



Cougar Mountain Montessori
Complete Health Policy

IMPORTANT NUMBERS & ADDRESSES

Agency Name: Cougar Mountain Montessori
Director: Joan Heiting
Co-Director/
Program Supervisor: Karina Sogge
4442 158th Ave SE
Bellevue, WA 98006
Phone: 425-747-5029
Cross Street: 44th Street

EMERGENCY TELEPHONE NUMBERS:

Fire / Police / Ambulance: 911
C.P.S.: 1-866-ENDHARM (562-5624)
Poison Center: (800) 222-1222
Animal Control: 206-296-7387

HOSPITAL USED FOR LIFE-THREATENING EMERGENCIES*:

Hospital: Overlake Hospital Medical Center
Address: 1035 116th Ave NE
Bellevue, WA 98004
Emergency Phone: 425-688-5000
Non-Emergent Phone: 425-688-5000

* 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:	Frances Limtiaco	253-372-6041
DEL Licensor:	Shirlee Schlemmer	425-590-3094
Public Health Nurse:	MaryLynn O'Byrne	206-296-2770
Public Health Nutritionist:	Nancy Gouhig	206-205-1260
Communicable Disease/Immunization Hotline (Recorded Information):	206-296-4949	
Communicable Disease Report Line:	206-2964774	

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EMERGENCY PROCEDURES

MINOR EMERGENCIES

1. Staff trained in first aid will refer to the **First Aid Fast for Children** (located in the kitchen cupboard above the microwave) or the **First Aid Guide** located in each classroom's first aid box.
2. 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.
3. Staff will record the incident on **Accident/Injury Form** which will be kept in each classroom. The form includes 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.
4. The incident will also be recorded on the **Accident/Incident Log**, which will be located in the main office.
5. Accident/Incident Logs and Illness Logs will be reviewed monthly by the Program Supervisor. 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 First Aid Fast for Children 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 which is listed on the child's **Health and Emergency form**.
4. A staff person will stay with the injured/ill child, including transport to a hospital if necessary, until a parent, guardian or emergency contact arrives. The child's **Health and Emergency form** will accompany the child to the hospital.
5. The incident will be recorded on **Accident/Incident Report** and **Accident/Incident 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 an **Accident/Inquiry 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:

- For each child with asthma, parents must have their child's health care provider complete an asthma care plan using the **Physicians' Instructions for Medication form**. This form will include an individual emergency treatment plan and shall be kept on file for any child with asthma.
- The asthma care plan shall be implemented when child exhibits asthma symptoms at school.

ALLERGIES:

- Each parent must complete the **Allergies & Dietary Restrictions Form**. If food allergies are indicated on this form, on the registration form or are verbally indicated, additional steps must be followed as indicated below.
 - A Food Allergy Care plan shall be developed using the **Allergies & Dietary Restrictions Form** and the **Physicians' Instructions for Medication form**.
 - Parents have their child's health care provider complete and sign the **Physicians' Instructions for Medications form**, and return this document to Cougar Mountain Montessori. This form must lists food to avoid, a brief description of how the child reacts to the food, and appropriate substitute food(s). It *must* be signed by a Health Care Provider.
 - The Health Care Provider must 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.
- All Food Allergy Care Plans shall be maintained in the child's file and posted in the kitchen. Staff shall follow all food allergy care plans.

MEDICATION MANAGEMENT

PARENT/GUARDIAN CONSENT

Medication will only be given with prior written consent of the child's parent/legal guardian. This consent form **Parent Medication Authorization**, 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).

- 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.
 - Additionally, the following must be followed.
 - 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.
 - For sunscreen and diaper ointment, the written consent may cover an extended time period of up to 6 months.
 - 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) using the **Physicians' Instructions for Medications form**.

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 **Physicians' Instructions for Medications form**.

MEDICATIONS FOR CHRONIC CONDITIONS SUCH AS: ASTHMA OR ALLERGIES

1. Use the **Physicians' Instructions for Medications form**.
2. 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.
4. Emergency supply of medication for chronic illness
5. 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 our Program Supervisor and a record of training will be kept in staff's file.
2. Staff giving medications will document the time, date and dosage of the medication given on the child's **Medication Sign-In Record**. Staff 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.
6. **Physicians' Instructions for Medications forms** and **Medication Sign-In Records** and any additional documentation will be kept in the child's file, when the medication is completed, discarded, or returned to parents.
7. Staff will only administer medication when all conditions listed above are met.
8. Medication authorization and documentation is considered confidential and must be stored out of general view.

MEDICATION STORAGE

1. Medication will be stored as follows:

- Medications are kept in locked boxes in the refrigerator or a non-refrigerated area away from the children's reach.
 - 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. Any unused medication must be picked up by the parent or it will be properly discarded after the stop date on the consent form.
 3. Controlled substances (i.e. Ritalin) will be stored in a locked box in each classroom in high cupboard.
 - East class: Above Microwave
 - West Class: In Kitchen
 4. Center implements the following system for tracking administration of controlled substances: Physician's Instructions for Medication and the Medication Sign-In Record
 5. Medications no longer being used will promptly be returned to parents/guardians or discarded.

SELF-ADMINISTRATION BY CHILD

No child shall administer medication. Cougar Mountain Montessori Staff administers all medication.

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.)
3. Information on the label must be consistent with the **Physicians' Instructions for Medications form** or the **Parent Medication Authorization form**.
4. Prepare medication on a clean surface away from diapering or toileting areas.
5. Do not add medication to the child's drink or food (health care provider authorization required).

6. 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.
7. For capsules/pills, medication is measured into a paper cup and dispensed as directed by the Health Care Provider/legal guardian.
8. Wash hands after administering medication.
9. Observe the child for side effects of medications and document on the child's Medication Authorization Form.
10. Diaper Ointment is not shared between children. Each child's ointment is kept in the child's pull-up bin.
11. When sun screen is provided by school, staff must wash hands between each child's application.

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Children with any of the following symptoms will not be permitted to remain at School:

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 school when they no longer have the above symptoms and no longer have significant discomfort.

We 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.

Children with the above signs and symptoms will be separated from the group and cared for in the office. 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 are reported. A complete list of reportable diseases is available at www.doh.wa.gov/OS/Policy/246-101prp3.pdf.

Even though a disease may not require a report, Cougar Mountain Montessori will consult with your public health nurse or our DEL Health Specialist about common childhood illness or disease prevention.

The following communicable diseases will be reported to the Public Health Communicable Disease Hotline 206-296-4774 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. The exception to this requirement is outlined below under “Non-Immunized Children.”

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 Program Supervisor.

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)

NON-IMMUNIZED CHILDREN

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 in each classroom and in the office.

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.*

HEALTH RECORDS

Cougar Mountain Montessori uses Health and Emergency Information Form to collect each child's health records. The form contains:

- 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
- Medical consents for emergency care
- Preferred hospital for emergency care

Additionally, each child's health records will contain:

- Individualized care plans for special needs or considerations (medical, physical or behavioral)
- Current immunization records (CIS form)

The above information will be collected by the Enrollment Coordinator/Program Supervisor before entry into school.

Teachers and staff will be oriented to any special needs or diet restrictions before the child first enters school. 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.

HAND WASHING

Staff will wash hands:

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

Children will be assisted or supervised in hand washing:

- Upon arrival at the site and when leaving at the end of the day.
- Before and after meals or cooking activities (in separate sink from the food preparation sink).
- After toileting or diapering.
- After handling or coming in contact with body fluids such as mucus, blood, saliva or urine.
- After outdoor play.

- After touching animals.
- Before and after water table play.

Hand washing procedures are posted at each sink and include the following:

- Soap, warm water (between 85° and 120°F) and individual towels will be available for staff and children at all hand washing sinks, at all times.
- Turn on water and adjust temperature.
- Wet hands and apply a liberal amount of soap.
- Rub hands in a wringing motion from wrists to fingertips for a period of not less than 10 seconds.
- Rinse hands thoroughly.
- Dry hands, using an individual paper towel.
- 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 in the West Class bathroom 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:

Disinfecting:	Amount of Bleach:	Amount of Water:
Diapering areas, body fluids, bathrooms and bathroom equipment. (Bleach solution should remain in contact with surface for 2 minutes).	1 tablespoon or 1/4 cup	1 quart or 1 gallon
Sanitizing:	Amount of Bleach:	Amount of Water:

Table tops, dishes, toys, mats, etc. (Bleach solution should remain in contact with surface for 2 minutes).	1/4 teaspoon	1 quart
	1 teaspoon	1 gallon

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. Toilet seats will be cleaned and disinfected throughout the day and when needed.
10. Works and 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.
11. 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.
12. Bedding (e.g. mat covers and blankets) are sent home weekly to be laundered. Will wash mat sheets 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.
13. 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).
14. Child care laundry will be washed as needed at a temperature of at least 140 degrees or with added disinfecting agent such as bleach.

15. 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.
16. 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.
17. 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.
18. Vacuuming and mopping of the center will not occur while children are present (carpet sweepers are ok to use).
19. Staff are encouraged to wear an apron over street clothes (or change clothes on site) to decrease the spread of communicable disease.

PULL-UP USE & SOILED CLOTHING CHANGE

Children that are in the process of potty-training may wear pull-ups to school. Children cannot wear diapers to school. Staff must follow specific procedures when handling soiled pull-ups or clothing.

1. Changing must take place in the bathroom.
2. Staff must wash their hands before and after assisting child.
3. Staff must wear (Nitrile or latex, non-powdered) when assisting child with soiled pull-up or clothing.
4. Clean child's diaper area from front to back, using a clean, damp wipe for each stroke.
5. Apply topical cream/ointment when written consent is on file.
6. Wash hands (remove gloves if worn and then wash hands)
7. Place used pull-up inside of inverted glove (as glove is being removed from hand). Pull-up is then placed in a plastic bag and disposed of in lidded bin in bathroom.
8. Assist child in putting on clean pull-up and clothing.
9. Staff must wash hands after assisting child.

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 the Program Supervisor 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):
 - Ground Beef: 155°F Fish: 145°F
 - Pork: 145°F Poultry: 165°F
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: Cougar Mountain Montessori does not have catered foods.
 23. 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:
 - Following all food safety guidelines
 - Wash hands before and after food preparation
 - Where aprons
 - Are supervised by staff at all times
 26. Perishable items in sack lunches will be kept cold by keeping them in the refrigerator.

NUTRITION

1. Snack Menus are posted in the kitchen weekly.
2. Menus will be followed. Necessary substitutions will be noted on the permanent menu copy.
3. Fresh snacks are provided by CMM two times throughout the day, and are available for children to eat during morning work time (10am-11am) and afternoon work time (1:30pm-2:30pm).
4. Lunch is at 11:30am and each child brings his/her own lunch from home daily.
5. All snacks are prepared fresh each morning and afternoon by a CMM staff person.
6. Late afternoon snack (4:25pm) is either provided by the parent or staff.
7. Staff documents all snack items, and files are maintained throughout the year. (USDA requires food menus to be kept for 3 years plus the current year).
8. Food allergies and dietary restrictions are posted in the kitchen to help facilitate food preparation.

9. Nutrient concentrates and food supplements may not be given without written permission from the child's health care provider.
10. 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.
11. Foods served will generally be low in fat, sugar and salt content.
12. Children will have free access to drinking water (individual disposable cups or single use glasses only).
13. Menu modifications will be planned and written for children needing special diets.
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 program supervisor. 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 the Program Supervisor and/or the Playground Maintenance 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 Program Supervisor or Director. 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 Program Supervisor Monthly 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 in staff and student files. Our Disaster Preparedness Plan is located in each emergency backpack and in the office file cabinet.

1. Procedures for medical, dental, poison, earthquake, fire or other emergency situations will be posted in each classroom. The Program Supervisor will review the policies with each staff team regularly. The Lead Teacher or Program Supervisor 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. Staff will be familiar with use of the fire extinguisher.
5. Center will identify and mitigate earthquake hazards i.e. securing bookshelves and pictures to walls.
6. 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
2. past 12 months prior to being hired (unless not recommended by a licensed health care provider).
3. 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.
4. 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.
5. Our center will comply with all recommendations from the local health jurisdiction

6. (TB is a reportable disease).
7. 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.
8. 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).
9. 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 1-800-562-5624.
2. Signs of child abuse or neglect will be recorded on NCR notepaper (Write up) and Accident/Injury Report. The NCR Paper is located in the office paper storage and the Accident Injury Report is located in each classroom.
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: _____