This section focuses on how to meet the health, safety, and nutritional requirements of infants and toddlers in your care. Please see Section 3 for information on how to meet the emotional, social, intellectual (cognitive) and physical needs of the youngest children in your care.

WAC 170-295-4010
At what age can we accept infants into care?

You must not accept into care an infant who is less than one month of age.

Infants are totally dependent upon the caregiver to protect them from harm and meet their physical, emotional, and intellectual needs. Infant care requires consistent, sensitive, responsive and nurturing caregivers. During the first 12 months of life, the child’s fundamental attitude concerning the dependability of the world is built. Caregivers help create trust in children by taking care of their needs in a sensitive and culturally appropriate manner. The trust infants develop is based on the quality of the relationship with the adults in their lives. Their social, emotional, and cognitive developmental outcomes are enhanced by the positive attachments to the caregivers in their lives.

Group size
Infants

For infants, group size and adult-to-child ratios are the strongest predictors of quality in child care programs. Licensing requires one adult for every four infants (1:4) in care, with a group size of not more than eight. The exception is one adult for every three infants (1:3) with a maximum group size of nine infants (if the infant room is large enough and has the required square footage for nine infants).

There are many good reasons for keeping infant groups small and well staffed:

- Infants need caregivers who they know and trust to interact with, hold and respond to them in positive and predictable ways
- Routine activities such as diapering and feeding require patient and caring one-on-one attention
- It is best to limit each infant’s care to one primary caregiver so infants can develop and maintain secure relationships (this allows caregivers to get to know each infant’s non-verbal cues, signals and personal needs intimately)
- Infants require responsive and nurturing care that adjusts to their rhythms and supports their developing sense of trust and security
- Infants need tummy and back time and the freedom to move their legs, arms, and whole bodies (this helps to develop strong muscles and healthy babies)
- Infants need to be comforted when upset
- Infants learn through their eyes, ears, noses, mouths and fingers (they need lots of opportunities to explore their world)
- Infants need approval and encouragement from the adults in their world
- Infants’ immune systems are not fully developed so keeping materials and surfaces sanitary is very important (toys that are played with and mouthed should be removed until they are cleaned and sanitized to limit the spread of germs), and
- Close supervision of infants is essential for their physical safety. Young infants are physically vulnerable, especially when they are lying on the floor with the risk of older infants accidentally kicking, poking, or falling on top of them.

Infants need to become attached to consistent caregivers. Attachment is an emotional bond that is developed between the infant, who actively seeks interaction, and the caregiver, who responds in a sensitive manner. From this reciprocal interaction, infants learn how to trust themselves and others.
Note: Infants are born with 100 billion brain cells waiting to be connected. Most of the wiring is completed during the first few years of life. Nature and nurture work together to develop the child’s brain. Learning continues throughout life, but during the first three years of life is when the brain is most susceptible to positive or negative experiences. For the human brain to develop to its fullest capacity, children need to be nurtured, safe, loved, and be provided with enriching experiences.

Toddlers
Washington State minimum licensing requirements state that children who are 12 months through 29 months are considered toddlers. They require one adult for up to seven toddlers (1:7) in care with a group size of not more than 14.

Best Practice: NAEYC Accreditation standards are one adult for every three or four toddlers that are 12 to 28 months of age with a maximum group size of 12 with three teachers. There can be one adult for every four or five toddlers that are 21 to 36 months of age with a maximum group size of 10. There can be one adult for every six children that are 21 to 36 months of age with a maximum group size of 12.

Parents as partners
Caregivers should partner with parents for optimal care of young children. Parents are a child’s first and most important teacher. They are the most critical factor in their child’s emotional, social, cognitive and language development. Daily communication and coordination of infant and toddler care should occur at every drop-off and pick-up of the children.

Deciding when a child is ready to move from an infant to a toddler group or from a toddler to a preschool room is not just a matter of noting their birthday. If a child turns 12 months but is not mobile or independent enough to fit in with the other children in the toddler room, the child may be better served in the infant room. Consult with the child’s parents and your licensor to determine which room is developmentally appropriate for the child. Your licensor may issue you a waiver for the child to remain in the infant room if they are older than 12 months.

WAC

WAC 170-295-4020
How do we meet the nutritional needs of the infants in your care?

You must:

- Have written policies on providing, preparing, storing, and sanitizing infant formula, food and utensils, and
- Work with the infant’s parent to develop a plan for the infant’s feedings that is acceptable to the parent and incorporates the following guidelines:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Group Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toddlers/Twos</td>
<td>6 8 10 12</td>
</tr>
<tr>
<td>12 to 28 months</td>
<td>1:3 1:4 1:4 1:4</td>
</tr>
<tr>
<td>21 to 36 months</td>
<td>1:4 1:5 1:6</td>
</tr>
</tbody>
</table>

Toddlers need well-staffed classrooms and small group sizes for all of the reasons listed above for infants. In addition, toddlers need:

- Positive attention, a predictable environment, and daily routines they can depend upon
- Increasing opportunities for exploration, manipulating objects, moving their whole bodies, and gaining greater confidence, and
- Encouragement for language and self expression to strengthen their identity.
<table>
<thead>
<tr>
<th>Developmental Stage/Age of Infant</th>
<th>Type of Feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Under 4 months of age</td>
<td>- Serve only formula or breast milk unless you have a written order from the child's health care provider.</td>
</tr>
</tbody>
</table>
| (b) When baby can: (at about 4-6 months of age) | - Serve only formula or breast milk unless you have a written order from the child's health care provider.  
- Begin iron fortified baby cereal and plain pureed fruits and vegetables upon consultation with parents. |
| (c) When baby can: (at about 6-8 months) | - Serve only formula or breast milk unless you have a written order from the child's health care provider.  
- Start small amounts of juice or water in a cup.  
- Let baby begin to feed self.  
- Start semi-solid foods such as cottage cheese, mashed tofu, mashed soft vegetables or fruits. |
| (d) When baby can: (at 8-10 months) | - Serve only formula or breast milk unless you have a written order from the child's health care provider.  
- Small pieces of cheese, tofu, chicken, turkey, fish, or ground meat.  
- Small pieces of soft cooked vegetables, peeled soft fruits.  
- Toasted bread squares, unsalted crackers or pieces of soft tortilla.  
- Cooked plain rice or noodles.  
- Only formula, breast milk, juice or water in the cup. |
| (e) When a baby can: (10-12 months) | - Serve only formula or breast milk unless you have a written order from the child's health care provider.  
- Begin offering small sized, cooked foods.  
- Variety of whole grain cereals, bread and crackers, tortillas.  
- Cooked soft meats, mashed legumes (lentils, pinto beans, kidney beans, etc.), cooked egg yolks, soft casseroles. |
| (f) When a baby can eat a variety of foods from all food groups without signs of an allergic reaction. | - Fruit pieces and cooked vegetables, yogurt, cheese slices.  
- Offer small amounts of formula, breast milk or water in the cup during meals. |
Starting Solid Foods

Although parents choose most food for their own babies, your understanding of nutrition and feeding is important so you can be a resource when they have questions. The choice of foods for babies should come from their nutritional and developmental needs.

For most babies, breast milk or formula is the best source of nutrients throughout the first year of life. At four or five months of age, however, most babies are becoming interested in semi-solid foods. Babies may be ready to start infant cereal when they can sit without support, hold their head and neck steady, and keep food in their mouth to swallow. These developmental signs of readiness usually appear between 4-6 months of age.

If there is a family history of food allergies it is a good idea to delay starting solid foods until six months of age. With parent’s instruction, caregivers should feed infants semi-solid food, such as cereal with a spoon, not through a bottle. Chewing, gumming and swallowing skills are necessary for infants’ language development. Sucking food from a bottle does not allow infants the opportunity to gain tongue skills for language. Ask the parents what foods they are starting at home and follow that plan at the center. Introducing only one new food per week is a good idea. If an infant has an allergic reaction, it is easier to pinpoint which food is causing the problem. Intolerance of a food or an allergic reaction should show up in that time period. If symptoms of intolerance such as a rash or diarrhea occur, stop giving the recently added food. Try again in a few months if the reaction is a mild one.

It is time to offer other foods when infants are older and can sit without support and can sip from a cup. These include mashed soft fruits and vegetables and sips of water from a cup. This phase is typically seen at around 6-8 months of age. When infants have mastered picking up items between their thumb and forefinger and bringing them to their mouths, it is time to offer safe “finger foods” to promote self-feeding skills. Finger foods may include soft pieces of cooked vegetable or peeled soft fruit, toast squares, unsalted crackers, bite-size cereal, small pieces of chicken, fish, tofu or ground meat, grated cheese, cooked plain rice or noodles. At this stage, infants may also try to hold their own spoons and try to feed themselves. It is a good idea to offer a small hard plastic spoon with a short handle for infants to “practice” with. The finger food stage usually develops around 10-12 months of age. As infants get more skilled at using their fingers, you can add more foods such as cooked kidney beans, cooked egg yokes and other foods that are more challenging to pick up. By 10-12 months of age infants can start eating three meals a day plus snacks and use a cup for beverages with meals. Soon infants will be eating foods the rest of the children in care are enjoying. Special attention needs to be given to foods that pose a choking risk.

Baby food in jars can quickly spoil once opened. Use a clean spoon to put the portion you plan to use in a bowl or cup. Never feed directly from the jar unless you are planning to throw the jar away when done. Use another clean spoon, not the one you have been using to feed the baby, to get more food from the jar. Throw away the unused portion in the bowl or cup. Always refrigerate opened jars of baby food and discard or send home after 48 hours.

Changing from Bottle to Cup

As babies grow and develop, their fine motor skills improve and they are able to start drinking from a cup. After six months of age start to offer juice or water in a cup. Cups with weighted bottoms or covered tops will reduce the number of spills as the child gradually learns to pick up and set down the cup without tipping it over. The infant may miss the comfort that comes from being held during feeding. The transition from bottle to cup will be easier if you find other times to have similar close contact with the baby.
**Note:** Keeping a log of when parents are starting new foods, what food you are feeding the baby at your center, and how the baby accepts the new food is important. This log serves as a valuable memory aid when you care for more than one infant or when different staff people care for the infant at different times.

**WAC 170-295-4030**

**What is a safe way to prepare bottles?**

- To prepare bottles you must:
  - Prepare and fill bottles by washing hands prior to bottle preparation.
  - Use a sink that is only for bottle preparation, other food preparation or other approved source of water. Water from a hand washing sink may not be used for bottle preparation;
  - Do not heat a bottle in a microwave or allow bottles to warm at room temperature for more than an hour, to limit bacterial growth, and
  - Bottles must be warmed under running warm water or placed in a container of water that is not warmer than 120 degrees Fahrenheit.

- The bottle preparation area including the sink must:
  - Be located at least eight feet from the outermost edge of diaper changing tables or counters and sinks used for diaper changing, or
  - Have a barrier to prevent cross-contamination that is placed between the sink used for food or bottle preparation and the diaper changing table, counter or sink. If a barrier is used it must be:
    - Solid (without cracks or breaks)
    - Sealed
    - Moisture-resistant, and
    - At least twenty-four inches in height from the counter surface.

- If the infant room does not have a sink that is dedicated to bottle and food preparation, you must provide a clean source of water for preparing bottles such as getting water from the kitchen and keeping it in a container with an airtight cover that:

  - Is located at least eight feet from the outermost edge of diaper changing tables or counters and sinks used for diaper changing, or
  - Has a barrier that meets the requirements in WAC 170-295-4030 to prevent cross-contamination that is placed between the sink used for food or bottle preparation and the diaper changing table, counter or sink.

You may wish to have parents bring formula or breast milk already in the bottle or prepare formula yourself. Bottles can be prepared as the child seems hungry, or prepared ahead of time. Bottles prepared in advance must be refrigerated until it is time to use them. Having a refrigerator in the infant room allows more flexibility in meeting infants’ needs. See WAC 170-295-3170 for more information on storing infant formula and breast milk.
To prepare and/or fill bottles, you must first wash your hands at a hand washing sink. Next, using a sink that is only for food or bottle preparation (not for hand washing or diapering), pour the proper amount of water into the bottle, add the correct amount of powdered or concentrated liquid formula (you must use a glove if you are scooping formula out of a can of powdered formula), place the nipple cover on the nipple, and gently shake. If the infant room does not have a sink that is dedicated to bottle and food preparation, you must provide a clean source of water for preparing bottles. You may get the water from the kitchen and keep it in a container, with an airtight cover, that is located at least eight feet from the outermost edge of diaper-changing table or counters and sinks used for diaper changing. If it is impossible to locate the food preparation and eating areas eight feet away from the diapering area, a permanent barrier surrounding the changing table and sink must be used to prevent cross-contamination.

If using formula or breast milk from the refrigerator, the bottle may be warmed under running water or heated in a container of water that is no more than 120° F for no more than 5 minutes (this would include a crock pot on low setting). The crock pot should be emptied, sanitized and refilled with fresh water daily. Regularly check the temperature of the water in the crock pot with a thermometer as they do not hold a steady temperature. Be sure to shake the bottle gently after removing from the warm water and dry it off with soft cloth or paper towel to make sure no drops of hot water get on the infant. Test the temperature of the formula before feeding by shaking a few drops on the inside of your wrist. Breast milk should not be thawed in the crock pot (only under warm running water or in the refrigerator).

Microwave ovens MAY NOT be used for heating an infant’s bottle or other food. They can cause hot spots that can continue to increase in heat up to five minutes after the microwave stops. This can result in a serious burn of an infant’s or other child’s mouth.

Note: To limit bacterial growth, bottles may not be left out at room temperature for more than an hour, and may not be put back in the refrigerator after a child has fed from the bottle. The contents must be discarded.

Sinks
The bottle (food) preparation sink must be located at least eight feet from the outermost edge of the diaper changing table or counters and sinks used for diaper changing OR have a permanent barrier (see WAC 170-295-4030) to prevent cross-contamination. This barrier must be placed between the sink used for food or bottle preparation and the diaper changing table, counter or sink.

If a barrier is used it must be solid, sealed, and moisture resistant and at least 24 inches in height from the counter surface. A clear, sturdy ¼ inch plastic barrier meets this requirement.

WAC 170-295-4040
What is the safe way to store infant formula and food?
To store bottles, formula or infant food, you must:
- Label all bottles with the infant’s full name and the date the bottle was filled to be sure the correct formula or breast milk is given to each infant
- Have a refrigerator accessible to staff to store bottles and unserved, leftover infant food
- Throw away the contents of any bottle not fully consumed within one hour. Do not put bottles that have been used back into the refrigerator
- Throw away or return to the family any bottle contents unused within twelve hours of preparing or arriving at the center
- Not serve infant formula past the expiration date on the manufacturer’s container, and
- Keep bottle nipples covered when not in use to reduce risk of cross contamination and exposure.
If parents supply powdered or liquid canned formula, ask them to bring you unopened cans. This allows you to know how long the can has been open. Make sure to check the expiration date, usually printed on the label or the bottom of the can. Label the can clearly with the child’s first and last name and the date it was opened. Cover and refrigerate opened cans of liquid formula between feedings.

To limit bacterial growth, bottles must not be allowed to be out of the refrigerator for more than an hour. Do not put the bottle back in the refrigerator. It must be discarded and a fresh bottle used the next time. If parents are bringing prepared bottles from home, you might advise them to bring more bottles with fewer ounces in them. Ask them to bring six-4 ounce bottles rather than three-8 ounce bottles, in order to decrease the amount that has to be discarded if the infant does not finish the entire bottle. Offered or warmed bottles should be discarded if not consumed within one hour. Empty the refrigerator of all unused bottles at the end of each day. Throw away or return to the family any bottle contents unused within 12 hours of preparing or arriving at the center.

When bottles are supplied by parents, they must have the child’s first and last name and date prepared written on them or on a label attached to them in waterproof marker that will not come off when being warmed in water. In order to prevent cross contamination (when a bottle falls over, especially in the refrigerator, and touches another one) and exposure to being touched by bare hands, it is very important that the bottle nipples be covered, preferable with a nipple cap (if none are available, a plastic sandwich bag will work temporarily).

If a nursing mother sends breast milk for her baby, it must be labeled with the child’s name and the date it was brought into the center, and refrigerated. Breast milk may be kept frozen in the center for no more than two weeks. DEL acknowledges that the La Leche League and other infant organizations currently recommend breast milk storage for longer periods of time than two weeks. However, due to the inconsistency of freezer temperatures, transportation temperatures, storage container temperatures, and transportation times, DEL limits the time you may keep frozen breast milk at the center for not more than two weeks.

Store the frozen breast milk at or below 10°F. It is best to keep all frozen breast milk in the kitchen refrigerator freezer section, since small refrigerators in infant rooms often times cannot maintain their temperature. If you do store frozen breast milk in a small refrigerator, keep it toward the back of the freezer compartment and away from the door. Check the temperature regularly. If you have more than one container of frozen breast milk for a child, use the oldest one first.
Thaw the breast milk in the refrigerator, under warm running water (less than 120°F), or in a pan of warm water. Never thaw or heat breast milk in a microwave due to uneven heating or in a crock pot. Hot spots and microwaving for too long may change the properties (quality) of the breast milk. Shaking breast milk too hard in a bottle may also damage it. Gently swirling the milk in the bottle to even out the temperature is the safest practice.

**WAC 170-295-4060**

**What is the correct way to clean bottles and nipples?**

Bottles, bottle caps, nipples and other equipment used for bottle-feeding must not be reused without first being cleaned and sanitized by:
- Washing in a dishwasher, or
- Washing, rinsing and boiling for one minute.

Bottles, bottle caps, nipples and other equipment used for bottle feeding must not be reused without first being cleaned and sanitized, by washing in a dishwasher or by washing, rinsing and boiling for one minute.

**WAC 170-295-4070**

**Are there specific rules for feeding infants and toddlers?**

- Infants must be fed according to their need rather than according to an adult prescribed time schedule.
- While feeding infants:
  - Hold infants for bottle feedings to prevent choking
  - Place infants who can sit in high chairs or at an appropriate child-sized table and chairs for feeding and sit facing the child during the feeding, and
  - Do not prop a bottle.
- To prevent tooth decay:
  - Do not give a bottle to a reclining child unless the bottle contains only water
  - Offer juice only from a cup, and
  - Take the bottle from the child when the child finishes feeding.

**Feeding cues**

Infants should be fed according to their need rather than to a set time schedule. You should also check with parents about any feeding schedule preferences they have. Follow babies’ cues for starting and ending feedings. Babies generally let you know when they are hungry and when they are full. Infants may be trying to tell you they are hungry if you see:
- Mouthing
- Rooting
- Crying
- Hands to mouth
- Sucking movements
- Clenched fingers, or
- Tight fists over the chest or tummy.

Infants may need to stop feeding if they begin to cry, arch their back, pull away, look away, or start to choke, cough, or spit up.
You should respect the infant's need to rest in the middle of a feeding. Sit the baby up, change position, talk in a soothing manner and pat the baby’s back gently until ready to eat again. The baby will often use this time to explore your face. This is the beginning of communication between you and the baby. Infants should be fed only when they are alert, awake, and interested in feeding. Some ways to help an infant to become more alert and ready to feed are:

- Taking blankets off
- Changing their diaper
- Putting your face 7-8 inches away from the baby’s face and talking gently
- Changing the pitch of your voice or the speed of talking
- Sitting the baby up or putting the baby on your shoulder
- Gently rubbing the baby’s stomach, and
- Giving the baby something to grasp.

**Signs of Being Full**
Infants may be indicating they have had enough to eat when you see:

- Turning or pushing away
- Back-arching
- Falling asleep
- Mouth and cheek muscles relaxing, or
- Extended and relaxed arms alongside body, or extended and relaxed fingers.

Babies enjoy close contact. Hold infants close to your body where they can see your eyes and face. Realize that you are communicating nonverbally with infants by how you hold and touch them and by your general muscle tension. Infants can feel your body and hear the tone of your voice and will know whether you are relaxed, tense, or uptight. If you are tense, an infant may get tense and upset, too. This may affect how well the feeding goes.

**Note:** Some infants (often those born prematurely) do not give cues that are very easy to read. If you have difficulty understanding an infant’s signals, talk with the parents about ways their baby communicates with them, or consult with a public health nurse.

**Other Tips on Infant Feeding**
- Young infants do not have good head control and will need a hand behind the head for extra support.
- Hold infants so that their head is higher than their hips. This helps babies swallow and prevents choking.
- Hold the bottle or, when infants are old enough, let them hold it. NEVER prop a bottle.
- Stroke infants gently and give affectionate pats when you feed them. Touch is one of the most important ways of communicating and interacting with infants.
- Rock and gently move them. A rocking chair with arms is helpful for movement and to help you support an infant’s position. Occasionally change an infant’s position; this helps with burping.
- Talk and sing to them.
- To prevent tooth decay, do not give a bottle to a reclining infant unless the bottle contains only water, and offer juice only from a cup.

**Care for Breast-feeding Infants**
Mothers may want to continue to breast-feed when their babies enter a child care program. In order for breast-feeding to be successful your cooperation and support are very important. There are several ways you can support breast-feeding at your center:

- Cooperate with the mother as much as possible so the child’s eating and sleeping schedules coincide with her work schedule
- Be sure there is a comfortable and private space available when she comes to feed the baby
• Offer the mother a glass of juice, milk, or water, and
• Find pictures of mothers breast-feeding their babies
  and post them.

Your program may want to develop a policy to support
breast-feeding. It may also be a good idea to provide
infant room staff with additional training on ways to work with
breast-feeding moms and babies. For more information about a
sample breast-feeding policy, contact your local nurse or nutrition
consultant.

Pacifiers
Infants and toddlers may have a need to suck be-
tween feedings. Parents must give you permission
to offer their child a pacifier. Consult with parents
about whether and how often they want you to offer
a pacifier. Please remember that pacifiers should not
be dipped in honey or any other substance.
Label individual children’s pacifiers, and do not let
children share pacifiers. You may want to ask par-
tsents to bring a supply of pacifiers in case they fall on
the floor. Once a pacifier has been on the floor, you
must clean it and sanitize it by either boiling it for
one minute or running it through the dishwasher.

Bottle Mouth or Early Childhood Caries
(ECC)
Early Childhood Caries, formerly referred to as
Bottle Mouth or Baby Bottle Tooth Decay, occurs
when a child is allowed continual access to a bottle
containing milk, formula, juice, soda pop, or any
drink with sugar. Infants tend to keep the last swal-
low of milk or juice in their mouth. The sugary drink
creates pools of liquid in the child’s mouth, which
become a breeding ground for bacteria that may re-
sult in dental caries. This leads to decay of the child’s
first teeth, especially in the front of the mouth. The
condition also occurs in infants or toddlers who
carry a bottle around with them as a pacifier or
use pacifiers that have been dipped in some sweet
solution, such as honey. If children need to suck on
something during the day, ask the parents if you can
use a pacifier rather than a bottle.

Feeding Time as a Social and Learning Experi-
ence for Infants
Tremendous growth and development take place
during the first year of a child’s life. As a caregiver
to infants, two of your most important jobs are to
provide nutrients to support growth and provide
stimulation to encourage development. Feeding
times provide opportunities to do both. The follow-
ing suggestions will help you make the most of those
special times in a child care program.
• Talk to the infant during the feeding. Talk about
  anything. Describe what is in the bottle, what is
  going on in the room, how you are feeling, or how
  you think the baby feels.
• Repeat the infant’s sounds. These sounds are the
  beginning of the infant’s language. Infants will
make more sounds when you talk back. They
have short memories (about five seconds), so it is
important to answer them right away.
• Try different sounds with your voice. Sing, hum,
use a different pitch, or make funny noises. In-
fants respond to different tones, voice levels, or
unusual sounds.
• Recognize the infant’s non-verbal cues used to
  communicate with you such as smiling, laughing,
  searching, looking for your eyes, or reaching to
touch you.

Feeding Older Infants and Toddlers
As older infants and toddlers become more indepen-
dent in feeding, it is important to continue making
eating a positive time for interaction and devel-
ment. Be sure to provide age-appropriate meal times
for young children. Begin introducing self-help skills
during meals.
When the child is old enough to sit upright and hold
a bottle, you may use a:
• High chair
• Infant seat, or
• Feeding table.
It is ideal to feed one infant at a time. If that is not possible, arrange seats or chairs so that they can have eye contact and interact with you and each other while you feed them.

Toddlers need sturdy toddler-sized chairs and low tables. Avoid high chairs and tables with multiple “bucket seats”. It is important to have a child’s feet touch the floor.

As with young infants, it is important to talk to older infants and toddlers during meal times. Respond to their sounds, and talk in sentences. Describe the colors, textures, tastes, and smells of the food. Have a conversation about the morning’s activities, the weather, or anything else you would talk about when socializing during a meal with an older child.

As with young babies, the older infant and toddler will give you signals about hunger, being full, the need for a rest, and the desire for interaction. Responding appropriately to those cues promotes interaction, builds trust, and helps children become aware of their needs and how to express them.

**Note:** It is important for older infants and toddlers to touch and explore eating utensils and food and to experiment with eating. Manners and tidiness will come later. It is critical that providers sit with the children and are engaged in the meal time as an activity.

**Diapering and toileting**

Use diaper changing as a time for relaxed, one-on-one interaction with children. Don’t communicate disgust or disapproval. Handle children gently as you go about cleaning them up and diapering them. Talk to the child constantly. There should be lots of eye contact, smiles, and social games. Pleasant and stimulating diaper changing times are especially important for younger infants, whose range of activities is so limited.

Toilet training is a patient affair. Wait for children’s physical development and for them to decide to use the toilet like the “big kids.” The decision to start encouraging a child to use the toilet should occur with the child’s parents. Based on their knowledge of children’s habits, caregivers can schedule regular trips to the toilet. Praise children when they have a successful “event,” but do not criticize them if nothing happens or insist they sit longer. Help wipe children after they use the toilet and then assist them in washing their hands.

Encourage children to decide for themselves whether they need to use the bathroom. Schedule regular reminders for bathroom times during the day. If you or parents expect children to start using the toilet by themselves, it is important that children wear training pants rather than diapers or pull-ups. They should also wear clothing that they can pull down and pull up themselves. This makes it physically possible for them to successfully use the toilet. It also promotes independence, self-confidence and self-esteem.

**WAC 170-295-4080**

When should I begin toilet training?

Toilet training is initiated in consultation with parents:

- Using positive reinforcement
- Cultural sensitivity
- Not using foods as a reinforcement, and
- Following a routine established between the parent and you.
**WAC 170-295-4090**

**Can we use potty-chairs for toilet training?**

You may use potty-chairs that are:
- Located in the toilet room or similar area that meets the requirements of WAC 170-295-5100 designed for toileting
- On a floor that is moisture resistant and washable
- Immediately emptied into a toilet, and
- Cleaned in a designated sink or utility sink separate from classrooms and sanitized after each use. The sink must also be cleaned and sanitized after cleaning potty-chairs.

If you use special toilet training equipment, it should be stable. In this way children will not get scared or accidentally knock over the equipment. If you use potty chairs, they must be located in a bathroom. The potty chair must be immediately emptied into the toilet after each use. It must then be cleaned and disinfected in a designated sink that is used specifically for cleaning potty chairs. The sink must then be cleaned and disinfected. DEL health specialists discourage centers from using potty chairs for sanitary reasons. Toilet inserts or child-sized toilets are preferable. All toileting equipment must remain on moisture proof surfaces.

**WAC 170-295-4100**

**What sleep equipment do I need for infants?**

- You must not sleep infants in infant or car seats.
- You must provide each infant with a single-level crib (stacking cribs must not be used), infant bed, bassinet or playpen for napping until you and the parent agree that the child can safely use a mat, cot or other approved sleeping equipment.

- Cribs, if used, must:
  - Be sturdy and made of wood, metal or plastic with a secure latching device
  - Be constructed with vertical slats that are no more than two and three-eighths inches apart or be solid plexiglass
  - Have corner posts that extend less than one-sixteenth of an inch above the sides and railing
  - Not have cutout designs on the end panels
  - Have a rail height and end panel as measured from the top of the rail or panel in its lowest position to the top of the mattress support in its highest position of at least nine inches
  - Have a rail height and end panel as measured from the top of the rail or panel in its highest position to the top of the mattress support in its lowest position of at least twenty-six inches, and
  - Not use crib bumper pads, stuffed toys, quilts, lambskins, and pillows in cribs, infant beds, bassinets or playpens.

- You must provide a crib, infant bed, playpen or bassinet mattress that is:
  - Snug fitting and touches each side of the crib to prevent the infant from becoming entrapped between the mattress and crib side rails
  - Waterproof, and
  - Easily cleaned and sanitized, without tears or tape.

- To allow walking room between cribs and reduce the spread of germs you must:
  - Space cribs a minimum of thirty inches apart. You may place cribs end to end if you provide a barrier. If you use barriers, staff must be able to observe and have immediate access to each child.
  - Provide a moisture resistant and easily cleanable solid barrier on the side or end adjacent to another crib.

- You must provide:
  - An appropriate fitting sheet or cover for the sleeping surface; and
  - A clean lightweight blanket or suitable cover for the child.

- You must launder bedding at least weekly and more often if it becomes soiled.
Cribs and Playpens

Only use single-level cribs and playpens. Stacked cribs, either the freestanding “bunk bed” variety or the kind mounted into the wall, must not be used. They give children too little stimulation and put them dangerously high off the ground. The department prohibits stacked cribs.

Check to see if the slats are more than 2 3/8” apart (a gap of 2 3/8 is approximately the width of four fingers). Do not use cribs if the slats are further apart than 2 3/8”. Bumper pads are not to be used. The mattress must be firm, tight-fitting, waterproof, and not torn.

When infants are able to stand or pull themselves up, set the mattress at its lowest setting and lock the side rail at its highest setting.

To prevent strangulation, remove crib gyms and mobiles when children are old enough to grab them.

Remove bumper pads and large toys children might use for climbing. Children have outgrown their crib when the side rail is less than three quarters of the child’s height.

Make sure the equipment you use with the children is safe and clean. Equipment should not tip over or fold up accidentally. All sharp edges and fasteners should have protective covers. Surfaces and pads should be in good repair and easily cleaned.

Infants and toddlers must not be put in any piece of equipment to sleep unless the equipment is for the purpose of sleeping (e.g., crib, bassinet, playpen). The only exception would be with a doctor’s written order due to the child’s medical condition. If young children go to sleep in a piece of equipment, such as a swing or bouncy chair, they need to be picked up and placed in their usual sleeping place right away. Infants must always be placed on their backs to sleep.

Injuries sustained in crib accidents may result in disability and death. Infants are an especially vulnerable class of people. In the past decade, over six hundred infants died (a rate of sixty-two infants each year) from injuries sustained in unsafe cribs. Most injuries and deaths occur in second hand or heirloom cribs. RCW 70.111 prohibits “the remanufacture, retrofit, sale, contract to sell, or resell, lease, sublet, or otherwise place in the stream of commerce, after June 6, 1966, any full-size or nonfull-size crib that is unsafe for any infant using the crib. Any person who willfully and knowingly violates this statute is guilty of a misdemeanor, punishable by a fine not exceeding one thousand dollars”.

Note: Infants should always be placed on their backs for sleeping.
WAC 170-295-4110
What additional sleeping arrangements must I make to reduce the risk of sudden infant death syndrome (SIDS)?

• You must put infants to sleep on their backs (including naps) to reduce the risk of SIDS unless you have a written note in the infant’s file from both the parent and the infant’s health care provider requesting another sleeping position.
• Once infants are able to turn over, continue to place them on their backs to sleep. You do not need to wake the infants to return them to their backs while sleeping.

Sudden Infant Death Syndrome (SIDS) is the sudden and unexpected death of an apparently healthy infant under one year of age which remains unexplained. SIDS is the leading cause of death in infants after one month of age, typically occurring between the ages of 2 to 5 months. More SIDS cases happen in the colder months. Infants placed on their stomachs are more likely to die from SIDS than those placed on their backs to sleep.

Following are additional steps you can take to reduce the risk of SIDS:
• Place infants on their backs on a firm surface approved for infants (avoiding adult beds and sofas)
• Remove pillows, stuffed toys, soft bedding, sheepskins and large fluffy blankets from the infant’s sleep area
• If a blanket is used, choose one that is lightweight and tucked in at the edges
• Do not expose infants to smoke of any type
• Keep the room temperature comfortable to avoid overheating
• Ensure infants have their own cribs (or change the bedding if used by another child)

- Assure infants are up-to-date on their immunizations and have scheduled well baby check-ups, and
- Encourage breast-feeding by providing a quiet place for mothers to nurse their babies.

Caregivers who have had a child die of SIDS in their care often blame themselves and wonder what they might have done to prevent the tragedy. Depression and feelings of guilt are common. If a child dies of SIDS while in your care, your licensor, local health department, or the National SIDS Foundation can give you information on support and counseling that is available in your community to help you deal with the tragedy.

If a child has an illness or disability requiring a sleep position other than on the back, the parent must provide a physician’s note along with their written permission, specifying the need for an alternative sleep position. This may require an individual health plan.

WAC 170-295-4120
What must I do to be sure that diaper changing is safe and does not spread disease?

• Your diaper changing table and area must:
  • Have a washable, moisture resistant diaper-changing surface that is cleaned and sanitized between children
  • Be a table or counter with a protective barrier on all sides that is at least three and one-half inches higher than the surface that the child lays on
  • Have a garbage can with a lid, plastic liner, and method for disposing of hand drying supplies so that a garbage can lid does not have to be opened with hands
  • Be on moisture impervious and washable flooring that extends at least two feet surrounding the diaper changing and hand washing area, and
Be directly adjacent to a sink used for hand washing supplied with:
- Warm running water (between 85 degrees Fahrenheit and 120 degrees Fahrenheit)
- Soap, and
- A sanitary method for drying hands (single use towels).

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

You must not leave the child unattended during the diaper change.

You must not use the safety belts on diaper changing tables because they are neither cleanable nor safe.

You must not place anything on the diaper-changing table, counter or sink except the child, changing pad and diaper changing supplies.

Disposable diapers must be:
- Placed into a plastic-lined, hands free covered container
- Removed from the facility and the liner changed at least daily and more often if odor is present, and
- Disposed of according to local disposal requirements.

Re-useable diapers must be:
- Individually bagged and placed without rinsing into a separate, cleanable, covered container equipped with a waterproof liner before transporting to the laundry, given to the commercial service or returned to parents for laundry, and
- Removed from the facility daily or more often if odor is present.

Diapering procedure
The diaper changing area is one of the places where germs that cause disease are most likely to live and spread. The best way to prevent the spread of germs is if:
- The diaper changing area and supplies are laid out so you can immediately seal all soiled items in moisture proof containers and
- Caregivers wash their hands and the children’s hands thoroughly after each diaper change.

All persons changing diapers need to be aware of proper procedures. To ensure this, all centers must post their diaper changing procedures in the diaper changing area. If you wish, you can use a poster available from your licensor or DEL health specialist.

The diapering procedure is:
- Wash hands
- Gather necessary materials (the use of disposable gloves is optional)
- Place child gently on table and remove diaper (child must not be left unattended)
- Dispose of diaper in a hands-free garbage can with a lid
- Clean the child’s diaper area from front to back, using a clean, damp wipe for each stroke
- Apply topical cream/ointment/lotion when written consent is on file
- Remove gloves if worn
- Wash hands (you must still wash your hands or use a wet wipe, even if gloves were worn). A wet wipe or damp paper towel may be used for this hand washing only (if there is fecal matter on hands, you must wash your hands rather than use the wet wipe)
- Put on clean diaper and protective pants (if cloth diaper used) and dress the child
- Wash child’s hands with soap and running water or with a wet wipe for young infants (you may also wipe hands with a damp paper towel moistened with a drop of liquid soap and rinse the child’s hands with a wet paper towel) and dry hands with a paper towel
- Place child in a safe place
- Clean and disinfect diapering area and any equipment or supplies you touched, and
- Wash hands.

Disposable gloves do not prevent the spread of germs by themselves. If you choose to wear disposable gloves, you must use a new pair of gloves for each diaper change and wash your hands as outlined above.
Best practice: Disposable gloves should be used for all diapering. If gloves are used, all of the same diapering procedures and hand washing steps must still be followed.

Most infant room caregivers mark diaper changes on a chart. Charting is a useful tool, although it is not required. There are many advantages to charting infants’ routine activities throughout the day including their sleep schedule, diaper changes, and feeding times. Charts are helpful to:

- Inform parents about their child’s day and activities
- Serve as a memory aid for staff about when an infant was last changed or fed, and
- Provide staff information about changes in infant’s routine behavior, which may indicate they are sick or not feeling well.

When deciding the layout of your changing area, remember to place the diaper changing table so that the caregiver can see the other children playing while changing diapers. It is also important to remember in your planning where you will place all the things you may need to reach while changing a diaper.

- Supplies. You will need a supply of diapers, baby wipes, washcloths, plastic bags, markers for writing on bags, and other necessary items. Diaper ointments and powders qualify as non-prescription medications (you cannot use these without the parent’s written permission). Parents can send in an individual supply with the child’s name on the container.
- Diaper changing table. For the provider’s comfort and convenience, the changing surface is often elevated. You must never leave a child alone on a raised surface. For the child’s comfort, you should cover a hard changing surface with a moisture-proof padding, especially under the child’s head. The diaper changing table must have a raised lip (3 ½ inches above the pad).
- Change of clothes for each child.
- Materials for disinfecting the changing surface.

The changing surface must be cleaned, rinsed and disinfected after each use by spraying the surface with a bleach solution (1/4 cup bleach to one gallon of water) and waiting two minutes before drying the surface. The bleach solution should be labeled and changed daily.

- A hands-free covered container for disposable soiled items (such as used baby wipes, disposable diapers, plastic gloves, changing table covering, paper towels, etc.). You must line the container with a plastic liner and change it daily (or more often if odor is present).
- A container for cloth diapers. This might be a single diaper pail with an airtight plastic liner, if the center is supplying the diaper.

If using cloth diapers, you can dispose of bulky diaper stool in a toilet, but you cannot rinse diapers, plastic pants, or soiled clothes at the center. The risk of spreading germs is too great. The center may choose to either:

- Send the diapers home with parents for laundering or
- Subscribe to a commercial diaper service. For young children who use diapers at the center regularly, a diaper service fee can be part of the tuition agreement.

If you send the diapers home for laundering, you can:

- Individually wrap them in airtight baggies
- Place them in a large, single use garbage bag (if more than one child is in diapers label the bags clearly), or
- Place them in a labeled, covered and plastic lined diaper pail or other transport container for individual families (store soiled items out of children’s reach).

You may need several covered containers for non-disposable soiled items. One container may be used for items the center washes such as towels and washcloths. Another (often an airtight plastic bag) can be for soiled clothes or plastic pants going home. Parents appreciate it if you can put soiled clothes and soiled diapers in separate containers.
**Diaper Rash**

Germs love warm, damp, dark places, and there is no place warmer, damper, and darker than a soiled diaper. Young children in diapers are subject to bacterial rashes and yeast infections, which look terrible and are painful for the child. If a young child’s bottom is starting to look irritated, there are a number of steps you can take to clear up the infection.

- Keep the area as dry as possible. Change the child frequently, clean thoroughly, and let the bottom dry before putting on a new diaper. If the parents give written authorization, you can use an ointment on the red area to form a moisture barrier for the skin.
- If the condition persists, the parents may need to get a prescription antibiotic to clear up the infection. You should not use other ointments in combination with this treatment, as the medication must be in contact with the skin to work.

Sources you might use to find a qualified consulting nurse include:

- Your local public health department
- A local hospital or nursing school
- Local pediatric or nursing associations
- Resource and Referral
- Your licensor or DEL health specialist, and
- A local pediatric medical practice.

The purpose of having a nurse consultant is to have someone to turn to for advice about health and infant growth and development. This is especially important with infants and toddlers. Having a person familiar with infant care issues can be a valuable resource for the center and staff in:

**WAC 170-295-4130**

**Do I need a nurse consultant?**

- If you are licensed to care for four or more infants you must have an infant nurse consultant. The nurse consultant’s duties will depend upon the needs of the center. DEL, center management, teachers, and observations/assessments by the nurse consultant can identify the needs.
- If you are required to have an infant nurse consultant, you must:
  - Have a written agreement with a nurse consultant who is a currently licensed registered nurse (RN) who has either worked in pediatrics (care of children) or public health in the past year or has taken or taught classes in pediatric nursing at the college level in the past five years
  - Have at least one monthly on-site visit from your nurse consultant when you have infants enrolled (you may skip the monthly visit if no infants are enrolled)
  - Have the nurse or a designee that meets the requirements of a nurse consultant available by phone as needed, and
  - Have written notes of the nurse consultant visit on-site that include topics discussed, areas of concern, date and signature.
- Developing the center’s infant care policies and staff training procedures
- Giving suggestions for dealing with particular behaviors or symptoms
- Providing a link to health care resources in the community
- Providing information for parents
- Verifying that the center’s infant care practices are safe, germ-free, and developmentally appropriate
- Providing information about caring for at-risk or special-needs children
- Providing information about communicable disease prevention and reporting, and
- Implementing and monitoring individual health plans (when needed).

One of the ways the nurse consultant serves as an effective resource for centers is by visiting the program at least once a month. You must keep a file documenting the nurse’s visits. You should include in the documentation:
- The dates of the visits
- A summary of what the consultant observed
- Any problems or concerns the consultant noted
- Recommendations the consultant indicated, and
- The signature of the nurse consultant.

Keep the name and number of the nurse consultant near the infant room phone or post it in a place where staff can quickly contact the nurse if they need to.

By having a nurse consultant with whom you have an ongoing and close relationship, you are likely to use that person as a resource. A growing number of children come to child care at risk or with special needs. The reasons may include premature birth, developmental delays, fetal alcohol syndrome, or children born to drug-addicted mothers. Providers can get specialized training in how to recognize and care for at-risk children. If you know you are enrolling an at-risk child or a child with special needs, get as much information from the parents as you can. If a child is receiving specialized care, ask for the parent’s written permission to consult with the child’s specialists. Get advice from your health consultant as well as your nurse consultant.

Although you may find a registered nurse (who meets minimum licensing requirements) who will serve as a free consultant, be aware that this may not be the best person for the job. The duties of the nurse consultant are important and take time and effort. The nurse consultant vouches for the quality of your center’s practices with their professional reputation.

WAC

WAC 170-295-4140
When are children required to have a change clothing on site?

- You are required to have extra clothing available for the children who wet or soil their clothes.
- You may require the parents to provide the clothing, but you must have clothing available for use in case the parent forgets the change of clothing.

Many centers find it helpful to ask parents to donate their children's gently used and outgrown clothing to the classrooms. In this way, a supply of clothing is kept on hand at no additional cost to the center.
Section 6

Safety and Environment

WAC

WAC 170-295-5010

What first aid supplies are required in my center?

You must maintain on the premises adequate first aid supplies conforming to your center’s first aid policies and procedures. Your center's first aid supplies must include:

- A supply for each vehicle used to transport children, and
- A portable supply which can be taken on walks and field trips.

You must store first aid supplies:

- Inaccessible to children
- In an area easily accessible to staff
- Separate from food, and
- In a clean and safe manner to prevent contamination such as in a tackle box or other container, away from chemicals and moisture.

The center’s first aid kit must include at least:

- A current first-aid manual
- Sterile gauze pads (2 – 4 inch sizes)
- Small scissors
- Band-Aids of various sizes
- Roller bandages (1 – 2 inch widths)
- A large triangular bandage (for making a sling)
- Nonsterile protective gloves (which should be worn whenever treating wounds involving blood)
- Adhesive tape
- Tweezers (to remove surface splinters – disinfect tweezers after each use)
- One-way CPR barrier or mask
- At least one unexpired bottle of Syrup of Ipecac that must be given only at the direction of a poison control center.

Syrup of Ipecac comes in single dose bottles. It is a good idea to have more than one bottle on hand (often a poisoning incident involves more than one child). Although the American Academy of Pediatrics (AAP) has recently recommended not using Syrup of Ipecac, state licensing requires you to have it available in your first aid kit. You must always call the Poison Control Center before administering Syrup of Ipecac and describe to them the substance swallowed. They will let you know whether to administer Syrup of Ipecac. Syrup of Ipecac induces vomiting, and there are some poisons for which vomiting will only increase the damage.

First aid

Your first aid kit should contain everything you need for minor injuries at the center, including everything listed above. You may also need to give emergency aid until professional medical help can arrive. In centers with more than three classrooms, it is recommended that you have a first aid kit in each room. You must also have extra kits to accompany children going on a field trip.

Your center’s Health Policies describe other supplies you must keep in your first aid kit or elsewhere in the center for treating certain injuries or illness. For example, it may be your policy to use:

- Additional disposable gloves for changing diapers or handling soiled laundry
- A blood spill kit when cleaning up blood or other body fluids
- Digital thermometers with disposable covers
- Cold packs, ice cubes, or frozen sponges to reduce swelling and ease discomfort
- A cold compress to ease the pain of bee stings, nettle pricks, etc.
- Hand wipes, and
- Bottled water (for field trips).

It is a good idea to designate a specific staff person to be responsible for ensuring that the first aid kit is stocked at all times. Ask your center’s health consultant to review and approve all medical response policies and first aid supplies.

Each staff member must know where the first aid kit is kept. If you are going away from the center on a walk or a field trip, be sure to bring along a first aid kit. A small waist pack is a good way to carry supplies.
At all times, at least one staff member per group of children must have current first aid and age appropriate CPR training. Even with the proper training, it may not be easy to remember what to do when someone needs first aid. If first aid is required, stay calm. A fellow staff member can skim the relevant section of your first aid guide to make sure that you are responding correctly.

After treating an injury, remember to enter the necessary information in the center’s Accident/Incident Log and complete an incident report for the child’s parents to sign and keep. Keep a copy of the incident report in the child’s file at the center. If an injury results in professional medical attention you must notify your licensor and provide a written copy of the incident report.

WAC 170-295-5020
How do I maintain a safe environment?

You must maintain the building, equipment and premises in a safe manner that protects the children from injury hazards including but not limited to:

- Burns (for example, chemicals or other potentially flammable substances)
- Drowning
- Choking (for example, ropes, wires, blind cords, fences not meeting requirements)
- Cuts (for example, broken glass, sharp objects, abrasive surfaces)
- Entrapments (for example, the following items must not have openings between three and one-half inches and nine inches wide: deck and fence rails, stair rails or other equipment)
- Falls from excessive heights
- Gunshots by ensuring no firearm or another weapon is on the premises
- Hearing loss by keeping noise at a level where a normal conversation can be heard
- Objects falling on the children (for example: heavy items on open shelving that could fall in an earthquake or similar emergency)
- Pinches from equipment (for example: broken or cracked areas)
- Poison (such as cleaning supplies or lead-based paint)
- Puncture (for example: equipment, building edges or playground equipment with sharp points or jagged edges)
- Shear or crush (for example: lawn and garden equipment used for yard maintenance)
- Shock by electricity
- Trap (for example, compost bins, old freezers, dryers or refrigerators)
- Trip (for example, cable wires, ropes, jagged or cracked walkways).

To further prevent injuries, you must:

- Provide child height handrails on at least one side of the steps, stairways, and ramps
- Provide guardrails for elevated play areas and stairs
- Use listed tamper resistant receptacles or use tamper resistant, non-moveable, non-removable cover plates in areas accessible to children preschool age and younger
- Shield light bulbs and tubes by using a protective barrier to prevent shattering into child-accessible areas, food, and storage areas
- Provide screens for windows or limit the opening capability of any windows within reach of children to less than three and one-half inches. Windows with limited opening capabilities cannot be the designated fire escape windows. Windows protected with guards must not block outdoor light or air in areas used by children
- Provide a barrier for glass areas such as windows or sliding glass doors that extend down to the child’s eye level by placing a barrier between the child and glass or something placed on the glass at the child’s eye level such as stickers or art work so that the child does not try to go through the solid glass
- Place cribs, play pens, bassinets, infant beds, indoor climbing structures away from windows unless they have safety glass, and
When using heaters capable of reaching 110°F on the surface, you must protect children from burn hazards by making them inaccessible to children or locating them where children cannot reach them.

- You may not use portable heaters.
- You must implement a method to monitor entrance and exit doors to prevent children from exiting the buildings unsupervised. You may use:
  - A door alarm
  - A bell that can be heard throughout the building
  - Adult supervision at the exits, or
  - Other method to alert the staff. (You may not lock the door to prevent an exit. It is against the fire code).
- You must maintain one or more telephones on the premises in working order that is accessible to staff at all times
- You must maintain a flashlight or other emergency lighting device in working condition.

Keeping children safe from harm is an important job. Children must be kept safe from burns, objects falling on them, poisons, drowning, electrical shock, choking, entrapments, falls, weapons, loud noises, tripping, pinches, punctures, crushing injuries, and cuts.

Environmental hazards, requirements and considerations

Depending on the location and age of your facility, there may be other environmental hazards that will need to be addressed.

Plan Ahead

A safe center is one that is organized with the children’s care and development in mind. It has clear spaces where children can move and play away from potentially dangerous appliances, equipment, materials, falling hazards or hazardous substances.

The more carefully you plan the environment, the fewer times adults have to interfere with the children’s self-initiated activity. Planning includes:

- Arranging furniture so children are not likely to trip over or run into it
- Storing toys and books within children’s easy reach to eliminate climbing to reach them
- Having child-sized tables and chairs so the children can use them safely
- Securing all computers, hanging planters, storage units and heavy items on open shelving
- Keeping storage, furniture, and shelving from exit pathways to keep exits free
- Keeping storage items less than 18 inches from the ceiling
- Removing broken equipment, and
- Keeping all equipment in good repair (repairs made by tape are temporary fixes and not an acceptable method of repair).

Note: Walk through your center daily to look for potential hazards to prevent injuries.
A Safe Neighborhood
Not all neighborhoods are free of crime, drugs, pollution, or other dangers. If child care occurs in a neighborhood where such dangers are present, the licensee must show that the health and safety of the children will not be in jeopardy. The center can ensure the health and safety of children through a combination of:

- Close visual and auditory supervision by staff at all times
- Structural features of the center such as sturdy fencing, a lighted exterior, good insulation from noise or air pollution, self-locking doors, and
- Policies and procedures concerning the times and places children play outside, a well-written lockdown procedure, and precautions in releasing children only to authorized persons.

Indoor Heating Equipment
- Wall and baseboard heaters must be shielded to protect children from harm.
  - Use shielding material that does not become excessively hot (no more than 110°F to the touch). Remember that you will need to remove barriers to clean the heating units.
  - Use shielding material that does not create a fire hazard.
  - Portable heaters are not approved for use.
- Heating units must have proper air flow to operate efficiently and safely.
- Place safety barriers around wood stoves and fireplaces so that children cannot reach hot surfaces. Safety barriers may also be necessary to block off certain equipment such as radiators.
- If you have gas heat or appliances, a wood stove or a fireplace you should have a working carbon monoxide alarm. Carbon monoxide is an odorless, colorless, tasteless gas that is formed when things burn. High carbon monoxide levels can be harmful, even fatal.

Wood Surfaces
Rough wood surfaces, including wood floors, windowsills and shelving units can be a source of painful splinters. Additionally, you cannot always fully clean and sanitize unsealed or uncovered wood surfaces. Therefore, you must cover or finish all interior wooden surfaces used by children and staff. This includes sanding the surface until smooth, then coating the surface with wood sealer, varnish, shellac, or paint. Tables may be covered with a moisture impervious table cloth until the table can be repaired. Drawers and shelves should be covered with a non-adhesive shelving material that can be easily cleaned and sanitized.

Exits, Stairs, and Decks
Centers must equip stairways, steps and ramps with secure handrails (between 22 and 26 inches high). It is a good idea to have a railing at the adult height also. You must provide a method to safely exit infants, toddlers, and children with special needs. If steps are slick or become slippery when wet, consider painting them with a non-skid material or applying non-skid strips.

You must use safety barriers, such as safety gates, to keep young children from stairways and other areas where they might injure themselves. You need to equip balconies, decks, stairs, and other raised surfaces with non-climbable fencing (vertical, not horizontal slats that are no more than 3½ inches apart) or barriers so children cannot slip through or climb over them.

You should securely anchor safety gates in doorways or stairways where they are in place. Your fire department may require the kind of barriers that staff can kick out of the way in an emergency.

Accordion-style baby gates are not appropriate. Children can trap their fingers or heads in the diamond-shaped openings or at the top. Gates with a straight top edge and rigid mesh screen are the best. If you use a gate that has an expanding pressure bar, make sure you install it so the bar is on the side away from the children. Otherwise children may use the bar as a step to climb over the barrier. Pressure mounted gates are not safe for use at the top of the stairways or other areas where a child could fall down. [AAP, 2002]
Shelving and Portable Furniture
Portable barriers, room dividers, and shelving can effectively divide large open spaces to control traffic patterns and may be used to display posters and children's work. Make sure dividers and shelving are stable so a child cannot accidentally topple them by leaning or bumping them, or stepping on a lower shelf.

You may need to stabilize heavy shelving at several levels. You can use bolts or L-brackets to attach heavy shelving to studs in the walls. You could also attach tripod supports to the base of the shelf unit, making sure that the tripod does not create a tripping hazard. Other ways you can decrease the chances of children knocking over shelves include:
- Put shelving units back-to-back or against the back of a stable piece furniture
- Avoid using board-and-brick shelving (which is not earthquake proof)
- Make sure each shelf is securely attached to its bracket on wall-mounted bookshelves

Ensure items stored on open shelving will not harm or cause exits to be blocked. Be sure to secure all falling hazards.

Lead and Arsenic Exposure
Lead in the blood can permanently damage children's memory, intelligence, behavior and coordination without ever making them visibly sick. About 1 in 22 children in America have increased levels of lead in their blood, according to the Centers of Disease Control and Prevention (CDC).

Arsenic can cause many different health problems in people, including several types of cancer, cardiovascular disease, and diabetes (these health problems are common illnesses and can have several possible causes besides arsenic).

Exposure to lead can come from several sources.
- **Lead-based paint.** The government banned leaded paints, stains, shellacs, etc. in 1978. However, these items were allowed to sell out and were available until the early 1980's. There are over the counter lead testing kits available that you can use to determine the presence of lead in your facility. Your local public health environmental staff or your DEL health specialist may also be able to assist you. If you have an older facility, be alert for peeling paint. In areas where paint is not flaking, use a damp cloth to wipe the area at least weekly to minimize lead dust. Make sure you keep play areas clean and keep children from chewing on windowsills or other painted surfaces. If the paint is flaking, contact a professional to advise you. Lead paint removal must be done properly to prevent exposure to harmful levels of lead. Do not scrape or sand areas painted with lead-based paint.
- **Water pipes made of lead or joined with lead solder.** If you have this kind of plumbing you should test the lead content of the water. One way to reduce the lead in water is to run the cold water every morning for a minute to flush the pipes. Use only cold water for drinking and cooking. If the lead content in your center's water is high you may need to remove the pipes or install aluminum filters at your sinks.
- **Pottery, workplaces & hobbies.** Some imported pottery and ceramic cookware may have lead in the glaze. Lead can also be brought inside from the workplace (painters, remodelers, radiator repair, etc) and hobbies (stained glass solder, bullets, fishing sinkers, etc) that use lead. Don't allow adults to bring lead dust from hobbies or work places into the child care facility.

Exposure to arsenic can occur from CCA (chromated copper arsenate) wood. Some playground equipment is made with CCA treated wood (wood playground equipment built after 2005 should be CCA free). Over time, arsenic can leach out of the wood into the dust on the surface. Children may place their hands dirtied with the dust into their mouths. Be sure to wash hands and faces after playing outside and before eating. If the treated wood cannot be replaced, then regularly painting the wood with oil-based paint should reduce the amount of arsenic that leaches into the dust. When purchasing
new wood playground equipment or any playground equipment ask if the equipment is IPEMA certified.

Exposure to lead and/or arsenic can occur from various kinds of soil pollution:

- Soil around older apartment buildings or homes may contain lead from lead based paint
- Soil near roadways may contain lead from leaded gasoline
- Former orchard lands may contain lead and arsenic from pesticides used in the 1940s and 1950s,
- Soil polluted by air emissions from smelters. Air emissions from metal smelters located in Everett, Northport, Tacoma, and on Harbor Island (in Seattle) have contaminated soil over very large areas.

Children may come into contact with lead and/or arsenic by playing in soil and putting dirty hands or toys in their mouths. Be sure to wash hands and faces after playing outside and before eating. Using doormats at every door or taking shoes off when coming inside will help keep dirt outside. For more information on soil safety actions you can take to protect the children in your care, please contact your local health department or the Department of Ecology.

**Radon**

Radon is a naturally occurring radioactive gas that has been linked to lung cancer. Radon comes up from the ground and can enter buildings. Some areas of the United States have high radon levels and others do not. Higher levels of radon have been found in areas of Eastern and Southwestern Washington. Steps can be taken to reduce the amount of radon that enters a facility. If you have concern or live in an area known to have high radon levels, you can obtain radon detector kits. Properly installed exhaust systems under the foundation of the center can eliminate the problem.

**Chemicals**

Harmful chemicals are found in permanent markers, rubber cement, certain glues, paints and silica clays. Children should never use them and staff should use them only when children are not present. There are safe substitutes for all these materials. Read labels on all art materials and make sure that they conform to the safety standard, and that they state on the label “ASTM D 4236.” Make sure all art materials are designed for children’s use. Some centers use shaving cream for sensory activities. Shaving cream should not be used with children who still put things in their mouths. It should be used only under very close adult supervision with older children. Make sure children’s hands are washed thoroughly after this activity.

**Electrical Outlets**

Electrical outlets and power strips must be listed as ‘tamper-resistant.’ Plastic plug-type caps are not approved and can be choking hazards. Outlets that have a ‘sliding’ or ‘twisting’ mechanism that prevents a plug to be inserted without the proper usage are also not approved by licensing. Outlets must state they are ‘tamper-resistant.’

You must use tamper-resistant outlets in all areas that are accessible to children preschool-age or younger. If the outlet is not used, you can cover it with a blank faceplate or non-removable cover plate.

**Shielded Light Bulbs**

A broken light bulb could shower the children with broken glass and expose the electric filaments. You must shield all light bulbs and florescent tubes that are:

- In the ceiling and on walls
- In floor or table lamps
- On the front porch
- In the outdoor play area, and
- In food and storage areas.

You can shield light bulbs in a variety of ways:

- Cover florescent light fixtures with a plastic tube
- Put globes over lamps and ceiling lights
- Make covers and shields by using sheets of plastic diffusing material available at many hardware stores (make sure that the plastic is safe for this purpose and will not melt or catch fire), or
- Purchase special plastic-covered, shatter resistant bulbs in either regular or fluorescent types (ask your licensor or DEL health specialist for particular names and sources).

Wire cages and lampshades offer some protection, but are not approved as shields. They will not protect children from shattered glass if a bulb breaks.

**Glass Doors and Windows**

Generous use of glass in centers brings in natural light and allows the children to see what is going on in the world around them. However, if glass areas extend down to the child’s eye level, there is a danger of the children thinking a window, sliding door, or display case is open. They may try to reach or walk through the glass. To avoid this problem, you must either:

- Place a barrier between the children and the glass area so they cannot reach it, or
- Put stickers or decals on the glass at the children’s eye level if the glass is safety or tempered (so they know something solid is in front of them).

In areas of high traffic or boisterous play, arrange furniture and shelving so children cannot accidentally lean against, kick, trip or push someone into panes of glass. Similar precautions are necessary if basement windows next to the children’s outdoor play area extend up to the children’s level.

Large, low panels of glass are inappropriate for infant and toddler play areas unless the glass has a shield or is shatterproof.

You must protect children from falling out of windows that are within their reach. Window screens are often easy to push out and do not provide the protection necessary to keep young children safe. You must either install window guards or limit the window opening to less than 3½ half inches.

**Locks**

When children are in care they should be able to open doors leading in and out of the different child care areas and to the outside. Doors should not be locked or too heavy to operate. Do not put child-guard covers over the doorknobs. Infants and young toddlers will not be able to operate all doors independently. This is one of the reasons why these age groups require a smaller staff-child ratio.

Think about removing locks on the doors that you do not need to lock for security reasons, including bathroom doors. If you keep bathroom door locks in place, hang the key or insert pin next to the door so that you can quickly reach a child who locks himself in the bathroom. Be sure to give instructions to staff about how to open the door.

If children and adults share a bathroom with no lock on the door, you may want to install a hook and eye. You should do this at adult height on the interior side of the door to ensure privacy.

To secure doors leading to the outside use door handle locks that disengage automatically when turned from the inside. You can also equip the doors with panic bars, door alarms or bells. You must not use dead bolts, chains, or other devices requiring someone to work a separate mechanism while children are in care.

For added security, you may wish to have your center’s doors locked from the outside. Parents will need a key, key card, or a special punch code to enter the building. However, doors must be easy to open and remain unlocked from the inside while children are in care.
Working Telephone

The child care facility must have the capacity to accept and respond to incoming calls during the center working hours. Answering machines are essential for answering the phone when you are busy with children, screening calls, or catching calls after hours. However, they should not keep parents from getting an important message to you about their child. You may want to put a second phone line with its own number in the classroom. Parents must be able to get in touch with you immediately if needed. Be sure that your phones work in a power outage. Many cordless phones, telephones, and telephone answering devices will not work during power outages.

Power Outages

Caregivers must have easy access to a light source to use in case of a power failure. You may use flashlights or choose to use battery-powered wall lights. A flashlight does you no good if its batteries are dead. Check the batteries regularly and keep extra new batteries in a convenient place. One way to guarantee you always have a fully charged flashlight is to use one of the rechargeable varieties. Keep it plugged in when not in use.

You should have enough flashlights in each classroom so that each staff person has one. Battery powered wall lights are required by Fire and Building codes for certain facilities. They may fail to operate in an outage, so all centers should have flashlights available (emergency lights generally only last for a few hours). The state Fire Marshal’s office prohibits the use of candles in child care centers.

Section 6

WAC 170-295-5030

What do I need to include in my disaster plan?

- You must develop and implement a disaster plan designed for response to fire, natural disasters and other emergencies. The plan must address what you are going to do if there is a disaster and parents are not able to get to their children for two or three days.
- The fire plan must follow the requirements in chapter 212-12 WAC or the state fire marshal requirements.
- In areas where local emergency plans are in place, such as school district emergency plan, centers may follow those procedures and actions in developing their own plan.
- The disaster plan must be:
  - Specific to the child care center
  - Relevant to the types of disasters that might occur in the location of your child care center
  - Able to be implemented during hours of operation, and
  - Posted in every classroom for easy access by parents and staff.
- Your disaster plan must identify:
  - The designated position of the person (example: director, lead teacher, program supervisor, etc.) who is responsible for each part of the plan
  - Procedures for accounting for all children and staff during and after the emergency
  - How you evacuate the premises, if necessary, and the meeting location after evacuation
  - How you care for children with special needs during and after the disaster
  - How you provide for children until parents are able to pick them up
  - How you contact parents or how parents can contact the child care center, and
  - Transportation arrangements, if necessary.
- Your written records must include a disaster plan, with signatures and dates of persons completing the disaster plan review on-site. The disaster plan must be read, reviewed and signed by:
The director and staff annually; and
Parents when children are enrolled.
In addition to the requirements for fire drills and training set forth by the state fire marshal in chapter 212-12 WAC, you must:
- Document staff education and training of the disaster plan
- Conduct and document quarterly disaster drills for children and staff (you do not have to conduct a drill quarterly for each potential disaster – just one drill per quarter)
- Keep written documentation of the drills on-site, and
- Debrief and evaluate the plan in writing after each disaster incident or drill.
You must keep the twelve month record indicating the date and time you conducted the required monthly fire evacuation drills on-site for the current year plus the previous calendar year.

Fire safety

Fire safety inspectors will use the standards in either the International or the Uniform Fire Code when inspecting your facility (depending on when your center was licensed). You must contact your local building officials to obtain a certificate of occupancy in order to operate a child care program in the building. This should be done as early as possible in the licensing process. The State fire marshal will request a copy of the certificate of occupancy when your facility is inspected.

Fire Alarms and Sprinklers
All centers with more than 1000 square footage are required to have a fire alarm system.
Depending on the occupancy classification (Group E, Group I-2, or Group I-4), the occupant load, the building type and the location of your program (basement, ground level, or above the first floor level), you will either be required to install:
- An automatic sprinkler system
- A manual fire alarm system, and/or
- An automatic fire detection system.
You are responsible for annual inspections, testing, and maintenance of these systems. Maintain the written records for the life of the system and keep them available for inspection.
If you use battery-operated smoke detectors, keep extra batteries on the premises at all times. Activate smoke detectors once a month to make sure they are working and record the dates of the checks.
Fire Extinguishers
Centers must have at least one fire extinguisher rated 2A:10B:C located at 75-foot intervals on each level of the center. You must mount fire extinguishers on the wall with an approved bracket or place it in an approved fire extinguisher cabinet. Mount them high enough so children cannot play with them but low enough that staff can get them down easily (at least 3 ½ feet above the floor but not more than 4 feet above the ground). Make sure all staff know how to use the fire extinguishers. You must have your fire extinguishers recharged and inspected once a year. Keep records of these inspections.

Inspections and Ongoing Safety Procedures
An authorized representative of the state Fire Marshal’s Office will perform your first inspection. Your licensor or the local fire department will do follow-up inspections.

In addition to the above structure and equipment considerations, the fire inspector will look at general features of the center to see if there are any fire hazards.

Fire Drills and Evacuation Procedures
You need to develop a fire emergency policy as part of your disaster plan. It will instruct staff and parents how to respond in case of fire in your center. A model disaster plan is included in the Appendix.

You must post a simple diagram of the center showing routes for getting different groups of children out of the building and where they are to gather outside. These evacuation diagrams must be posted in each room by the exits and in hallways. If the center does not have an automatic alarm system, staff must have readily accessible at all times some sound-making device that the children recognize as a fire alarm. This does not need to be an electrical alarm. You can use:

- The manual test button on the smoke detector or
- An audio tape of the automated fire alarm (so that staff and children know what it sounds like).

Practice fire and evacuation drills at different times of the day using alternate exits. In a real emergency, you may have to be outside for several hours until the building can be deemed safe to return. It is recommended that you keep an emergency kit by the door, which includes all the emergency information for the children, blankets, treats and things to do to keep them occupied. If the fire department must come to evaluate your building it may take several hours. It might be better to have parents come and retrieve their children.

Do not always give staff and children advanced warning of fire drills. Children need to practice:

- Keeping ears uncovered and keeping quiet so they can listen to instructions from staff about where to exit
- Exiting quietly and calmly
- Lining up quietly outside away from the building, and
- Waiting for the announcement that they can go back inside.

When the fire alarm sounds, different center staff should be assigned to attend to the following:

- Leading the groups from the building to designated areas and supervising them
- Getting the attendance records so it can be confirmed that all children are out of the building
- Closing doors and windows, and
- Checking all areas of the building, including bathrooms, where a child might be left behind.

If your center serves infants and other non-ambulatory children, you must develop a safe method to evacuate them in an emergency. For infants, an approved fire evacuation crib is needed for every
four infants. It is impossible to evacuate more than one or two infants in a staff person’s arms. Also, you will need a safe place for the infants to be once they are outside. An evacuation crib will provide a safe, fast evacuation method and place for them to stay, especially if there is a real emergency. In centers caring for children with special needs that affect their mobility you may need extra staff at all times to safely evacuate the children in a timely manner. Caregivers should discuss with the children how their lives are more important than any possessions. Explain to the children why they should get out of the building immediately, and NOT put their shoes on, go to get their coat or race to their cubby to save their favorite toy.

Caregivers can cover other aspects of fire safety with children in appropriate age groups, such as:

- How to stop, drop, and roll if their clothing is on fire
- How to crawl on their hands and knees if a room is full of smoke
- How to feel a doorknob for heat before opening the door, and
- How it is important to have an emergency evacuation procedure at home, not just at the center.

A fire drill and earthquake drill record are included on the following pages for your convenience.
Check daily:
- Evacuation plan and procedures are posted.
- Exits open freely; exits are not blocked.
- Electrical appliances are working properly.
- Electrical outlets are not overloaded.
- Extension cords are not used in place of permanent wiring.
- Fireplaces, wood burning stoves, fireplace inserts, heaters, etc., are used safely and barricaded when needed.
- Combustible rubbish is not allowed to accumulate.
- Flammable or combustible material is stored safely.

### MONTHLY FIRE DRILL RECORD

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<th>Month:</th>
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### MONTHLY FIRE DRILL RECORD

| Date detector checked (monthly): | | | | | | | | | | | | |
| Date batteries replaced (annually): | | | | | | | | | | | | |

### FIRE EXTINGUISHER RECORD

| Date extinguishers serviced (annually): | | | | | | | | | | | | |

### FIRE EVACUATION PLAN

Please write your plan to evacuate children from your facility in case of fire. Use the back of this sheet if necessary.

1. What will the person discovering the fire do?

2. How will you sound an alarm?

3. What will you do before the fire department arrives?

4. How will you make sure all persons are evacuated and accounted for?

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<tr>
<th>PROVIDER’S NAME</th>
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DEL 15-235 (08/2006)
## Quarterly Earthquake/Disaster Drill Log

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Preparing for emergencies

You need to plan for major disasters that could affect your surrounding community. You also need to plan for crisis situations or events that may affect only your center and the children in your care. Most of the preparation/management work you are able to do for a natural disaster happens before and after the event (for example, you can spend hours and days preparing for and cleaning up afterwards, but an actual earthquake may only last for a minute or two). What you do ahead of time and after the event can significantly affect the children in your care.

**Before the Crisis/Disaster**
- Prepare the children (practice fire and earthquake drills, lockdown procedures)
- Prepare emergency supplies (these include comfort kits for each child and staff, emergency first aid, food, water, medication)
- Develop your Disaster/Crisis Emergency Plan
- Train staff and parents
- Identify safe locations (hallways, outside) and alternate sites
- Identify and correct potential hazards (make shelves earthquake proof)
- Organize adult responsibilities (who is in charge of what during a crisis)

**During the Crisis/Disaster**
- Seek appropriate cover
- Account for all children

**Immediately After the Crisis/Disaster**
- Implement your Disaster/Crisis Emergency Plan
- Assess injuries and provide first aid
- Assess damage
- Evacuate if appropriate
- Shut off utilities if needed
- Check/distribute emergency supplies as needed
- Listen to the radio
- Call emergency contact telephone number

**Longer Term Planning**
- Calm fears of children
- Recheck/change your disaster plan if necessary
- Re-supply your emergency stock
- Take care of yourself.

Telephones, 911 and Communication to the Outside World

The use of a telephone is mentioned in almost all of the disaster procedures. To ensure that there is a working telephone; make sure that at least one telephone in the center will work in a power outage. Many telephones and telephone answering devices will not work when the power goes out (check your telephone by unplugging it and making a test call). If you rely on a cellular phone as your emergency telephone, remember that if the batteries are not fully charged it will not operate for very long.

In a widespread disaster, being able to make a telephone call successfully may be impossible. Many people in the affected area will be trying to make calls, and the telephone network will quickly become overloaded. In addition, some disasters may damage the telephone lines and cellular telephone towers. If you are able to complete a call to 911, they may not have emergency people able to help you.

**Note:** You should be prepared to cope with a disaster without outside assistance for up to 72 hours.

Communication with Parents

Trying to communicate with the parents of children in your care during a disaster will be difficult if the telephone system is overloaded. If you need to evacuate the center, you should leave written notification of your destination at the center so that parents who are able to get to the center will be able to follow you and the children. This should always be done even though you have sent a list of the alternate locations home via a parent letter.
Creating a crisis/disaster plan for your center

A disaster plan is required by licensing to cover all possible emergencies in a child care center. A Crisis/Disaster Plan should cover a wide spectrum of emergencies that are most common to the location of your center. It is important to check with your local emergency agency and/or your school district to coordinate your plan with theirs. Centers may follow the community or school procedures in developing their plans.

Examples of disasters or crisis events that should be described in detail in your disaster plan include:

- Earthquake
- Fire Alarm/Emergency
- Gas Leak
- Flooding
- Building and Site Evacuation
- Field Trip Incident
- Power Outage
- Storms and Snow
- Hazardous Materials Accident
- Bomb Threat
- Emergency Lockdown/Intruder Alert Procedure
- Missing Child
- Kidnapping
- Child Abuse
- Assault on Child or Staff

For each possible disaster or crisis event you should clearly state what emergency procedures to follow, who to call or notify (and in what order), who is in charge, and what follow-up procedures must be completed after the event. Below is an example of what you might include for a Missing Child Incident:

1. Call 911 immediately and provide the following information:
   - Child’s name and age
   - Address
   - Physical and clothing description of the child, including any distinguishing marks such as visible scars or birthmarks
   - Medical status, if appropriate
   - Time and location child was last seen, and
   - Person with whom the child was last seen.
2. Notify Director immediately and search the facility again.
3. Have child’s information, including picture, if possible, available for the police upon their arrival.
4. Director will notify parents of missing child and attempt confirmation that child is with family; if not, inform parents of situation and steps taken.
5. Director will report incident to licensor and Child Protective Services.
6. Director will complete a written incident report at the earliest opportunity.

Supplies

Include a list of supplies in your Disaster Plan that you have collected at your center for disasters. Your Child Care Disaster Supply Kit should include:

- Water: 1 gallon per person per day (minimum 3 gallons per person)
- Food: Non-perishable and easily prepared foods that don’t require cooking
- A radio and extra batteries
- A flashlight for each classroom and extra batteries
- A well-stocked first aid kit
- A fire extinguisher
- A wrench (to turn off the utilities if needed)
- A manual can opener
- Some way to keep children and staff warm and dry (space blankets, tents)
- Garbage bags (for keeping things dry, keeping garbage together, toileting)
- Diapers and formula
- An updated class list, contact information and emergency release forms
- A pencil/pen and a log to track who children get released to
- Any special medication a child may need (at least a 3 day supply)
- Paper/plastic products to eat/drink from, and
- Comfort kits (one per child, in gallon-size re-sealable plastic bag). Items might include warm clothes, a blanket, a photo of child’s family, a toy, etc.
Training
You are required to provide yearly disaster/crisis training for your staff. You, your health consultant, or other qualified professionals can provide this training. It is important to document any training that takes place. Quarterly disaster drills and monthly fire drills must be held and documented. Documentation of the drills must be on file for the current year plus the previous calendar year.

Sample Disaster/Crisis Plan
A sample Disaster/Crisis Plan is included in Appendix B. The model plan was developed by the Snohomish County Health District Partners in Child Care. Its purpose is to give child care center personnel step-by-step procedures for responding to emergency situations during the first 30 minutes of the disaster. If staff are able to follow the instructions in the order they are written, it will help them to know what to do in each type of disaster or crisis. Check with your licensor for more information about developing a Disaster Plan. Additional resources include the American Red Cross, the Federal Emergency Management Agency (FEMA), and your local public health department.

Note: Licensing requires you to train your staff annually on your disaster plan. You are also required to have written documentation that parents have read and reviewed your disaster plan upon enrollment.

WAC 170-295-5040
How do I maintain a clean and sanitized environment?

- Surfaces must be easily cleanable. A cleanable surface is one that is:
  - Designed to be cleaned frequently
  - Moisture-resistant, and
  - Free from cracks, chips or tears.
- Examples of cleanable surfaces include linoleum, tile, sealed wood, and plastic.
- You must maintain the building, equipment and premises in a clean and sanitary manner that protects the children from illness including but not limited to:
  - Ensure that floors around sinks, toilets, diaper change areas and potty chairs are moisture resistant and easily cleanable for at least twenty-four inches surrounding the surfaces, and
  - Take measures to control rodents, fleas, cockroaches, and other pests in and around the center premises such as:
    - Keep all trash and garbage cans tightly sealed
    - Screen open windows and doors
    - Seal and store food properly, and
    - Keep floors and other areas free from crumbs and food debris.
- Surfaces can be cleaned:
  - With any cleaning solution such as soap and water, cleanser or cleaning spray
  - With a concentration according to label directions, and
  - Rinsed as needed per label directions.
- You may use a bleach solution to sanitize the following areas:
  - Diapering areas
  - Surfaces exposed to body fluids
  - Bathrooms and bathroom equipment
  - Table tops
  - High chairs
  - Toys
  - Dishes
  - Floors, and
  - Sleeping mats.
You may use a bleach solution or another solution intended for sanitizing if the department approves it. When you use a product other than bleach to sanitize, you must:

- Follow the label directions for use including concentration, contact time and rinsing, and
- Be sure that if you use the product on food contact surfaces and items that children might put into their mouths, the label states the product is safe for food contact surfaces.

The following are surfaces that need to be cleaned and sanitized and a minimum schedule for that cleaning:

- Tables and counters used for food serving and high chairs are cleaned and sanitized before and after each meal or snack
- Sinks, counters and floors are cleaned and sanitized daily or more often if necessary
- Refrigerators are cleaned and sanitized monthly or more often as needed
- Bathroom (including sinks, toilets, counters and floors) are cleaned and sanitized daily and more often if necessary
- Floors are swept, cleaned and sanitized daily.
- Carpet is vacuumed at least daily and shampooed as needed but at least every six months
- Toys that children place in their mouth are cleaned between use by different children
- Infant and toddler toys are cleaned daily
- Sleeping mats, cribs and other forms of bedding are cleaned between use by different children and at least weekly.

Your health policies and procedures must describe your frequency for general cleaning, dusting, cleaning toys, toy shelves, and equipment.

Cleaning and sanitizing equipment and toys
Cleaning and sanitizing are important steps in ensuring a healthy environment and in preventing the spread of illness. You need to have policies and routines for maintaining sanitary conditions at the center, and you need to train staff to follow your guidelines. The younger the children in care, the more likely an object will go into their mouths. This means you clean and sanitize their objects and surfaces often. All mouthed toys must be cleaned and sanitized between uses. One method is to put mouthed toys in a plastic tub until they can be cleaned and sanitized as required as well as having sufficient mouthing toys for replacement and use.

It is important that you clean before you sanitize. Cleaning means washing with soap and water, then rinsing with clear water prior to applying a bleach solution. Do not apply a bleach solution to a soiled surface or a surface that has soap residue on it. If you do, it will not adequately sanitize the surface.

Formulas for Bleach Solutions
Disinfecting solution is a more concentrated solution and is used for diapering areas, bathrooms, kitchens, handwashing sinks, floors, and surfaces contaminated by body fluids: Use one-quarter (1/4) cup of bleach per gallon of water (or one tablespoon per quart). This solution is strong enough to kill germs quickly, but it still needs time to work. You must let the surface air-dry for a minimum of two minutes. Using a towel or sponge to dry the surface increases the chances of putting germs back on the cleaned surface. Bleach evaporates quickly, leaving no toxic residue.

Sanitizing solution is a less concentrated solution and is used for submerging dishware that has been cleaned, table tops, classroom counters and doorknobs, and toys that are mouthed by children. Use one tablespoon of bleach per gallon of water. For this less concentrated solution to do its job of killing germs, totally submerge objects in the solution for at least two full minutes. Allow the items to air dry.
You can make a quantity of a bleach solution ahead of time. Store it in a dated, labeled, airtight container. Empty out and refill spray bottles daily because chlorine bleach exposed to air loses its strength.

Floors
To clean and disinfect floors you can use a phenol-based product (such as Lysol, Pine Power, etc.). They are effective disinfectants, but they are more expensive and leave a residue that needs to be rinsed off. The more concentrated bleach solution is just as effective at disinfecting floors. It evaporates in air, leaving no residue. If you use a commercial disinfecting product, make sure to follow the directions about proper dilution and the length of time to leave on the surface.

Note: All sanitizers and disinfectants and their methods of use must be listed in your Health Policy and approved by your health consultant.

Floor Covering
Children enjoy having both hard and soft floor surfaces on which to walk, sit, and play. Messy play and activities that lead to soiling of floors is developmentally appropriate in all age groups, but especially among young children (the same age group that is most susceptible to infectious disease). A smooth, moisture-resistant floor is easier to clean and sanitize and therefore, helps prevent the spread of communicable disease. Cracked and porous floors cannot be kept clean and sanitary. Dampness promotes the growth of mold. If carpets remain damp for a period of time mold and mildew will develop. Although carpeted floors may be more comfortable to walk and play on, smooth floor surfaces provide a better environment for children with allergies. Also, facilities should exercise caution when using carpeting in child care areas because the fibers, adhesive, and formaldehyde associated with the presence of carpeting can pose health problems. Areas that must have moisture-proof flooring include:

- Bathrooms
- Diaper changing areas (underneath and 2 feet around all sides)
- Laundry areas
- Kitchens
- Area around sinks
- Eating areas
- Art areas
- Area around drinking fountains, and
- Janitorial areas.

Examples of moisture-proof (moisture impervious) flooring include:

- Wood sealed with varnish, shellac, or paint
- Linoleum
- Tiles, and
- Vinyl.

The edges of carpets that do not extend all the way to the wall present a common tripping hazard. Inspect your carpets regularly for rips, holes, and exposed seams. Secure edges in walking areas to the floor with a metal or plastic carpet strip or cover with a rubber mat.

Using small throw rugs on linoleum or polished wood floors is not a good idea unless they have a non-skid backing.

Make sure any spills on carpeting are cleaned up and dried as quickly as possible.

Not all carpet-deodorizing products are good to use around children. Chemicals that remain in the carpet can get on children’s skin or in their eyes or lungs. Some children may have an allergic reaction. You might try sprinkling baking soda on the carpet to absorb odors. Vacuum the carpet afterwards. Regular use of a carpet deodorizer is NOT a substitute for adequate cleaning.

If you have an infant and young toddler room, it is advisable to have a no-shoes policy. Infants and young toddlers spend a lot of time on the floor. Help keep them from ingesting all the bad things that can end up on the floor from the bottom of shoes by not allowing shoes to be worn in these rooms. To keep your child care center cleaner you may want
to institute an indoor and outdoor shoe policy for both parents and children. Parents could provide a pair of easy slip on or hard -soled shoes to keep at the center. Providing covers for shoes for parents that you can wash or requesting that they take off their shoes before they come in will help keep your center cleaner and less work to maintain. You should definitely consider this an option in those areas that the Department of Ecology has identified as having possible elevated lead and arsenic levels in the soil. Staff may choose to have a pair of indoor-only shoes that they keep at the center.

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### Separating Personal Care Items

Children should not share hats, combs, hairbrushes, or hair ornaments. Doing so can spread infection or parasites such as lice. Children can have their own hairbrushes and store them in their personal cubby or in another area.

If you have an outbreak of lice at your center, immediately clean and disinfect the space near and around the area of parasitic contamination. The dress up area clothing in the role-playing area should also be cleaned and disinfected. You will want to limit the use of hats during the outbreak. Check with your DEL health specialist or public health department for useful suggestions. You might also want to re-examine your procedures for storing bedding, hanging coats and keeping extra clothes. Make sure these are not contributing to the spread of parasites.

Having the children brush their teeth at the center is a valuable activity, but it must be done in a sanitary fashion. Each child needs to have his/her own clearly labeled toothpaste tube or pump. Toothbrushes should:

- Have clear labels for each child
- Not touch one another, and
- Be in holders so they are open to the air.

If you store toothbrushes in a drilled board, stagger the holes so the toothbrushes do not touch or drip onto each other.

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Toothbrushes do not last forever. You should replace the children’s toothbrushes every few months or if dropped on the floor or other unsanitary areas. You can either buy toothbrushes in bulk and replace them yourself or remind the parents to bring in a new one.

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**Note:** Toothbrushing should never be done in a diaper-changing sink or a food prep sink. If you use a handwashing sink in the bathroom, you must clean the sink with the 3-step process (wash with soapy water, rinse, and disinfect).

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**WAC 170-295-5050**

**How can I make sure water activities are as safe and sanitary as possible?**

- To ensure that the children are safe with a swimming pool on the premises, you must:
  - Ensure that pools are inaccessible to children when not in use
  - Provide a certified lifeguard at all times in addition to required staff when children use a swimming pool, and
  - Follow any guidelines established by your local health jurisdiction or the state department of health.

- You must prohibit children from using or having access to a hot tub spa, small portable wading pools, whirlpool, or other similar equipment.

- If you have a water table you must empty and sanitize water tables or similar water play containers after each use and more often if necessary.
Children love water, and there is no better way to cool off on a hot summer day than engaging in water play. However, many children die each year from water accidents. Diarrhea illnesses can also spread very easily through water. It is necessary for centers to take proper precautions when the children are in or around water.

Safety Barriers

All water hazards, such as swimming pools, ditches, fountains, and fish ponds must be enclosed. Fence heights are a matter of local ordinance but it is recommended that around water, fences should be at least 5 feet high and come within 3 ½ inches off the ground [AAP, 2002]. Openings in the fence should be no greater than 3 ½ inches. The fence must be constructed to discourage children from climbing. For a chain link fence, the mesh size should not exceed 1¼ inches square. Exit and entrance points must have a self-closing, self-latching latch that is at least 55 inches from the ground. Another option is to lock with a key and store it in a place inaccessible to children. Also an exterior wall can constitute one side of the fence if the wall has no openings providing direct access to the pool. An effective fence is one that prevents children from getting over, under, or through it and keeps the child from gaining access to the pool or body of water except when supervising adults are present. Fences are not childproof, but they provide a layer of protection for a child who strays from supervision.

Spas, hot tubs, and whirlpools etc. require similar barriers. You must supply a solid cover that is locked at all times when children are in care. Caregivers must never allow children in care to use these types of equipment.

If your center has a swimming pool, you should contact the Department of Health or your local health authority regarding current regulations.

Proper Supervision

If children are in a swimming pool, lake, stream, etc., you must have present either a certified lifeguard or staff with current water lifesaving certification. The person with water life-saving certification must be in addition to staff meeting staff to child ratios.

Wading Pools

Wading pools are not allowed to be used in child care centers. Diarrhea illnesses have been spread among children using wading pools. Portable wading pool water cannot be effectively sanitized to prevent the spread of germs. There are many safer alternatives such as sprinklers, spray bottles, hoses, and water play tables.

Keeping Water Tables Sanitary

Children must wash their hands prior to and after playing in a water play table. This reduces the number of germs in the water. Licensing requires that you empty the water table after each use (or more often if necessary). For example, if the children use the water table during the morning play/activity period, you would empty it out after that activity time was over. If you choose to have the children use the water table again during the afternoon play/activity period, you would need to refill it and empty it out at the end of that play/activity period. The equipment must be washed, rinsed, and sanitized after each play/activity period, with a general-purpose bleach solution (1/4 teaspoon of bleach per quart of water).
WAC 170-295-5060
How must I store maintenance and janitorial supplies?

- You must provide safe storage for flammable and combustible liquids and chemicals used for maintenance purposes and operation of equipment. They must be in a location designed to prevent child access at all times. The liquids and chemicals must be:
  - Stored in original containers or in department approved safety containers that identify contents
  - Stored to comply with fire safety regulations adopted by the state fire marshal’s office, and
  - Ventilated either by mechanical ventilation to the outdoors or through a window that opens on the exterior wall.
- Your janitorial or housekeeping storage must have:
  - Floor surfaces that are moisture impervious and easily cleanable
  - A designated utility or service sink for disposing of wastewater, and
  - A place for mop storage that is ventilated to the outside.

It is very important to store chemical and other maintenance or janitorial supplies safely. Flammable materials and other chemicals need to be stored in a way that complies with fire safety regulations. Flammable or combustible liquids and chemicals need to be stored in an area that is ventilated to the outside by a fan or an exterior window. Cleaning supplies and other toxic substances must be stored separate from food items and not above any areas where food is stored, prepared, or served. It is very important that you read the labels on those items to ensure that you are storing them safely and if spilled they would not create a gas or other safety hazard that can harm you, the staff or children in your care. Many local health departments have hazardous and environmental hazard experts that can assist you if you have questions.

WAC 170-295-5070
How do I make sure my water is safe?

- You must have hot and cold running water
- You must have hot water that is accessible to children to be between 85 degrees Fahrenheit and 120 degrees Fahrenheit.
- To be sure your water is safe for drinking, cleaning, cooking and handwashing, you must:
  - Receive drinking water from a public water system approved by and maintained in compliance with either the Department of Health or a local health jurisdiction under chapter 246-290 WAC (Group A systems) or chapter 246-291 WAC (Group B systems), or
  - Have a source of potable water approved for child care center use by the state Department of Health or the local health jurisdiction, and
  - Take any other actions required or requested by the state Department of Health, the local health jurisdiction or the DEL to ensure the safety and reliability of the water supply.
- If your water connection is interrupted or your water source becomes contaminated:
  - A correction must be made within 24 hours or the facility must close until corrections can be made, or
  - The facility must obtain an alternative source of potable water approved by the state Department of Health or local health jurisdiction in an amount adequate to ensure the requirements in this chapter for safe drinking water, handwashing, sanitizing, dishwashing, and cooking are met.
How Do I Make Sure My Water Is Safe?
The Washington Department of Health, Office of Drinking Water and local health jurisdictions have the responsibility for administering drinking water regulations for water systems.

Wells
If the drinking water for your child care comes from a private well, you have an important responsibility to make sure that the well water is clean and healthy. You must contact your local public health jurisdiction to have your well approved. You will need current written documentation that your well was inspected in order to be approved by the DEL Health Specialist.

As part of the approval process your water will be tested for arsenic, nitrates, bacteria, and other contaminants.

A qualified individual, such as a licensed well contractor, must perform any repairs or modifications. The well needs an adequate seal to be protected.

Protect the area within a 100-foot radius of your well. In this area:
- Avoid keeping compost or manure piles
- Avoid storage or application of chemicals, pesticides or herbicides, and
- Avoid parking motor vehicles.

Also make sure that your sewage disposal system is well maintained. Sewage from a failing septic system can get into your well water.

WAC 170-295-5080
How do I safely get rid of sewage and liquid wastes?

- You must dispose of sewage and liquid waste into a public sewer system or approved on-site sewage disposal system (septic system) designed, constructed and maintained as required in chapter 246-272 and 173-240 WAC and local ordinances.

- If you have an on-site sewage system, you must:
  - Have written verification that the system has been approved by the Department of Health or local health jurisdiction, and
  - Locate your drain field and venting to be sure that:
    - Playgrounds are not on and do not interfere with the access to or operation of the on-site sewage system including the drain field, and
    - That drain field venting does not vent onto the playground.

Sewage from a child care center must be disposed into a public sewer or an on-site septic system that has been reviewed and approved by the local health department for use by the child care center. Your local health department will tell you how often you should have your system inspected. You must have copies of your septic system pumping and inspection reports available for your DEL health specialist. Children’s outdoor play equipment cannot be installed directly over a septic system drain field. Drain field venting cannot vent onto the playground. Contact your local health department for more information.

Make sure water drains well from your property, especially in your outdoor play area and areas you use for sprinklers in the summer. If you have a problem with standing water, your DEL health specialist may require you to take some action. For example, you might need to have an alternate outdoor play area for rainy or snowy days or lay drainage tiles to redirect the water. Make sure water drains away from the foundation of your building.

You may not fill or empty mop water in your kitchen or handwashing sinks. The chance of spreading germs or chemicals from the mop, mop bucket, or dirty water is too great. Utility sinks, such as a laundry room sink or a sink in a janitor’s closet, are best for filling and emptying mop buckets. If you do not have a utility sink, you can fill a mop bucket from an outdoor faucet. You can get rid of dirty mop water by flushing it down the toilet. If you dispose of dirty mop water by flushing it down the toilet, you must clean and disinfect the toilet.
Septic Systems
A septic system has limited capacity and lifespan. To avoid health hazards and limit the risk of overloading your septic system, certain precautions are recommended:

- Practice water conservation (use low flow toilets and water flow constrictors in faucets)
- Run your dishwasher only when it is full
- Spread out laundry loads during the week
- Use water very sparingly if the power goes out in your center
- Repair all leaky faucets and valves
- Avoid the use of garbage disposals (they use excessive amounts of water and the material produced may not readily decompose in your septic tank)
- Direct all roof drains and downspouts away from your drain field area, and
- Do not use excessive amounts of bleach and other disinfecting cleaners as they can adversely affect the function of your septic system.

Drain field areas
If you have a drain field area be sure you:

- Don't compact or disturb the soils in your drain field or reserve area (let your drain field areas breath)
- Don't drive, park or pave over your drain field or reserve drain field area
- Don't install large play structures over your drain field or reserve (small, movable play equipment is acceptable)
- Use grass (recommended) to cover your drain field
- Don't use septic tank additives
- Don't flush non-biodegradable or harmful materials such as coffee grounds, grease oils, sanitary napkins, diapers, and plastics in your septic tank (these do not break down and can clog septic tank inlets and outlets)
- Have your septic tank inspected and pumped every three years
- Keep records of service to your septic system, and
- Obtain a copy of the as-built drawing of your septic system, if it is available. This will help identify where your drain field is located.

Enclosing the play area
You must entirely enclose your outdoor play space with fencing or another acceptable alternative. This is to prevent unauthorized visitors (human and animal) and keep children from leaving the play area. All latching mechanisms and fences should be checked regularly for rough or sharp parts.

Fencing material must be sufficiently tall and closely spaced so that children cannot climb over, under, or through it. The National Resource Center for Health and Safety in Child Care recommends a minimum fence height of four feet. Fences must be a minimum of 5 feet high if there is access to water. The fence must be stable enough so that children cannot move it or knock it over.

Be aware that your enclosure must also meet local building and zoning codes. The Department of Early Learning cannot waive local ordinances.

Roof top playgrounds need to be carefully constructed and must be approved by the state Fire Marshal’s office before being licensed. Fences surrounding a rooftop playground must be non-climbable and a minimum of six feet.
WAC 170-295-5100
What are the requirements for toilets, handwashing sinks and bathing facilities?

REQUIREMENTS FOR TOILETS
- You must provide:
  - A toilet room that is vented to the outdoors
  - A room with flooring that is moisture resistant and washable
  - One flush-type toilet and one adjacent sink for handwashing within auditory (hearing) range of the child care classrooms for every fifteen children and staff
  - Toileting privacy for children of opposite genders who are six years of age and older, or when a younger child demonstrates a need for privacy, and
  - A mounted toilet paper dispenser within arm’s reach of the user with a constant supply of toilet paper for each toilet.
- Children 18 months of age or younger are not included when determining the number of required flush-type toilets.
- If urinals are provided, the number of urinals must not replace more than one-third of the total required toilets.
- Toilet fixture heights must be as follows:

<table>
<thead>
<tr>
<th>If the age group is:</th>
<th>The toilet fixture height must be:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toddler:</td>
<td>10 – 12 inches (child size) or 14 – 16 inches (adult size) with a safe, easily cleanable platform that is moisture impervious and slip resistant.</td>
</tr>
<tr>
<td>18 months through 29 months</td>
<td></td>
</tr>
<tr>
<td>Preschool or older:</td>
<td>10 – 12 inches (child size) or 14 – 16 inches (adult size) with a safe, easily cleanable platform that is moisture impervious and slip resistant.</td>
</tr>
<tr>
<td>30 months of age through five years of age not enrolled in kindergarten or elementary school</td>
<td></td>
</tr>
</tbody>
</table>
You must be able to clean bathroom floors and fixtures easily and you must disinfect them at least daily (more often if needed). Clean and disinfect objects children commonly touch in the bathroom, including sink handles, doorknobs, and light fixtures. You cannot carpet bathroom floors and areas where children use potty chairs. The use of potty chairs in the child care setting should be discouraged. Potty chairs are difficult to keep clean and out of reach of children. Small, flushable toilets or modified toilet seats with moisture-proof step stools are recommended.

REQUIREMENTS FOR HANDWASHING SINKS

- The handwashing sink must:
  - Be located in or immediately outside of each toilet room
  - Have water controls that are accessible by the intended user, and
  - Not be used for food preparation, as a drinking water source or a storage area.

- You must have:
  - Single use paper towels and dispensers, or
  - Heated air-drying devices.

- You must use soap from some type of dispenser to prevent the spread of bacteria from the soap.

- Handwashing sink heights must be as follows:

<table>
<thead>
<tr>
<th>If the age group is:</th>
<th>The sink height must be:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toddler: 12 months through 29 months</td>
<td>18 – 22 inches or  Provide a moisture and slip resistant platform for children to safely reach and use the sink</td>
</tr>
<tr>
<td>Preschool or older: 30 months of age through five years of age not enrolled in kindergarten or elementary school</td>
<td>22 – 26 inches or  Provide a moisture and slip resistant platform for children to safely reach and use the sink</td>
</tr>
<tr>
<td>School age: Over five years of age or enrolled in kindergarten or elementary school</td>
<td>26 – 30 inches or  Provide a moisture and slip resistant platform for children to safely reach and use the sink</td>
</tr>
</tbody>
</table>

Infants are not included when determining the number of sinks required for handwashing.

You must have at least one handwashing sink in each bathroom or immediately adjacent to it. The water temperature at each hand washing sink must be between 85°F and 120°F. Children are more likely to wash regularly and may wash more thoroughly if the water is comfortably warm. The water controls must be accessible to the children so that they can turn them on and off by themselves.

Place wastebaskets next to all handwashing sinks. Wastebaskets should be moisture-proof and easily washable and have a plastic liner.

A handwashing poster must be posted next to handwashing sinks for children and staff showing how to wash hands properly. One is available from your DEL health specialist, local health department or licensor.

You must use soap from a dispenser to prevent the spread of germs from the soap. Bar soap is not acceptable. Choose a non-perfumed soap. Antibacterial soap is not necessary.

Instant hand sanitizers are not acceptable for use in child care centers. The Center for Disease Control (CDC) reports that alcohol-based hand sanitizers typically contain a combination of chemicals at a concentration of 60% to 95% alcohol. This amount of alcohol may represent potentially toxic exposure that could have significant health consequences. Acci-
dental splashes of these chemicals into the eye might result in eye irritation. The biggest worry for poisoning is from ingestion of the products, some of which are colored to make them more attractive.

For drying hands, you must use single-use paper towels from a dispenser of some type or use a heated air-drying device.

Make handwashing easy so children can wash their hands properly:
- Make sure children can reach the sink comfortably (build a firm standing, moisture-resistant platform if needed)
- Make sure children can reach the soap easily and that soap pumps are full
- Position paper towel dispenser so children can easily reach the towels or operate the mechanism (blowers are acceptable but require more time to dry hands than most children are willing to spend)
- Make sure faucets turn on and off easily, and
- Schedule enough time for children to wash their hands at appropriate times.

**REQUIREMENTS FOR BATHING FACILITIES**

- If the center is equipped with a bathing facility, you must:
  - Have parent permission to bathe children
  - Equip the bathing facility with a conveniently located grab bar and a nonskid pad or surface, and
  - Provide constant supervision for the child five years of age and younger and older children who require supervision.
- You must make the bathing facility inaccessible to children when not in use.

If your center has a bathtub or a shower, you must make it inaccessible to children. Possible methods include:
- Locking the room where the bathtub is located
- Locking the sliding doors to the tub stall, or
- Covering the tub and attaching the cover to the walls, tub, or floor so children are not able to lift the cover.

**Effective Ways to Minimize Germs in Laundry**

The center must thoroughly wash and dry soiled linen and bedding, including articles used by a sick child or contaminated with urine, feces, blood, vomit, or parasites.

According to the Department of Labor and Industries, you must pay staff for all time they spend on job-related duties. If a staff person takes laundry home or to a laundromat as part of their job description, be sure to pay them for their time and expenses.

**Using chemicals to minimize germs in laundry**

If your water temperature is not 140°F, you can minimize germs in laundry by using chemicals. One method is to use ½ - 1 cup of bleach in a normal-sized washer load. Check the bleach bottle's label for recommended amounts. Non-chlorine bleach will not disinfect laundry. If your washing machine does not have an automatic bleach dispenser, you must add the bleach during the rinse cycle. Dry the laundry in the clothes dryer on high heat.
Using heat to minimize germs in laundry
A water temperature of 140°F is sufficient to kill most types of germs and some parasites (except scabies and lice, which need water at 160°F or hotter). Most clothes washers do not have their own water heating elements so you must set the hot water heater at a temperature of 140°F or higher. You can use a thermometer to assure proper temperature.

Since the maximum water temperature at sinks children use cannot exceed 120°F, using heat to kill germs in laundry may require:
- A separate water heater or temperature booster for the laundry equipment
- A temperature-limiting device on all lines leading to sinks the children use, or
- Adding boiling water from the stove to the washer to increase the temperature of water to 140°F. This procedure must not be done when children are present.

Location of Laundry Equipment
You may not place laundry equipment in food preparation areas. There is danger of the food preparation area becoming contaminated from airborne germs or hands that have been in contact with soiled articles.

If laundry equipment is in an area children use, you must not use it during times children are in care. It must be secured so that it is inaccessible to children. Methods of making the equipment inaccessible include:
- Locating the equipment in a locked closet
- Using a secured folding wooden screen or other solid barrier in front of the machines
- Using appliance slipcovers over the machines, or
- Installing hardware or padlocks to secure the doors on the machines.

All dryers must be vented to the outside.

WAC 170-295-5120
What kind of sleep and nap equipment do I need for children not in cribs, bassinets, infant beds or playpens?

Sleeping and nap equipment must be available for each toddler and preschool-age child not using a crib and remaining in care for at least six hours and any other child requiring a nap or rest period.

You must:
- Provide a separate, firm and waterproof mat or mattress, cot or bed for each child or have a system for cleaning the equipment between uses by children.
- Place mats or cots at least 30 inches apart at the sides and arrange children head to toe or toe to toe.
- Be sure that the bedding consists of a clean sheet or cover for the sleeping surface and a clean blanket or suitable cover for the child.
- Launder the bedding weekly or more often if necessary and between uses by different children.
- Store each child's bedding separately from bedding used by other children. Once the bedding has been used, it is considered dirty. One child's bedding cannot touch another child's bedding during storage.
- Keep mats clean and in good repair. Once a mat is torn it is not cleanable. You may not use duct tape or fabric to repair sleeping mats or mattresses.
- Use only cots with a surface that can be cleaned with a detergent solution, disinfected and allowed to air dry. Cots with bent frames or fabric tears must be discarded.

You may not use the upper bunk of a bunk bed for children under six years of age.
Sleeping Surfaces
Floors are often cold and hard. Children need a soft, comfortable, warm surface on which to sleep. You must be able to clean sleeping surfaces easily, especially with children who still have occasional accidents while they sleep.

Nap mats, cots, or single-level beds on the floor are all acceptable sleeping surfaces for children, provided they are covered with a moisture-proof cover. For most children, however, you will probably use individual raised cots or nap mats. Sleeping bags must be on water-proof mats.

Ensure that the sleeping equipment is larger than the child and it offers room to move about when the child is sleeping.

You must clean and sanitize mats and cots between different children’s use and store them separately from bedding. If you leave bedding on the sleeping equipment, you must store the equipment so the surfaces do not touch one another.

Bedding
Children must have their own individual bedding. For the child’s comfort and to promote sanitation, use separate bedding to:

- Cover the sleeping surface (most centers use a fitted sheet), and
- Cover the child (usually this will be a light blanket).

Sleeping bags can serve as both sheet and blanket. You can make cozy sleeping bags out of cotton quilting material, folded over and sewn up the side.

Individual children’s bedding must be labeled and each set of bedding stored separately. Individual bedding could be stored in:

- Individual cubbies
- Cardboard boxes
- Large plastic bags with air holes (do not use this method if children get out their own bedding)
- Individual large labeled pillow cases that can be tied at the ends, or
- Plastic tubs (if sides and bottoms are solid).

WAC 170-295-5140
Are there any requirements for storage space provided for children?

You must provide accessible individual storage space for each child’s belongings that prevents the spread of diseases or parasites such as scabies and lice.

Children’s Personal Storage
All children need space for their belongings. If you use coat hooks they must be spaced sufficiently apart so that each child’s belongings does not touch or overlap another. Individual storage is required for children’s coats, hats, and scarves to reduce the risk of lice transmission in the center. Children also need a place for their:

- Individual items brought from home
- Lunchbox, if they bring their lunch (you must have space available in the refrigerator for perishable lunches)
- Boots, mittens, extra clothes, etc.
- Things they make to take home, and
- Notes, newsletters, etc., the center is sending home to the parents.

Make sure storage is in a convenient location for staff, parents, and children. Strongly encourage parents to check their child’s cubby each day and clean out prized possessions their children have put there to take home.

You must shield coat hooks at children’s eye level so children cannot accidentally run into them. You could mount a shelf with rounded corners above the coat hooks. The shelf could be a place for children to put their lunch boxes if no refrigeration is needed. An alternative method would be to divide the shelf into individual cubbies.

Remember your part-time children. They also need a space to hang their coats and put their things. You
might be able to dual-label some coat hooks if you have children who attend on a part-time basis. Staff also need to have a secure place where they can put their personal belongings. All staff purses or backpacks must be stored inaccessible to children.

Center’s Program Storage
Centers need adequate storage space for getting all equipment and supplies currently in use out of the way. This includes napping equipment.

Arrangement is important. Store materials close to where children are going to use them. This makes your staff’s job a lot easier. Examples of convenient storage areas include:

- On shelving or in cabinets above children’s reach in areas where children use materials (make clear to children which shelves are “theirs” and which are for staff use only)
- In closet space next to activity areas
- In low cabinets with childproof latches, and
- On shelving turned to the wall.

You may want to put shades or doors on storage areas. Not only will the room look neater, but children have less of a tendency to try to reach things they cannot see.

**Note**: Toys, clothing, and teaching materials must not be stored in bathrooms unless they are stored in a closed storage container. This is to prevent cross-contamination.

Storing supplies and equipment should not endanger children. Examples of safe storage include:

- Storing heavy materials on shelves broad enough, strong enough, and firmly secured to the wall to hold them safely (you should not store heavy objects up high in areas where they might topple on a child)
- Ensuring freestanding shelves are stable enough that children cannot easily topple them by securing shelving units to the wall or floor, and
- Securing to a wall or laying down folding tables, heavy platforms, or heavy boards (you should not lean unstable objects such as exercise equipment or heavy tables against a wall where children might knock them over).

**WAC 170-295-5150**

**Are there ventilation and temperature requirements for my facility?**

- You must maintain all rooms used by children at a temperature of:
  - Sixty-eight degrees Fahrenheit to 75 degrees Fahrenheit during winter months, and
  - Sixty-eight degrees Fahrenheit to 82 degrees Fahrenheit during the summer months.
- In addition, you must:
  - Equip the room or building with a mechanical air cooling system or equivalent when the inside temperature of child-occupied areas exceeds 82 degrees Fahrenheit. This includes, but is not limited to, swamp coolers, fans, air conditioners, or drip systems.
  - Not take children outdoors during extreme temperatures that put children at risk for physical harm.
When the weather is cold outside, the center’s heating system must be able to raise the room temperature to at least 68°F. You may not use portable heaters. Make sure it does not get too warm inside the center in the summer. When a room is too warm, it becomes uncomfortable. In the winter months the inside temperature of your center should not exceed 75°F. In the summer, temperatures up to 82°F are okay. If the temperature goes above 82°F, you need to have a way to cool off the room, such as an air conditioner, fan or swamp cooler.

During hot weather, you should either turn on the center’s air-conditioning or open windows to maximize air flow through the building. You can open doors if you are certain no one can leave or enter the center without permission. If you use fans, ensure they are secure, earthquake-proof, and inaccessible to the children.

All windows and doors that you keep open for increased air flow require screens.

Ceiling fans may be a good investment. They keep the air circulating. They draw cool air upward from the floor in the summer. They push warm air down from the ceiling in the winter.

If possible, air out classrooms, nap rooms and other common areas several times daily.

There are other things that you can do to help improve the air quality inside your center.

- Have walk-off mats both inside your entrances and outside the doors. These mats help get dirt and chemicals off the bottoms of people’s shoes before they enter your center.
- Prevent mold and moisture problems inside your center by getting water leaks fixed immediately, cleaning up spills quickly, drying any wet carpeting within 24 hours, and having good ventilation to the outside for your bathrooms and stovetops.
- Have proper ventilation. Good ventilation helps keep the air from feeling stuffy by helping to control the moisture and temperature. It is a good idea for your facility to have a properly functioning mechanical ventilation system, or open windows for a few minutes every day. Be sure the windows are not child accessible.

- Ceiling and wall vents and furnace flues are frequently subject to clogging, especially in bathrooms. When this happens, the air does not circulate properly, creating a health and comfort problem. Inspect your vents every few months, especially in the winter when the furnace runs regularly. Unscrew the grill, and wipe out or vacuum as needed. Regularly replace your furnace filters.

Avoid the use of chemical air fresheners such as sprays, plug-in type or solid products. For some people, these chemicals are irritating to the lungs and eyes and they may be an asthma trigger. It is best to control smells by thorough cleaning and proper sanitizing, increasing ventilation and disposing of diapers in containers with tight-fitting lids.

Parents, visitors and staff must not smoke on the premises, around or in view of children. Outdoor smoking areas must be off the premises. [WAC 170-295-6050]

Ensure that the fresh air intakes for the building are not located near outdoor smoking areas or areas with large amounts car exhaust, such as bus pick-up areas.

WAC 170-295-5160
What do I need to know about pesticides?

■ To use pesticides, you must comply with licensing requirements of chapter 17.21 RCW (The Pesticide Application Act) which requires you to:
  ■ Establish a policy on the use of pesticides that includes your posting and notification requirements
  ■ Provide to parents a written copy of your pesticide policies that includes your posting and notification requirements annually or upon enrollment.
  ■ Notify parents, guardians, and any other interested parties 48 hours in advance of the application of pesticides, and
Require the pesticide applicator to provide a copy of the records required within 24 hours of when the pesticide is applied.

Your notification must include a heading stating “Notice: Pesticide Application” and at a minimum must state the:
- Product name of the pesticide being used
- Intended date and time of application
- Location where the pesticide will be applied
- Pest to be controlled, and
- Name and number of a contact person at the facility.

To notify people that a pesticide has been used, you must place a marker at each primary point of entry to the center grounds. The marker must be:
- A minimum of four inches by five inches
- Printed in colors contrasting to the background, and
- Left in place for at least 24 hours following the pesticide application or longer if a longer restricted period is stated on the label.

The marker must include:
- A headline that states “This landscape has recently been sprayed or treated with pesticides”
- Who has treated the landscape, and
- Whom to call for more information.

You are required to have a written pesticide policy (whether you use pesticides or not) and to provide parents with a written copy. Most child care centers do not intend to use pesticides. However, in the event that pesticides are needed, you must have a policy in place. The Seattle/King County Public Health Child Care Team has developed a model Pesticide Policy that you can use as you develop your own. It can be found at http://www.metrokc.gov/health/childcare/mhp/index.htm. You may also contact your licensor or DEL health specialist for assistance.

Most centers attempt to use the least amount of chemicals to control pests in order to provide the healthiest environment possible for the children. It is best to prevent a pest infestation at your child care center by:

- Taking out trash daily or more often as needed
- Cleaning trash cans regularly
- Keeping trash cans or dumpsters covered and away from the building
- Keeping grounds clear of food and rubbish
- Storing food 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
- Preventing pest entry into facility by sealing cracks and holes, using and repairing window screens and door sweeps
- Moisture control by maintaining plumbing and water drainage systems
- Mechanically managing weeds, and
- Planting native vegetation that is non-toxic.

Some examples of pesticides include ant poisons, wasp sprays, weed and feed lawn chemicals, bug bombs and certain lice products. Consider alternatives to chemicals before you apply pesticides. Pulling weeds by hand, removing sources of food for ants or roaches, and finding ways to prevent pests from entering the center can all be ways of ridding yourself of pests without using pesticides.

If you must use a pesticide, always read the entire label of the pesticide before using, or hire a certified pest control operator. Keep children away from weeds or other areas you sprayed with pesticides. Not only do you need to worry about the pesticides used outside, but also those that you use inside the center. If extermination inside the center is necessary, it is recommended that you hire a certified pest control operator to do the work for you. Whenever you exterminate pests in the center, remove all bedding first, air out the center with fans afterwards, and keep all children off treated surfaces for at least 24 hours. Do not use rat bait or roach motels where children can reach them. If you give a pet a flea dip, keep children away from the pet for at least a few hours.
WAC 170-295-5170
Can we have animals at the center?

When animals are on the center premises you must:

- Notify the parents in writing that animals are on the premises and the potential health risks associated with the animals to include how to address the needs of children having allergies to animals.
- Have a signed document from each parent stating they understand the potential health risks.
- Not hang pet containers or cages in corridors, entryways or over where children eat, sleep, and play.
- Post handwashing signs in areas where pets are housed.
- Have containers or cages to prevent debris from spilling out of the container or cage. The container or cage must not be located in corridors, entrance ways, or where children eat, sleep, or play.
- Assign responsible staff to ensure pet containers, cages, and litter boxes are cleaned and disinfected at least weekly and more often if needed.
- Not allow animals in food preparation areas. If the sink is used for cleaning food or utensils it cannot be used to clean pet supplies.
- Not allow animals in rooms that typically are used by infants or toddlers.
- Keep on file proof of current rabies vaccinations for all dogs and cats.
- Meet local requirements in counties with immunization, vaccination and licensing requirements for animals.
- Organize children into small groups for supervised activity for handling of pets.

You must develop policies and procedures for management of pets to include:

- How the needs of children who have allergies to pets will be accommodated
- How pet containers, cages, litter boxes will be cleaned and sanitized and who will do it
- How pets will receive food and water, and be kept clean and who will do it, and
- Curricula for teaching children and staff about safety and hygiene when handling pets.
- Pets (excluding aquatic animals) showing signs of illness must be removed from the facility until they have been seen, treated and given approval to return to the center by a veterinarian. Written proof of veterinary visits must be maintained on file.
- Reptiles and amphibians must be in an aquarium or other totally self-contained area except during educational activities involving the reptile. Children five years of age or less must not physically handle reptiles and amphibians.
- Animals with a history of biting or other aggressive behaviors must not be on the premises of the child care center.
- You must ensure children wash their hands after handling animals.

If you choose to have animals, fish, or other pets at your center, you must inform parents of the presence of the animals and the potential health risks associated with the pets. Some children are allergic to certain animals or have fears about them. You must have on file a signed statement from parents stating they understand these risks.

There are some restrictions that apply to certain pets. For example, dogs and cats require de-worming and shots. A veterinarian should check birds, especially those in the parrot family, to ensure they do not carry a disease called psittacosis. Keep your veterinary records on file for review by your licensor. Be aware that reptiles and amphibians such as turtles, snakes and lizards can carry salmonella, a bacterium that can cause a serious diarrhea disease in humans, with more severe illness and complications in children. The Centers for Disease Control (CDC) strongly recommends against having reptiles in child care facilities. The CDC also recommends against children under 5 years of age or persons with impaired immune systems having any contact at all with reptiles.
Best Practice: The Humane Society, The Society for the Prevention of Cruelty to Animals or a pet shop owner can help you choose animals for your center. They can also tell you how to care for the animal properly. Do not have reptiles, amphibians, or birds of the parrot family (parrots, cockatiels, parakeets) as pets in your center.

Supervise children closely when they play with pets to ensure the safety of both children and animals. Keep children from touching animal waste. Clean up animal waste promptly and dispose of it properly. When cleaning aquariums, you should pour the dirty water into a utility sink or down the toilet (not in handwashing or food preparation sinks). The risk of contamination is too high. Children and staff should wash their hands immediately after handling an animal's equipment. Post handwashing reminders near the areas where the animals are kept.

You must cover outdoor sandboxes when children are not using them so that your pets and other animals in the neighborhood do not use them as litter boxes.

Animals and pets in the center can teach children about such values as kindness, caring, respect, and responsibility. Choose pets carefully by considering the following:

- Ages of children in care (animals may not be kept in rooms typically used by infants and toddlers)
- The vulnerable children in your care
- General hardiness, temperament, habits and space requirements of the animal
- Staff’s willingness to tend to feeding, cleaning up after, and exercising the animal during periods children are not present
- Necessity to leave the building heat on when the center is not open, and
- Areas where pets may be located.

A sample Animals on Premises Policy can be found in Appendix C for you to use as a guide in developing your own policy.

Some centers choose to have fish in the classrooms instead of animals or pets. You must ensure the tanks are secured and earthquake-proof. Parents are also required to sign and document that they are aware that fish are in the center or classroom and that they understand any risks. A handwashing poster must be displayed near the tank.

A sample Fish Policy can be found in Appendix D for your convenience.
Enhancing your program atmosphere

Lighting
Children's classrooms, hallways, and stairways should have sufficient light to give the environment a warm, inviting feel. A single overhead light in a large classroom might not be enough to light the corners of the room. If the light is too dim in some areas to read comfortably, find ways to increase the amount of light. Possible solutions include:

- Use higher-wattage bulbs in the fixtures
- Switch from regular light bulbs to fluorescent, screw-in tubes or rewire the outlet for fluorescent fixtures, and
- Supplement existing lighting with lamps or track lights.

Lights should be on in any room children occupy. This is not necessary when the day is sunny and there is enough window area in the room that turning off the lights makes no visible difference.

The best source of light is sunlight. Granted, you often have no control over the amount of window space in your center. If you are designing your own center, however, consider double-pane skylights, windows with low sills, and doors with glass panels.

Not only do windows let in light, but also children love to be able to see out. If your window sills are high, consider having at least one place in the room where children can step on a platform to see outside. Make sure all windows at child height have a decal, picture, or other decoration so children know it is glass and not open space.

If some rooms in your center do not have much natural light, consider replacing regular light bulbs and fluorescent tubes with sunlight-filtered bulbs. They are more expensive, but they give off a warm, soothing light.

Note: Some children are sensitive to the flickering effect of fluorescent lights. In extreme cases, fluorescent lighting can cause seizures.

Noise Level
Active children will make a certain amount of noise. To decide whether the environment is too noisy, ask yourself if staff and children are able to carry on normal conversations without raising their voices to be heard.

The best way to get children to use quieter voices is for you to use a quieter voice. Yelling at a child across the room only serves to:

- Draw the other children’s attention to the problem
- Increase the noise level in the room even more, and
- Serve as a poor model for the children.

Using a soft voice sets a respectful and calm tone for the room. Background music can be soothing for children during activity periods, lunch, or rest time. However, keep the volume down so that it does not interfere with normal conversation. Turn the music off once the children are asleep at nap time.

You might want to designate a specific listening corner. You could set up a place where children can listen to music or story tapes with headphones.

Do not play music constantly. Children need times of quiet and silence throughout the day.

Think about whether the music you are playing is appropriate for the age group in care. Some Top 40 tunes may be appropriate for older school-aged children, but not for toddlers. It is important to listen to the lyrics and content to make sure they are appropriate for your center.

Decorations
Posters, drawings, and photographs at a child’s eye level help create a child-oriented environment. How you design and decorate your center is not just a matter of knowing about developmentally appropria-
ate materials, it is also a matter of personal taste. Soft curtains around windows, a big easy chair, a reading loft, a colorful display of seashells or fresh flowers on a table may help create the overall tone you want to set. In a room with high ceilings, a soft band of color running along the wall four or five feet above the floor can scale down the focus to a child's level. Track lights can make certain areas of the room more appealing.

In choosing wall decorations, pay attention to pictures that show people from a variety of cultures in diverse settings. Images do not need to be cute or cartoon-like to be child-appropriate. You will want to display many items of children's works of art and other creations. Have the majority of posted materials in the classroom reflect the current curriculum activities and the children in the group.

- Use picture frames and adhere the frames to the walls with nails, 'earthquake hold', or non-toxic museum putty (also available are clear plastic wall-mountable frames in which you can easily slip things in and out)
- Use sheet metal (large or small sheets), frame it, nail it to the wall, and use large magnets to post art, photos, or items
- Use plastic lattice, nail it to the wall, and use colorful clothespins to affix items to the lattice
- For names on cubbies use little metal labels nailed to the cubbies that allow you to slip in a paper label so you can readily change it (you can also make these out of wood)
- Use felt material on the backs of shelving to use as a flannel board (laminate or contact paper an item like a picture and use Velcro to adhere it to the flannel board)
- Use color to help guide children by painting things on walls
- If you re-tile your floor, color code your tiles for designated areas
- Use small trays or placemats the children have created (laminated) to designate where they sit at tables instead of using contact paper, and
- Use carpet squares rather than tape or contact paper on carpet or other floor surfaces at circle time.

Try crawling around your environment on your knees to get a sense of what it looks like to the children. Is it colorful? Are things displayed at an appropriate level? Is furniture the right size? Is it pleasing to the parents and staff as well as the children in care?

Note: Display pictures and posters of real people rather than cartoon-like images or caricatures. Be sure pictures accurately reflect different cultural and ethnic groups as well as different genders, abilities, family structures, and ages.
What are the regulations regarding discrimination?

Child care centers are defined by state and federal law as places of public accommodation and must not discriminate in employment practices and client services on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, class, age, religion, or disability.

You must:
- Post a nondiscrimination poster where families and staff can easily read it
- Have a written nondiscrimination policy, and
- Comply with the requirements of the Americans with Disabilities Act.

Respecting individual rights and personal beliefs

Non-Discrimination

Chapter 49.60 of the Revised Code of Washington (RCW) describes the rules and procedures for the state Human Rights Commission. In part, it states:

“The right to be free from discrimination because of race, creed, color, national origin, sex, sexual orientation (including gender identity), or the presence of any sensory, mental or physical disability or the use of a trained dog guide or service animal by a disabled person is recognized as and declared to be a civil right. This right shall include, but not be limited to: (a) The right to obtain and hold employment without discrimination; (b) The right to the full enjoyment of any of the accommodations, advantages, facilities, or privileges of any place of public resort, accommodation, assemblage, or amusement.”

This applies to child care centers. Contact your licensor for a copy of the Department of Early Learning Non-Discrimination poster.

Children with Special Needs

The Americans with Disabilities Act (ADA) is a federal law, enacted in 1990, that guarantees that children with disabilities cannot be excluded from “public accommodations” simply because of a disability. “Public accommodations” include child care programs. The law requires all centers to make reasonable efforts to:
- Serve disabled children
- Care for children with special needs in the main group, and
- Provide training resources for staff.

You cannot deny a child a place in your center because of a sensory, mental or physical disability if the center has equipment and staff to meet the child’s needs. In practice, staff skills may need to be higher, staff to child ratios may need to be lower and program supervision may need to be greater when you enroll children with special needs. All the children in your program, however, will benefit from including children with special needs. Inclusion contributes to acceptance, improved socialization, and understanding of individual differences.

The importance you place on treating all people fairly sets an example for the children in your care. What you say, the way you say it, the way you act and even your choice of books and other materials can encourage children to think positively about themselves and other people.

Note: You must include your center’s non-discrimination policy in the parent handbook you give to parents when they enroll their child.

An example of a Non-Discrimination Policy is included on the next page for you to use as you set up your policy.
What are the regulations regarding religious activities?

You must:

- Respect and facilitate the rights of the child in care to observe the tenets of the child’s faith, consistent with state and federal laws
- Not punish or discourage the child for exercising these rights, and
- Maintain a written description of the center’s religious policies and practices that affect the child in care.

Recognizing people’s religious beliefs

The written material you give parents must contain your center’s policy and procedures about religious and holiday activities. Your program’s religious content is very important to parents who are deciding whether they want to enroll their child in your program.

If your center shares space with a church, parents may wonder if your program also includes religious instruction. If your center is not a religious program, be sure to make the separation clear in your parent handbook.
Let parents know what holidays you celebrate at your center or other special celebrations you have the children participate in. Let them know what activities you include in the celebrations.

WAC 170-295-6030
What are the special requirements regarding American Indian children?

When five percent or more of the center’s child enrollment consists of American Indian children, you must develop social service resource and staff training programs designed to meet the special needs of such children through coordination with tribal, Indian health service, and Bureau of Indian Affairs social service staff, and appropriate urban Indian and Alaska native consultants.

If you have more than five percent Native American children enrolled at your center, you must provide staff training and have resources available. Your licensor can provide you with more information for meeting this requirement.

WAC 170-295-6040
What are the requirements regarding child abuse and neglect?

- You and your staff must protect the child in care from child abuse, neglect, or exploitation, as required under chapter 26.44 RCW.
- You must immediately report an instance when you or the staff have reason to suspect that child physical, sexual, or emotional abuse, child neglect, or child exploitation as defined in chapter 26.44 RCW has occurred. This report must be made to Child Protective Services.
- If there is immediate danger to a child you must also make a report to local law enforcement.

The Regulations
You must report suspected child abuse, neglect or exploitation to Child Protective Services (CPS) or your local law enforcement agency immediately. If the suspected child abuse or neglect involves you or your staff, you must also inform your licensor.

Chapter 26.44 of the RCW describes the rules and procedures for dealing with the abuse of children, adult dependents or persons with developmental disabilities. In part, it states:

“When any licensed or certified child care provider or their employee has reasonable cause to believe that a child... has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 26.44.040.”

The RCW further specifies:
- What possible actions CPS may take following a report
- That you are immune from any civil or criminal liabilities if you report a case of suspected child abuse in good faith
That, as part of a suspected abuse investigation, CPS has the right to interview the child in your center and look at any of your files, and

That you can be charged with a gross misdemeanor or if you do NOT report a suspected case of child abuse, neglect, or exploitation.

Definitions of Abuse and Neglect:
- Inflicting physical injury on a child by other than accidental means, causing death, disfigurement, skin bruising, impairment of physical or emotional health or loss or impairment of any bodily function
- Creating a substantial risk of physical harm to a child's bodily functioning
- Committing or allowing to be committed any sexual offense against a child as defined in the criminal code, or intentionally touching, either directly or through clothing, the genitals, anus or breasts of a child for other than hygiene or child care purposes
- Committing acts which are cruel or inhumane, regardless of observable injury (such acts may include, but are not limited to, instances of extreme discipline demonstrating a disregard for a child's pain and/or mental suffering)
- Assaulting or criminally mistreating a child as defined by the criminal code
- Failing to provide food, shelter, clothing, supervision or health care necessary to a child's health or safety,
- Engaging in actions or omissions resulting in injury to, or creating a substantial risk to, the physical or mental health or development of a child, and
- Failing to take reasonable steps to prevent the occurrence of the above.

Not all acts of abuse involve physical harm to a child. Mental cruelty, threats, and failure to adequately supervise children are also types of child abuse or neglect.

If You Suspect a Child Is a Victim of Abuse or Neglect
You are in a unique position to recognize abusive situations in the early stages and to take actions that can end the abuse of children. You must contact CPS if you even suspect that certain injuries or bruises may not be accidental. You must contact CPS if you see signs of emotional or sexual abuse or physical neglect. Even if you have made a report to CPS about a particular child earlier, you must report each new injury or incident. The phone number for CPS should be among the emergency numbers posted by each telephone in your center.

In most circumstances you should not inform parents you are making a CPS report. However, you must inform parents in your parent policy handbook that you are a mandated reporter and that you will report any suspicion of child abuse, neglect, or exploitation. Do not attempt to interview the child or to manage the situation yourself. Both interviewing and investigating are the responsibility of CPS. The pamphlet, “Protecting the Abused and Neglected Child” DSHS 22-163(X)” outlines indicators of physical abuse and neglect, emotional abuse and neglect, and sexual abuse. Your licensor can supply you with a copy of the pamphlet which offers more detailed information.

Calling CPS does not mean CPS will actually investigate the family. A trained intake worker screens incoming calls to determine if the case requires further investigation. This intake worker can also answer any questions you have about how to respond to a certain situation. Their response is both child-focused and family-oriented. Their purpose is to safeguard the child while helping ease the circumstances and behavior patterns causing the abusive situation.

If CPS conducts an investigation you must be cooperative. CPS personnel have the right to interview children in your center, with or without you or the parents present.
If You or Someone Working for You Is Reported to CPS for Suspected Child Abuse

Sometimes parents or community members report caregivers to CPS. They may be responding to something they have seen or something children have told them. The Division of Licensed Resources (DLR) is the section of Child Protective Services that investigates alleged child abuse or neglect incidents in licensed child care facilities. This safeguards not only the children but the good name of your center as well.

Depending on the circumstances, an employee may be able to continue working under supervision during an investigation. Or the DLR/CPS investigator or your licensor may have the employee remain off the premises until further into the investigation. Your licensor will let you know if an employee is disqualified due to a founded CPS investigation.

If you are the one under investigation, DLR/CPS may require you to take a leave of absence or suspend care until the investigation is complete. If you have direct evidence that your employee did something which endangers the children or violates the conditions of your license (see WAC 170-295-0070), you must dismiss the employee. You must, however, follow your center’s policies and procedures for terminating any staff person’s employment. For your own legal protection, do not fire or suspend an employee simply because DLR/CPS is investigating them.

You do not need to inform the parents that your facility is being investigated, but be aware that rumors do spread. When the investigation is complete, you may want to tell the parents about the investigation. Inform them what steps, if any, you have taken as a result of the incident. You must not mention the specific names of the children or staff involved in the investigation.

**Note:** Make sure you have policies and practices in place to prevent child abuse or neglect:
- Advise your staff to be aware of appearances in how they touch children or play with them
- Be sure that your staff understand your behavior management and guidance policies, and use them appropriately
- Post your self-reporting procedure so it is accessible to staff when they need it
- Provide CPS training annually and to newly hired staff (required by licensing), and
- Arrange schedules and staff supervision so no staff member is routinely alone with the children for long periods of time.

### WAC 170-295-6050

**What substances are prohibited in child care center or on the premises?**

- You, your staff, parents, and volunteers must not be under the influence of, consume, or possess an alcoholic beverage or illegal drug while on the child care premises or during work hours while you are responsible for children in care.
- You, your staff, parents, and volunteers must not smoke:
  - Inside the center building
  - While supervising children outdoors
  - In a motor vehicle while transporting children.
- You, your staff, parents, and volunteers may smoke outdoors, off the premises and out of view of the children.
Prohibited substances

Alcohol and Illegal Drugs
Center personnel cannot be under the influence of alcohol or illegal drugs while on the job. That means they cannot consume these substances at work or before coming to work. Use of illegal drugs and excessive use of alcohol can lead to termination of employment and possible loss of license.

There may be occasions where a parent or other appointed person who picks up a child appears to have been drinking or using drugs. Make sure you have included a written policy in your parent communication handbook regarding your procedures if a drinking situation involving an adult picking up a child occurs. Here are some steps for you to take for the child's safety and your own:

- Ask for permission to call their spouse or partner
- Ask for permission to call a backup person on the authorized pick-up list, or
- Volunteer to call a cab or give directions to a bus stop.

If the person leaves with the child and you fear for the child's safety, you must call law enforcement and CPS. You may lose a customer, but you may also prevent a tragedy.

Cigarettes
Smoking is inappropriate in a child care setting. It not only can injure the children through second hand smoke, it serves as a poor model for their own future behavior. Neither center personnel nor parents may smoke inside or outside, on center premises, or in a vehicle transporting children at any time. If staff members wish to smoke, they must do so away from children and the building, off the premises. Staff who smoke must do so where the children cannot see them. Strongly encourage staff or volunteers who smoke to wear a jacket or other covering and leave the jacket outside or in a staff locker before entering the center. Often, persons who smoke have a strong smoking odor which can be offensive and trigger allergies or asthma in sensitive people.

WAC 170-295-6060
Who is allowed to have unsupervised access to children in care?
During operating hours or while the child is in care, the only persons allowed to have regular or unsupervised access to the child in care are:

- The child’s parent
- You
- An employee or volunteer who has received a Washington State Patrol background check clearance, and
- A representative of a governmental agency who has specific, verifiable authority supported by documentation for the access.

You must not allow anyone else unsupervised access to a child in care. A parent can only have unsupervised access to his or her own child unless the parent signs an authorization for an individual to have unsupervised access to their own child. (For example, a therapist.)

Limited to Persons on Premises
In the current climate of high concern about child abuse, caregivers must be both watchful and sensitive. You must carefully control who has access to children. Persons who do not have official business at the center should not have regular or unsupervised access to children. Make it a policy for staff to question any adult they see in the facility or on the playground who they do not recognize. Remember when on field trips away from the center to make sure that children are always under supervision. This includes restrooms, locker rooms, and other areas where persons unknown to you might have access to the child in your care.

Parents have a right to be in the center any time they choose and to visit any part of the center their child uses. Staff must not, however, leave them alone unsupervised with children other than their own.

Staff should be especially careful about whom they let sign out a child. Parents can indicate the persons they authorize to pick up their child on:
The enrollment form,
The sign-in/sign-out sheet, or
By telephone or written signed note.

Be sure to ask to see a photo ID if you do not know the person picking up a child. Even if the person has to go back out to their car to get an ID, they and the parents will appreciate your commitment to keeping children safe.

A parent or guardian involved in a custody dispute may want to prevent the other parent from visiting or picking up the child. In this case, the person making the request must supply the center with a copy of a current court-issued restraining order. Maintain open communication about the status, keep the restraining order on file at the center, and advise all personnel of the order. Call law enforcement immediately if there is a problem.

If you have no proof a person is authorized to pick up a child, DO NOT release the child. Try to contact the parents by phone or call one of the backup people on the authorized list. You may never release a child to an unauthorized person.

**Note:** Parents should tell you and their child when someone other than the regular person will pick up the child. Request that parents give you advance notice when someone else will be picking up the child, even if the person is already on the authorized pick-up list. Staff and children will then know who to expect. Develop a system to update parent information on a regular basis.
What information must be kept in the child’s individual file?

- You must keep current organized confidential records and information about each child in care on the premises. You must make sure that each child’s record contains, at a minimum:
  - Completed enrollment application signed by the parent
  - Name, birth date, dates of enrollment and termination, and other identifying information
  - Name, address, and home and business telephone number of the parent and other persons to be contacted in case of an emergency
  - Health history
  - Individual plan of care when needed for chronic health conditions and life threatening medical conditions
  - Written consent from the parent for you to seek and approve medical care in an emergency situation, a court order waiving the right of informed consent, or parent’s alternate plans for emergency medical and surgical care if the parent cannot be reached
  - Information on how to contact the parents, especially in emergencies
  - Instructions from parent or health care providers related to medications, specific food or feeding requirements, allergies, treatments, and special equipment or health care needs if necessary
  - Written records of any illness or injury that occurs during child care hours and the treatment provided
  - Written records of any medications given while the child is at child care, and

- You must include the following authorizations in each child’s record:
  - Name, address, and telephone number of the persons authorized to remove the child from the center
  - Written parental consent for transportation to and from school, and
  - Written parental consent for transportation provided by the center to and from field trips, including field trip location, date of trip, departure and arrival times and any other additional information the parent may need to be advised of.

- You can use any health history form you choose as long as it includes:
  - The date of the child’s last physical exam or the date the child was last seen by a health care provider for reasons other than immunizations
  - Allergies, expected symptoms, and method of treatment if necessary
  - Health and developmental concerns or issues
  - Any life threatening medical condition that requires an individual health plan
  - A list of current medications used by the child
  - Name, address and phone number of the child’s health care provider, and
  - Name, address and phone number of the child’s dentist, if the child has a dentist.

- The individual records, including the certificate of immunization status, must be kept on the premises:
  - For each child currently in care, and
  - For one year after the child leaves your care.

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Center records

Child Records and Information

You must keep on the premises organized records of the children enrolled in your center. Each child’s records must be readily available to the director or in the director’s absence, the staff person in charge. The records must be easily accessible in case of an emergency, but must also be kept in an area of the center where they are not accessible to parents or visitors to the center. All child records should be treated as confidential. It is easiest to keep a separate file for each enrolled child and keep all of that child’s records and forms in the file. These must include:

- A registration form (or enrollment application)
- A health history, including date of last physical exam
- An immunization form (state CIS form is required)
Authorization forms for transportation and field trips
Authorization for emergency medical care (medical consent form), and
Names, telephone numbers, and addresses for those persons authorized to take the child from the center.

It is important that all required forms and paperwork are completed before the child enters your program.

You are required to file written Medication Authorization forms and Accident/Incident reports in each child’s file. This lets you see at a glance whether a particular child has a pattern of frequent accidents or illnesses.

Some records must travel with children when they leave the premises, for example, emergency medical consent forms. You might want to have parents sign two emergency medical consent forms when they enroll their child, one on a full-sized sheet of paper to be kept on file at the center, and one on an index card to be carried along with the child when he or she is away from the center. The index card can also contain other information you want to have available if there is an emergency, such as:

- Parents’ work numbers
- Emergency contact information
- Doctor and dentist information
- Important facts from the child’s medical history, such as allergies, medicines to which the child is allergic, and serious illnesses.

You are also required to keep written documentation that you have informed parents of their child’s individual progress (WAC 170-295-2080) in each child’s file. This may include a signed statement that parents have received written observations or assessments about their child, reviewed a child’s portfolio, or attended a parent-teacher conference.

How Long Should You Keep Records?
It is important to keep past records and documents for your benefit as well as to meet licensing requirements. The following WACs tell you how long you need to keep specific records:

- Snack menus (WAC 170-295-3160) must be kept on file for at least six months
- Attendance records and DSHS invoices (WAC 170-295-7030) for children receiving subsidy must be kept on file for 5 years
- Children’s files and immunization records (WAC 170-295-7010) must be kept on-site for one year after the child leaves the program
- Fire drill records (WAC 170-295-5030) must be kept on file for the current year plus the previous calendar year, and
- Daily schedules and lesson plans (WAC 170-295-2010) must be kept for six months.

Be sure to check with your accountant or tax advisor regarding other records they may want you to keep (for example they may want you to keep attendance, meal records, or business documents for several years).

You may also need to keep records from other agencies such as your food program or Labor and Industries. Please check with the agencies directly regarding their requirements.

In the long run, documentation is for your protection and to help you plan and run your program, not just to satisfy licensing requirements.
Am I required to track immunizations?

- You must track each child’s immunization status. To be sure that the children have the required immunizations for their age, you or your staff must:
  - See that each child has a completed certificate of immunization status form submitted or on file before the first day of child care.
  - Develop a system to audit and update as scheduled the information on the certificate of immunization status forms.
  - Meet any requirement of the Department of Health WAC 246-100-166.
  - Have available on the premises the certificate of immunization status forms for review by the health specialist, licensor, the Department of Health, and nurse consultant.
- You may accept a child whose immunizations are started but not up to date on a “conditional” basis if:
  - For children whose records are difficult to obtain (such as foster children), there is written proof that the case worker or health care provider is in the process of obtaining the child’s immunization status prior to the child starting child care, or
  - The required immunizations are started prior to children starting child care, and
  - The immunizations are completed as rapidly as medically possible. You must work with the parent, health care provider, or local health department to obtain an immunization plan.
- If a parent or health care provider chooses not to immunize a child, they must sign the exempt portion of the certificate of immunization status form.
- You may have a policy that states you do not accept children who have been exempted from immunizations by their parent or guardian, unless that exemption is due to an illness protected by the American with Disabilities Act (ADA).
- The certificate of immunization status forms for children who are currently enrolled must be accessible and maintained on the premises in a confidential manner.

Certificate of Immunization (CIS) forms are required to be kept on file, either in each child’s file or a notebook that incorporates a tracking system for immunizations. You must develop a system that allows you to regularly update the immunization forms. Especially encourage parents of infants and toddlers to bring you updated information, because the majority of the immunizations are given to children between birth and two years old.

Only the state Certificate of Immunization (CIS) form meets licensing requirements. If a parent brings in a record of their child’s immunizations on a doctor’s form, you must ask them to copy it onto the required CIS form, DOH 348-013 (x), revised January 2006. You can download a copy of the CIS form at www.del.wa.gov/ccel/forms.shtml. You can make copies of the immunization form (you don’t need to have each parent fill out an original form). If you do make copies, remember to copy both sides.

The Washington State Department of Health (DOH) requires centers to report the number of immunization records that are current each year. DOH will send you a form in early October, requesting that this information be returned to them by November 1.

What type of attendance records do I have to keep?

- You must keep daily attendance records.
- The parent or other person authorized by the parent to take the child to or from the center must sign in the child on arrival and sign out the child at departure, using their full legal signature and writing the time of arrival and departure.
- When the child leaves the center to attend school or participate in off-site activities as authorized by the parent, you or your staff must sign out the child and sign in the child on return to the center.
- Attendance records and invoices for state paid children must be kept on the premises for at least five years after the child leaves your care.
WAC 170-295-7040
Am I required to keep licensing information available on site for parents to review?

You must keep a file on-site containing the following licensing information:
- Copies of the child care center’s most recent checklists for licensing renewal and facility licensing compliance agreement for any deficiencies noted, and
- Copies of the child care center’s most recent monitoring checklist and facility licensing compliance agreement for any deficiencies noted.

WAC 170-295-7050
What personnel records and policies must I have?

- Each employee and volunteer who has regular or unsupervised access to a child in care must complete the following forms on or before their date of hire:
  - An application for employment on a form prescribed by us, or on a comparable form approved by the department, and
  - A criminal history and background inquiry form.

- You must submit the criminal history and background inquiry form to DEL within seven calendar days of the employee’s first day of work. The form authorizes a criminal history background inquiry for that person.

- Until the criminal background inquiry results are returned and show the employee not to be disqualified, you must not leave the employee unsupervised with the children.

- We discuss the information on the criminal history background inquiry form with you, the director, or other person responsible for the operation of the center, such as a human resource professional, if applicable.

- If you employ five or more people you must have written personnel policies. These policies must describe staff benefits, if any, and duties and qualifications of staff.

- You must maintain a system of record keeping for personnel. In addition to the other requirements in this chapter, you must keep the following information on file on the premises for yourself, each staff person and volunteer:
  - An employment application, including work and education history
  - Documentation that a criminal history and background inquiry form was submitted
  - Written documentation of trainings and meetings such as but not limited to:
    - Orientation
    - On-going trainings
    - Bloodborne Pathogen training (including HIV/AIDS)
    - CPR/First Aid
    - Food handler’s cards (if applicable)
    - STARS
    - Staff meetings, and
    - Child abuse and neglect.

- You must keep the following information on file for the owner of the facility:
  - If the center is solely owned you:
    - A photocopy of your Social Security card that is valid for employment or verification of your employer identification number (EIN), and
    - A photocopy of your photo identification issued by a government entity.

- Training documentation must include a certificate, card, or form with a copy placed in each individual employee’s file that contains the:
  - Topic presented
  - Number of clock hours
  - Date and names of persons attending, and
  - Signature and organization of the person conducting the training.
**Personnel Policies and Records**

It is very important that you keep staff files up to date with the required information. A good idea is to staple a list of the required items inside the cover of each staff file, so you can check off each item as you place it in the file. That way you can easily see if a staff person is missing an item. An example of a Staff File Checklist is provided below.

---

**Staff File Checklist**  
(Information required for licensing)

<table>
<thead>
<tr>
<th>Staff Name</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
</table>

- Application
- TB Test (must be in file before first day of employment)
- Copy of Background Authorization Form (original sent to DEL within 7 days of hire)
- Fingerprint Card submitted (if applicant has lived outside of WA State within the past three years)
- Program Orientation
- HIV/AIDS/Bloodborne Pathogen training
- CPR Documentation (expires ________________)
- First Aid Certificate (expires ________________)
- STARS 20 hour Basic certificate (or exemption letter)
- STARS 10 hours of continuing education hours  
  Year ___________ Year ___________ Year ___________
- Food Handler Card or Annual Food Handling and Safety training (date ________________)
- Annual Bloodborne Pathogen training (date ________________)

**Owner/Director’s file only:**
- Copy of Photo ID
- Copy of Social Security card (if sole owner), or
- Verification of Employer Identification Number (EIN)

- Other
- Other
- Other
You must make a copy of the Criminal History/Background Authorization form before you mail it and place it in the staff or volunteer file. You may want to write the date it was sent, as evidence it was submitted. You must also put in the file the ‘Cleared’ letter that you receive, which states that the person may work unsupervised with children. Remember that all staff must work supervised until the ‘Cleared’ letter is received.

- Both CPR and First Aid classes must have a hands-on component that meets the national Occupational Safety and Health Administration (OSHA) standards. On-line First Aid and CPR classes do not meet licensing requirements.
- At least one person on-site must have a Washington State Food Handler’s permit. Anyone cooking full meals must have a permit as well. In addition, all staff must receive orientation and on-going training on food safety and food handling. This training must be documented. The written documentation (a certificate or list of staff attending the training) can be kept in each staff’s file or in a separate file on Food Handling training. The licensor will request to see this documentation.
- Documentation of TB tests should be in a new employee’s file on the first day of employment (WAC 170-295-1120).
- HIV/AIDS/Bloodborne Pathogen is required for all staff (WAC 170-295-1110). The training must be taken from a certified trainer or organization and the training certificate kept in the staff file. This can be an on-line class, but the training must state that it covers HIV/AIDS/Bloodborne Pathogens. A staff person needs to take this HIV/AIDS/Bloodborne Pathogen training only once to meet licensing requirements.
- Labor and Industries requires all staff to take a Bloodborne Pathogen training annually. Staff should receive this annual training by a center staff person who has taken the HIV/AIDS/Bloodborne Pathogen certified training and who is familiar with your center’s Bloodborne Pathogen plan and practices. If a staff person takes an outside Bloodborne Pathogen class, they must still be trained on your center’s Bloodborne Pathogen plan and practices. Check with your licensor or DEL health specialist for a sample Bloodborne Pathogen plan.
- You are required to keep the director’s, program supervisor’s and lead teachers’ 20 hour Basic STARS training certificate (or Educational Exemption letter) in their files. In addition, you must keep documentation of their 10 hours of annual STARS training for each year they have been employed (starting the calendar year after they took the Basic STARS training or received their Education Exemption letter).

**WAC 170-295-7060**

**What injuries and illnesses or child abuse and neglect must I report?**

You or your staff must report immediately:

- A death or a serious injury or illness that requires medical treatment or hospitalization of a child in care, by telephone and in writing to the parent, licensor, and child’s social worker, if the child has a social worker.
- Any instance when you or your staff have reason to suspect the occurrence of any physical, sexual, or emotional child abuse or child neglect, child endangerment, or child exploitation as required under described in chapter 26.44 RCW. You may make a report by calling the statewide number at 1-800-562-5624 or 1-866-Endharm; and
- An occurrence of food poisoning or reportable communicable disease, as required by the state board of health to the local public health department and to the licensor, by telephone.
Reporting Illnesses

Certain illnesses and parasites are contagious enough or serious enough that your local health department will need to be involved if there is an outbreak or epidemic. The local health department and your DEL health specialist can provide you with valuable information to limit the spread of the illness and to protect your staff, other children, and the community from further outbreak.

Illnesses must be reported when there has been an outbreak of a particular illness at your center. This might mean when there have been three or more cases within a short period of time (but it can vary depending upon the illness). You should call your DEL health specialist or local health consultant so they can determine how extensive the outbreak is in your community. Examples of illnesses that fall in this category are the flu, mononucleosis, conjunctivitis, and pneumonia.

Any reportable communicable or infectious disease must be reported to your local health department, your public health nurse, and your licensor. Communicable diseases are listed in your Health Policy.

Reporting Injuries

Injuries must be reported to the parent of the child who is injured. Serious injuries that require an emergency room, hospital, or doctor’s visit must also be reported to your licensor. The WAC states you must report the incident to your licensor immediately. This might be after the child’s parents have been notified, the child has received medical care, and your heartbeat is back to normal! Reports to your licensor should be made within 24 hours at the latest.

A child’s parents will be understandably concerned if their child comes home with bite marks, scratches, or bruises that appear to have been inflicted by another child. They will be more concerned if a staff member has not talked to them about the incident or no one seems to know where the marks came from.

Note: For each incident involving a bite mark, scratch, bruise, or bump, make sure the parents know:
- When and how the injury occurred
- How the staff responded to the incident, and
- What treatment, if any, was given.

A written report covering the above information must be put in the child’s file and a copy given to the parent. In addition, you are required to maintain an Injury/Accident log.

WAC

WAC 170-295-7070

What circumstantial changes must I report to my licensor?

A child care center license is valid only for the address, person, and organization named on the license. You must promptly report to the licensor any major changes in administrative staff, program, or premises affecting the center’s classification, delivery of safe, developmentally appropriate services, or continued eligibility for license. A major change includes the following:

- Center’s address, location, space or phone number
- Maximum number and age ranges of children you wish to serve compared to the current license specifications
- Number and qualifications of the center’s staffing pattern that may affect staff capability to carry out the specified program, including:
  - Change of ownership, chief executive, director, or program supervisor, or
  - Death, retirement, or incapacity of the person licensed.
- Name of the licensed corporation, or name by which the center is commonly known, or changes in the center’s articles of incorporation and by-laws
- A fire, major structural change, or damage to the premises, and
- Plans for major remodeling of the center, including planned use of space not previously approved by the fire marshal’s office or DEL.
Reporting of Circumstantial Changes

You must keep DEL informed about major changes in your program or facility. Some changes you know about and plan in advance, such as a change of ownership or a remodeling project. Part of planning ahead is consulting with your licensor and health specialist so they can advise you about requirements.

You have no control over changes such as a fire or death. You must promptly report such events to your licensor so they can advise you whether care can continue or an adjustment of your license is necessary.

You must report a change in director and/or program supervisor. The new staff person will need to submit three reference letters, their resume, and their education transcript. The licensor will need to review their information to ensure they meet the qualifications.

Your license will need to be amended when you:
- Change the center’s legal name
- Change the age ranges of the children in your center, or
- Add a new category of care, such as adding infants or school-age children

The center will need to submit a new licensing application if the center is:
- Moving to a new location, or
- Replacing the person or organization officially recognized as the licensee by DEL. This includes a change of ownership.

Contact your licensor in advance if there is structural damage or if you are adding a new classroom or space in your current facility. New licensing, health and fire inspections must occur in these circumstances.

**Note:** When there is a change in services you offer, make sure to include Resource and Referral in the list of agencies you notify. The referrals they make to your business are only as good as the information you provide to them.

**WAC 170-295-7080**

**What am I required to post in the center?**

You must post the following items so that they are clearly visible to the parents and staff:
- The center’s child care license issued under this chapter
- A schedule of regular duty hours with the names of staff
- A typical activity schedule, including operating hours and scheduled mealtimes
- Meal and snack menus for the month
- Fire safety record and evacuation plans and procedures, including a diagram of exiting routes
- Emergency telephone numbers near the telephone.
- Nondiscrimination poster

For the staff, you must post:
- Dietary restrictions and nutrition requirements for particular children
- Handwashing practices
- Diaper changing procedures, if applicable
- Disaster preparedness plan, and
- Center policies and procedures.

You must post a notification advising parents that you are required to keep the following licensing information available on site for their review:
- Copies of the most recent child care center checklist for licensing renewal and facility licensing compliance agreement for any deficiencies noted, and
Emergency phone numbers must be clearly visible by the phone. Telephone numbers you either must or might want to include are listed below:

- The center’s telephone number and address
- 911 (if your area is not covered by 911, you should post numbers for your local police, fire department, and emergency medical response service)
- Director’s contact number when out of the center
- Back up staff person’s name, telephone number, and address (if only one person opens or closes the center)
- Poison Control
- Your nurse consultant, if you have one
- Your licensor and DEL health specialist
- Child Protective Services
- Designated emergency hospital
- The local health department
- Animal Control, and
- Resource and Referral.

You are also required to post a notice to parents that copies of the most recent child care center licensing records are available upon request. These include monitoring and renewal checklists and all compliance agreements. This notice should be posted in a place where parents can easily see it.
A FINAL WORD

This book is filled with information, licensing requirements, best practice and examples to guide and support you in your role as a child care provider. Your Department of Early Learning licensor and health specialist are trained to understand and interpret the minimum licensing requirements, provide technical assistance in the field of early learning, and are available to help you. Community and Technical Colleges and Resource and Referral agencies are excellent resources for your professional development.

The forms included in this guidebook are for you to copy as they are or to modify them to meet the needs of your program. The Sample Health Policy, Crisis/Disaster Policy, and Animals on the Premises Policy should accurately describe your center’s practices and procedures. You can download sample forms and policies as attachments in the CD version or at www.del.wa.gov/cce/ publications.shtml.

Remember, you are helping to build the foundation and future of the children in your center. The quality of care you provide on a daily basis is up to you. Shaping the future of a child is a tremendous responsibility and a wonderful opportunity.
Health Policy
(Adopted from Seattle/King County Public Health Child Care Team)

Agency Name: _________________________________________________________________
Director: ___________________________________________________________________
Street: _____________________________________________________________________
City/State/Zip: _________________________________________________________________
Telephone: __________________________________________________________________
Cross Street: __________________________________________________________________

Emergency telephone numbers:
Fire / Police / Ambulance: 911 C.P.S.: ________________________________
Poison Center: (800) 222-1222 Animal Control: ____________________________

Hospital used for life-threatening emergencies*:
Name of Hospital: _____________________________________________________________
Address: ___________________________________________________________________
Phone: _____________________________________________________________________

* For non-threatening emergencies, we will defer to parent preference
as listed in the child’s registration form.

Other important telephone numbers:
DEL Health Specialist: ______________________________ phone: _______________
DEL Licensor: ________________________________ phone: _______________
Public Health Nurse: ___________________________ phone: _______________
Public Health Nutritionist: ______________________ phone: _______________
Infant Consultant Nurse: ________________________ phone: _______________

Communicable Disease/Immunization Hotline (Recorded Information):
_________________________________________________________________________

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Emergency Procedures

Minor Emergencies

1. Staff trained in first aid will refer to the ____________________________ (name of guide) located __________________________________________ (where located). Gloves (Nitrile or latex) will be used if any body fluids are present. Staff will refer to the child’s emergency form and call parents/guardians, emergency contacts or health care provider as necessary.

2. Staff will record the incident on ________________________________ (name of report form), which will be kept in each classroom. The form will include the date, time, place and cause of the illness or injury, if known. A copy will be given to the parent/guardian the same day and another copy placed in the child’s file.

3. The incident will also be recorded on the Accident/Incident Log, which will be located __________________________________________________________________________________________ (where located).

4. Accident/Incident Logs and Illness Logs will be reviewed monthly by _______________________________ (assigned person). The logs will be reviewed for trends. Corrective action will be taken to prevent further injury or illness. All reports, including this log, are considered confidential.

Life-Threatening Emergencies

1. If more than one staff person: one staff person will stay with the injured/ill child and send another staff person to call 911. If only one staff person: person will check for breathing and circulation, administer CPR for one minute if necessary, and then call 911.

2. Staff will provide first aid as needed according to the ________________________________ (name of guide). Nitrile or latex gloves will be worn if any body fluids are present.

3. A staff person will contact the parent/guardian(s) or the child’s alternate emergency contact person.

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

5. The incident will be recorded on ________________________________ (name of report form) and Accident/Incident Log or Illness Log as described in “Minor Emergencies”.

6. Serious injuries/illnesses, which require medical attention, will be reported to the licensor immediately, or as soon as reasonably possible (name and phone on first page).
7. Staff will record the incident on_____________________________(name of report form), which will be kept in each classroom. The form will include the information as stated in #2 under Minor Emergencies. The parent/guardian will sign receipt for a copy of the report. A copy will be sent to the licensor no later than the day after the incident. A copy will be placed in the child’s record.

Asthma and Allergic Reactions

A written individual health plan will be followed in emergency situations. For example:

Asthma:
- An asthma care plan and an individual emergency treatment plan shall be kept on file for any child with asthma.
- The asthma care plan shall be implemented when child exhibits asthma symptoms at child care.
- Ask your health consultant to assist you in developing an asthma care plan.

Allergies:
- A food allergy care plan shall be filled out and kept on file for children whose registration form or parent report indicates food allergies. This form lists food to avoid, a brief description of how the child reacts to the food, appropriate substitute food(s). It must be signed by a Health Care Provider. There should be a space on the form for the Health Care Provider to indicate if the reaction is severe or not. If the reaction is severe, staff should follow an emergency protocol indicated by the provider such as the following:
  1. Administer prescribed epinephrine (EpiPen) immediately
     **AND/OR**
  2. Administer other prescribed medication
  3. Call 911
  4. Call child’s Health Care Provider
  5. Stay with the child at all times.

Medication Management

Parent/Guardian Consent

1. Medication will only be given with prior **written** consent of the child’s parent/legal guardian. This consent (The Medication Authorization Form), will include the child’s name, the name of the medication, reason for the medication, dosage, method of administration, frequency (can NOT be given “as needed”), duration (start and stop
dates), special storage requirements, and any possible side effects (use package insert or pharmacist’s written information).

2. A parent/legal guardian will be the sole consent to medication being given, without the consent of a health care provider, if and only if the medication meets all of the following criteria.

- The medication is over-the-counter and is one of the following:
  - Antihistamine
  - Non-aspirin fever reducer/pain reliever
  - Non-narcotic cough suppressant
  - Decongestant
  - Ointments or lotions intended specifically to relieve itching or dry skin
  - Diaper ointments intended for use with “diaper rash”, and
  - Sunscreen for children over 6 months of age.
- The medication is in the original container and labeled with the child’s name; and
- The medication has instructions and dosage recommendations for the child’s age and weight; and
- The medication is not expired; and
- The medication duration, dosage and amount to be given does not exceed label-specific recommendations for how often or how long to be given.

3. For sunscreen and diaper ointment, the written consent may cover an extended time period of up to 6 months.

4. For all other medications the written consent may only cover the course of the illness.

Health Care Provider Consent

1. A licensed Health Care Provider’s consent, along with parent/legal guardian consent, will be required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, supplements and fluoride).

2. A Health Care Provider’s written consent must be obtained to add medication to food or liquid.

3. A licensed Health Care Provider’s consent may be given in 2 different ways:
   - The health care provider’s name is on the original pharmacist’s label (along with the child’s name, name of the medication, dosage, frequency (can NOT be given “as needed”), duration and expiration date); or
   - The health care provider signs a completed Medication Authorization Form.
Medications for chronic conditions such as: Asthma or Allergies

For chronic conditions (such as asthma), the parent/legal guardian written consent must be renewed on a regular basis (this will vary with the age of the child and how long the child has been on the medication). An individual care plan must be provided that lists symptoms or conditions under which the medication will be given.

Emergency supply of medication for chronic illness

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

Staff Documentation

1. Staff administering medications to children will be trained in medication procedure by ___________________________ (name of person) and a record of training will be kept in staff’s file (this can be part of a new employee orientation).

2. Staff giving medications will document the time, date and dosage of the medication given on the child’s Medication Authorization Form and will sign with their initials each time a medication is given. Staff’s full signature will be at the bottom of the page.

3. Staff will report and document any observed side effects on the child’s individual medication form.

4. Staff will provide a written explanation why a medication was not given.

5. Medication Authorization Forms and documentation will be kept in the child’s file, when the medication is completed, discarded, or returned to parents.

6. Staff will only administer medication when all conditions listed above are met.

Medication authorization and documentation is considered confidential and must be stored out of general view.

Medication Storage

1. Medication will be stored as follows:
   - Inaccessible to children
   - Separate from staff or household medication
   - Protected from sources of contamination
   - Away from heat, light and sources of moisture
   - At temperature specified on the label (refrigerated if required)
   - So that internal (oral) and external (topical) medications are separated
   - Separate from food, and
   - In a sanitary and orderly manner.
2. Controlled substances (i.e. Ritalin) will be stored in a locked container and stored ______________ (where).
   Center implements the following system for tracking administration of controlled substances: _______________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. Medications no longer being used will promptly be returned to parents/guardians or discarded.

**Self-Administration by Child**

A school-aged child will be allowed to administer his or her own inhaler or Epi-pen when the above requirements are met AND:

1. A written statement from the child’s Health Care Provider and parent/legal guardian is obtained, indicating the child is capable of self-medication without assistance.

2. The child’s medications and supplies are inaccessible to other children.

3. Staff must observe and record documentation of self-administered medications.

**Medication Administration Procedure**

1. Wash hands before preparing medications.

2. Carefully read labels on medications, noting:
   - Child’s name
   - Medication name
   - Amount to be given
   - Time and dates to be given (can NOT be given “as needed”)
   - How long to give
   - How to give (e.g. by mouth, to diaper area, in ear, etc.)

   *Information on the label must be consistent with the Medication Authorization Form.*

3. Prepare medication on a clean surface away from diapering or toileting areas.

4. Do not add medication to the child’s bottle or food (health care provider authorization required).

5. For liquid medications, use clean medication spoons, syringes, droppers or medicine cups that have measurements on them (not table service spoons) provided by parent/legal guardian.
6. For *capsules/pills*, medication is measured into a paper cup and dispensed as directed by the Health Care Provider/legal guardian.

7. Wash hands after administering medication.


9. If bulk medications (diaper ointment and sunscreen) are used they will be administered in the following manner to prevent cross-contamination:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Policy and Procedure for Excluding Ill Children

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

1. **Fever** of at least 100°F under arm (auxiliary) and who also have one or more of the following:
   - Diarrhea or vomiting
   - Earache
   - Headache
   - Signs of irritability or confusion
   - Sore throat
   - Rash
   - Fatigue that limits participation in daily activities

(No rectal or ear temperatures will be taken. Digital thermometers are recommended due to concerns about mercury exposure if glass thermometers break. Temperature strips are frequently inaccurate and will not be used. Oral temperatures may be taken for preschool through school age children if single use covers are used over the thermometer.)

2. **Vomiting** on 2 or more occasions within the past 24 hours.

3. **Diarrhea**: 3 or more watery stools within a 24-hour period or any bloody stool.

4. **Rash**, especially with fever or itching.

5. **Eye discharge or conjunctivitis (pinkeye)** until clear or until 24 hours of antibiotic treatment.

6. **Sick appearance, not feeling well and/or not able to keep up with program activities.**
7. **Open or oozing sores**, unless properly covered and 24 hours has passed since starting antibiotic treatment, if treatment is necessary.

8. **Lice or scabies.** For head lice, children and staff may return to child care after treatment and no nits. For scabies, return after treatment.

Following an illness or injury, children will be readmitted to the program when they no longer have the above symptoms and no longer have significant discomfort.

You must notify parent/guardian in writing, either by letter or posting notice in a visible location, when their children have been exposed to a communicable disease. *Contact your local child care health consultant for fact sheets and sample letters.*

Children with the above signs and symptoms will be separated from the group and cared for in __________________________ (location). Parent/guardian or emergency contact will be notified to pick up child.

**Staff members will follow the same exclusion criteria as children.**

**Communicable Disease Reporting**

Licensed childcare facilities are required to report communicable diseases to their local health department (WAC 246-101). The following is a partial list of the official diseases that should be reported. For a complete list of reportable diseases refer to www.doh.wa.gov/OS/Policy/246-101prp3.pdf. Even though a disease may not require a report, you are encouraged to consult with your public health nurse or your DEL Health Specialist about common childhood illness or disease prevention.

**The following communicable diseases will be reported to the Public Health Communicable Disease Hotline ________________________ giving the caller's name, the name of the child care program, address and telephone number:**

- AIDS (Acquired Immune Deficiency Syndrome)
- Animal bites
- Bacterial Meningitis
- Campylobacteriosis (Campy)
- Cryptosporidiosis
- Cyclosporiasis
- Diphtheria
- Enterohemorrhagic E. Coli, such as E. Coli 0157:H7
- Food or waterborne illness
- Giardiasis
- Haemophilus Influenza Type B (HIB)
- Hepatitis A (acute infection)
- Hepatitis B (acute and chronic infection)
- Hepatitis C (acute and chronic infection)
- Human Immunodeficiency Virus (HIV) infection
- Influenza (if more than 10% of children and staff are out ill)
- Listeriosis
- Measles
- Meningococcal infections
- Mumps
- Pertussis (Whooping cough)
- Polio
- Rubella
- Salmonellosis including Typhoid
- Shigellosis
- Tetanus
- Tuberculosis (TB)
- Viral Encephalitis
- Yersiniosis

**Immunizations**

To protect all children in our care and our staff, and to meet state health requirements, we only accept children fully immunized for their age*. We keep on file the Certificate of Immunization Status (CIS) to show the Department of Health and the Department of Early Learning (DEL) that we are in compliance with licensing standards. A copy of the CIS form will be returned to parent/guardian when the child leaves the program, if requested.

Immunization records will be reviewed and updated quarterly by ______________________

__________________________________________________________________________.

Children need to be immunized for the following:

- DaPT (Diphtheria, Tetanus, Pertussis)
- IPV (Polio)
- MMR (Measles, Mumps, Rubella)
- Hepatitis B
- HIB (Hemophilus Influenza Type B)
- Varicellia (Chicken Pox)

*Children may attend child care without an immunization:

- when the parent signs the back of the CIS form stating they have personal, religious or philosophical reasons for not obtaining the immunization(s)

  OR

- the health care provider signs that the child is medically exempted.
Children who are not immunized will not be accepted for care during an outbreak for diseases which can be prevented by immunization. This is for the un-immunized child’s protection and to reduce the spread of the disease. Examples are a measles or mumps outbreak.

Staff members are encouraged to consult with their health care provider regarding their susceptibility to immunization preventable diseases.

First Aid

When children are in our care, staff with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid are with each group or classroom. Documentation of staff training is kept in personnel files.

Our First Aid kits are inaccessible to children and located ________________________________.

Our First Aid Kits contain:

- First Aid Guide
- Sterile gauze pads
- Small scissors
- Adhesive tape
- Band-Aids (different sizes)
- Roller bandages
- Large triangular bandage
- Gloves (Nitrile or latex, non-powdered)
- Tweezers for surface splinters
- Syrup of Ipecac * (unexpired)
- CPR mouth barrier

* Syrup of Ipecac is administered only after calling Poison Control.

A fully stocked First Aid Kit will be taken on all field trips and playground trips and will be kept in each vehicle used to transport children. These travel first aid kits will also contain:

- Liquid Soap-paper towels
- Water
- Chemical Ice (non-toxic)
- Change for phone calls and/or cell phone

All first aid kits will be checked by ________________________________ (assigned person) and restocked each month, or sooner if necessary. The expiration date for Syrup of Ipecac will also be checked at this time.
Health Records

Each child’s health records will contain:

- Health, developmental, nutrition and dental histories
- Date of last physical exam
- Health care provider and dentist name, address, and phone number
- Allergies
- Individualized care plans for special needs or considerations (medical, physical or behavioral)
- List of current medications
- Current immunization records (CIS form)
- Medical consents for emergency care
- Preferred hospital for emergency care

The above information will be collected by __________________________ (assigned person) before entry into the program.

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

The above information will be updated annually or sooner if changes are brought to the attention of a staff person.

Handwashing

Handwashing

Staff will wash hands:

(a) Upon arrival at the site and when leaving at the end of the day.
(b) Before and after handling foods, cooking activities, eating or serving food.
(c) After toileting self, children or diaper changing (3 step handwashing for diaper changing).
(d) After handling or coming in contact with body fluids such as mucus, blood, saliva or urine.
(e) Before and after giving medication.
(f) After attending to an ill child.
(g) After smoking.
(h) After being outdoors.
(i) After feeding, cleaning or touching pets or animals.

**Children will be assisted or supervised in hand washing:**

(a) Upon arrival at the site and when leaving at the end of the day.
(b) Before and after meals or cooking activities (in separate sink from the food
preparation sink).
(c) After toileting or diapering.
(d) After handling or coming in contact with body fluids such as mucus, blood, saliva
or urine.
(e) After outdoor play.
(f) After touching animals.
(g) Before and after water table play.

**Handwashing procedures are posted at each sink and include the following:**

1. Soap, warm water (between 85° and 120°F) and individual towels will be available for
   staff and children at all handwashing sinks, at all times.
2. Turn on water and adjust temperature.
3. Wet hands and apply a liberal amount of soap.
4. Rub hands in a wringing motion from wrists to fingertips for a period of not less than
   10 seconds.
5. Rinse hands thoroughly.
6. Dry hands, using an individual paper towel.
7. Use hand-drying towel to turn off water faucet(s).

**Cleaning, Sanitizing, Disinfecting and Laundering**

**Cleaning supplies** are stored in the original containers, inaccessible to children and
separate from food and food area. Our cleaning supplies are stored____________________
____________________(where) which is ventilated to the outside.

**Cleaning** will consist of washing surfaces with soap and water and rinsing with clean
water. All soap labels will be checked to ensure they are compatible with our sanitizer.
**Disinfecting/Sanitizing** will consist of using a bleach/water solution as follows:

<table>
<thead>
<tr>
<th>Disinfecting:</th>
<th>Amount of Bleach:</th>
<th>Amount of Water:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diapering areas, body fluids, bathrooms and bathroom equipment. (Bleach solution should remain in contact with surface for 2 minutes).</td>
<td>1 tablespoon</td>
<td>1 quart</td>
</tr>
<tr>
<td>or</td>
<td>1/4 cup</td>
<td>or</td>
</tr>
<tr>
<td></td>
<td>1/4 teaspoon</td>
<td>1 quart</td>
</tr>
<tr>
<td></td>
<td>1 teaspoon</td>
<td>1 gallon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sanitizing:</th>
<th>Amount of Bleach:</th>
<th>Amount of Water:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table tops, dishes, toys, mats, etc. (Bleach solution should remain in contact with surface for 2 minutes).</td>
<td>1/4 teaspoon</td>
<td>1 quart</td>
</tr>
<tr>
<td>or</td>
<td>1 teaspoon</td>
<td>1 gallon</td>
</tr>
</tbody>
</table>

1. **Tables** used for food serving will be cleaned with soap and water, rinsed, then **sanitized** with bleach solution before and after each meal or snack.

2. **Kitchen** will be cleaned daily and more often if necessary. Sinks, counters and floors will be cleaned and **sanitized** daily. Refrigerator will be cleaned and **sanitized** monthly or more often as needed.

3. **Bathroom(s)** will be cleaned and **disinfected** daily or more often if necessary. Bathroom sinks, counters, toilets and floors will be cleaned and **disinfected** at least daily.

4. **Furniture, rugs and carpeting** in all areas will be vacuumed daily. This includes carpeting that may be on walls or other surfaces than the floor. Clean carpets monthly in infant areas and every three months in other areas (or more frequently as needed).

5. **Cribs** will be washed, rinsed and **sanitized** weekly, before use by a different child, after a child has been ill, and as needed.

6. **Highchairs** will be washed, rinsed and **sanitized** after each use.

7. **Hard floors** will be swept and mopped (with cleaning detergent) daily and **sanitized** (with above bleach solution) daily.

8. **Utility mops** will be washed, rinsed and **sanitized**, then air dried in an area with ventilation to the outside and inaccessible to children.
9. **Potty-chairs** will be immediately emptied into toilet, washed and **disinfected** in a designated sink or utility sink separate from classrooms. The sink must then be cleaned and **disinfected**. Potty chairs will only be located in bathrooms.

10. **Toilet seats** will be cleaned and **disinfected** throughout the day and when needed.

11. **Mouthed toys**, including machine washable toys and cloth books, will be washed, rinsed and **sanitized** in between use by different children. A system for ongoing rotation of mouthed toys will be implemented in infant and young toddler rooms (i.e. a labeled “mouthed toy” bin). **Only washable toys will be used.**

12. **Toys** (that are not mouthed toys) will be washed, rinsed, **sanitized** and air-dried weekly or toys that are dishwasher safe can be run through a full wash and dry cycle.

13. **Cloth toys and dress up materials** will be laundered monthly or more often when needed. If they cannot be washed in the washing machine, they will be hand washed in hot soapy water, rinsed and then dipped into a solution of 1 tablespoon of bleach per gallon of water for 1 minute and allowed to air dry.

14. **Bedding** (e.g. mat covers and blankets) will be washed weekly, or more frequently when needed, at a temperature of at least 140°F, or with **disinfectant** in the rinse cycle. Mats will be cleaned and **disinfected** weekly or between uses by different children. Bedding will be removed from mats and stored separately. Mats will be stored so the surfaces do not touch.

15. **Children’s belongings**, including coats, will be stored separately to prevent the spread of diseases or parasites (they may not touch if hung on hooks).

16. **Child care laundry** will be washed as needed at a temperature of at least 140 degrees or with added disinfecting agent such as bleach.

17. **Professional steam cleaning** will be scheduled every six months. Rented equipment is often unsatisfactory and can actually worsen the condition of the carpet and the indoor air quality.

18. **Water tables** will be emptied and **sanitized** after each activity period or more often as needed. Children will wash hands before and after play and be closely supervised.

19. **General cleaning** of the entire center will be done as needed. Wastebaskets (with disposable liners) will be available to children and staff and will be emptied daily or when full. Step-cans will be used to prevent recontamination of hands when disposing of used towels, etc. There should be no strong odors of cleaning products. Room deodorizers are not used due to the risk of allergic reaction. Door handles and faucets are cleaned and sanitized at least daily and more often when children/staff are ill.
20. **Vacuuming and mopping** of the center will not occur while children are present (carpet sweepers are ok to use).

21. Staff are encouraged to wear an apron over street clothes (or change clothes on site) to decrease the spread of communicable disease.

## Infant Care

### Program

1. There will be monthly nurse consultation visits in the infant room (required when licensed for four or more infants). The nurse consultant must be a Registered Nurse, currently licensed, with training and/or experience in Pediatric Nursing.

2. Infants will be at least one month of age when enrolled.

3. The infant room has areas where all infants can be safely placed on the floor at any given time. Mats are recommended because they are easy to clean and sanitize when soiled. Blankets may be placed on the floor if they are used only for that purpose and are changed when soiled.

4. Infants will not be in swings, infant seats or saucers for extended periods of time (not more than 30 minutes per day). Saucers are adjusted so that infant’s feet will be in contact with the bottom surface of the equipment at all times.

## Napping Practices for Infants and Toddlers

Children 29 months of age or younger will follow their individual sleep pattern. Alternative, quiet activities will be provided for the child who is not napping.

1. Cribs will meet the following safety requirements:
   - Constructed with vertical slats that are no more than 2 3/8 inches apart or solid Plexiglas.
   - Corner posts should be the same height as the side and end panel.
   - Not have cutout designs.
   - Sturdy and in good repair (no sharp edges, points, unsealed rough surfaces, splinters, peeling paint, cracks, missing/broken parts).
   - Mattresses are firm, snug fitting, waterproof, and not torn.

2. Infants will sleep on their backs. (Infants sleeping on their stomachs are at a higher risk of death from Sudden Infant Death Syndrome, S.I.D.S.)

3. Crib sheets will fit the mattress snugly and securely in all corners and sides.
4. Cribs will not contain bumper pads, pillows, soft toys, fleece, cushions or thick blankets. Only one thin blanket will be used and kept no higher than chest level. The blanket will be tucked around the foot of the mattress. (*Soft bedding and toys in the crib while baby is sleeping are associated with an increased risk of S.I.D.S.*)

5. Infants will not sleep in car seats, swings and infant seats. An alternate sleep position must be specified in writing by the parent/guardian and the child’s health care provider. Children who arrive at the center, asleep in car seats, will be immediately transferred to their crib. (*Sleeping in infant seats or swings makes it harder for infants to breathe fully and may inhibit gross motor development.*)

6. Children 29 months of age or younger must follow their own individual sleep schedule per licensing requirements.

7. Cribs will be spaced at least 30 inches apart or separated by Plexiglas barrier.

8. Light levels will be high enough so children can be easily observed when sleeping.

9. Cribs will not be located directly under windows unless windows are constructed of safety glass or have an applied polymer safety coating.

**Evacuation Cribs**

Will have:
- Four inch or larger wheels
- A reinforced bottom
- A maximum of four infants per crib.

**Infant Bottle Feeding**

**Bottle/Food Preparation Area**

1. Before preparing bottles or food, staff will wash their hands in the handwashing sink. *The food preparation sink and area will not be used for handwashing or general cleaning.*

2. A minimum of eight feet will be maintained between the food preparation area and the diapering area. If this is not possible, a moisture-proof, transparent 24-inch high barrier of ¼-inch Plexiglas or safety glass will be installed.

3. Centers with only one sink in the infant room must obtain a clean source of water for preparing bottles (i.e., water from the kitchen kept in an airtight container).

4. Used bottles and dishes will not be stored within eight feet of the diapering area or placed in the diapering sink.
5. Preparation surfaces will be cleaned, rinsed and sanitized before preparing formula or food.

6. Microwave ovens will not be used to heat formula, breast milk or baby food.

7. If a crockpot is used the water temperature must be monitored and held below 120°F, and contain no more than 1½ inches of water (crockpots pose a risk of scalding). The crockpot must be secured to the counter for earthquake safety. Crockpots will be cleaned and sanitized daily. Consider replacing the crockpot with a bottle warmer, which heats with steam and has an automatic turn-off or heat bottles by holding the bottle under warm running tap water until the fluid is no longer cold. All unused formula and non-frozen breast milk will be returned to the parent when they pick up their child at the end of each day.

8. Bottles will be warmed no longer than 5 minutes.

**Bottle Labeling and Cleaning**

1. Hands will be washed at the hand-washing sink before handling bottles.

2. All bottles will be labeled with the child’s full name, date prepared and time feeding begins (discard within one hour if not consumed).

3. Bottles will not be washed and re-used at our center. The family will provide a sufficient number of bottles to meet the daily needs of the infant. (If bottles must be re-used, our center will wash, rinse and sanitize bottles or place them in a dishwasher with a sanitizing cycle. Used bottles cannot be cleaned in a food sink. They will be placed in a tub to be cleaned in the kitchen.)

4. Nipples needing to be re-used will be washed, rinsed, and boiled for 1 minute and then allowed to air dry.

5. All bottle nipples should be covered at all times (to reduce the risk of contamination and exposure).

**Refrigeration**

1. Filled bottles will be capped and refrigerated immediately upon arrival at the center or after mixing, unless being fed to an infant immediately.

2. Bottles that babies have fed from will not be placed back in the refrigerator or re-warmed. (*Bacteria from baby’s mouth is introduced into milk and begin to multiply once bottles are taken from the refrigerator and warmed.*)

3. Bottles will be stored in the coldest part of the refrigerator, not in the refrigerator door.
4. A thermometer will be kept in the warmest part of the refrigerator (usually the door) and will be between 35° and 45°F at all times. It is recommended that the refrigerator be adjusted between 35° and 41°F to allow for a slight rise when opening and closing the door.

5. Frozen breast milk will be stored at 10°F or less and for no longer than 2 weeks.

Feeding Practice

1. Infants will be fed on demand, by a caregiver who holds and makes eye contact during feeding and talks to and touches the infant in a nurturing way.

2. Bottles will be mixed or prepared, as needed, and capped if not immediately used.

3. Bottles and food will be discarded after 1 hour of being out of the refrigerator, to prevent bacterial growth. Unconsumed portions will be thrown away.

4. Infants will be held when fed with a bottle. Bottles will not be propped. Infants will not be allowed to walk around with food, bottles or cups.

5. Infants will not be 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.)

6. Staff will watch for and respond appropriately to cues such as:
   - Hunger Cues - fussiness/crying, opening mouth as if searching for a bottle/breast, hands to mouth and turning to caregiver, hands clenched
   - Fullness Cues - falling asleep, decreased sucking, arms and hands relaxed, pulling or pushing away.

7. Cups of drinking of water, formula or breast milk will be introduced by 6 months of age.

8. Infants and young children will be closely supervised when eating.

Contents of Bottle

1. Infants will be fed breast milk or iron-fortified infant formula until they are one year of age.

2. Written permission from the child’s licensed health care provider will be required if an infant is to be fed Pedialyte or a special diet formula.

3. No medication will be added to breast milk or formula.
4. No honey, or products made with honey, will be given to infants less than 12 months of age, because of the risk of botulism.

5. Bottles will only contain formula or breast milk. Juice will be given only in a cup.

**Formula**

1. Powdered formula in cans will be dated when opened and stored in a cool, dark place. Unused portions will be discarded or sent home 1 month after opening.

2. Formula will be mixed as directed on the can. The water will be from the food preparation sink or bottled water. Water from the handwashing sink may **NOT** be used for bottle preparation.

**Breast milk**

1. Frozen breast milk will be stored at 10°F or less and for no longer than 2 weeks. The container will be labeled with the child’s full name and date.

2. Frozen breast milk will be thawed in the refrigerator or in warm water (under 120°F) and then warmed as needed before feeding. Thawed breast milk will not be refrozen.

3. Unused thawed breast milk will be returned to the family at the end of the day.

**Infant and Toddler Solid Foods**

1. When parents provide food from home, it will be labeled with the child’s name and the date. Perishable foods will be stored below 45°F.

2. Food will be introduced to infants when they are developmentally ready for pureed, semi-solid and solid foods. Food, other than formula or breast milk, will not be given to infants younger than 4 months of age, unless there is a written order by a health care provider.

3. No egg whites (*allergy risk*) or honey (*botulism risk*) will be given to children less than 12 months of age (this includes other foods containing these ingredients such as honey grahams).

4. Children 12-23 months will be given whole milk; unless the child’s parent/guardian and health care provider has requested low-fat milk or a non-dairy milk substitute in writing (low fat diets for children under age 2 may affect brain development).

5. Chopped soft table foods are encouraged after 10 months of age.

6. Cups and spoons are encouraged by 9 months of age.

7. For allergies or special diets, see the Nutrition section of this policy.
8. Staff will serve commercially packaged baby food from a dish, not from the container. Foods from opened containers will be discarded or sent home at the end of the day.

9. Children will eat from plates and utensils. Food will not be placed directly on table or high chair tray (unless the tray is removed between uses and cleaned and sanitized).

Diapering

The child will not be left unattended on the diaper-changing table. Safety belts will not be used (they are neither washable nor safe).

The diaper changing table will only be used for diapering (toys, pacifiers, papers, dishes, etc., will not be placed on diapering surface).

The diaper changing surface will remain impervious to moisture and intact (no tears, rips, duct tape).

The following diapering procedure will be posted (Department of Health poster) and followed at our center:

1. Wash Hands.

2. Gather necessary materials. If diaper ointment will be used, a small amount is placed on a paper towel before going on to the next step.

3. Place child gently on table and remove diaper. Child is not left unattended.

4. Dispose of diaper in container with cover (foot pedal type).

5. Clean the child’s diaper area from front to back, using a clean, damp wipe for each stroke.

6. Apply topical cream/ointment/lotion when written consent is on file.

7. Wash Hands (remove gloves if worn and then wash hands). A wet wipe or damp paper towel may be used for this handwashing only.

8. Put on clean diaper and protective pants (if cloth diaper used). Dress child.

9. Wash child's hands with soap and running water or with a wet wipe for young infants.

10. Place child in a safe place.

11. Clean the diaper-changing pad with soap and water, rinse with water, and disinfect with 1-Tablespoon bleach/1 quart water. Allow the bleach solution to remain on the surface for at least 2 minutes before drying.

12. Wash Hands.

If gloves are used, all of the above steps must still take place.
Contact or Exposure to Body Fluids

Even healthy people can spread infection through direct contact with body fluids. Body fluids include blood, urine, stool (feces), drool (saliva), vomit, drainage from sores/rashes (pus), etc. **Gloves will always be used when blood is present.** When anyone has been in contact with body fluids, or is at risk for being in contact with body fluids, the following precautions will be taken:

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

Blood Contact or Exposure

When a staff person or child comes into contact with blood (e.g. staff provides first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters the cut or mucous membrane of another person), the staff person will inform _______________________________ (assigned person) immediately.

When staff report blood contact or exposure, we follow current guidelines set by Washington Industrial Safety and Health Act (WISHA).
Food Service

1. **Food handler permits** will be required for staff who prepare full meals and are encouraged for all staff.

2. **Orientation and training** in safe food handling will be given to all staff, by someone who has a current food handler permit. Documentation will be posted in the kitchen area and/or in staff files.

3. **Ill staff or children** will not prepare or handle food.

4. Child care **cooks** will not change diapers or clean toilets.

5. **Staff will wash hands** with soap and warm running water prior to food preparation and service in a designated hand washing sink - never in a food preparation sink.

6. **Refrigerators and freezers** will have thermometers placed in the warmest section (usually the door). Thermometers will stay between the range of 35°F and 45°F in the refrigerator and 10°F or less in the freezer.

7. **Microwave ovens**, if used to heat food, require special care. Food must be heated to 165 degrees, stirred during heating and allowed to cool at least 2 minutes before serving. Due to the additional staff time required, use of the microwave ovens for warming children’s lunches is not recommended.

8. **Chemicals** and cleaning supplies will be stored away from food and food preparation areas.

9. **Cleaning, sanitizing, and disinfecting** of the kitchen will be according to the Cleaning, Sanitizing, Disinfecting and Laundering section of this policy.

10. **Dishwashing** will comply with safety practices:
    - Hand dishwashing will use three sinks or wash basins (wash, rinse and sanitize).
    - Dishwashers will have a high temperature sanitizing rinse (140°F residential or 160°F commercial) or chemical disinfectant.

11. **Cutting boards** will be washed, rinsed and sanitized between each use. No wooden cutting boards will be used.

12. **Food prep sink** will not be used for general purposes or hand washing.

13. **Kitchen counter, sinks, and faucets** will be washed, rinsed and sanitized before food production.
14. **Tabletops** where children eat will be washed, rinsed and sanitized before and after every meal and snack.

15. **Thawing frozen food:** frozen food will be thawed in the refrigerator 1-2 days before the food is on the menu, or under cold running water. The 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.

16. **Food will be cooked to the correct internal temperature (according to the Washington State Food & Beverage Workers’ Manual):**

<table>
<thead>
<tr>
<th>Food</th>
<th>Temperature</th>
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<tbody>
<tr>
<td>Ground Beef</td>
<td>155°F</td>
</tr>
<tr>
<td>Pork</td>
<td>145°F</td>
</tr>
<tr>
<td>Fish</td>
<td>145°F</td>
</tr>
<tr>
<td>Poultry</td>
<td>165°F</td>
</tr>
</tbody>
</table>

17. **Holding hot food:** hot food will be held at a temperature of 140°F or above until served.

18. **Holding cold food:** food requiring refrigeration will be held at a temperature of 45°F or less.

19. **A metal stem thermometer** will be used to test the temperature of foods as indicated above and to ensure foods are served to children at a safe temperature.

20. **Cooling foods** will be done by the following methods:

   - Place food in shallow containers (metal pans are best) 2” deep or less, on the top shelf of the refrigerator. Leave uncovered and then either put the pan into the refrigerator immediately or into an ice bath or freezer (stirring occasionally).
   - Cool to 45°F within 4 hours or less.
   - Cover foods once they have cooled to a temperature of 45°F or less.

21. **Leftover foods** (foods that have been held lower than 45°F or above 140°F and have not been served) will be cooled, covered, dated and stored in the refrigerator or freezer. Leftover food must be refrigerated immediately and not be allowed to cool on counter.

22. **Reheating foods:** foods to be reheated will be heated to at least 165°F in 30 minutes or less.

23. **Catered foods:** the temperature of catered food provided by a caterer or satellite kitchen will be checked with a metal stem thermometer upon arrival. Foods that need to be kept cool must arrive at a temperature less than or at 45°F. Foods that need to be kept hot must arrive at a temperature of 140°F or more. Foods that do
not meet these criteria will be deemed unsafe and will be returned to the caterer. Documentation of daily temperatures of food will be kept ______________________ (where kept). The initials or name of the person accepting the food will be recorded _____________________________________________ (where kept). A permanent copy of the menu (including any changes made or food returned) will be kept for at least 6 months _____________________________________________ (where kept). A copy of the caterer’s contract or operating permit will be kept _____________________________________________ (where kept).

24. **Food substitutions**, due to allergies or special diets and authorized by a licensed health care provider will be provided within reason by the center.

25. When children are involved in cooking projects our center will assure food safety by:

________________________________________________________________________

________________________________________________________________________

26. Perishable items in sack lunches will be kept cold by keeping them in the refrigerator.

**Nutrition**

1. **Menus will be posted at least one week in advance. Menus will be dated and include portion sizes.**

2. Food shall be offered to children at intervals not less than 2 hours and not more than 3½ hours apart.

3. If your site is open 9 hours or less, you must provide two snacks and one meal or one snack and two meals. If your site is open over 9 hours, you must provide two snacks and two meals or three snacks and one meal.

The following meals and snacks are served by the center:

<table>
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<tr>
<th>Time</th>
<th>Meal/Snack</th>
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<tbody>
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4. Each snack or meal must include a liquid to drink. This drink could be water or one of the required components such as: milk or 100% fruit juice.
5. The menus will include hot and cold food and vary in colors, flavors and textures.

6. Ethnic and cultural foods will be incorporated into the menu.

7. Menus will list specific types of meats, fruits, vegetables, juices, etc.

8. Menus will include a variety of fruits, vegetables and entrée items.

9. Foods served will generally be low in fat, sugar and salt content.

10. Children will have free access to drinking water (individual disposable cups or single use glasses only).

11. Menu modifications will be planned and written for children needing special diets.

12. Menus will be followed. Necessary substitutions will be noted on the permanent menu copy.

13. Permanent menu copies will be kept on file for at least six months according to licensing requirements (USDA requires food menus to be kept for 3 years plus the current year).

14. Children with food allergies and medically required special diets will have diet prescriptions signed by a health care provider on file. Names of children and their specific food allergies will be posted in the kitchen, the child’s classroom and any other room the child may occupy.

15. Children with severe and/or life threatening food allergies will have a completed individual health plan signed by the parent and health care provider.

16. Diet modifications for food allergies, religious and/or cultural beliefs are accommodated and posted in the kitchen and classroom and eating area. All food substitutions will be of equal nutrient value and recorded on the menu or on an attached sheet of paper.

17. Mealtime and snack environments will be developmentally appropriate and will support children’s development of positive eating and nutritional habits. We encourage staff to sit, eat and have casual conversations with children during mealtimes.

18. Coffee, tea and other hot beverages will not be consumed by staff while children are in their care, in order to prevent scalding injuries.

19. Staff will not consume pop and other non-nutritional beverages while children are in their care, in order to provide healthy nutritional role modeling.

20. Families who provide sack lunches will be notified in writing of the food requirements for mealtime.
**Injury Prevention**

1. The child care site will be inspected at least quarterly for safety hazards by ____________________________ (assigned person). Staff will review their rooms daily and remove any broken or damaged equipment.

2. The playground will be inspected daily for broken equipment, environmental hazards, garbage, animal contamination, etc. and required depth of cushion material under and around equipment by_______________________________ (assigned person). The written documentation of playground maintenance will be kept for one year for licensor review.

3. Toys will be age appropriate, safe, in good repair and not broken. Mirrors will be shatterproof.

4. Hazards will be reported immediately to ________________________________ (assigned person). The assigned person will ensure that they are removed, made inaccessible or repaired immediately to prevent injury.

5. The Accident/Injury log will be monitored by _____________________________ (assigned person) ____________________________ (how often) to identify accident trends and implement a plan of correction.

**Disaster Preparedness**

Our Center has developed a Disaster Preparedness Plan. Annually, staff and parents/guardians will be oriented to this policy and documentation of orientation will be kept _________________________________. Our Disaster Preparedness Plan is located _________________________________.

1. Procedures for medical, dental, poison, earthquake, fire or other emergency situations will be posted in each classroom. ________________________________ (assigned person) will review the policies with each staff team regularly. ________________________________ (assigned person) will be responsible for orienting classroom volunteers, new staff or substitutes to these plans.

2. Evacuation plans and routes will be posted in each classroom.

3. Fire drills will be conducted and documented each month. Earthquake drills will be conducted and documented at least quarterly.

4. Infants will be evacuated from center in evacuation cribs (four-inch or larger wheels, reinforced bottom and limited to four infants per crib).

5. Staff will be familiar with use of the fire extinguisher.
6. Center will identify and mitigate earthquake hazards i.e. securing bookshelves and pictures to walls.

7. Food, water, medication and supplies for 72 hours of survival will be available for each child and staff (checked yearly for expiration dates).

**Staff Health**

1. Staff and volunteers must provide documentation of a negative tuberculin skin test (Mantoux method) before their employment begins. It must be dated within the past 12 months prior to being hired (unless not recommended by a licensed health care provider).

2. Staff members who have had a positive tuberculin skin test in the past will always have a positive skin test, despite having undergone treatment. These employees do not need documentation of a skin test. Instead, by the first day of employment, documentation must be on record that the employee has had a negative (normal) chest x-ray and or completion of treatment.

3. Staff members do not need to be retested for tuberculosis unless they have an exposure. If a staff member converts from a negative test to a positive test during employment, medical follow up will be required and a letter from the health care provider must be on record that indicates the employee has been treated or is undergoing treatment.

4. Our center will comply with all recommendations from the local health jurisdiction (TB is a reportable disease).

5. Staff who have a communicable disease are expected to remain at home until the period of communicability has passed. Staff will also follow the same procedures listed under “Exclusion of Ill Children” in this policy. Staff with cuts on their hands should not handle food.

6. Staff who are pregnant or considering pregnancy should inform their health care provider that they work with young children. When working in child care settings there is a risk of acquiring infections which can harm a fetus. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles).

7. Recommendations of immunizations for child care providers will be available to staff.

**Child Abuse and Neglect**

1. Suspected or witnessed child abuse or neglect will be immediately reported to Child Protective Services (CPS). Phone # for C.P.S. is ________________________________.
2. Signs of child abuse or neglect will be recorded on ____________________________
_______________________________________ (name of report form) which is located
___________________________________________________________ (where located).

3. Training will be provided to all staff and documentation kept in staff files.

4. Licensor will be notified of any report made.

**Special Needs / Inclusion**

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

1. Confidentiality is assured with all families and staff in our program.

2. All families will be treated with dignity and with respect for their individual needs and/or differences.

3. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).

4. Written individual health care plans will be developed collaboratively with the center director, parent/guardian, Health Care Provider and center health consultant. (Your local Public Health consultant can be of assistance).

5. 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.

6. All staff will receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms.

**Animals on the Premises**

Animals and pets in our center will be carefully chosen in regards to care, temperament, health risks and appropriateness for young children. We will not have birds of the parrot family that may carry psittacosis, a respiratory illness. We will not have reptiles and amphibians that typically carry salmonella, bacteria that can cause serious diarrhea disease in humans, with more severe illness and complication in children. (Please refer to center’s Animals on the Premises Policy.)

1. Parents will be notified in writing when pets and animals are on the premises and informed about potential health risks associated with the animals.
2. Animals will be properly cared for (clean water, food, clean cages, and immunized).

3. Animals, their cages, and any other equipment will not be allowed in food prep or eating areas, or where children actively play or sleep.

4. Children will be closely supervised when handling pets.

5. Children with allergies to animals will be accommodated.

6. Children and adults will wash hands after handling, feeding animals, or touching cages.

7. Children will not clean cages or animal habitats.

8. Staff will clean and disinfect cages and equipment in the utility sink. The utility sink will be cleaned and disinfected after use. Debris and waste will be discarded in a plastic bag, tied and placed in the garbage.

9. Staff will thoroughly wash hands.

10. Fish are considered pets and the center has a separate written Fish Policy that clearly states the cleaning practices.

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

Reviewed by:

Name (Print): __________________________ Title: __________________________

Signature: __________________________ Date: __________________________

Address: __________________________ Phone: __________________________
## Sample Disaster/Crisis Plan
(Adapted from Snohomish Health District Partners in Child Care)

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Disaster Plan for: ____________________________________________(name of center)

This policy was last reviewed and updated on: _____________________________ (date)

Our Center’s Address is:_________________________________________________

________________________________________________________________________
________________________________________________________________________

Our Center’s Phone Number is:___________________________________________

Our Nearest Cross-Streets are:______________________________________________

________________________________________________________________________
________________________________________________________________________

1. Emergency Phone Numbers:___________________________________________
2. Emergency Assistance Number(s):______________________________________
3. Police: 911
4. Fire/Medics: 911
5. _________________Hospital Emergency Room______________________________
6. _________________Hospital Emergency Room______________________________
7. Poison Control Center: 1-800-222-1222

Note: In an emergency, people (particularly parents, visitors, and volunteers) may be asked to call for assistance. Having the address of the center as well as the emergency numbers posted by every phone can save valuable time.
Other numbers helpful in an emergency:

Electricity:_______________________________________________________________
Gas:____________________________________________________________________
Water District:___________________________________________________________
Property Manager:________________________________________________________
Insurance Agency:________________________________________________________

Auto Policy Number:______________________________________________________
Building Policy Number:___________________________________________________

Local Radio Station:____________________(AM)______________________________
Regional Radio Station:_________________(AM)______________________________
Center Cell Phone:_______________________________________________________
Director Home Phone:_____________________________________________________
Out-of-Area Contact:_______________________________________________________
Child Protective Services:__________________________________________________
Child Care Licensor:_______________________________________________________
DEL Health Specialist:_____________________________________________________
Local Health Department:__________________________________________________

Alternate Site Location (Near Child Care Center):______________________________

Alternate Site Location (Evacuation Site):____________________________________

Location of Nearest Pay Phone:_____________________________________________
MISSING CHILD
1. Call 911 immediately and provide the following information:
   • Child’s name and age
   • Address
   • Physical and clothing description of the child, including any distinguishing marks such as visible scars or birthmarks
   • Medical status, if appropriate
   • Time and location child was last seen, and
   • Person with whom the child was last seen.
2. Notify Director immediately and search the facility again.
3. Have child’s information, including picture, if possible, available for the police upon their arrival.
4. Director will notify parents of missing child and attempt confirmation that child is with family; if not, inform parents of situation and steps taken.
5. Director will report incident to licensor and Child Protective Services.
6. Director will complete a written incident report at the earliest opportunity.

KIDNAPPING
1. Call 911 immediately, provide the following information:
   • Child’s name and age
   • Address
   • Physical and clothing description of the child, including any distinguishing marks such as visible scars or birthmarks
   • Physical and clothing description of the suspect
   • Medical status, if appropriate
   • Time and location child was last seen, and
   • Vehicle information and direction of travel.
2. Notify Director immediately.
3. Follow Emergency Lockdown procedure (page ____)  
4. Have child’s information, including picture, if possible, available for the police upon their arrival.
5. Director will notify parents of missing child and inform parents of situation and steps taken.
6. Director will report incident to licensor and Child Protective Services.
7. Director will implement Crisis/Disaster Response Plan (page ____).
8. Director will complete a written incident report at the earliest opportunity.

CHILD ABUSE
1. Report abuse or suspected abuse to the Director, or follow center policy on reporting abuse.
2. Director will make a report to Child Protective Services and the licensor
3. Director and appropriate staff will write down the following information on an incident report*:
   • Date and time of calls to Child Protective Services and Department of Early Learning (licensor)
   • Child’s name
   • Child’s age/birthdate
   • Address
   • Name and address of parent or guardian and other children in the home (if known)
   • Any statements made by the child (DO NOT interview child)
   • The nature and extent of the injury or injuries, neglect, and/or sexual abuse
   • Any evidence of previous incidences of abuse or neglect, including nature and extent
   • Any other information which may be helpful in establishing the cause of the child’s injury or injuries, neglect or death, and the identity of the perpetrator or perpetrators.

*Note: These reports may become legal documents. Confidentiality of these reports must be strictly observed.
ASSAULT ON CHILD OR STAFF
1. Call 911 if any medical treatment is needed or if police are required (if in doubt, go ahead and call).
2. Director will follow “Administrator Responsibilities – Intruder Alert” in the Emergency Lockdown procedure on page ____.
3. Follow Emergency Lockdown Procedure (page ____).
4. Staff member will stay with the victim.
5. Victim's family will be notified by ___________________________ when safe to do so.
6. Director will report incident to licensor.
7. Director will complete a written incident report at the earliest opportunity.

FIRE ALARM/EMERGENCY
1. Activate fire alarm if not sounding.
2. Evacuate children, visitors, and staff, following the building evacuation procedure (page ____) and close doors behind you. Take the following items with you:
   - Class/staff attendance sheets and visitor sign-in sheets
   - Children’s emergency and medical information and supplies, and
   - Cell phone, if available
3. Call 911 from outside the building.
4. Take attendance. If safe to do so, search the building for anyone missing.
5. Director or staff member will check area of concern and use fire extinguisher, if safe to do so.
6. Have the following items ready for police and fire personnel:
   - Number of children in care, staff, volunteers, and visitors
   - Knowledge of anyone remaining in the building, and
   - Floor plan and internal systems information (Appendix C, page ____).
7. If it is determined that the building is unsafe, move children to alternate site location. Follow site evacuation procedure (page ____).
8. Director will notify parents of evacuation and alternate site location, if applicable.
9. Director will report incident to licensor.
10. Director will complete a written incident report at the earliest opportunity.
11. All parents will be notified of incident.

GAS LEAK
1. DO NOT activate the fire alarm system or any other electrical equipment.
2. Notify center Director.
3. Evacuate children and staff following the building evacuation procedure (page ____ and close doors behind you but leave a window open. Take the following items with you:
   - Disaster supplies, which are stored__________________________
   - Class/staff attendance sheets and visitor sign-in sheets
   - Children’s emergency and medical information and supplies
   - Cell phone, if available.
4. Call 911 from outside the building.
5. Move children to a designated area no less than one block from the child care. This location is:_______
6. Take attendance.
7. If possible, turn gas off with the wrench stored.
8. Have the following items ready for police and fire personnel:
   - Location of leak, if known
   - Number of children in care, staff, volunteers, and visitors
   - Knowledge of anyone remaining in the building
   - Floor plan and internal systems information (Appendix C, page ____).
9. Director will notify parents immediately if evacuation looks to be long term or if children are moved to alternate site location. If necessary to move to the alternate site location follow site evacuation procedure (pg.__)
10. Director will report incident to licensor.
11. Director will complete a written incident report at the earliest opportunity.
12. All parents will be notified of incident.
EARTHQUAKE
1. Staff “DROP, COVER, and HOLD.” Direct all children to “DROP, COVER, and HOLD” and remain that way until the earth stops moving. Stay away from windows, bookcases, and filing cabinets. Hold onto the item you are using as a cover. If it moves, move with it. Keep talking to children until it is safe to move. In infant areas, cribs with infants in them should be moved away from windows.
2. If no items are available for cover, crouch by a load-bearing wall and cover your head with your arms.
3. If outside, “DROP, COVER, and HOLD,” keeping away from glass, bricks, and power lines. If you are outside near a building and there is no safer location, take cover in a doorway to protect yourself and children.

When the earthquake stops, the following procedures should be carried out:
1. Staff check themselves and children for any injuries.
2. Check evacuation routes for damage.
3. Evacuate children and staff, following the evacuation procedure (see page ____ ) and close doors behind you. Take the following items with you:
   • Disaster supplies, which are stored ____________________________
   • Class/staff attendance sheets and visitor sign-in sheets
   • Children’s emergency and medical information and supplies
   • Cell phone, if available.
4. Staff will render first aid to those who need it.
5. Director will take attendance outside to account for all children and adults.
6. Check utilities for disruption/damage (gas, water, sewer). If you smell gas, turn the gas off with the wrench stored ___________________________.
7. Have a Building Team of two individuals (at least one trained in building assessment) inspect the exterior of the building and report findings to the Director. The Team consists of: ____________________________
   and ____________________________, who are trained in building assessment.
8. Determine if it is safe for a rescue team to go into building to locate anyone missing or injured.
9. Listen to regional radio station (____ AM) for information on the surrounding area.
10. Determine status of emergency supplies and equipment.
11. Call program’s out-of-area contact with information on the center’s status (injuries, evacuation, children remaining in care, children who have been picked up).
12. Have the same team of two individuals (Building Team) assess the interior of the building and determine if it is safe to move children back into the building or whether it is best to evacuate. Report findings to the Director.
13. If evacuating to an alternate location post a notice indicating your new location, and the date and time you left. Follow Site Evacuation Procedure.
14. Call parents with center status information. If not possible, report center status information to local radio station (____ AM) for announcement over the air for parents to hear.
15. If parents cannot be contacted after 4 hours, the child’s out-of-area contact will be called, if possible.
16. Director will report incident to licensor.
17. Director will complete a written incident report at the earliest opportunity.

“Drop, Cover, and Hold” should be taught and practiced with all the children in your center.

FLOODING
1. During severe weather, director or designee will listen to regional or local radio station for flood watch and flood warning reports.
2. If a flood warning is issued, move children and staff to the alternate site location. Follow Site Evacuation Procedure.
3. Director will notify all parents immediately.
4. Director will report incident to licensor.
5. Director will complete a written incident report at the earliest opportunity.
6. Director will call insurance company (if needed).
BUILDING AND SITE EVACUATION PROCEDURES

Building Evacuation Procedure:
1. Staff makes a quick assessment of the situation in the classroom and of any injuries to the children or adults, and reports findings to director.
2. Director evaluates the evacuation route to be sure that it appears clear of obstructions.
3. Director gives instructions to evacuate.
4. If possible and time allows, have children take jackets and coats.
5. Staff should take the following items:
   - Disaster supplies, which are stored______________________________
   - Class/staff attendance sheets and visitor sign-in sheets
   - Children’s emergency and medical information and supplies
   - Cell phone, if available.
6. Staff should assemble children in pairs to evacuate the building (preferably with one teacher leading the children and one teacher following behind). Infants will be placed into rolling evacuation cribs for evacuation.
7. Take attendance. If safe to do so, search the building for anyone missing.
8. Have children sit down, if possible.
9. If a gas leak or other incident requires individuals be located further away from the child care center, have teachers move children to the pre-designated area not less than one block from the building. The pre-designated location is:_____________________________________________________.
10. Director will evaluate the situation with the help of responding agencies (fire, police, etc.) or the Building Team and determine if it is safe to enter the building. If it is not safe, Director will determine if it is necessary to move to the alternate site location (follow site evacuation procedure, page ____), or if children and staff should stay where they are until it is safe to re-enter the building.
11. Director will notify parents immediately if evacuation looks to be long term or if children are moved to alternate site location.
12. Director will report incident to licensor.
13. Director will complete a written incident report at the earliest opportunity.
14. All parents will be notified of incident.

Site Evacuation Procedure:
1. If it is determined that staff and children will be moved to the alternate site location distant from the child care center, assign children to a designated staff member.
2. Staff should bring the following items to the alternate sites:
   - Disaster supplies which are stored______________________________
   - Class/staff attendance sheets and visitor sign-in sheets
   - Children’s emergency and medical information and supplies
   - Cell phone, if available.
3. Children will be taken to the alternate site location by (how?)____________________
4. Once at the alternate site location, take attendance again. Staff must remain with their group of children until the children are picked up by parents or emergency contacts.
5. Director will continue to communicate with parents and coordinate pick-up of children.
6. Director will report incident to licensor.
7. Director will complete a written incident report at the earliest opportunity.
FIELD TRIP INCIDENT
1. Before leaving for a field trip make sure the trip coordinator has the following information:
   • Child list by assigned vehicle
   • Supervisor/chaperone list by assigned vehicle
   • Map of intended route
   • Children’s emergency and medical information and supplies
   • Name and license number of driver, vehicle license number
   • List of important phone numbers significant to the trip (including children’s emergency contact information and chaperone cell phone numbers)
   • First aid kit
If an incident occurs, staff must:
   • Attend to any medical needs if there are injuries or complaints of pain
   • Call 911 if emergency medical treatment or police are required
   • Contact center and provide update and actions being taken. Center should consider deploying personnel to the scene, hospital, or to appropriate locations.
2. Director will contact parents and give update of actions being taken and indicate meeting locations or pick-up times at the child care center.
3. Director will report incident to licensor.
4. Director will complete a written incident report at the earliest opportunity.
5. Director will call insurance company (if needed.)

POWER OUTAGE
Director or designee will try to locate the problem and activate alternate lighting system. Flashlight and batteries are located ____________________________.
1. Call 911 if concerned about a fire or safety hazard.
2. Unplug all electrical equipment; turn off all but one light.
3. Director will contact property manager, if needed.
4. Director will call electrical utility ____________________________.
5. Call your licensor, DEL health specialist, or local health department to help determine if center needs to be closed. Also, consider the following items in making your decision:
   • Can you safely prepare/store food?
   • Do you have hot water to wash hands after diapering and toileting?
6. All parents will be notified if power outage is prolonged.
7. Director will report incident to licensor.
8. Director will complete a written incident report at the earliest opportunity.

STORMS & SNOW
1. Director will determine prior to opening hours whether or not to open the center. Families will be notified by ____________________________ (refer to center’s parent policy.)
2. If the child care center must close during hours of operation because of snow or storm the director will notify parents by telephone.
3. If weather conditions prevent a parent or legal guardian from reaching the facility to recover a child, the center staff will care for the child (maintaining proper staff-to-child ratios) until such time as the parent, legal guardian, or emergency contact person can safely claim the child. The disaster supplies will be used as needed.
4. If the above persons cannot claim the child within 72 hours of the center’s closing, the director will contact police to transport the child to a Child Protective Services care site.
   • Director will report incident to licensor.
   • Director will complete a written incident report at the earliest opportunity.
EXTERNAL HAZARDOUS MATERIALS INCIDENT
1. Call 911 immediately. Have staff initiate a Shelter in Place Procedure unless directed to do otherwise by emergency personnel via the dispatcher.
2. Have the following items ready for police and fire personnel:
   • Location and description (liquid, gas) of hazard, if known
   • Number of children in care, staff, volunteers, and visitors
   • Floor plan and internal systems information
3. Follow instructions given by responding agency for either Shelter in Place Procedure or Building and Site Evacuation Procedure.
4. If evacuated, call on transportation resource to take children and staff to alternate child care site. Our transportation resource is___________________.
5. Notify parents of move to alternate site location.
6. If Shelter in Place Procedure occurs and media attention is significant, Director will call parents to let them know of situation.
7. Director will report incident to licensor.
8. Director will complete a written incident report at the earliest opportunity.

INTERNAL HAZARDOUS MATERIALS INCIDENT
1. In the event a person comes into contact with a suspected hazardous material, follow safety precautions posted on-site or listed on the container. Call the hospital emergency room for additional instruction. Contact poison control center for common household product poisonings.
2. Call 911 if additional assistance is needed.
3. Director will report incident to licensor.
4. Director will complete a written incident report at the earliest opportunity.

SHELTER IN PLACE PROCEDURE
Shelter in Place Procedure should be conducted when you are instructed to do so by emergency personnel, your radio or television emergency broadcast, you see a vapor cloud, or if you smell an unusual odor outside.
1. Gather all children inside.
2. Call 911, if you have not already done so. Director or designee should turn on and listen to the regional or local radio station. Listen for emergency information from your local fire or police department.
3. Director or facility maintenance person will turn off all fans, heating, cooling, or ventilation systems, & clothes dryers.
4. Close and lock windows and doors (locked windows seal better) and close as many interior doors as possible.
5. Close off non-essential rooms such as storage areas, laundry room, etc.
6. Seal gaps around windows, doors, heating/air conditioning vents, bathroom and kitchen exhaust fans, stove, and dryer vents with pre-cut plastic sheeting, wax paper, or aluminum foil and duct tape.
7. Stay alert to loudspeaker announcements. Emergency personnel from your local police or fire departments may give you specific instructions via loudspeaker or door-to-door.
8. If determined necessary, you can provide a minimal amount of breathing protection by covering mouths and noses with a damp cloth.
9. If you are told there is danger of explosion, close the window shades, blinds, or curtains. To avoid injuries, keep children away from windows.
10. Director should stay in touch with responding agencies/emergency personnel.
11. Director and emergency personnel in charge will determine whether to stay sheltered in place or to evacuate.
12. Advise parents not to pick up children from the child care center until the incident is over. The presence of parents searching for their children will cause confusion and may lead to exposure to toxic chemicals. Once sheltered in place, you will not want to open the door to let parents in and out.
13. Have emergency disaster supplies and emergency contact cards handy.
14. Once the incident is over, inform parents, take down plastic, and turn ventilation system back on.
15. Director will report incident to licensor.
16. Director will complete a written incident report at the earliest opportunity.
BOMB THREAT
During the Bomb Threat Call:
1. DO NOT HANG UP! KEEP THE CONVERSATION GOING AND ATTEMPT TO GET THE FOLLOWING INFORMATION:
   - Where is the bomb?
   - What time will it go off?
   - What kind of bomb is it?
   - Who are you?
   - Why is this going to happen?
2. LISTEN FOR:
   - Voice of male or female
   - Speech impediment or accent
   - What kind of background noise there is
   - Cell phone or land-line
3. NOTE: Time ____________________   Date _______________________

Immediately after the Call:
1. Notify center Director.
2. Call 911.
3. Initiate a lockdown. Follow Emergency Lockdown procedure on page ____.
4. Confer with fire and police about evacuation.
5. Have floor plan ready for police/fire personnel (see page _____).
6. Have teachers and staff glance around their area for suspicious items. (DO NOT MOVE SUSPICIOUS ITEMS.)
7. If the decision is made to evacuate, follow Building and Site Evacuation Procedure.
8. Director will notify parents if evacuated or moved to alternate location.
9. Director will report incident to licensor.
10. Director will complete a written incident report at the earliest opportunity.
11. All parents will be notified of incident.

SUSPICIOUS MAIL OR PACKAGE
1. Do not touch, smell, or taste unknown substances.
2. Cover substance with paper, trash can, clothes, or other material.
3. Evacuate and seal off room.
4. Wash hands thoroughly.
5. Mark room as “Dangerous.”
6. Call 911.
7. Make a list of all staff and children present in the room at the time of the incident to provide to local health authorities and the police.
8. Director will inform all parents of the incident.
9. Director will report incident to licensor.
10. Director will complete a written incident report at the earliest opportunity.

EMERGENCY LOCKDOWN/INTRUDER ALERT PROCEDURE
From time to time, schools and child care centers have been faced with the threat of unauthorized individuals entering the facility. An intruder is defined as any visitor who, through act or deed, poses a perceived threat to the safety and welfare of children and employees. If at any time you are dealing with a person you feel uncomfortable around, or who makes you fearful for your safety or the safety of others, then you may be faced with an intruder situation.

Key recommendations to implement regarding a lockdown, including those conducted because of an intruder:
1. It is important that all members of the building’s staff understand, support and participate in the Intruder Alert Procedure.
2. It is important to practice the Intruder Alert Procedure in the facility several times per year, just as you practice fire drills.
3. Lockdown information will be given to parents upon enrollment. Parents will be notified of all lockdown drills and events. The facility will provide written materials for parents to help children understand and cope.

4. Parents will be given a pre-designated alternate pick-up site if children and staff are evacuated. Parents should not try to enter the facility during a lockdown, and may be kept away from the child care center until authorities determine it is safe.

**Intruder Alert Procedure**

1. If a person(s) comes into the facility, the Director or designee will assess the situation. If they are uneasy or suspicious of the person(s) immediately have someone call 911.

2. If a weapon is present, DO NOT CONFRONT – give another staff member the pre-determined hand signal to call 911 immediately.

3. If no weapon is suspected, the Director will confront the intruder in the following manner:
   - Approach the individual in a non-confrontational manner with the assistance of another staff member.
   - Introduce yourself and the person with you to the individual in a non-confrontational way.
   - Ask the individual who he/she is and how you can be of assistance.
   - Inform the individual of the policy that all visitors need to sign in, and guide him/her to the area where that is done.
   - If the individual refuses, do not confront him/her. Give the other staff members the pre-designated hand signal to call 911.

4. If it is determined that the safety and health of children and staff are in jeopardy:
   - If the intruder is already inside the building, a hand signal (which has been predetermined and is known by all staff) shall be made to the first staff member seen. That staff member will pass on the hand signal to others throughout the building and will call 911.
   - If the suspected intruder is not yet in the building, an announcement will be made (or a bell sounded) to alert the staff of potential danger. The announcement will be “This is a Code Red Emergency, repeat, this is a Code Red Emergency” – or – write your own.
   - If children are outside when a “Code Red” is called, or shots are heard-fired, teachers will quickly direct and move children back into the facility and into the nearest classroom for lockdown.

5. Upon hearing the chosen lockdown announcement (example: Code Red), the following steps must be implemented:
   - Staff should quickly check the hall and restrooms closest to their classrooms and get children into the rooms.
   - Lock all doors, close and lock all windows, cover all windows and doors, and turn off lights.
   - Keep children away from windows and doors. Position children in a safe place against walls or on the floor. Turn a classroom table on its side to use as a buffer.
   - Staff will maintain (as best they can) a calm atmosphere in the room, keeping alert to emotional needs of the children. You may want to gather in a story circle behind the table and gather infants into one or two cribs (preferably on wheels) along with items to help keep them quiet, such as bottles, pacifiers, and small, quiet toys.
   - Teachers will keep all children in the classroom until an all-clear signal has been given.
   - Director or designee will immediately call 911 and stay on the phone until help arrives. Await further instructions from emergency response personnel. You will be informed when it is safe to move about and release children from your rooms. Children should not be released to parents until an “all clear” has been called.
   - Upon arrival, the local police, in conjunction with the Director, will assume controlling responsibility and may evacuate the building per police standard operating procedures.
   - When “All Clear” is heard, the director will apprise the staff of the situation and counsel with children. When the threat has been eliminated, normal activities should be resumed as soon as possible as instructed by the Director.
   - Director will apprise parents of all “lockdowns,” whether practice or real.
   - Director will report incident to licensor.
   - Director will complete a written incident report at the earliest opportunity.
CRISIS/DISASTER RESPONSE PLAN

Crisis Response

When a tragedy strikes, teachers and staff are torn between the need to deal with children's reactions and the need to cope with their own reactions. With some advanced planning, this process can be much smoother than when tragedy takes a child care center by surprise.

Crisis: A sudden, generally unanticipated event that profoundly and negatively affects a significant segment of the child care population and often involves serious injury or death. The psychological and emotional impact will be moderate to severe. Outside assistance may be needed.

Director responsibilities include the following tasks:

- Determine whether or not to maintain normal schedules or to set aside the normal schedule for an all out effort to deal with the crisis. Depending on the crisis, it may be necessary to close the center for the day.
- Determine if parent notification becomes an item of priority or if it can wait for a letter to go home in the evening.
- If center-specific, keep the local radio station (___ AM) informed as to the status of the child care center so parents will have accurate information.
- Identify high risk children, staff and parents likely to be most affected by the news (e.g., children of the teacher who is deceased/injured or parents whose children are in the same class as the deceased).
- Gather and inform closest friends of the victim(s), providing support and information to them before a general announcement is made. If close friends or classmates are absent, ensure that a supportive adult gives the news to them, so that they do not get initial information from the media.
- Prepare a formal statement for initial announcement, including minimal details and noting that additional information will be forthcoming. Also prepare statements for telephone and media inquiries. Have all staff members practice role plays answering calls so that whoever is assigned or is left with the task is able to follow through.
- Give teachers the facts about the tragedy and instructions on how to share the information with the children in their care as well as suggestions for assisting children to cope (Appendix D, page ___).
- Send a letter home to parents explaining the situation. Include specific factual information as well as information on how the child care center is dealing with the situation. Some parents will need to be contacted by phone, particularly if their child's reaction to the crisis is severe.
- Determine if additional community resources are needed to be on “stand by” to manage the crisis effectively. It is essential to minimize the number of “strangers” standing around.
- Facilitate a staff meeting and, if possible, a parent meeting to provide information related to the crisis. The following are some suggestions:
  - Assist with children’s processing of information about the crisis.
  - Provide counselors to work with children/staff individually or in groups in a variety of locations.
  - Provide support and counseling for parents.
  - Provide helpful, factual information to parents.
  - Have an individual assist with answering phones, providing information and handling non-media inquiries.
  - Maintain a record of offers of assistance and ensure that proper personnel respond.
  - Deal with the “empty chair/desk” problem. For example, a counselor would provide therapy while sitting in the child’s chair. The chair would then be moved to the back of the classroom. Finally the chair would be removed. Make sure children are part of the entire process.
- Personally deal with or assign a staff member to talk with media/reporters promptly and factually.
- Provide information as requested by police, hospital, or other agencies.
- When appropriate, contact the friends/family of the deceased to get information regarding funeral arrangements, and pass on information to child care staff and parents who may wish to attend.
- Report incident to licensor.
- Report incident to Child Protective Services if necessary.
• Arrange for a child care center/community debriefing 48-72 hours after the event.
• Complete a written incident report at the earliest opportunity.
• Other considerations:
  o Have designated locations for the use of media, family, friends and workers, as needed.
  o Have transportation available to assist the family.
  o Young members of the victim’s family should be cared for if possible.
  o Children and staff should be given permission to feel a range of emotions. Typically, individuals go through a sequence of emotional reactions following a crisis: high anxiety, denial, anger, remorse, grief and reconciliation.
  o Provide for grief counseling through local grief hospice program: ___________________________.
• The phone number is ___________________________.

**APPENDIX A-1: Sample Parent Letter**

DATE:

Dear Child Care Parents:

Attached please find a copy of our “Crisis/Disaster Plan.” With the implementation of this Plan, you can rest assured we will do everything we can to protect your child in the event of a crisis or disaster.

With any disaster or crisis, your cooperation is necessary for the following:
  • Encourage and explain to your child why the best place for them is at the child care center.
  • Explain that if you are unable to pick them up quickly, the child care staff will care for them until you or your emergency contact comes to get them.
  • Please do not telephone the child care center. Telephone lines will be needed for emergency communications for the first 4 hours.
  • Listen to local or regional radio station for updates (__________________________).
  • Provide an emergency/comfort kit for your child.
  • Include an out-of-state contact number with your kit.
  • Provide a 72-hour supply of any medication or medical supplies/equipment that your child may need.

The child care staff will care for your child until you or your designee are able to reach him/her. Be sure to keep your child’s emergency release card updated. Your child will be released only to those specified by you on his/her card. We will also utilize the phone numbers on the emergency release card should we need to re-locate to our alternate site.

If local telephone lines are unavailable, utilize your out-of-state contact number for information. If possible, we will call that number to give information on your child and to see if you have left any information for us.

Thank you for your attention to this matter. Please feel free to contact the child care center if you have any questions regarding our Crisis/Disaster Plan.

Keeping your children safe,

Center Director
APPENDIX A-2: Sample Parent Communication Form

Dear Parent or Family,

During a disaster, communication may become challenging. Often it is easier to contact an out-of-area phone number than a local or cell number. Our facility is establishing an out-of-area number to relay information throughout a disaster. Please put this number in a convenient and accessible place so that you are able to get information about your child should local calling become challenging. Our out-of-area contact is:

Name: ____________________________
Phone #: __________________________

Please familiarize yourself with the disaster plans and policies established for our child care facility.

Please sign and return the following portion:

I have received information regarding your child care facility’s out-of-area emergency contact. I have received information about your Crisis/Disaster Plan. I understand a full copy is available for my review ___________________________ (where)

Signature: ____________________________ Date: __________________________

Please provide the following information for our emergency records:

Child’s name: ____________________________

Child’s out-of-area contact (100+ miles away) Name: ____________________________ Ph: ____________________

Emergency contacts (friends, family or loved ones) 1. Name: ____________________________ Ph: ____________________

2. Name: ____________________________ Ph: ____________________

3. Name: ____________________________ Ph: ____________________

Local contacts (the “nearest” acquaintances) Name: ____________________________ Ph: ____________________
APPENDIX B: Disaster Supply Lists

Our Disaster Kits contain the following items:

Batteries
Battery Operated Radio
Bleach, unscented
Books or games
Bucket
Can opener (manual)
Comfort kits for children
Crowbar
Disaster Plan (copy)
Disposable diapers/wipes
Emergency Information Cards for children
First Aid Kit (for disasters)
First aid book
Flashlights
Food (3-day supply) including infant formula, mixes, bottles, and infant food
Gloves, disposable and heavy material/leather
Hand sanitizer
Matches or lighter
Medications and/or equipment for children/staff with special needs
Money, change, and small bills
Office supplies (pen, paper, tape)
Paper towels
Pet supplies (if appropriate)
PineSol® or similar product
Plastic garbage bags (large, one per child for rain protection)
Plastic garbage bags (medium, for toilets)
Plastic kitchen supplies
Pliers
Safety Pins
Sanitary napkins
Soap
Tarp or tent
Toilet paper
Water (3-day supply) including water to reconstitute infant formula
Whistle
Wrench
APPENDIX C: Center for Floor Plan and Internal Systems

1. Attach a copy of your child care center floor plan here.
2. List the security and utility systems in place at the center, and where the controls are located.

APPENDIX D: Helping Children Cope with Disaster

Disasters can be very traumatic, especially for young children. There are several things that you can do to help the children in your care cope with their feelings.

1. Reassure the children that they will not be left alone and that you are there to protect them.
2. Be aware of changes in a child’s behavior but also know that some children may not outwardly show their distress.
3. Keep to routines such as meals, activities, and naps, as much as possible.
4. Avoid allowing young children to watch or listen to news coverage of the disaster.
5. Give simple but truthful answers to children’s questions and make sure children understand your answers. Do not give more information than the children can use and understand.
6. Give children opportunities to express their feelings through activities such as play-acting, using dolls, storytelling, painting, or drawing.
7. Be especially supportive of the children’s feelings and their need to be close. Give lots of hugs, smiles, and kind words.
8. Reassure children that they are not responsible for the disaster. Listening to children’s stories about disasters and feelings may help.
9. If possible, take a moment away from the children and make sure you address your own fears and anxieties by talking with other adults.
10. Seek professional assistance when needed. Your own knowledge of a child and your instincts about the child’s needs will help you make a decision. When in doubt, call for professional help.

LOCAL RESOURCES FOR CHILDREN’S MENTAL HEALTH INFORMATION ARE:

__________________________________________________________________
__________________________________________________________________

In the event of a disaster or crisis, grief counseling may be provided through the following local program or organization _____________________________.
The phone number is ____________________________.
Sample Animals on Premises Policy

Care and Handling of Animals on Child Care Premises

Child Care Center Name: ________________________________________________
Address: ______________________________________________________________
______________________________________________________________

Animal Restrictions

1. Animals will be inaccessible to children with pet allergies. Before a child enters an area where animals have been, it must be cleaned and disinfected.
2. No aggressive or harmful animals will be allowed on the premises.
3. No animals are allowed:
   • Around infants and toddlers
   • Food preparation areas
   • Children’s restrooms
   • Children’s hand washing sinks.
4. No animal droppings from cages or containers can be:
   • Where any child eats, sleeps, or actively plays
   • In entrances or hallways.
5. Animals not allowed around infants and toddlers:*  
   • Parrot family (Parakeets, cockatiels, lovebirds etc.)  
   • Reptiles and amphibians  
   Fish in properly installed and maintained aquariums may be considered
6. Reptiles and amphibians are not allowed around children 5 years or younger.* Due to high risk of disease transmission these animals should not be on site.
7. All cages/containers will be secured and must not be a falling hazard.
8. Any equipment needed for the animal will be inaccessible to the children and safe.
9. Animals must be located only where the environment can be cleaned and sanitized (example: no carpeted areas).
10. Local health jurisdiction requirements for the number of animals on the premises must be met.

Animals on our Premises (including visiting animals)

• List of Animals:

• Common health risks associated with these animals:

• Animals are located in these areas (be specific, use floor plan if necessary):

* Reptiles and amphibians are salmonella carriers, which can be transmitted to humans, and can be fatal to young children or immune compromised persons. Psittacosis (disease transmitted by birds of the Parrot family) can be transmitted to humans and can be fatal to young children or immune compromised persons. Psittacosis and other bird diseases can aerosol as the animal passes through its waste matter. Salmonella can live on surfaces, clothing, etc. for up to 72 hours and can also aerosol when animal passes through its waste matter.
Visiting animals are located in these areas:

The staff assigned to the individual animal is responsible for the care and treatment of the animal at all times including disasters. Names of staff responsible for the care and treatment of the animals:

Alternative staff:

Plan to care for animals when our facility is closed:

Our Animal Doctor
Name: _____________________________ Phone: ________________________
Address: ____________________________________________________________
____________________________________________________________________
Emergency Contact and Telephone: ________________________________

Animal Records
Animals requiring licenses:

Where animal’s records are kept (health, shots, vaccinations, licenses, etc):

In a disaster the animal’s emergency supplies and records are kept:

Care of Animals
1. Provide appropriate food and water.
2. Animal containers and cages are cleaned and disinfected weekly or as often as needed (immediate cleaning and disinfecting if animal odors are evident).
3. Cages, litter boxes, and containers will be cleaned and disinfected in utility areas (not around child areas).
4. All litter boxes will be inaccessible to children (not in kitchens, food prep areas or restrooms, corridors, entries, classrooms, where children play or eat, etc.)
5. Animals are not allowed to use the children’s play areas inside or outside as a restroom.
6. All containers or cages will prevent debris from spilling out of the container or cage.
Cleaning and Disinfecting Procedure

Staff will either bring the animal to the utility area or place the animal in a temporary cage or container. The area around the pets will be kept clean at all times and disinfected at least once a day and more often if necessary.

- Clean and disinfect the utility sink and counter.
- Wash hands and wear gloves.
- All debris and waste will be discarded in a plastic bag, tied and placed in the garbage.
- Container /cage etc. will be cleaned and disinfected using soap and water, rinse, and bleach solution (1 tablespoon to a quart of water). Cage/container will be allowed to air dry before returning the pet, the cage, or container unless an alternative method is approved.
- Clean and disinfect the sink, faucet, and counter.
- Remove gloves and wash hands.
- Return pet to container or cage.
- Wash hands.

Alternative Method (to be approved by DEL Health Specialist): ________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Child-Animal Interaction

Curriculum regarding the animal and how to interact gently and appropriately. (Describe below)

- Children will be taken in small groups (3 or 4) and directly supervised by a staff member.
- Only trained animals that tolerate handling can interact with the children. Must be healthy and free of disease or pests (fleas, ticks, etc.)
- Immediately stop interaction with animals showing stress or harmful behaviors. (Decide about keeping such the animals).
- If children handle/touch/hold the animals or their cages/containers procedures and rules will be in place (Note: a handwashing poster must be posted by the animal).

Remember: Children and staff will wash their hands in the nearest hand-washing sink after handling animals or touching containers where the animal is located. Post handwashing sign near the animal cage/container, etc.

STAFF TO CONTACT FOR MORE INFORMATION:
Animals on Premises Policy

Name of Center ____________________________________________

Date Policy Was Last Updated by Center: _______________________

I, (Print Name) _____________________________________, have read and
Understand the Child Care Center’s Animal on Premises Policy.
{   } I agree with this policy; or
{   } I have concerns about this policy and wish to speak to the director.

_________________________________________   _______________________
Parent Signature      Date

Revised Model Policy: 2/05
Created by Marge Sorlie, Department of Early Learning
Sample Fish Policy

Name of Facility ____________________________________________

- We have the following Fish and Fish tanks on the premises (state classrooms and type of fish):

_____________________________________________________________________________________

_____________________________________________________________________________________

- Fish tanks are secured from falling and are earthquake proof.

- Potential Health Risks associated with these Fish include: ________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

- Staff assigned to the care and feeding of the Fish include: ________________________________

_____________________________________________________________________________________

- Staff assigned to the cleaning of the Fish Tank(s) include: ________________________________

_____________________________________________________________________________________

- Cleaning of the Fish Tank(s) takes place in the following location: __________________________

(Note: fish tanks cannot be cleaned in food preparation sinks and must be cleaned, rinsed, and disinfected after cleaning)

- Fish food is kept out of children’s reach and is located: ________________________________

_____________________________________________________________________________________

- Children who have allergies to Fish will be accommodated by: _____________________________

_____________________________________________________________________________________

- Curricula for teaching children and staff about safety and hygiene is presented by staff in the following manner: __________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

- A hand washing poster is posted near the fish tank and children and staff are directed to wash their hands after touching the tank.

I (Parent/Legal Guardian) ________________________________ have read and understand this fish pet policy and { } agree with this policy or { } have the following concerns (please use reverse side) about this policy and wish to speak to the director:

_____________________________________________________________________________________

Signature ________________________________ Date ________________________________

Created by Hazel Philp, Department of Early Learning
Resources

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Licensing
Department of Early Learning (DEL)
PO Box 40970
Olympia, WA  98504-0970
360-725-4665
http://www.del.wa.gov

DEL Local Offices
Child care center licensors and health specialists are located in DEL offices in three state regions:

- Eastern Region
  - Spokane
  - Wenatchee
  - Omak
  - Yakima
  - Moses Lake
  - Sunnyside
  - Kennewick
- Northwest Region
  - Seattle
  - Bellevue
  - Kent
  - Everett
  - Mount Vernon
  - Bellingham
- Southwest Region
  - Tacoma
  - Tumwater
  - Vancouver
  - Aberdeen
  - Bremerton
  - Port Angeles
  - Kelso

For telephone numbers of your local office: http://www.del.wa.gov/ccel/staff.shtml

Business Organizations

Child and Adult Care Food Program (CACFP)
Office of the Superintendent of Public Instruction
360-725-6200
www.k12.wa.us/childnutrition/CACFP.aspx
(Provides federal funds to child care centers to serve nutritious meals and snacks)

Department of Community, Trade, and Economic Development
1-800-237-1233
(Child Care Business Assessment tools and child care loans)

Department of Health (DOH)
DOH Consumer Hotline: 1-800-525-0127
http://www.doh.wa.gov

Department of Labor and Industries
1-800-547-8367
http://www.lni.wa.gov
(Information on starting or running a business and providing a safe workplace)

Department of Licensing
360-664-1400
http://www.dol.wa.gov
(Requirements for starting a business including forms and programs; download brochure: Operating a Business in Washington State)

Employment Security Department
Unemployment Insurance Division
http://fortress.wa.gov/esd/portal/
(Unemployment Tax Handbook provides an overview to unemployment taxes)

Internal Revenue Service
1-800-424-1040
www.irs.gov/
(Information about business taxes, employer identification numbers (EIN), and record-keeping)

Local Public Health Department
www.doh.wa.gov/LHJMap/LHJMap.htm
(For consultants in health related issues)

Local land use, zoning, and building departments
(Consult your county telephone directory)

U.S. Small Business Administration
Seattle District Office: 206-553-7310
Spokane District Office: 509-353-2811
Portland District Office: 503-326-2682
www.sba.gov

Secretary of State, Corporations Division
360-753-7115
www.secstate.wa.gov/corps
(To register your business or organization as a profit or non-profit corporation or other business structure)

Organizations and Other Agencies

Child Development Associate (CDA)
National Credentialing Program
Council for Professional Recognition
1-800-424-4310
www.cdacouncil.org

Early Childhood Education and Assistance Program (ECEAP)
Department of Early Learning
360-725-2830
www.del.wa.gov/eceap

Healthy Child Care Washington
360-236-3530
www.healthychildcare-wa.org

Infant Toddler Early Intervention Program
360-725-3518
http://www1.dshs.gov/iteip

National Association for the Education of Young Children (NAEYC)
1-800-424-2460
www.naeyc.org

Pacific Northwest Montessori Association
1-800-550-7662
www.pnma.org

School’s Out Washington
1-888-419-9300
www.schoolsoutwashington.org

State Training and Registry System (STARS)
1-800-727-3107
www.stars.dshs.wa.gov
Washington Association for the Education of Young Children (WAEYC)
253-854-2565
www.waeyc.org

Washington Association of Head Start and ECEAP
www.waheadstarteceap.com

Washington Council for Prevention of Child Abuse & Neglect
206-464-6151
www.wcpcan.wa.gov

Washington Learns
Washington Early Learning Council
www.washingtonlearns.wa.gov

Washington State PTA
1-800-562-3804
www.wastatepta.org

Community and Technical Colleges

State Board for Community and Technical Colleges
319 SE 7th Avenue,
PO Box 42495
Olympia, WA 98504-2495
360-753-4313

Bates Technical College
1101 South Yakima Avenue
Tacoma, WA 98405
253-680-7000

Bellevue Community College
3000 Landerholm
Bellevue, WA 98007
425-564-1000

Bellingham Community College
3028 Lindbergh Avenue
Bellingham, WA 98225-1599
360-738-0221

Big Bend Community College
7662 Chansut Street N.E.
Moses Lake, WA 98837-3299
509-762-5351

Cascadia Community College
18345 Campus Way NE
Bothell, WA 98011
425-352-8000

Centralia College
600 W. Locust
Centralia, WA 98531
360-736-9391

Clark College
1800 East McLoughlin Blvd.
Vancouver, WA 98663
360-992-2000

Clover Park Technical College
4500 Steilacoom Blvd. SW
Lakewood, WA 98499-4098
253-589-5800

Columbia Basin College
2600 North 20th
Pasco, WA 99301-3397
509-547-0511

Edmonds Community College
20000 68th Avenue West
Lynnwood, WA 98036
425-771-8669

Everett Community College
2000 Tower Street
Everett, WA 98201-1390
425-388-9109

Grays Harbor College
1620 Edward P. Smith Drive
Aberdeen, WA 98520
360-532-9020

Green River Community College
12401 SE 320th St.
Auburn, WA 98092-3699
253-833-9111

Highline Community College
PO Box 98000,
2400 So. 240th St.
Des Moines, WA 98198-9800
206-878-3710

Lake Washington Technical College
11605 132nd Ave. NE
Kirkland, WA 98034
425-739-8100

Lower Columbia College
PO Box 3010
Longview, WA 98632-0310
360-442-2000

North Seattle Community College
9600 College Way North
Seattle, WA 98103
206-527-3600

Olympic College
1600 Chest Ave.
Bremerton, WA 98337-1699
1-800-259-6718

Peninsula College
1502 East Lauridsen Blvd.
Port Angeles, WA 98362
360-452-9277

Pierce College – Fort Steilacoom
9401 Farwest Dr. SW
Lakewood, WA 98498-6228
253-964-6500

Pierce College – Puyallup
1601 39th Ave. SE
Puyallup, WA 98374-2222
253-840-8400

Renton Technical College
3000 NE 4th St.
Renton, WA 98056-4195
425-235-2352

Seattle Central Community College
1701 Broadway
Seattle, WA 98122
206-587-3800

Shoreline Community College
16101 Greenwood North
Shoreline, WA 98133
206-546-4599

Skagit Valley College
2405 East College Way
Mount Vernon, WA 98273-5899
877-385-5360

South Puget Sound Community College
2011 Mottman Road SW
Olympia, WA 98512-6292
360-754-7711

South Seattle Community College
6000 16th Ave. SW
Seattle, WA 98106-1499
206-764-5393

Spokane Community College
1810 North Greene St.
Spokane, WA 99207-5399
877-385-5360

South Seattle Community College
2011 Mottman Road SW
Olympia, WA 98512-6292
360-754-7711

Spokane Falls Community College
West 3410 Fort George Wright
Spokane, WA 99224-5288
509-533-3255
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<td>6501 South 19th St. Tacoma, WA 98466</td>
<td>253-566-5000</td>
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<tr>
<td><strong>Walla Walla Community College</strong></td>
<td>500 Tausick Way Walla Walla, WA 99362-9267</td>
<td>509-522-2500</td>
</tr>
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<td><strong>Wenatchee Valley College</strong></td>
<td>1300 Fifth St. Wenatchee, WA 98801</td>
<td>509-682-6800</td>
</tr>
<tr>
<td><strong>Whatcom Community College</strong></td>
<td>237 West Kellogg Road Bellingham, WA 98226</td>
<td>360-676-2170</td>
</tr>
<tr>
<td><strong>Yakima Valley Community College</strong></td>
<td>PO Box 22520 Yakima, WA 98907-2520</td>
<td>509-574-4600</td>
</tr>
<tr>
<td><strong>Resource and Referral Networks</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Washington State Child Care Resource &amp; Referral Network</strong></td>
<td>917 Pacific Avenue Suite 600 Tacoma, WA 98402-4437</td>
<td>1-800-446-1114 <a href="http://www.childcarenet.org">www.childcarenet.org</a></td>
</tr>
<tr>
<td><strong>Benton/Franklin Counties</strong></td>
<td>Child Care Resource &amp; Referral Benton-Franklin Community Action 720 West Court Pasco, WA 99301</td>
<td>509-545-4042 ext. 274</td>
</tr>
<tr>
<td><strong>Chelan/Douglas/Okanogan Counties</strong></td>
<td>Child Care Resource &amp; Referral Catholic Family &amp; Child Services 23 S. Wenatchee Ave. #210 Wenatchee, WA 98801</td>
<td>509-662-6761</td>
</tr>
<tr>
<td><strong>Clallam/Jefferson Counties</strong></td>
<td>The Parent Line Lutheran Community Services Northwest 301 Lopez St. Port Angeles, WA 98362</td>
<td>360-452-5437</td>
</tr>
<tr>
<td><strong>Clark/Skamania/Klickitat Counties</strong></td>
<td>Child Care Resource &amp; Referral Educational Service District #112 2500 NE 65th Avenue Vancouver, WA 98661-6812</td>
<td>360-750-9735</td>
</tr>
<tr>
<td><strong>Cowlitz/Wahkiakum Counties</strong></td>
<td>Child Care Resource &amp; Referral Lower Columbia Community Action Council PO Box 2129 Longview, WA 98632</td>
<td>360-425-3430</td>
</tr>
<tr>
<td><strong>Grant/Adams Counties</strong></td>
<td>Child Care Resource &amp; Referral Catholic Family &amp; Child Service 414 B. South Burress Moses Lake, WA 98837</td>
<td>509-765-1875</td>
</tr>
<tr>
<td><strong>Grays Harbor/Pacific Counties</strong></td>
<td>Child Care Resource &amp; Referral Coastal Community Action 117 E. Third Street Aberdeen, WA 98520</td>
<td>360-533-5605</td>
</tr>
<tr>
<td><strong>King County (3 sites)</strong></td>
<td>Child Care Resources 1225 S. Weller Suite 300 Seattle, WA 98144 206-329-1011</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child Care Resources 232 2nd Avenue South Kent, WA 98032</td>
<td>253-852-3080</td>
</tr>
<tr>
<td></td>
<td>Child Care Resources 16315 NE 87th Street #B Redmond, WA 98052</td>
<td>425-861-5506</td>
</tr>
<tr>
<td><strong>Kitsap County</strong></td>
<td>Child Care Resource &amp; Referral Educational Service District #114 105 National N. Bremerton, WA 98312</td>
<td>360-405-5827 or 360-698-3900</td>
</tr>
<tr>
<td><strong>Pierce County</strong></td>
<td>Child Care Resource &amp; Referral City of Tacoma 747 Market St., 8th floor Tacoma, WA 98402</td>
<td>253-591-2025</td>
</tr>
<tr>
<td><strong>Skagit County</strong></td>
<td>Child Care Resource &amp; Referral Volunteers of America 1934 East College Way Mount Vernon, WA 98273</td>
<td>360-416-0939</td>
</tr>
<tr>
<td><strong>Snohomish County</strong></td>
<td>Child Care Resource &amp; Referral Volunteers of America PO Box 839 Everett, WA 98206 425-258-4213</td>
<td></td>
</tr>
<tr>
<td><strong>Spokane/Ferry/Stevens/Pend Oreille/Lincoln Counties</strong></td>
<td>Child Care Resource &amp; Referral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family Care Resources NW Regional Facilitators 315 W. Mission Spokane, WA 99201</td>
<td>509-484-0048</td>
</tr>
<tr>
<td><strong>Thurston/Mason/Lewis Counties</strong></td>
<td>Child Care Resource &amp; Referral Child Care Action Council PO Box 446 Olympia, WA 98507-0446</td>
<td>360-754-0810</td>
</tr>
<tr>
<td><strong>Walla Walla/Columbia/Garfield Counties</strong></td>
<td>Child Care Resource &amp; Referral Walla Walla Community College 500 Tausick Way Walla Walla, WA 99362</td>
<td>509-527-4333</td>
</tr>
<tr>
<td><strong>Whatcom/Island/San Juan Counties</strong></td>
<td>Child Care Resource &amp; Referral The Opportunity Council 1111 Cornwall, Suite C Bellingham, WA 98225</td>
<td>360-734-5121 ext. 227</td>
</tr>
<tr>
<td><strong>Whitman/Asotin Counties</strong></td>
<td>WSU Child Care Resource &amp; Referral Lightly Building Room 360 PO Box 641066 Pullman, WA 99164-1066</td>
<td>509-335-7625</td>
</tr>
<tr>
<td><strong>Yakima/Kittitas Counties</strong></td>
<td>Child Care Resource &amp; Referral Catholic Family and Child Services 5301 – C Tieton Dr. Yakima, WA 98909-3478</td>
<td>509-965-7109</td>
</tr>
</tbody>
</table>
Educational Service Districts and Washington Public Schools:
(Contact for special needs, cultural specialists, training opportunities, etc.)

Office of the Superintendent of Public Instruction
360-725-6200
http://www.k12.wa.us/

ESD 101
(Covers: Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens and Whitman counties)
4202 S. Regal
Spokane, WA 99223-7764
509-789-3800

ESD 105
(Covers: Kittitas, Yakima counties; Royal, Wahluke SD's in Grant County; Bickleton, Goldendale SD's in Klickitat county)
33 S. 2nd Ave.
Yakima, WA 98902-3486
509-575-2885

ESD 112
(Covers: Clark, Cowlitz, Skamania, Wahkiakum counties; part of Klickitat and Pacific counties)
2500 N.E. 65th Ave.
Vancouver, WA 98661-6812
360-750-7500

ESD 114
(Covers: Kitsap county except Bainbridge Island; Jefferson and Clallam counties; North Mason SD in Mason county)
105 National Ave. N
Bremerton, WA 98312
360-479-0993

ESD 123
(Covers: Asotin, Columbia, Garfield, Walla Walla, Franklin and Benton counties;
3918 W. Court Street
Pasco, WA 98301
509-547-8441

ESD 171
(Covers: Chelan, Douglas, Grant and Okanogan counties)
640 S. Mission St.
P.O. Box 1847
Wenatchee 98807-1847
509-665-2610

ESD 189
(Covers: Island, San Juan, Skagit, Snohomish, and Whatcom counties)
1601 R Avenue
Anacortes, WA 98221
360-299-4000

Puget Sound ESD
(Covers: King and Pierce counties; Bainbridge Island SD in Kitsap county)
800 Oaksdale Ave. SW
Renton, WA 98055
425-917-7600

Other Sources of Information, Training, and Networking
Be sure to check out your local:
- Library
- Provider association
- Public health department
- Chamber of Commerce
- Support groups
- Hospitals, YMCA and YWCA, civic organizations (Kiwanis, Rotary Club, etc.).

Also contact your local:
- Chamber of Commerce
- Child Abuse & Neglect council
- Parents Anonymous Chapter
- PEPS Program
- Unions
- Washington Education Association

Resources by Subject

Administration


Brain Development


Curriculum


Active learning series: Infants, one’s, two’s, and three’s. St. Paul MN: Toys ’n Things Press.


**Resources**

**Developmentally Appropriate Practices**


How to plan and start a good early childhood programs. Washington, DC: National Association for the Education of Young Children, Brochure #515.


Young children: The journal of the national association for the education of young children. NAEYC Brochure #515.

**Diversity**


Resources

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Environments


Families


Guidance


Winning ways to talk with young children. DSHS Publication #22-649(X).

Health and Safety


HIV/AIDS information for those caring for young children (1989).[American Red Cross, Seattle-King County Chapter, 1900 25th Ave. S., Seattle WA 98144, (206) 323-2345].


Be a germ-buster. Wash your hands! Department of Health poster #130-012.

Resources

Day care and child protective services. DSHS Publication #22-176(X).


Medications in child care: Advice for parents & child care providers. DSHS Publication #22-680(X).

Recommended procedure for changing diapers. Department of Health poster #345-014.

The ABC’s of clean. Soap and Detergent Association [475 Park Ave. S., New York, NY 10016].

Infants/Toddlers


Nutrition


Foods which may cause choking. DSHS Poster #24-64(X).

Infant feeding guidelines. DSHS Poster #24-65(X).

Inappropriate foods for infants. DSHS Poster #24-72(X).

Issues in feeding infants. Focus: Child care programs. DSHS Publication #24-588(X).

Not while baby sleeps. DSHS Poster #24-71(X).


Pointers for parents: Microwaves and baby bottles don’t mix. DSHS Poster #24-63(X).

Preschoolers


Professional Development


School-Age


Waddell, L. School-age child care in school facilities. DSHS publication, DSHS, Department of Child and Family Services (DCFS).


Social/Emotional Development


Special Needs

Birth to 6 Screening Wheel. DSHS #22-642(X).


Websites

American Academy of Pediatrics http://www.aap.org


Licensed Child Care Information System (LCCIS) http://www.del.wa.gov/lccis

Children’s Alliance http://seattle@childrensalliance.org

Children’s Defense Fund http://www.childrensdefense.org

Department of Early Learning http://www.del.wa.gov

Every Child Matters http://www.everychildmatters.org

Healthy Child Care Washington www.healthychildcare-wa.org

Foundation for Early Learning http://www.earlylearning.org

I Am Your Child Foundation http://www.iamyourchild.org

Kids Health http://www.kidshealth.org

National Association for the Education of Young Children http://www.naeyc.org

National Child Care Association http://www.nccanet.org

National Child Care Information Center (NCCIC) http://nccic.org


School’s Out Washington www.schoolsoutwashington.org

State Training and Registry System, STARS http://wws2.wa.gov/dshs/stars

Talaris Research Institute http://www.talaris.org

Teaching Tolerance www.splcenter.org/center/tt/teach.jsp

Thrive by Five WA (the WA Early Learning Fund) www.thrivebyfivewa.org

Washington Association for the Education of Young Children (WAECY) http://www.waecy.org

Washington Early Learning Council www.washingtonlearns.wa.gov

Washington School Age Care Alliance http://www.wasaca.org

Washington Scholarships for Child Care Professionals www.childcarenet.org

Washington State Child Care Resource and Referral Network www.childcarenet.org

Zero to Three http://www.zerotothree.org
References


I Am Your Child Foundation http://www.iamyourchild.org


National Child Care Information Center http://www.nccic.org

National Program for Playground Safety http://www.uni.edu/playground/home

Program for Infant/Toddler Caregivers http://www.pitc.org


Seattle/King County Public Health Child Care Program. Model Health Policies and Forms for Child Care Programs. Seattle, WA. www.metrokc.gov/health/childcare/


Seattle/King County Public Health Child Care Program. Model Health Policies and Forms for Child Care Programs. Seattle, WA. www.metrokc.gov/health/childcare/


WAEC website and STARS http://www.waeyc.org

Zero to Three http://www.zerotothree.org
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