.75%	**3 Tbsp**	1 quart	2 minutes
	¾ cup	1 gallon	2 minutes

(Adapted from WA DOH Guidelines for Mixing Bleach Solutions, 5/2024)

Note: Use only plain, unscented bleach. Please ensure that the concentration of bleach matches labels on classroom spray bottles.

Bleach Preparation

- Bleach solutions are prepared using the correct proportions on the “Method for Mixing Bleach” table (see table on previous page).
- To avoid cross-contamination, two sets of spray bottles are used: one set for disinfecting bottles and one set for sanitizing bottles.
- Bleach solutions are prepared in the kitchen. The preferred place to prepare bleach solutions is in a

laundry or utility room. If not available, solutions may be prepared in a bathroom or kitchen.
- Bleach solutions are made each morning*,* using protective equipment. It is required by Labor and Industries that workers have an emergency eye wash station and wear personal protective equipment. This includes safety goggles, rubber gloves, and an apron. Using correct measuring tools is required. *It is recommended that two people are designated to mix bleach at the center. This creates consistency in the process and reduces employee exposure to undiluted bleach.*

Cleaning, Sanitizing & Disinfecting Specific Areas and Items Bathrooms
- Sinks, counters, and floors are cleaned, rinsed, and disinfected daily or more often if necessary.
- Toilets are cleaned, rinsed, and disinfected daily or more often if necessary. Toilet seats are kept sanitary throughout the day and cleaned immediately if visibly soiled.
- Cots and mats are washed, rinsed, and sanitized weekly.
- Door handles are cleaned, rinsed, and disinfected daily.
- Drinking fountains and water coolers are cleaned, rinsed, and disinfected as needed.

Floors
- Solid-surface floors are swept, washed, rinsed, and sanitized daily.
- Carpets and rugs in all areas are vacuumed daily and cleaned using a carpet shampoo machine or steam cleaner every six months or as necessary. Carpets are not vacuumed when children are present *(due to noise and dust).*
- If caring for infants, large rugs and/or carpets are cleaned using a carpet shampoo machine or steam-cleaned at least once per month or more often if visible stains are present.
- Carpets or area rugs soiled with bodily fluids must be cleaned and disinfected with high heat or an EPA registered product. An early learning provider must limit exposure to blood and body fluids during cleanup.

Furniture
- Upholstered furniture is vacuumed daily and cleaned using a carpet shampoo machine or steam cleaner twice a year 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 daily or when full.
- Outside surfaces of garbage cans are cleaned, rinsed, and disinfected daily. Inside surfaces of garbage cans are cleaned, rinsed, and disinfected as needed.
- Food-waste cans must have tight-fitting lids and be hands-free. Garbage cans for paper towels must be hands-free.

Kitchen
- Kitchen counters and sinks are cleaned, rinsed, and sanitized daily.
- Food preparation surfaces are cleaned, rinsed, and sanitized before and after each use.

- Equipment (such as blenders, can openers, and cutting boards) is washed, rinsed, and sanitized after each use. No wooden cutting boards are used.
- Refrigerators and freezers are cleaned, rinsed, and sanitized monthly or as needed.
- Kitchen floors are swept, washed, rinsed, and sanitized daily.

Laundry

- Towels used for cleaning or rinsing are laundered after each use.
- Child care laundry is done on site or by a commercial service (it is not washed in a private home).
- Laundry is washed above 140^{o}F due to heat needed to sanitize items. If the hot water tank is set to 120^{o}F, then you must use bleach to sanitize laundry according to the equipment manufacturer's instructions.

Tables and high chairs

- Tables are cleaned, rinsed, and sanitized before and after snacks or meals.

Mops

- Mops are cleaned, rinsed, and disinfected in a utility sink, then air dried in an area with ventilation to the outside and inaccessible to children.

Toys

- Only washable toys are used.
- Cloth toys and dress-up clothes are laundered weekly and as necessary.
- Pre-school and school-aged toys are washed, rinsed, and sanitized weekly and as necessary.
- Infant and toddler toys are washed, rinsed, and sanitized daily and as necessary.

Water Tables

- Water tables are emptied, cleaned, rinsed, and sanitized after each use and as necessary.
- Children wash hands before and after water table play.

General Notes

- Floors and surfaces are cleaned and sanitized daily.
- There are no strong odors of cleaning products in our facility.
- Air fresheners and room deodorizers are not used.

HAND HYGIENE

Liquid soap, warm running water (120ºF or below), and paper towels or single-use cloth towels are available for staff and children at sinks, at all times.

All staff wash hands with soap and running water at the following times/circumstances:

1. Upon arrival at the site and when leaving at the end of the day
2. Before and after handling foods, cooking activities, eating or serving food
3. Before preparing bottles
4. After toileting self or children
5. Before, during (with wet wipe - this step only), and after diaper changing
6. After handling or coming in contact with body fluids such as mucus, blood, saliva, or urine
7. After giving first aid
8. Before and after giving medication, or applying topical ointments or creams
9. After attending to an ill child
10. After smoking or vaping during a break
11. After being outdoors and/or gardening activities
12. After handling or feeding animals, or any related equipment
13. After handling garbage and garbage receptacles
14. As needed or required by circumstances

Children are assisted or supervised in handwashing at the following times/ circumstances:

1. Upon arrival at the site and when leaving at the end of the day
2. Before and after meals, including setting the table (in handwashing, not in food prep sink)
3. After toileting or diapering
4. After handling or coming in contact with body fluids such as mucus, blood, saliva or urine
5. After outdoor play or gardening activities
6. After touching animals and handling their toys or equipment
7. Before and after water table or sensory play
8. As needed or required by circumstances

Hand Sanitizers may be used by adults, and children over 24 months of age with proper supervision only when hand washing facilities are not available and hands are not visibly soiled. An alcohol-based hand sanitizer must contain 60 to 90% alcohol to be effective. Hand sanitizers may not be used in place of proper handwashing, as required above.

Handwashing Procedure

Handwashing procedures are posted at each sink used for handwashing.

1. Wet hands and apply a liberal amount of liquid soap.
2. Rub hands in a wringing motion from wrists to fingertips for at least 20 seconds.
3. Rinse hands thoroughly.
4. Dry hands using an individual paper towel, a single-use cloth towel, or a hand dryer.
5. Use a hand-drying towel to turn off the water faucet before properly discarding.
6. Staff can apply lotion, if desired, to protect the integrity of skin.

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

All children are observed for signs of illness upon arrival and throughout the day. Children displaying any of the following symptoms are not permitted to remain in care:

❒	Fever (≥100.4˚). Symptoms must be fully resolved for 24hrs before returning to care without use of fever reducing medication (Tylenol).
❒	Vomiting 2 or more times in 24 hours. Symptoms must be fully resolved for 24hrs before returning to care.
❒	Diarrhea with 2 or more loose/watery stools in 24hrs, or any bloody stool. Symptoms must be fully resolved for 24hrs before returning to care.
❒	Rash. Can acquire a doctor's note indicating the child may safely return to care; or, symptoms must be fully resolved for 24hrs before returning to care.
❒	Eye discharge. Can acquire a doctor's note indicating the child may safely return to care; or, symptoms must be fully resolved for 24hrs before returning to care.
❒	Mouth sores and drooling. Can acquire a doctor's note indicating the child may safely return to care; or, symptoms must be fully resolved for 24hrs before returning to care.
❒	Open or oozing sores. Can acquire a doctor's note indicating the child may safely return to care; or, symptoms must be fully resolved for 24hrs before returning to care.
❒	Excessive lethargy, or otherwise unwell enough to keep up with program activities. Symptoms must be fully resolved for 24hrs before returning to care.
❒	Lice. May return the day after receiving lice & nit removing treatment.
❒	Scabies. May return the day after receiving scabies treatment.
❒	Symptoms of a respiratory infection. Symptoms must be fully resolved for 24hrs before returning to care.

❒ Fever (≥100.4˚) ❒ Excessive cough ❒ Sore throat	❒ Headache ❒ Congestion or runny nose ❒ Chills, difficulty maintaining body temp	❒ Shortness of breath or difficulty breathing ❒ Fatigue, muscle pain, or body aches ❒ Other signs of illness unrelated to a pre-existing condition

If a child is displaying symptoms, the parent/guardian will be notified to pick up the child. 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.

- 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 posted notice.
- When a child has illness symptoms or a condition, individual confidentiality is maintained, as not to single out children and/or families.
- 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. We maintain confidentiality of this log.
- Staff members follow the same exclusion criteria as children.

IMMUNIZATIONS

To protect all children and staff, children attending child care are required to be vaccinated or show proof of acquired immunity against the following vaccine- preventable diseases:

- Diphtheria, Tetanus, Pertussis (DTaP/DT)
- Polio (IPV)
- Measles, Mumps, Rubella (MMR)
- Hepatitis B
- *Haemophilus influenzae* type b (Hib) *until age 5*
- Varicella (Chicken Pox)
- Pneumococcal bacteria (PCV) *until age 5*

Immunization records are reviewed and updated monthly by the Enrollment Coordinator to ensure all children and staff are up to date on all eligible immunizations.

Documentation and Reporting

Each child enrolled in a licensed child care program is required to have medically verified documentation of immunizations *before* attending. Any one of the following is an accepted form of documentation:

- A Certificate of Immunization Status (CIS) printed from the Immunization Information System (IIS)
- A physical copy of the CIS form with a healthcare provider signature
- A physical copy of the CIS filled out and signed by the parent and verified and signed by the child care or early learning program administrator.
    - For this option, the CIS needs to have medical immunization records from a healthcare provider attached
- A CIS printed from MyIR (families can create an account on MyIR and print this form themselves)

A new CIS form is required each year to re-certify the child's immunization records.

- All employees and volunteers at the program are required to provide an immunization record indicating that they have received the MMR vaccine or proof of immunity. (See *STAFF HEALTH* section for more information on staff requirements.)
- We submit an immunization status report to DOH by November 1st of each year (or 30 days after the first day of school if a program starts after October 1st).

Requirements for Attending Early Learning and Child Care Programs

A child may begin child care *only if*:*

- They get all the required vaccine doses they are eligible to receive, AND
- The parent/guardian has submitted medically verified immunization records (see above) *on or before the first day* of attendance. Children without immunization paperwork may not start child care until the paperwork is submitted.

  ***Foster Care or Homelessness Exception:**
  A child in foster care or who is identified as experiencing homelessness and is lacking medically verified immunization records MUST be enrolled immediately and allowed to participate in all program activities. The child's family, caseworker, or health care provider must, however, offer written proof that they are in the process of obtaining the child's immunization records.

Attending While in Conditional Status:

Children *may* attend child care while in conditional status if/when:

- They have received all vaccine doses they are eligible to receive *before* starting child care, however they need additional doses to complete the series.
- The parent/guardian must sign the Conditional Status statement on the CIS form.
- Children may remain in care while waiting until the next dose becomes due, *plus* 30 calendar days for the parent/guardian to turn in medically verified, updated records showing they received the missing dose(s).
- If the 30 days expire without updated records, the child must be excluded from further attendance.

Exemptions

☐ Interlake has a written policy stating we do not accept children into our child care program who are exempted from immunization, unless it is due to a health condition protected by the ADA or WLAD and we have a completed COE signed by a licensed medical professional on file. (WAC 110-300-0210 (8))

- The child's health care provider must sign the COE form for a medical exemption.

☒ Interlake does accept children into care who may have an exemption from immunization. If a parent/guardian chooses to exempt their child from immunization requirements, they must complete and sign the COE form, which accompanies the CIS form.

- The child's healthcare provider must also sign the COE form for a medical or religious belief.
- A health care provider's signature is not required for a "religious membership" exemption.

As of July, 2019 personal and philosophical exemptions for the MMR vaccine are not permitted per WA state law. Only medical and religious exemptions for MMR are allowed.

Children who are not fully immunized may also be excluded from care during an outbreak of a vaccine-preventable disease if they have any type of immunization exemption for the disease or do not have vaccine documents. 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.

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

STAFF HEALTH

Tuberculosis (TB) testing requirements

There are two types of FDA-approved tuberculosis (TB) tests available in Washington State; the tuberculin skin test and a type of blood test known as an Interferon Gamma Release Assay (IGRA).

Prior to working onsite at the child care program, new staff, volunteers, or family home members over 14 years must have documentation of a TB test or treatment signed by a healthcare professional within the last 12 months. This documentation must consist of either:

1. A negative TB symptom screen and negative TB risk assessment;
2. A previous positive TB test, a current negative (normal) chest x-ray, and documentation of clearance to safely work or reside in an early learning program; or
3. A positive symptom screening or a positive risk assessment with documentation of:
    a. a current negative TB test; or
    b. a positive (previous or current) TB test and a current negative (normal) chest x-ray and documentation of clearance to safely work or reside in an early learning program.

Staff members do not need to be retested for TB unless they have been notified of a TB exposure by the local health jurisdiction.

Measles, Mumps, and Rubella (MMR)

All licensed child care center staff and volunteers must provide either:

- An immunization record showing they have received at least one dose of MMR vaccination.
- Proof of immunity to measles disease (also known as a blood test or titer).
- Documentation from a health care provider that the person has had measles disease sufficient to provide immunity against measles; or
- Written certification signed by a licensed health care practitioner that the MMR vaccine is, in the practitioner's judgment, not advisable for the person.

A personal/philosophical or religious exemption for MMR is no longer allowed for child care staff. Our early learning program complies with all recommendations from the local health jurisdiction.

Staff are required to follow the same Illness & Exclusion guidelines. Staff members are encouraged to consult with their health care provider regarding their susceptibility to vaccine-preventable diseases.

Staff who are pregnant or considering pregnancy are encouraged to inform their health care provider that they work with young children. Adult sized chairs, and other accommodations can be made available.

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 risks.

NOTIFIABLE CONDITIONS AND COMMUNICABLE DISEASE REPORTING

1. Communicable diseases and conditions that are REPORTABLE to Public Health

What to report:
Child care and early learning programs are required, by WA state law, to report certain illnesses and conditions to their local public health department. These illnesses, called “Notifiable Conditions”, pose a significant risk to public health because of their contagiousness, severity, and frequency. Reporting them allows researchers to identify disease trends and track outbreaks (widespread transmission). They are listed in the table shown below. Child care and early learning WAC requires programs to report all cases of varicella (chickenpox), along with other vaccine-preventable diseases. DOH Notifiable Conditions List.

When to report:
Within 24 hours of learning that a child, staff member, or volunteer has been diagnosed with one of the diseases or conditions included in WA State DOH’s “List of Notifiable Conditions”, licensed child care providers in Washington are required to report the case(s) to the local public health department” (per WAC 110-300-0205).

How to report:
Programs in King County should call Public Health – Seattle & King County’s Communicable Disease & Epidemiology (PHSKC CD/E) team at 206.296.4774. Identify yourself as a child care provider. For programs in WA state that are outside of King County, call 1-877-539-4344.

Notifying DCYF Licensor and families:
Per WAC (110-300-0205), in addition to reporting to Public Health, programs must notify their DCYF Licensor, as well as families of children who were potentially exposed to the ill individual(s).

Programs can notify families in writing via 1) email, 2) a printed copy of a notification letter (reportable disease letters will be supplied by PHSKC’s CD/E program to the director or administrator), or 3) a posting on the door of the affected classroom or in a communal area of the program.

2. Communicable diseases and conditions that are NOT REPORTABLE to Public Health

Not all contagious diseases and conditions are reportable to local Public Health because they are not considered significant threats to public health. Some examples include: Hand, Foot, and Mouth Disease (HFMD), Influenza (flu); Head lice.

If you become aware of a contagious illness or condition that has been diagnosed in a child, staff member, or volunteer that is NOT included on the WA DOH Notifiable Conditions list (shown above), it is recommended that you notify your DCYF licensor for their awareness, & families of potentially exposed children because it helps them monitor their child for early signs and symptoms of the disease, get treatment, if necessary, and take steps to prevent further spread.

3. Clusters or Outbreaks of Communicable Disease

If you are concerned about the number of children and/or staff who are experiencing similar illness symptoms – even if the illness or condition hasn’t been diagnosed – contact PHSKC’s Communicable Disease & Epidemiology team and your program’s nurse consultant.

MEDICATION POLICY

Medication is given only with prior written consent of a child's parent/guardian. A completed Medication Authorization Form indicates written consent and includes all of the following:

- Child's full name;
- Name of the medication;
- Reason for the medication;
- Dosage;
- Medication expiration date
- Method of administration (route);
- Frequency (*cannot* be given "as needed"; 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)
- Any special instructions; *and*
- Parent/guardian signature and date signed

Prescription medications can be administered to a child in care by an early learning provider only if the medication meets all of the following requirements:

- Prescribed by a health care provider with prescriptive authority for a specific child;
- Include a label with:
    - Child's first and last name;
    - Date prescription was filled;
    - Prescribing health provider's name and contact information;
    - Expiration date;
    - Dosage amount;
    - Length of time to give the medication; and
    - Instructions for administration and storage;
- Accompanied with a completed Medication Authorization Form signed by a parent/guardian;
- Only given to the child named on the prescription.

For over-the-counter (non-prescription) medications, staff must follow the instructions on the label and dosage recommendations for the child's age. It can be administered to a child in care by an early learning provider only if the medication meets all of the following criteria:

- It is in its original packaging;
- Labeled with the child's first and last name; and
- Accompanied with a completed Medication Authorization Form signed by the parent/guardian.

If an over-the-counter medication's label instruction doesn't include age, expiration date, dosage amount, and/or length of time to give the medication/product, as is often the case for vitamins, herbal supplements, fluoride supplements, homeopathic or naturopathic medication, and teething gel or tablets, it must be accompanied with a completed Medication Authorization Form that is signed by the health care provider

with prescriptive authority. An over the counter-medication is given only to the child named on the label provided by the parent/guardian.

Non-medical products

A parent/guardian must provide written annual consent (valid for up to 12 months) for the following non-medical products to be given or applied to a child by the early learning provider:

- *Diaper ointment* (used according to manufacturer's instructions);
    - 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.
- *Sunscreen* for children over 6 months of age;
- *Lip balm;* and
- *Hand lotions or other creams.*
- Amber bead necklaces are not allowed.
- Parent/guardian instructions (for duration, dosage, amount, frequency, etc.) on the Medication Authorization Form are required to be consistent with any label recommendations, prescription, or instructions from a health care provider.
- Medication and non-medical products are not accepted if they are expired.
- Written consent for medications covers only the course of illness or specific time-limited episode.
- Medication is added to a child's food or liquid only with the written consent of a healthcare provider.
- Homemade medication, such as diaper cream or sunscreen, cannot be accepted by an early learning provider or given to a child in care.

Medication Storage

Medication is stored in a labeled medicine box in each classroom

- Rainbow – first aid cabinet in middle of classroom
- Infant – cabinet next to teacher shelf, middle of the room
- Toddler – back room closet door
- Star – first aid cabinet in cubby room

All stored medication is:

- Inaccessible to children;
- Separate from food;
- 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 (designed to be swallowed, inhaled, or injected) and external (applied to outside of body) medications are separated; and
- In a sanitary and orderly manner.

Rescue medication (e.g., EpiPen® or inhaler) is stored attached to the "Grab and Go" bag, inside a fanny

pack, labeled with the child's name.

Controlled substances (e.g., ADHD medication) are stored in a locked container or cabinet which is inaccessible to children. Controlled substances are counted and tracked with a controlled substance form.

Medications no longer being used are promptly returned to parents/guardians, or discarded in accordance with the Food and Drug Administration (FDA) recommendations for medication disposal. (Medications are not disposed of in the sink or toilet.) See www.takebackyourmeds.org for more information.

Staff medication is stored in the office, 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 or shelter-in-place– are stored in a lock box in the office. Medication is kept current (not expired).

Staff Administration and Documentation
Before administering medication to children, staff members must first be a) oriented to the early learning program's medication procedure and policy; and b) complete the department standardized training course in medication management and administration or an equivalent training. A record of the training is kept in staff files.

The parent/guardian of each child requiring medication involving special procedures (e.g., nebulizer, inhaler, EpiPen®) trains staff on those procedures. Documentation of the training must be signed by the early learning care provider and the child's parent/guardian. A record of trained staff is maintained on/with the Medication Authorization Form.

Staff administering medications must keep a medication log that includes:

- Child's first and last name;
- Name of medication that was given to the child;
- Dose amount that was given to the child;
- The time and date the medication was given; and
- The staff member administering the medication

Although the current WACs do not require documentation when administering non-medical items, such as diaper creams/ointments and sunscreen, the Child Care Health Program recommends documenting applications of these items. This provides record for the child care providers and families, in case a rash, irritation, or sunburn do occur or persist.

☒ Interlake will document application of non-medical items through Brightwheel.
☐ Interlake will not document applications of non-medical items.

Recording Medication Doses

- Any observed side effects are documented by staff on the child's Medication Authorization Form and reported to parent/guardian. Notification is documented.
- If a medication is not given, a written explanation of why is provided on Brightwheel.
- Outdated Medication Authorization Forms are not permitted.
- All information related to medication authorization and documentation is considered confidential and is stored out of general view.

Self-Administration by Child

- A school-aged child is allowed to administer his/her own medication when the above requirements are met *and:*
- 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.
- The child's medications and supplies are inaccessible to other children.
- Staff supervises and documents each self-administration.

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:
    a. Child's name;
    b. Name of the medication;
    c. Reason for the medication;
    d. Dosage;
    e. Method of administration;
    f. Frequency;
    g. Duration (start and stop dates);
    h. Expiration date
    i. Any possible side effects; and
    j. Any special instructions *(note: information on the label must be consistent with the individual Medication Authorization Form).*
3. Prepare medication on a clean surface away from diapering or toileting areas.
    a. Do not add medication to the child's bottle/cup or food without a health care provider's written consent.
    b. For liquid medications, use clean and sanitized medication spoons, syringes, droppers, or medicine cups with measurements provided by the parent/guardian (not table service spoons).
    c. Bulk medication is dispensed in a sanitary manner (sunscreen, diaper ointment)
4. Administer medication.
5. Wash hands after administering medication.
6. Observe the child for side effects of medication and document on the child's Authorization Form.
7. Document medication administration on Brightwheel.

FIRST AID

Training

At least one staff person with current training and certification in Cardio-Pulmonary Resuscitation (CPR) and First Aid is present with each group or classroom at all times.

First Aid and CPR Training must:

- Be delivered in person.
- Include a hands-on component for first aid and CPR that is demonstrated in front of an instructor who is certified by a nationally recognized certification program (i.e. American Red Cross, American Heart Association, etc.).
- Include child and adult CPR.
- Include infant CPR, if applicable.
- Documentation of staff training is kept in personnel files.

First Aid Kits

Our first aid kits are inaccessible to children and located in each “Grab and Go” bag, in each classroom, as well as in the Director’s office. First aid kits are labeled and identified by a First Aid Sign.

Each of our first aid kits contains all of the following items:

- Disposable gloves (non-porous, non-latex, i.e. nitrile or vinyl)
- Band-Aids (different sizes)
- Small scissors
- Tweezers for surface splinters
- Sterile gauze pads (different sizes)
- Ice packs (chemical, non-toxic ice)
- Thermometer
- Triangular bandage or sling
- Adhesive tape
- Hand sanitizer
- Elastic wrapping bandage
- CPR Protective barrier
- Current first-aid guide/ manual

Our first aid kits do <u>not</u> contain medications, medicated wipes, or medical treatments/ equipment that would require written permission from parent/guardian or special training to administer.

Travel First Aid Kits

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 & paper towels
- Water w/ small paper cups and/or infant bottles
- Cell phone or walkie-talkies
- Copies of completed ‘Consent for Emergency Treatment’ & ‘Emergency Contact’ forms

All first aid kits are checked and restocked monthly or sooner if necessary. The First Aid Kit Checklist is used for documentation and is kept in each first aid kit.

INJURY PREVENTION

Proper supervision is maintained at all times, both indoors and outdoors. Staff will position themselves to observe the entire play area.

Staff will review their rooms and outdoor play areas daily for safety hazards and remove any broken/damaged equipment. Hazards include, but are not limited to:

- Security issues (unsecured doors, inadequate supervision, etc.)
- General safety hazards (broken toys & equipment, standing water, chokeable & 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 crock pots, etc.)
- Windows within the reach of children

Hazards are reported immediately to the Director. The Director will ensure hazards are removed, made inaccessible, or repaired immediately to prevent injury.

- The playground is inspected daily to ensure it remains compliant with Consumer Product Safety Commission (CPSC) guidelines and/or American Society for Testing and Materials (ASTM) standards and is free of broken equipment, environmental hazards, garbage, and animal contamination. The playground and the surrounding environment will be inspected by opening staff.
- Toys are age and developmentally appropriate, safe (lead and toxin free), and in good repair. Broken toys are discarded. Mirrors are shatterproof.
- Rooms with children under 3 years old are free of push pins, thumbtacks, and staples.
- Cords from window blinds/treatments are inaccessible to children. *(Many infants and young children have died from inadvertent strangling with window cords. CPSC recommends cordless window treatments.)*
- Ensure the child care program has no firearms, guns, weapons, or ammunition on the premises.
- Staff does not step over gates or other barriers while carrying infants or children.
- Children will wear helmets if using riding equipment. Helmets will be removed prior to other play.
- Recalled items will be removed from the site immediately. Our program routinely receives updates on recalled items and other safety hazards on the CPSC website: http://www.cpsc.gov.
- Children will always be properly supervised when interacting with or near water. (*Drowning is the leading cause of injury related death for children ages 1-4 years old and drowning can happen in less than 2 inches of water.*)
- Any motor vehicle used to transport children will have properly installed, age appropriate car seats and working seat belts. Any driver transporting children will refrain from distracted driving (e.g., cell phone use). Children will not be left alone in the motor vehicle at any time.
- The Incident/Injury Log is monitored monthly by the Director to identify accident trends and implement a plan of correction.

PROCEDURES FOR INJURIES AND MEDICAL EMERGENCIES

1. Assess the injured child and obtain appropriate supplies.
2. Staff trained in first aid will refer to the First Aid Guide, located in every first aid kit, for more information if needed.
3. Administer first aid. Always use non-porous, non-latex gloves (i.e. nitrile or vinyl*) if blood is present. If the injury/medical emergency is life threatening, one staff person stays with the injured/ill child, administers appropriate first aid, and starts CPR, while another staff person calls 911 and brings the AED. If only one staff member is present, that person assesses the child for breathing and circulation. Wash hands after removing gloves.
    a. If **collapse is un-witnessed**: First perform 2 minutes of CPR, then call 911 and bring an AED to the child.
    b. If **collapse is witnessed**: First call 911 and bring an AED, then start CPR.
4. Staff calls 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 an accident/injury report form. The report includes:
    a. Date, time, place and cause of the injury/medical emergency (if known),
    b. Treatment provided,
    c. Name(s) of staff providing treatment, and
    d. Persons contacted.
6. Staff provide a copy of the form to the parent/guardian the same day, and place a copy in the child's file. For major injuries/medical emergencies, the parent/guardian signs upon receipt of the form, and staff sends a signed copy to the licensor.

The designated staff person immediately calls the child care licensor when serious injuries/incidents that require medical attention occur.

All injuries & incidents are recorded in "Incident/Injury Log." Each entry will include the child's name, name(s) of staff involved, and a brief description of the incident. This record is confidential.

BLOOD/BODY FLUID CONTACT OR EXPOSURE

Even healthy people can spread disease through direct contact with body fluids. All body fluids – including blood, urine, stool (feces), drool (saliva), vomit, drainage from sores/rashes (pus) – may be infected with contagious disease. To limit risk of infection associated with blood and body fluids, our site always takes the following precautions:

- Non-porous, non-latex gloves are always used when blood or wound drainage is present.
- Any open cuts or sores on children or staff are kept covered.
- Whenever a child or staff comes in contact with a body fluid, the exposed area is washed immediately with soap and water, rinsed, and dried with paper towels.
- Surfaces that come in contact with blood/body fluids are cleaned immediately with detergent and water, rinsed, and disinfected with an appropriate EPA approved disinfectant, such as bleach in the concentration used for disinfecting body fluids (refer to "Methods for Mixing Bleach"). The site's "Bloodborne Pathogen Exposure Control Plan" (BBP ECP) includes details on how to clean and disinfect specific surfaces (carpets, smooth surfaces, etc).

A child's clothing soiled with body fluids is removed as soon as possible, put into a plastic bag, securely tied or sealed, then put into another plastic bag that is securely tied or sealed and sent home with the child's parent/guardian. A change of clothing is available for children in care, as well as for staff.

Any equipment (mops, brooms, dustpans, etc.) used to clean-up body fluids is cleaned with a disinfectant according to manufacturer's instructions and air-dried.

Gloves, paper towels, and other first aid materials used to wipe up body fluids are put in a plastic bag, tied, and placed in a plastic-lined waste container with a lid.

Hands are always washed after handling soiled laundry or equipment, and after removing gloves.

Blood Contact or Exposure

If staff or a child comes into contact with blood (e.g. staff providing first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters a cut or scrape or the mucous membrane (eye, nose, or mouth) of another person), the staff informs the Director immediately. If a child is exposed to blood or other body fluid, parent/guardian will be notified by the Director and an appropriate report will be completed (see BBP ECP for more details).

We follow current guidelines set by Washington Industrial Safety and Health Act (WISHA) when reporting exposures, as outlined in our BBP ECP. We review the BBP ECP with our staff annually, or more often if changes occur. We document the content summary of the review, as well as names and job titles of staff who attend.

DISASTER PREPAREDNESS

Plan and Training

Our early learning program has developed a Disaster Preparedness Plan/Policy. The plan includes responses to different disasters our site is vulnerable to, as well as procedures for on- and off-site evacuation and shelter-in-place. Each classroom has evacuation routes and a copy of our disaster preparedness plan/policy posted. Our disaster preparedness plan/policy is also posted in our parent information area.

Staff are oriented to our disaster policy upon hire and annually. Families are oriented to our disaster policy upon enrollment and annually. The site maintains an orientation documentation file on site.

Staff receive fire extinguisher training. The following staff members have received utility control training (how to turn off gas, electric, water): Executive Director, Program Supervisor, Enrollment Coordinator, Emergency Coordinator, and the Food Program Coordinator. Documentation of disaster and earthquake preparation and training filed on site.

Supplies

Our early learning program maintains a supply of food and water on site for children and staff sufficient for at least 72 hours, in case parents/guardians are unable to pick up children at the usual time. Food Program Manager & Enrollment Coordinator is responsible for stocking supplies. We check food, water, and supply expiration dates at least annually and rotate supplies accordingly. We maintain essential prescribed medications and medical supplies on hand for individuals who need them. Each room has a fully stocked “Grab and Go” bag.

Hazard Mitigation

We have taken action to make our space earthquake/disaster-safe. We have safely secured bookshelves, tall furniture, refrigerators, crockpots, and other potential hazards to wall studs as appropriate. We continuously monitor all rooms and offices for anything that could fall and hurt someone or block an exit, and take corrective action as needed. Enrollment Coordinator is the primary person responsible for hazard mitigation. It is the program’s expectation that all staff members be aware of the environment and make changes as necessary to increase safety.

Safety Drills

We conduct and document monthly fire drills. Shelter-in-place, lockdown and disaster drills are conducted quarterly.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Our center is committed to meeting the needs of all children. This includes children with special health care needs such as asthma, allergies, 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.

- Confidentiality is assured with all families and staff in our program.
- According to WAC110-300-0300, we are required to notify our licensor when a child with special health care needs is enrolled or identified in our program. We maintain confidentiality when reporting this by not revealing names or diagnoses.
- All families will be treated with dignity and with respect for their individual needs and/or differences.
- Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
- 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.
- An individual plan of care is developed for each child with a special health care need. The plan of care is kept in the child's file and includes information and instructions for:
    - Daily care
    - Potential emergency situations
    - Evacuation and care during and after a disaster
    - For a complete list of what is required to be included in an individual plan of care, please reference WAC110-300-0300 (linked above).
- Completed plans are requested from health care providers annually or more often if there is a change in the child's special needs.
- Children with special needs are not present without an individual plan of care on site.
- All staff receive general training on working with children with special needs. Any staff that is involved in the care of a child with special needs receives updated training, as needed, around implementing the child's care plan. Verification that staff has been trained is kept in the child's file.
- The food program coordinator, teachers, and other staff will be oriented to any special needs or diet restrictions.

HEALTH RECORDS

Each child's health record is maintained in a confidential manner and will contain the following:

- Health, developmental, nutrition, and dental histories or conditions
- Date of last physical and dental exams
- Name and phone number of health care provider and dentist
- Consent for emergency care
- Current "Certificate of Immunization Status" (CIS), "Certificate of Exemption" (COE), or a current immunization record from the Washington state immunization information system (WA IIS);
- Preferred hospital

If applicable to the child, the health record will also contain**:**

- Consent for services provided by any health professionals who work with the program
- Allergy information and food intolerances
- Individualized care plan for child with special health care needs (medical, physical, developmental or behavioral)
- List of current medications
- Injury report
- Any assistive devices used (e.g., glasses, hearing aids, braces)
- Documentation of any food or health related illness reports made by provider to appropriate agency/body

The above information will be updated annually or sooner for any changes.

DIAPERING

Children are never left unattended on the diaper-changing table. Safety belts are not used on the diaper changing table, as they are neither washable nor safe. The diaper changing table and area are used only for diapering. Toys, pacifiers, papers, dishes, blankets, etc., are not placed on the diapering surface or in the diapering area.

Diaper changing pads are replaced when they become worn or ripped. No tape is present on the diaper changing pad. Diaper changing pads have a smooth, cleanable, moisture-resistant surface with no ridges, grooves or stitching.

The following diapering procedure is posted and followed at our early learning program:

1. Gather necessary materials.
2. Wash hands. Put on disposable gloves.
3. Place the child gently on the table and unfasten the diaper. *Do not leave the child unattended*.
4. Clean the child's diaper (peri-anal) area using a clean wet wipe for each stroke.
5. Dispose of the soiled diaper wipes in a plastic-lined receptacle with a hands-free lid.
6. Remove gloves and wash hands.
7. *If the parent/guardian has completed a medication authorization for diaper cream/ointment/lotion:*
    a. Put on new gloves to apply cream.
    b. Remove gloves and wash hands
8. Put on new gloves. Dress the child with a clean diaper and clothes.
9. Wash the child's hands with soap and running water.
10. Place the child in a safe place. Return to the diaper changing area for cleaning.
11. Use 3-Step method on changing pad where diaper change has occurred:
    a. Clean with soap and water.
    b. Rinse with water.
    c. Disinfect with bleach solution: Allow the bleach solution to air dry or to remain on the surface for at least 2 minutes before drying with a paper towel.
12. Wash hands.

STAND-UP DIAPERING

Interlake staff are trained to do stand-up diapering as appropriate.

Stand-up diaper changing takes place as necessary in the Toddler, Rainbow, and Star Room diaper changing areas.

The following stand-up diapering procedure is posted and followed at our early learning program:

1. Gather necessary materials.
2. Wash hands. Put on disposable gloves.
3. Coach the child in pulling down pants and removing diaper/pull-up/underpants. Assist as needed.
4. Put the soiled diaper/pull-up in a plastic-lined receptacle with a hands-free lid. Any soiled clothes should go in a plastic bag to be returned to the family at the end of the day.
5. Coach the child in cleaning the diaper area using a clean wet wipe. Assist as needed.
6. Put soiled wipes in a plastic bag (or assist the child in doing so) and dispose of the plastic bag into a covered, hands-free, plastic-lined trash can with a lid.
7. Remove gloves. Wash hands.
8. If the parent/guardian has completed a medication authorization for diaper cream/ointment/lotion:
9. Put on new gloves to apply cream.
10. Remove gloves and wash hands
11. Coach the child in putting on their clean diaper/pull-up/underpants and clothing. Assist as needed.
12. Use 3-Step method on floor where change has occurred:
    a. Clean with soap and water.
    b. Rinse with water.
    c. Disinfect with bleach solution: Allow the bleach solution to air dry or to remain on the surface for at least 2 minutes before drying with a paper towel.
13. Wash hands.

TOILET TRAINING

Toilet training is a major milestone in a young child's life. Because children spend much of their day in child care, you may recognize signs that a child is ready to begin toilet training. As a provider, you can share your observations with the family and offer suggestions and emotional support. Working together with the family, you can help make toilet training a successful and positive experience for their child.

- When the child is ready for training, discuss toilet training procedures and develop a toilet training routine that is developmentally appropriate in agreement with the parent or guardian.
- Develop a detailed written plan of communication between the child care program and the family. Keep daily records of successes and concerns to share with the family.
- Follow the same procedure in child care as in the child's home. Use the same words (pee-pee, poop, etc.), so the child does not become confused about what is required. Pretend play with a doll using the same vocabulary and talk through expectations.
- Develop routines that encourage toilet use. Watch for those non-verbal signs that suggest a child has to use the toilet. Suggest bathroom visits at set times of the day, before going out to play, after lunch, etc.
- Encourage the family to dress the child in easily removable clothing. Keep an extra set of clothing on hand for accidents.
- Encourage the child with positive reinforcement (which may not include food items) and culturally sensitive methods.
- Expect relapses and treat them matter-of-factly. Praise the child's successes, stay calm, and remember that this is a learning experience leading to independent behavior.
- The noise made by flushing a toilet may frighten some children. Try to flush after the child has left until they become accustomed to the noise.
- Take time to offer help to the child who may need assistance in wiping, etc.

INFANT CARE

Infants learn through healthy and ongoing relationships with primary caregivers and teachers. Providers must understand infant cues and respond in a reliable way to encourage the development of a secure attachment with the infant.

- *Always respond* by comforting a baby who is crying. This can be physical or vocal.
- *Talk about their feelings* and provide lots of hugs rather than distract babies when they are feeling sad or upset
- *Spend time together* by reading books, playing games, and singing songs to help create a positive and loving environment.

Program and Environment

The infant room is street-shoe-free to reduce infant exposure to dirt, germs, dangerous heavy metals, chemicals, and pesticides. All staff and other adults entering the room wear socks, slippers, inside-only shoes, or shoe covers over their street shoes and will not enter the room with bare feet.

The infant room has areas where all infants have the opportunity to experience floor- time activity without restriction. *(Floor time encourages brain and muscle development.)* All infants are given at least three 5-minute periods of supervised tummy time each day, increasing the amount of time as the baby shows interest.

Infants do not spend more than 15 minutes per day in restrictive devices such as swings, bouncers, infant seats, or saucers. Use directions for all equipment must be strictly followed at all times.

Nursing pillows: infants will not be propped on nursing pillows. Free movement will be promoted for all infants.

A child care health consultant visits the infant room monthly. Per WAC 110-300-0275, the consultant is a currently licensed registered nurse (RN) with training and/or experience in Pediatric Nursing or Public Health in the last five years. This nurse provides consultation that is consistent with the health consultant competencies described in the current version of *Caring for Our Children*.

INFANT SLEEP

Each infant is allowed to follow their individual sleep pattern. Providers look for and respond to cues as to when an infant is sleepy.

- Infants are within sight and hearing range, including when an infant goes to sleep, is sleeping, or is waking up. Providers visibly check on sleeping infants every 15 minutes. Lighting must be sufficient to observe skin color and breathing patterns.

- Following the current best practice from American Academy of Pediatrics, our program practices safe sleep to reduce Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Infant Death Syndrome (SUIDS) risk, including:

    - Infants are always placed to sleep on their back up to 12 months of age. If an infant rolls over while sleeping, the provider must return the infant to his or her back until the infant is able to independently roll from back to front and front to back.

    - Any alternate sleep position must be specified in writing by the parent/ guardian and the child's health care provider. The order must be in the infant's file.

    - Infants do not sleep in car seats, swings, or infant seats. Any child who arrives at the program asleep in a car seat, or who falls asleep in a swing or infant seat, is immediately moved to a crib or mat. (Sleeping in infant seats or swings makes it harder for infants to breathe fully and may lead to head and neck issues.)

    - Blankets, bumper pads, pillows, soft toys, sleep position devices, cushions, sheepskins, bibs or similar items are not on nap mats, in cribs, or on crib rails if occupied by a resting or sleeping infant.

    - One piece sleepers or sleep sacks can be used in lieu of blankets. Sleep sacks must allow for infant arms to be free and allow for unrestricted movement.

    - Swaddling is not necessary nor recommended in a child care setting. If infants are swaddled, they should always be placed on their back. Swaddling should be snug around the chest but allow for ample room at the hips and knee to prevent hip injury. When an infant exhibits signs of attempting to roll over, swaddling is no longer used. Consider that infants, on average, start to roll at 3 months of age.

    - Do not let an infant get too warm during sleep. The temperature of the room should be comfortable for a lightly clothed adult. (Overheating during sleep is associated with an increased risk of SIDS).

    - Bibs, necklaces, and garments with ties or hoods will be removed before sleep.

Infant Cribs

- Cribs meet current Consumer Product Safety Commission (CPSC) standards or American Society for Testing and Materials (ASTM) International safety standards.

- Mattresses are firm, snug fitting, intact, and waterproof.
    - Crib sheets fit the mattress snugly, but do not cause mattresses to curl up at corners.
- Cribs are spaced at least 30 inches apart or separated by Plexiglas barrier.
- Nap mats are separated by at least 18 inches. Children are placed head-to-toe or toe-to-toe.
- Sleeping equipment is not located next to windows (unless windows are constructed of safety glass). Window blinds/draperies can pose a risk of suffocation and/or strangulation.
- Nothing is stored above sleeping equipment unless securely attached to the wall. Mobiles should not be placed above cribs.
- Crib wheels are locked in order to prevent movement in an earthquake.

Safe Sleep Training
Before caring for infants, all staff at Interlake must annually complete the Safe Sleep Training approved by the Washington State Department of Children, Youth, and Families. This is done every year to review the policies above.

Evacuation Cribs
- Evacuation cribs are available for all infants (max. 4 infants per crib).
- Evacuation cribs have:
    - wheels - preferably 4 inches or larger - capable of crossing terrain on evacuation route
    - a reinforced bottom
- A clear pathway is kept between evacuation cribs and emergency exits at all times.
- Nothing is stored below or around evacuation cribs that would block immediate exit of cribs.

TODDLER AND PRESCHOOL RESTING TIMES

Children 29 months of age or younger follow their individual sleep patterns. Older children are required by licensing to have a minimum of 45 minutes of resting time.

- Students are within sight and hearing range of providers while asleep.
- Lighting must be sufficient to observe skin color and breathing patterns.
- Blankets, bedding, or clothing may not cover the student's head or face while sleeping
- Nap mats are separated by at least 18 inches to reduce germ exposure and to allow early learning providers' access to each child.
- Children are arranged head-to-toe when nap mats are arranged side by side.
- Window blinds/draperies do not have cords, as they can pose a risk of suffocation and/or strangulation.
- Alternate quiet activities are provided for children who are not sleeping after the 45 minutes.

Sleeping equipment is stored securely when not in use.

FOOD SERVICE

Preparation

☒ Interlake *does not* use catered foods at our early learning program. All meals are cooked on-site.

☐ Interlake *does* use catered foods at our early learning program, and

- The temperature of catered food provided by a caterer or satellite kitchen must be checked with a digital thermometer upon arrival. Foods that need to be kept cool must arrive at a temperature of 41º F or below. Foods that need to be kept hot must arrive at a temperature of 135º F or above**.** *Foods that do not meet these criteria are deemed unsafe and are returned to the caterer.*
- Documentation of daily temperatures of food must be kept in the kitchen. The initials or name of the person accepting the food must be recorded in the kitchen.
- A permanent copy of the menu (including any changes made or food returned) must be kept for at least 6 months.
- A copy of the caterer's contract or operating permit must be kept on-site.
- A reserve of "back up" food must be available on-site, should catered food arrive out of the proper temperature range.

Types of Meals

☒ We prepare meals and snacks at our early learning program.

☐ We prepare only snacks at our early learning program.

Food handler permits are required for staff that 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. Documentation is posted in staff files, and in the kitchen – for those who cook food.

Orientation and training in safe food handling is given to all staff and documented.

Staff experiencing symptoms do not prepare or handle food. This includes:

- Diarrhea, vomiting or jaundice
- Diagnosed infections that can be spread through food such as *Salmonella*, *Shigella*, *E. coli* or hepatitis A virus
- Infected, uncovered wounds
- Continuous sneezing, coughing or runny nose

Child care cooks do not change diapers or clean toilets.

Staff wash hands with soap and warm running water prior to food preparation and service in a designated handwashing sink – never in a food preparation sink. The handwashing sink should have an eight-inch-high splash guard or have 18 inches of space between the handwashing sink and any open food zones (such as preparation tables and food sink).

Hair restraints, such as hairnets, hats, barrettes, ponytail holders or tight braids, are used by employees preparing food.

Gloves are worn or utensils are used for direct contact with food. Wash hands before donning gloves and change gloves when you handle a new type of 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).*

Refrigerators and freezers have thermometers placed in the warmest section (usually the door). If storing breast milk, thermometers stay at or below 39ºF in the refrigerator or 0ºF in the freezer. If not storing breast milk, thermometers stay at or below 41ºF in the refrigerator and 10ºF or less in the freezer. Temperature is logged daily.

Microwave ovens, if used to reheat food, are used with special care. Food is heated to 165º, stirred during heating, and allowed to cool at least 2 minutes before serving. *Interlake does not use microwave ovens.*

Chemicals and cleaning supplies are stored away from food and food preparation areas.

Dishwashing complies with safety practices:

- Hand dishwashing is done with three sinks or basins (wash, rinse, sanitize).
- Dishwashers have a high temperature sanitizing rinse (140º F residential or 160ºF commercial) or chemical sanitizer.

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.*

Food is cooked to the correct internal temperature:

- Pork 145º F
- Fish 145º F
- Ground Beef 155º F
- Poultry 165º F

Please note: Interlake is a fully vegetarian food program.

Holding hot food: hot food is held at 135° F or above until served.

Holding cold food: food requiring refrigeration is held at 41ºF or less.

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.

Cooling foods is done by one of the following methods:

- Shallow Pan Method: Place food in shallow containers (metal pans are best) that are 2 inches 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 41º F or less.

Leftover foods *(foods that have been below 41º F or above 135º F and have not been served*) are cooled, covered, dated, and stored in the refrigerator or freezer in original containers or in air tight food containers. Leftover food is refrigerated immediately and is not allowed to cool on the counter.

Reheating foods: foods are reheated to at least 165º F in 30 minutes or less.

Food substitutions, due to allergies or special diets and authorized by a licensed health care provider, are provided within reason by the early learning program.

When children are involved in cooking projects our early learning program 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.

Perishable items in lunches brought from home are refrigerated upon arrival.

Fruits and vegetables grown on-site in a garden may be served to children as part of a meal or snack. Prior to serving:

- produce is thoroughly washed and scrubbed in running cold water to remove soil and other contaminants;
- damaged or bruised areas on the produce are removed; and
- produce that shows signs of rotting is discarded.

NUTRITION

Interlake serves meals and snacks which meet the daily nutritional requirements of the USDA Nutrition Standards for the Child and Adult Care Food Program (CACFP) or the National School Lunch and School Breakfast Program.

Menus are posted in advance and dated. Posting menus in a prominent area and distributing them to parents/guardians helps to inform parents/guardians about proper nutrition. The early learning program uses a non-repeating menu cycle, with no repeated meal/snack combinations to ensure variety. If needed, substitutions of comparable nutrient value may be made and any changes will be recorded on the menu. Menus list specific types of fruits, vegetables, crackers, etc. that are served, per CACFP requirement.

Meal/snack schedule

Food is offered at intervals between 2-3 hours apart, unless the child is asleep.

☐ Interlake is open 5-9 hours; we provide
- ☐ one meal and two snacks
- ☐ two meals and one snack

☒ Interlake is open over 9 hours; we provide
- ☒ two meals and two snacks
- ☐ one meal and three snacks

The following meals and snacks are served each day:

- Breakfast 9:00-9:30
- Lunch 12:00-12:30
- Afternoon Snack 3:30-4:00
- Evening Snack 5:30-5:45

During the scheduled time, all children in care are invited to the meal:

- Snacks are provided to children who arrive after the meal has started
- Each snack or meal includes a liquid to drink:
  - Unflavored milk must be served with every breakfast and lunch.
  - 100% fruit/vegetable juice may be served as a snack, limited to 4 oz. or less per day for children over 12 months.
  - Water may also be served as a snack.

Breast milk may be served in place of cow's milk for children over 12 months if it is the parent's preference (no doctor's note is required). If not serving breast milk to the child:

- Only pasteurized whole milk is served to children between 12 and 24 months old, unless the child's parent/guardian and health care provider have requested low-fat milk in writing. *(Low-fat diets for children under age 2 may affect brain development.)*
- Only pasteurized 1% or nonfat milk is served to children over 2 years
- Soy milk may be substituted for cow's milk with a written request from the child's parents/guardians if the child is over 12 months.

Other Food Notes

- Cereals served contain no more 6 grams of sugar per 1 ounce serving.
- Yogurts do not contain more than 23 grams of total sugar per 6 ounce serving.
- At least one whole grain-rich item is served per day.
- At least one snack per day contains a fruit or vegetable.

- Foods high in fat, added sugar and salt are limited.
- Meals include foods that vary in color, flavor and texture.
- Ethnic and cultural foods are incorporated into the menu.
- Necessary substitutions are noted on the permanent menu.
- Children have free access to drinking water throughout the day, indoors and outdoors (using individual reusable drinking containers or disposable cups).
- Children with food allergies or medically-required special diets have diet prescriptions signed by a health care provider on file.
- Children with severe and/or life threatening food allergies have a completed individual care plan signed by the parent and health care provider.
- Diet modifications for special diets, food allergies, religious and/or cultural beliefs are accommodated and posted in the kitchen and eating area and will be kept confidential. All food substitutions are of equal nutrient value and are recorded on the menu or on an attached sheet of paper.
- Plastic eating and drinking equipment does not contain BPA or have cracks or chips.

Mealtime Environment and Socialization

Mealtime and snack environments are developmentally appropriate and support children's development of positive eating and nutritional habits.

- Staff sit with children (and preferably eat the same food that is served to the children in care) and have casual conversations with children during mealtimes.
- Children are not coerced or forced to eat any food.
- Children decide how much and which foods to choose to eat of the foods available.
- Food is not used as a reward or punishment.
- Foods are served family style to promote self-regulation.
- Staff provide healthy nutritional role modeling (serving sizes of foods, appropriate mealtime behavior and socialization during mealtime)
- Staff don't consume coffee, tea, energy drinks, or soda pop while children are in their care in order to prevent scalding injuries and/or role model healthy eating.

Sweet Treat Policy

Interlake does not allow outside snacks to be brought in and served to children.

One way to celebrate a birthday is to donate a new book to Interlake's library, with a signed message from your family.

Other options include stickers, temporary tattoos, bubbles, and other small items that can be given at the end of the school day.

INFANT BOTTLE FEEDING

Breastfeeding Support

Our early learning program encourages, supports and accommodates breastfeeding mothers. Staff are a resource for breastfeeding mothers.

- The infant room has a quiet, private space set aside for breastfeeding as well as a space for pumping.
- We provide educational materials and resources to support breastfeeding mothers.
- Staff are trained on the safe handling of expressed breast milk.
- Staff discuss the breastfed infant's feeding pattern with parent/guardian regularly.

Infants are only fed breast milk or iron-fortified infant formula until they are one year old.

- Written permission from the child's licensed health care provider is required if an infant is to be fed an electrolyte solution *(e.g., Pedialyte®)* or a special formula prescribed by a health professional.
- No medication, cereal, supplements, or sweeteners are added to breast milk or formula without written permission from the child's licensed health care provider.
- Juice is not offered to children under 12 months old.
- Children are transitioned to a cup when developmentally ready.

Bottle, Formula, and Breast Milk Storage

- All bottles are labeled with the *infant's full name and date.*
- Filled bottles are capped and refrigerated upon arrival or after being mixed, unless being fed to an infant immediately, to reduce risk of contamination.
- Bottles are stored in the coldest part of the refrigerator, not in the refrigerator door.
- A thermometer is kept in the warmest part of the refrigerator (usually the door). Breast milk must be stored at or below 39º F. If not storing breast milk, the refrigerator should be kept at or below 41º F. The refrigerator temperature is logged daily. *(It is recommended that the refrigerator be adjusted between 30ºF and 35º F to allow for a slight rise when opening and closing the door.*
- Unused, refrigerated, not previously frozen, bottles or containers of breast milk are labeled "do not use" and then returned to the parent at the end of the day. Unused, previously frozen (thawed) breast milk is labeled "do not use" and returned to the family when the child leaves at the end of their day. Families may choose to provide their own insulated cooler bag with an ice pack (to be kept in the child's cubby area) to keep partially consumed breast milk bottles cool until the child is picked up at the end of the day.
- Frozen breast milk pouches/containers are labeled with the *child's full name and date it was received,* stored at 0ºF or less and for no longer than 30 days. Unused frozen breast milk is returned to the parent/guardian after 30 days.

Bottle Preparation

1. A minimum of eight feet is maintained between the food preparation area and the diapering area. (If this is not possible, a moisture-proof, transparent 24-inch high barrier – such as Plexiglas - must be installed.)
2. Preparation surfaces are cleaned, rinsed, and sanitized before bottles are prepared.

3. Staff wash hands in the hand-washing sink before preparing bottles. The food preparation sink is not used for hand-washing or general cleaning.
4. Frozen breast milk is thawed in the refrigerator, under warm running water, in warm water (water under 120°F) or in a bottle warmer before feeding. Thawed breast milk must be kept in the refrigerator at a temperature of 39°F. Thawed breast milk is not refrozen.
5. Bottles of formula are prepared with cold water from the cold water tap from the following clean source: infant kitchen sink. Water from a hand-washing sink is *not* used for formula preparation. *(Hot tap water can be contaminated with lead. Only cold water should be taken from the tap for cooking or drinking.)*
6. Formula containers are dated when opened and used within 30 days.
7. Formula is mixed as directed on the container and not used past expiration date.
8. Gloves are worn when scooping powdered formula from its container. Gloves used for bottle preparation are kept in the food preparation area.
9. Glass or stainless steel bottles, or plastic bottles labeled with recyclable symbols “1”, “2”, “4” or “5” on bottles are used. A plastic bottle must not contain the chemical bisphenol-A (BPA) or phthalates.

Bottle Warming

Bottles are *not* warmed in a microwave. Bottles are warmed using one of the following methods:

☐ We place bottles in a container of water.

☐ We place bottles under warm, running water (<120° F).

☒ We use a bottle warmer and:

- The bottle warmer is secured to the counter or wall.
- The bottle warmer is cleaned, rinsed, and sanitized daily.

☐ We use a crock pot *(not recommended, as temperature is difficult to control)*, and:

- Water temperature in the crock pot must be monitored and kept below 120° F.
- The crock pot *must contain no more than 1 ½ inches* of water.
- The crock pot must be secured to the counter or wall.
- The crock pot must be cleaned, rinsed, and sanitized daily.
- Temperature must be checked before the bottle is fed to the infant (wrist method).

Bottle Feeding

1. Infants are fed on cue. Staff watches for and responds appropriately to *hunger cues* such as: fussiness/crying, opening mouth as if searching for a bottle/breast, hands to mouth, turning to caregiver, hands clenched.
2. Staff watches for and responds appropriately to *fullness cues* such as: falling asleep, decreased sucking, arms and hands relaxed, pulling or pushing away and disengaging.
3. All staff receive training on infant feeding cues.
4. The name on each bottle is checked before the bottle is offered to an infant to make sure that the correct formula or breast milk is given to each infant.
5. Bottles are *labeled with time feeding begins.*
6. During bottle feeding, care providers hold infants in a nurturing way so that they can make eye contact with and talk to infants. Bottles are not propped.

7. Older infants who can sit and hold a bottle independently are either held or placed in a high chair or chair that allows the feet to touch the floor at an appropriately-sized table.
8. *Infants are not allowed to walk around with bottles and are never given a bottle while lying down or in a crib.* Lying down with a bottle puts a baby at risk for baby bottle tooth decay, ear infections, and choking.
9. The leftover contents of unconsumed bottles of formula are discarded into a sink after one hour to prevent bacterial growth. Bacteria begin to multiply once bottles are taken from the refrigerator and warmed.
10. Bottles that have been served, including partially consumed bottles, do not go back in the refrigerator.
11. Breast milk that has not been served or consumed is labeled “do not use”, kept refrigerated, and returned to the family at the end of the day.
12. Families are advised to send several small bottles or portions, enough for one day only, to minimize the amount of breast milk or formula that is discarded.
13. Staff are encouraged to work closely with the same infant over time in order to increase familiarity with the infant's feeding cues.

Bottle Cleaning
Used bottles and dishes are not stored within eight feet of the diapering area or placed in the diapering sink.

☒ Bottles are not reused at our early learning program. Families provide a sufficient number of bottles to meet the daily needs of the infant; or

☐ We reuse bottles during the day (or from day-to-day without sending them home). Between uses, bottles, bottle caps, and nipples are placed in a tub for dirty dishes (or directly into dishwasher), then:

- ☐ Washed in the dishwasher.
- ☐ Washed, rinsed, and boiled for one minute.

INFANT AND TODDLER SOLID FOODS

- Food is introduced to infants when they are developmentally ready for pureed, semi- solid and solid foods. Food, other than formula or breast milk, is introduced to infants no sooner than four, and preferably, six months unless there is a written order by a healthcare provider.
- No honey *(botulism risk)* is given to children less than 12 months of age.
- Cups and spoons are encouraged at mealtime by six months of age.
- Chopped, soft table foods (¼" pieces) are encouraged after 8 months of age.
- When parents provide food from home, it is labeled with the child's full name and the date. Perishable foods are stored at or below 41º F.
- Before food is prepared, preparation surfaces are cleaned, rinsed, and sanitized.
- Staff wash their hands in the handwashing sink before preparing food. The handwashing sink should have an eight-inch-high splash guard or have 18 inches of space between the handwashing sink and any open food zones (such as preparation tables and food sink).
- Staff serve commercially packaged baby food from a dish, not from the container. Foods from opened containers are discarded or sent home at the end of the day.
- Gloves are worn or utensils are used for direct contact with food. *(No bare hand contact with ready-to-eat food is allowed.)* Gloves used for food preparation are kept in the food preparation area. Hands are washed prior to and after using gloves.
- Children eat from plates and utensils. Food is not placed directly on the table. High chair trays may function as a plate for seated children. The tray is washed and sanitized before and after use. Food is not served using polystyrene foam (styrofoam) cups, bowls, or plates.
- Infants are not left for more than 15 minutes in high chairs waiting for meal or snack time, and the child is removed as soon as possible after the meal.
- Children are not allowed to walk around with food or cups.
- Teachers sit with infants and young children when eating, engage in positive social interaction, and observe each child eating.
- Infants or toddlers are prevented from sharing the same dish or utensil.
- Teachers are encouraged to eat the same foods the toddlers are served from the menu to model eating a variety of foods and demonstrate safe usage of eating utensils and eating behaviors.
- Food left in the serving bowls at the end of the meal is not food safe, and may not be saved.

For allergies or special diets, see the NUTRITION section of this policy.

PHYSICAL ACTIVITY AND SCREEN TIME LIMITATIONS

Adequate physical activity is important for optimal physical development and to encourage the habit of daily physical activity. Active play time includes a balance of a few teacher-directed activities as well as child-initiated play. The structured activities help contribute to skill building and promote fitness. The focus is on fun and interactive games and movement that also serve to enhance social and emotional skill development. Children have ample opportunity to do moderate to vigorous activity (running, jumping, skipping, and other gross motor movement) to the extent of their ability.

Outdoor play

A variety of age-appropriate activities and play equipment for climbing, pulling, pushing, riding and balancing are available outdoors.

All children go outside in all weather (rain, snow etc…) unless it is dangerous or unhealthful.
Our early learning program provides shaded areas in outdoor play space provided by:

☒ trees ☒ buildings ☒ shade structures.

Infants spend 20 minutes per every 3 hours of programming outdoors, as tolerated.

Toddlers spend 20 minutes every 3 hours of programming outdoors. If they are in care for a full day, they are allowed 60 to 90 minutes of moderate to vigorous activity, of which 30 minutes may be indoor activities.

Preschool-age and older spend 30 minutes per every 3 hours of programming outdoors. If they are in care for a full day, they are allowed 90-120 minutes per day of moderate to vigorous activities, of which 30 minutes may be indoor activities.

Screen Time

Children under 2 years do not get any screen time.

Children over 2 years are limited to 30 minutes of educational viewing per week, if at all. Computer use is limited to 15 minute increments of play time, except when children are completing homework or school lessons.

There is no screen time during scheduled meals or snacks.

Please note: Interlake does not have screen time in any classrooms.

SOCIAL-EMOTIONAL CARE

Establishing positive relationships with children and their families is extremely important. Children need a consistent and supportive connection with their teachers to grow and learn. Childcare professionals must role model the social-emotional behavior they want to see develop in their students, such as empathy, appropriate interactions with others, and self-regulation. Children come from many different kinds of families and with many different experiences. Some children will come to you affected by a variety of stressors, while some children may have even been deprived of the relationships they needed to thrive. Other children may have the benefit of adequate resources. Regardless of what experiences children may bring to your class, they all require your warmth and attention.

When speaking to children:

- Always address children with respect and a calm voice.
- See yourself as a learning partner, not a power figure.
- Allow children to have a voice in solutions to their problems.

Program and Environment

- Teachers work to establish a respectful, warm, and nurturing relationship with each child in the classroom, including with parents and colleagues.
- Teachers provide children with the comforts of routine and structure that are flexible so as to meet the needs of a wide range of children.
- Teachers spend time at floor/eye level with the children.
- A responsive problem solving approach is used with children. Guidance techniques such as coaching, modeling, offering choices, and/or redirection may be used to lead developmentally appropriate conflict resolution.
- Children's feelings are named and acknowledged to help a child learn and feel validated.
- Transitions are treated as learning opportunities for children within a developmentally appropriate time frame, and expectations are clearly communicated.
- Teachers can comfort children through conversation, sitting with children, and/or holding infants or toddlers when they are unhappy.
- Discipline is seen as an opportunity to teach children self-control and skill building.
- Behavior policies focus on problem solving with all concerned parties, rather than listing negative behaviors to be punished by disenrollment.
- When a child has behavioral/social/emotional difficulties, outside resources will be accessed and a plan made to support the child and family.
- Should the program decide they cannot meet the needs of a child due to serious safety concerns, outside resources will be used to help the parent find services and placement that meets the child's and family's needs.

DEVELOPMENTAL CARE

Early learning for children is anchored in the respect for the developmental needs, characteristics, and cultures of the children and their families. Supporting the success of developmental tasks for children is necessary for their social-emotional health.

Providers are in a unique position to encourage a child's development in a healthy and safe environment.

Classrooms have curriculum and a variety of early learning materials that meet developmental and cultural needs for each age group of children served. Curriculum enhances the development of self-control and social skills, with opportunities for children to exercise choice and share ideas.

Materials should promote imagination, creativity, language development, numeracy and spatial ability, as well as discovery and exploration.

Lead teachers or family home early learning providers should be given regularly scheduled time to plan and develop curriculum and activities.

Providers must discuss with parents or guardians the importance of developmental screenings for each child and offer available resources if screenings are not done on-site.

CHILD ABUSE AND NEGLECT

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 number for King County CPS is 1-800-609-8764. Please refer to your region's local intake number if not within King County.

Signs of child abuse and/or neglect are documented. The information is kept confidentially in the Director's office.

Training approved by DCYF on identifying and reporting child abuse and neglect is provided to all staff and documentation kept in staff files.

Licensor is notified of any CPS report made within 48 hours.

NO SMOKING, NO VAPING POLICY

Staff will not smoke or vape while at work in the presence of children or parents.

There will be no smoking or vaping of any substance on site or in outdoor areas within 25 feet of an entrance, exit, operable window, or vent in the building. This policy is in use at all times, regardless of whether or not children are on the premises. (*Rationale: residual toxins from smoking can trigger asthma and allergies when children do use the space*).

There is no smoking or vaping of any substance allowed in any vehicle that transports children.

If staff members smoke or vape during a scheduled break, they must do so away from the school property, and out of sight of parents and children. Staff should not not smell of smoke when they return to the classroom.

Public Health Department staff will be available to provide training and resources regarding the effects of tobacco to families as requested by the early learning program.

Using, consuming, or being under the influence of cannabis on licensed space is prohibited at all times.

The program will post “no smoking or vaping” signs that are clearly visible and located at each building entrance used as a part of the early learning program.

ANIMALS IN EARLY LEARNING

☒ Interlake has no animals on site.

☐ Interlake has the following animals on site:

☐ Interlake has animal visitors ☐ regularly ☐ occasionally
Please list animal visitors:

If animals are ever expected to be at an early learning program:

- An animal policy must be kept on-site
- Animals at or visiting our early learning program must be carefully chosen in regards to care, temperament, health risks, and appropriateness for young children.
- The following animals are not permitted as part of early learning program activities:
    - Birds of the parrot family, which may carry psittacosis, a respiratory illness.
    - Reptiles or amphibians, which frequently carry Salmonella and pose a risk to children who may put unwashed hands in their mouths.
    - Chickens and ducks, which may excrete E. coli, Salmonella, and Campylobacter, and S. paratyphoid in their waste, all of which are bacteria that can cause serious diarrheal disease in humans, with more severe illness and complications in children.
- Parents are notified in writing when/if animals will be on the premises. Children with an allergic response to animals are accommodated.
- Any animal that shows signs of illness, disease, pests, worms, or parasites will be removed from the licensed space until it is seen and treated for the condition.
- Animals, their cages, and any other animal equipment are never allowed in the kitchen, food preparation, or eating areas.
- Children and adults wash hands after feeding animals or touching/handling animals or animal home or equipment.

PEST CONTROL AND PESTICIDE USE

Our program takes steps to prevent and control pests, such as ants, cockroaches, mice, spiders, flies, and bees, that pose a risk to the health and safety of adults and children in and around the licensed space. These steps include:

Prevention

We take steps to prevent attracting pests by:

- Emptying indoor trash cans daily or as needed during the day.
- Indoor trash cans should contain “plastic” liners which can be tied, have lids, and are hands free when used in bathrooms and diapering areas.
- The trash cans are kept clean both inside and out.
- Outdoor garbage cans or dumpsters should be placed away from building entrances and should have secure fitting lids and be kept closed.
- Keeping the program grounds clear of food and trash.
- Sealing cracks and holes; using and repairing window screens; and using door sweeps.
- Maintaining plumbing and water drainage systems.
- Mechanically controlling weeds.
- Planting non-toxic, native vegetation.
- Mulching plant beds.
- Following food safety guidelines to store bulk food and paper goods.
- Storing opened dried foods such as cereals and crackers in sealed plastic or metal containers.
- Cleaning and sanitizing all dishes, utensils, and surfaces used for eating or food preparation after meals and at the end of the day.
- Our program uses the Environmental Protection Agency’s (EPA) integrated pest management (IPM) policy.

Inspection

Indoor and outdoor areas are routinely inspected for evidence of pests. We inspect daily. We document the date and location anytime evidence is found.

Identification

When pests are found, they are identified and documented to be properly removed or exterminated.

Management

We document steps taken to remove or exterminate pests that are found. Documentation includes:

- Date and time the pest was found
- Type of pest that was found
- Location the pest was found
- Methods used to remove or exterminate the pest

Notification

We notify program staff and the parents or guardians of enrolled children no less than 48 hours prior to the use of pesticides, unless in cases of emergency (such as a wasp nest) or when children will not be present at the program for at least 2 consecutive days after pesticide use. In cases of emergent pesticide use, we provide notification as soon as possible.

All notifications include the heading: “Notice: Pesticide Application” and include the following information:

- The name of the pesticide to be used.
- The intended date and time of pesticide use.
- The location where the pesticide will be used.
- The pest that was found and will be removed or exterminated.
- The name and phone number of the Pest Control Company.

A facility that uses antimicrobial pesticides or insect or rodent baits that are not accessible to children are not required to follow the pre-notification requirements. When pesticides are used, our program posts notification signs unless a certified applicator is required by RCW 17.21.410(1)(d).

Signage at Pesticide Application Location
Our program follows the pesticide application signage requirements outlined in RCW 17.21.415 for schools and early learning programs.

We keep records of all pesticide application to center facilities and landscapes, including a list of active ingredients and copies of Pre-Notification and Notification postings, letters, and method of distribution.

We make our programs records of pesticide use readily available to interested persons.

Application
Pesticides are only used when children are not present.

When pesticide is applied,
☒ our center complies with the Washington Pesticide Application Act (RCW 17.21)
☐ our family home complies with pesticide manufacturer's instructions.

When pesticides are required, we prioritize natural, nonchemical, low-toxicity methods as the first response. Pesticides are used as a last resort.

Pesticide Labeling and Storage
We ensure all poisonous or dangerous substances including, but not limited to: fuels; solvents; oils; laundry, dishwasher, or other detergents; sanitizing and disinfecting products; and items labeled “keep out of reach of children” are stored as follows:

- In a location that is inaccessible to children.
- Separate and apart from food preparation areas, food items, and food supplies.

- In their original containers or clearly labeled with the name of the product if not in the original container.
- In compliance with the manufacturer's directions (including not storing product near heat sources).
- Our storage area:
    - Is locked and inaccessible to children.
    - Has moisture resistant and easily cleanable floors.
    - Has a designated wastewater disposal area: the utility sink in the laundry porch.
    - Is kept clean and sanitary.

Pesticide Disposal

There are strict rules for disposing of leftover pesticide products and their containers. Pesticides and their containers cannot be thrown away in the regular garbage or into any water supply source.

We will follow the recommendations of the agencies below for disposal:

- Washington State Department of Agriculture's Waste Pesticide Program.
- King County Hazardous Materials' Hazardous Waste Management Program.

To ensure we meet state requirements, our program follows the Washington Department of Health Schools and Pesticides Section for:

- Compliance Guide For the Use of Pesticides At Public Schools (K-12) And Licensed Day-Care Centers
- Pesticide Notification and Records Inspection Checklist

Additional resources can be found on Washington State University: Pest Press

COVID HEALTH & SAFETY PLAN

Interlake continues to follow guidance from King County Public Health. This health and safety plan may change, as needed, per official guidance.

Vaccination Requirements

All teachers and staff are required to have the full COVID-19 vaccination series.

Interlake strongly encourages all members of the community to have each member of their family who are over 6mo old to have the full COVID-19 vaccination series.

Symptoms, Testing, and Exclusion from Care

King County Public Health now classifies COVID-19 among other serious respiratory infections, such as RSV or influenza (the flu).

Individuals with symptoms of a respiratory illness should stay home. Children and staff who are experiencing symptoms of a respiratory illness may return to the child care when it has been at least 24 hours since:

- Symptoms have improved, meaning the individual is feeling better overall and can fully participate in regular classroom activities, AND
- Fever has resolved, without the use of fever reducing medications.

If you have respiratory virus symptoms that are not better explained by another cause (such as allergies), King County Public Health recommends getting tested for COVID-19, if accessible.

In the event of a positive test for COVID-19:

- Staff who test positive must stay home for at least 24 hours, until symptoms have improved. They are required to wear a face mask for the first five days upon returning to school.
- Children who test positive must stay home for five days from the date of receiving the positive test result.