

Cherry Valley

Kid's Castle
CHILD CARE & PRESCHOOL

**PROGRAM
OPERATIONS
POLICIES**

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Program Operations Policies

Plans to keep required program/staff records current

All children's records, including immunization records will be kept current by initial enrollment completion and then reviewed for deficiencies, and corrected at the beginning of each year. It is the responsibility of the employee to keep Cherry Valley Kid's Kastle informed of any changes to keep your file up to date.

Child supervision requirements

Assistants and volunteers will be supervised by the licensee or primary staff person at all times. The licensee or primary staff person must be within visual or auditory range of an assistant or volunteer sixteen years old or older, and must be available and able to respond. The licensee or primary staff person must be within visual and auditory range of an assistant or volunteer fourteen years to sixteen years old, and must be available and able to respond. When the licensee or primary staff person is the only supervisor, the assistant or volunteer may be in visual or auditory range for brief periods of time while the licensee or primary staff person attends to their personal needs on the premises.

The table in this section describes the required staff-to-child ratio, age composition of children in care, and maximum licensed capacity permitted in a licensed family home child care depending on the:

(1) Licensee's years of experience;

(2) Number and qualifications of staff providing care:

(3) As used in this section, "walking independently" means being able to stand and move about easily without the aid or assistance of or holding on to an object, wall, equipment or other person.

Staff	Licensee Minimum Experience and Requirements	Staff-Child Ratio	Age Range	Maximum Number of Children by Age Group:	Maximum Capacity
(a) Licensee working alone	Less than one year of experience	1:6	Birth through 12 years of age	Under 18 months of age 2	6
				or Under two years of age (One must be walking independently)	
				3	Maximum of 2 children under the age of two not walking independently
(b) Licensee working alone	At least one year of experience	1:8	18 months through 12 years of age	18 months to 2 years (Must be walking independently) 2	8
				or Under three years	
					All children must be walking

					of age (Not more than two under two years of age and must be walking independently)	independently
					4	
(c)	Licensee working alone	At least two years of experience and 10 hours of annual ongoing early childhood education equivalent STARS training	1:10	Three years through 12 years of age	Not Applicable	10
					Under 18 months of age	
					2	
					and	
(d)	Licensee working with primary staff person or assistant (2 persons total)	Licensee has at least one year of experience	2:9	Birth through 12 years of age	18 months to two years of age and walking independently	9
					1	
					and	
					Two years to three years of age	
					4	
					Under 18 months of age	
					4	
					and	
(e)	Licensee working with primary staff person or assistant (2 persons total)	Licensee has two or more years child care experience and 10 hours of annual ongoing early childhood education equivalent STARS training	2:12	Birth through 12 years of age	18 months to two years of age and walking independently	12
					2	
					and	
					Two years to three years of age	
					4	
(f)	Licensee working with primary staff person or assistant (2 persons	Licensee has two or more years child care experience and 10 hours of annual ongoing early childhood education	2:12	Two years of age through 12 years of age	Not Applicable	12

Mandatory reporting requirement of suspected child abuse and neglect and other incidents under WAC 170-296A-2300:

Suspected child abuse and/or neglect will be reported to DSHS/CPS as required by Washington State Law.

Health Plan

Communicable Disease Procedures

When the licensee becomes aware that he or she, a household member, staff person or child in care has been diagnosed with any of the following communicable diseases:

Disease:	Also known as:
Chickenpox	Varicella
Conjunctivitis (bacterial)	Pink eye
Diphtheria	
E. coli infection	
Giardiasis	
Hepatitis A virus	
Invasive haemophilus influenza disease (except otitis media)	
Measles	
Meningitis (bacterial)	Meningococcal meningitis
Mumps	
Pertussis	Whooping cough
Rubella	German measles
Salmonellosis	Salmonella or "food poisoning"
Shigellosis	Shigella
Tuberculosis	TB

(active)	
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(1) The licensee must, within twenty-four hours notify:

(a) The local health jurisdiction or DOH, except notice is not required for a diagnosis of chickenpox or conjunctivitis;

(b) The department; and

(c) Parents or guardians of each of the children in care.

(2) The licensee must follow the health plan before providing care or before readmitting the household member, staff person or child into the child care.

(3) The licensee's health plan must include provisions for excluding or separating a child, staff person, or household member with communicable disease as described in subsection (1) of this section or any of the following:

(a) Fever of one hundred one degrees Fahrenheit or higher measured orally, or one hundred degrees Fahrenheit or higher measured under the armpit (axially), if the individual also has:

(i) Earache;

(ii) Headache;

(iii) Sore throat;

(iv) Rash; or

(v) Fatigue that prevents the individual from participating in regular activities.

(b) Vomiting that occurs two or more times in a twenty-four hour period;

(c) Diarrhea with three or more watery stools, or one bloody stool, in a twenty-four hour period;

(d) Rash not associated with heat, diapering, or an allergic reaction; or

(e) Drainage of thick mucus or pus from the eye.

Immunization Tracking

The licensee is required to track each child's immunization status. The licensee must:

(1) Except as provided in WAC [170-296A-3275](#) or [170-296A-3300](#), have a complete current certificate of immunization status (CIS) form or similar form supplied by a health care professional for each child, submitted on or before the child's first day of child care;

(2) Develop a system to update and keep individual immunization records current to include when immunizations are received; and

(3) Have the CIS or similar forms for each currently enrolled child available in the licensed space for review by the licensor.

Accepting a child who does not have current immunizations

(1) The licensee may accept a child who is not current with immunizations on a conditional basis if immunizations are:

(a) Initiated before or on enrollment; and

(b) Completed as soon as medically possible.

(2) The licensee must have on file a document signed and dated by the parent or guardian stating when the child's immunizations will be brought up to date.

Immunizations — Exemption

The licensee may accept a child without any immunizations if the parent or guardian provides:

- (1) A DOH medical exemption form signed by a health care professional; or
- (2) A DOH form or similar statement signed by the child's parent or guardian expressing a religious, philosophical or personal objection to immunization.

Medication Management

(1) The licensee's medication management policy must include:

- (a) Safe medication storage, including the licensee's family medications; and
- (b) Whether the licensee chooses to give medications to children in care.

(2) If the licensee chooses to give medications to children in care, the licensee's policy must include:

(a) How giving medications will be documented (medication log), including documenting when a medication is given or not given as prescribed or as indicated on the permission form;

(b) Permission to give medications to a child signed by the child's parent or guardian, and by a licensed medical professional when appropriate; and

(c) That only the licensee or primary staff person may give medication or observe a child taking his or her own medication as described in WAC 170-296A-3550.

(3) If the licensee chooses not to give any medications to children in care, the licensee must inform parents in the parent/guardian handbook.

(4) If the licensee or primary staff person decides not to give a specific medication to a child after having received written permission by the child's parent or guardian, the licensee or primary staff person must immediately notify the parent or guardian of the decision to not give the medication.

(5) The licensee must make reasonable accommodations and give medication if a child has a condition where the Americans with Disabilities Act (ADA) would apply.

Medication storage

The licensee must store all medications, as well as vitamins, herbal remedies, dietary supplements and pet medications as described in the following table:

- (1) In a locked container or cabinet until used; or
- (2) Inaccessible to children. The licensee must keep emergency rescue medications listed in subsection (3)(a)(i) through (vi) inaccessible but available for emergency use to meet the individual's emergency medical needs:

Medication Storage Table			
This list is not inclusive of all possible items in each category. Medications must be maintained as directed on the medication label, including refrigeration if applicable.			
(3)	If the medication is a (an):	The medication must be stored in a locked container	The medication must be stored inaccessible to children.

		or cabinet.	
(a)	Individual's emergency rescue medications:		
(i)	Any medication used to treat an allergic reaction;		X
(ii)	Nebulizer medication;		X
(iii)	Inhaler;		X
(iv)	Bee sting kit;		X
(v)	Seizure medication;		X
(vi)	Other medication needed for emergencies.		X
(b)	Nonprescription medications, including herbal or natural:		
(i)	Pain reliever, cough syrup, cold or flu medication;	X	
(ii)	Vitamins, all types including natural;	X	
(iii)	Topical nonprescription medication;		X
(iv)	Hand sanitizer, when not in use.		X
(c)	Prescription medication:		

(i)	Intended use - Topical;	X	
(ii)	Intended use - Ingestible, inhaled or by injection.	X	
(d)	Pet medications (all types).	X	

Medication Permission

(1) The licensee must have written permission from a child's parent or guardian to give a child any medication. The permission must include:

- (a) Child's name;
- (b) Name of the medication and condition being treated;
- (c) Dose and frequency to be given;
- (d) Instructions for any specialized equipment or procedures for giving the child's medication;
- (e) Start and stop date for administering medication not to exceed thirty calendar days, except as provided in subsection (2) of this section;
- (f) Parent or guardian signature; and
- (g) Date of signature.

(2) A parent or guardian may give the licensee ninety calendar days permission for use of the following:

- (a) Diaper ointments and talc free powders used as needed that are intended specifically for use in the diaper area of children;
- (b) Sun screen;
- (c) Hand sanitizers; or
- (d) Hand wipes with alcohol.

(3) The licensee must keep a written record of medication administration (medication log) that includes the:

- (a) Child's name;
- (b) Name of medication;
- (c) Dose given;
- (d) Dates and time of each medication given; and
- (e) Name and signature of the person giving the medication.

(4) The licensee must return any unused medication to the child's parent or guardian.

(5) Medication permission forms and medication logs must be kept confidential. The licensee must allow a child's parent or guardian to review their own child's medication administration records.

(6) Medication permission forms and medication logs for the previous twelve months must be kept in the licensed space and be available for review by the licenser.

Medication requirements

The licensee or primary staff person must follow the medication directions for managing and administering prescription and nonprescription medication for the individual children in care. The licensee or primary staff person must not give or allow giving of an expired medication.

Sedating a child prohibited

The licensee or primary staff person must not give or allow giving of any medication for the purpose of sedating a child unless the medication has been prescribed for that purpose by a qualified health care professional and prescribed for the child receiving the medication.

Prescription medication

The licensee or primary staff person may give a prescribed medication to a child only if the following conditions are met:

- (1) The medication is prescribed only for the child the medication is being given to;
- (2) The parent or guardian has provided written permission as described in WAC 170-296A-3375;
- (3) The prescribed medication is given in the amount and frequency prescribed by the child's health care professional with prescription authority;
- (4) The prescribed medication must only be given for the purpose or condition that the medication is prescribed to treat;
- (5) The medication must:
 - (a) Be in the original container;
 - (b) Be labeled with the child's first and last name;
 - (c) Have a nonexpired expiration date;
- (6) The container must have or the parent or guardian must provide information from the pharmacy about:
 - (a) Medication storage;
 - (b) Potential adverse reactions or side effects; and
- (7) The medication has been stored at the proper temperature noted on the container label or pharmacy instructions.

Nonprescription medications

The licensee or primary staff person may give nonprescription medications, as defined in this chapter, only when the following conditions are met:

- (1) The parent or guardian has given signed written permission as provided in WAC 170-296A-3375.
- (2) The nonprescription medication is:
 - (a) Given to or used with a child only in the dosage, frequency and as directed on the manufacturer's label;
 - (b) Given in accordance to the age or weight of the child needing the medication;
 - (c) Given only for the purpose or condition that the medication is intended to treat;
 - (d) Is in the original container; and
 - (e) Has a nonexpired expiration date, if applicable.
- (3) The medication container or packaging includes, or the parent or guardian provides information about:
 - (a) Medication storage;
 - (b) Potential adverse reactions or side effects.

(4) The medication has been stored at the proper temperature noted on the container label or instructions.

Children taking their own medication

The licensee may permit a child to take his or her own prescription medication if:

- (1) The licensee follows all of the requirements in WAC [170-296A-3475](#) (1) through (6);
- (2) The child is physically and mentally capable of properly taking the medicine;
- (3) The licensee has on file the child's parent or guardian written approval for the child to take his or her own medication;
- (4) The medication and related medical supplies are locked and inaccessible to other children and unauthorized persons, except emergency rescue medications that may be stored inaccessible to other children but not locked; and
- (5) The licensee or a primary staff person observes and documents in the child's medication administration record that the medication was taken.

Plan for off-site field trips

We do not engage in off site field trips, or provide transportation. We do not provide transportation for pick up or delivery of your child. Parents must transport their child to and from childcare.

Plan for transporting children

We do not engage in off site field trips, or provide transportation. We do not provide transportation for pick up or delivery of your child. Parents must transport their child to and from childcare.

Plans for preventing children's access to unlicensed space

We will prevent children's access to unlicensed space by blocking stairs and doors with gates and portable cribs, or locking the door making it inaccessible to the children.

Medical emergency, fire, disaster and evacuation responsibilities

Medical Emergency:

Minor Accidents: Small scratches, bumps, and cuts are treated at the childcare. Parents are not called when minor accidents occur.

Injuries requiring first aid only

When a child has an injury that requires first aid only, the licensee must give a written or verbal notice to the child's parent or guardian and keep a record of the notice on file.

More critical than minor, but not life threatening injuries: On the spot first aid is given to the child, the parent is then emailed/called. If the parent cannot be reached, then the child's doctor is called. Emergency/Alternative person will then be emailed/called until child can be picked up and taken to the doctor. Parents will continue to be

emailed/called until contact is made. The department of Early Learning will be notified within twenty-four hours, and submit an injury/incident report form to the department.

Injuries or illness requiring professional medical treatment

(1) When the licensee becomes aware that a child's injury or illness may require professional medical treatment, the licensee must:

- (a) Call 911, when applicable and follow their recommendations;
- (b) Administer first aid;
- (c) Call the child's parent or guardian;
- (d) Call the department; and
- (e) Within twenty-four hours, submit an injury/incident report form to the

department.

(2) The injury/incident report form must include:

- (a) The name of child;
- (b) The date, time and location where the injury or illness occurred;
- (c) A description of the injury or illness;
- (d) The names of staff present;
- (e) The action taken by staff; and
- (f) The signature of licensee.

Life threatening Emergencies: Calls will be made in the following order: Give First Aid / CPR, call 911. The parents will then be contacted via phone call/e-mail/text message. If we are unable to reach the parents at once, then the child's doctor will be called. The parents will continually be called/email/text until contact is made. If we are still unable to reach the parents, then those persons authorized on the client information form will be e-mailed/called. The Department of Early Learning will be notified within twenty-four hours, and submit an injury/incident report form to the department.

If no contact can be made to either parent or authorized person, then 911 will make the decision to take the child to the hospital for emergency treatment. If the parents have listed their hospital of choice on the consent for medical care form, then the emergency personnel will be advised to transport the child to requested hospital. If no hospital is preferred, then we will request that the child go to Children's Hospital.

Disaster Plan:

The fire evacuation plan and fire drill procedures are posted and monthly fire and earthquake drills will be executed. In the event of a fire or earthquake we will notify the parents where to pick up their children. In case of disaster and you cannot be notified, we will be on the premises or, in the case of extreme emergency where we would have to leave the premises, then we will be at Cherry Valley Elementary or at a destination directed to us by officials. We do have disaster kits available for each child to fill with supplies. Please bring supplies for your child's kit. Some suggestions are: Photos, water bottle, non perishable snacks, space blanket, flashlight, ect. If your child has special needs, please let me know and/or provide me with those items to put in their disaster kits.

If an evacuation is necessary then the licensee and assistants will carry children that cannot walk on their own and direct the children that can walk out of the building and to a safe location.

The licensee or primary assistant will be responsible for gathering the first aid kit, child medication records and if applicable children's medication and the attendance book to account for all children in care that day.

Earthquake procedures:

During an earthquake the licensee and staff members will instruct and assist the children to move to a safe place while the earthquake is active. The licensee or primary assistant will be responsible for gathering the attendance book to account for all children in care that day. After an earthquake the licensee or primary staff member will assess whether the licensed space is safe for the children by visual analysis of the building.

Lockdown of the facility or shelter in place:

All doors and windows will be secured by locks and wooden dowels if necessary. Curtains will be drawn and the children will remain in the main room or kitchen portion of the facility. The parents or guardians will be notified by telephone call, text message or email message.

The licensee must keep the premises a three day supply of food, water, and medications required by individual children for use in a disaster, lockdown, or shelter in place incident.

Fire Evacuation Plan:

In case of fire, a staff member will blow the whistle located on the fire extinguisher and staff members will instruct, assist and/or carry the children to a safe place out of the building. The licensee or primary assistant will be responsible for gathering the attendance book, phone and files and account for all children in care that day. After the children and staff have been safely evacuated, the licensee or primary staff member will call 911. The licensee or primary staff member will wait with the children in a safe place in the back yard.

Guidance and discipline responsibilities

Whenever I encounter unacceptable behavior, I first engage in a friendly discussion on the behavior in question, and why it is not acceptable. I will also attempt to redirect the child's attention towards more positive activities or conduct. This may consist of sending the child to play with different children or a different area of the room or yard. Should additional measures be required, the child is placed in a different area designed for separation for a short time. This gives the child a chance to rest and feel free from circumstances that lead to the situation. Two to ten minutes of separate room time, calms the child, enabling a return to the other children on peaceful terms. We do not spank, or use corporal punishment, nor do we use any verbal punitive measures. We rely solely on talking it out, time out, and loving reassurance to dissuade

children from unacceptable behavior patterns. Physical punishment, corporal punishment, or verbal abuse are not allowed here at Cherry Valley Kid's Kastle and is unacceptable by staff or parents.

Hand Washing and Hand Sanitizers

(1) The licensee and staff must follow and teach children proper hand washing procedures. Proper hand washing procedures include:

- (a) Wetting hands with warm water;
- (b) Apply soap to the hands;
- (c) Washing hands;
- (d) Rinsing hands;
- (e) Drying hands with a paper towel, single-use cloth towel or air hand dryer; and
- (f) Turning off the water with paper towel or single use cloth towel.

(2) Paper towels must be disposed of after a single use.

(3) If cloth towels are used, the licensee must wash and sanitize each cloth towel after a single use.

(4) If an air hand dryer is used, it must have a heat guard to prevent burning and must turn off automatically.

Hand sanitizers

(1) If the licensee has a written and signed parent or guardian permission as described in WAC 170-296A-3375(2), the licensee may use hand sanitizer products only with children over twenty-four months old. Hand sanitizer products may be used:

(a) When hand washing facilities are not available, such as an outing, emergency, or disaster; or

(b) After proper hand washing.

(2) Hand sanitizer gels must not be used in place of proper hand washing if hand washing facilities are available.

When hand washing is required

(1) The licensee and staff must wash their hands and follow proper handwashing techniques:

(a) Before and after preparing foods, eating, or feeding a child;

(b) After handling raw or undercooked meat, poultry or fish;

(c) After using the toilet or helping a child with toileting;

(d) Before and after diapering a child. If needed during diapering, a disposable hand wipe cloth may be used;

(e) After touching bodily fluids as described in the licensee's bloodborne pathogens plan;

(f) After being outdoors with the children;

(g) After handling animals or cleaning up animal waste;

(h) After handling garbage and garbage receptacles;

(i) Before and after giving medication or applying topical ointment; or

(j) As needed.

(2) The licensee and staff must direct children to wash their hands or assist children with hand washing:

(a) Before and after the eating or participating in food activities;

(b) After toileting or diapering (the licensee may use a diaper wipe to clean hands

of a child age zero to six months);

- (c) After touching bodily fluids, including after sneezing, coughing;
- (d) After outdoor play;
- (e) After playing with animals or handling animal toys; or
- (f) As needed.

Children With Special Health Need Accommodation

The provisions of this section apply to any requirement in this chapter.

(1) The department may approve accommodations to requirements in these standards for the special needs of an individual child when:

(a) The licensee submits to the department a written plan, signed by the parent or guardian, that describes how the child's needs will be met in the licensed child care; and

(b) The licensee has supporting documentation of the child's special needs provided by a licensed or certified:

- (i) Physician or physician's assistant;
- (ii) Mental health professional;
- (iii) Education professional;

(iv) Social worker with a bachelor's degree or higher degree with a specialization in the individual child's needs; or

(v) Registered nurse or advanced registered nurse practitioner.

(2) The documentation described in subsection (1) of this section must be in the form of an:

- (a) Individual education plan (IEP);
- (b) Individual health plan (IHP); or
- (c) Individual family plan (IFP).

(3) The licensee's written plan and all documentation required under this section must be kept in the child's file and a copy submitted to the department.

(4) See WAC 170-296A-5625 regarding supervision, capacity, and staff-to-child ratios for children with documented special needs.

Cleaning, Sanitizing and Disinfecting Procedures

Carpets

The licensee must clean installed carpet in the licensed space at least once each calendar year or more often when soiled, using a carpet shampoo machine, steam cleaner, or dry carpet cleaner.

Cleaning laundry

The licensee must wash child care laundry using:

- (1) Laundry soap or detergent; and
- (2)(a) Temperature control (warm or hot cycle); or
- (b) Chlorine bleach.

Cleaning and sanitizing toys

The licensee must clean and sanitize toys as provided in WAC 170-296A-0010:

(1) Before a child plays with a toy that has come into contact with another child's mouth or bodily fluids;

(2) After being contaminated with bodily fluids or visibly soiled; or

(3) Not less than weekly when the toys have been used by the children.

Cleaning, sanitizing, and disinfecting table

The following table describes the minimum frequency for cleaning, sanitizing, or disinfecting items in the licensed space.

CLEANING, SANITIZING, AND DISINFECTING TABLE				
		"X" means CLEAN	And SANITIZE or DISINFECT	FREQUENCY
(a)	Kitchen countertops/tabletops, floors, doorknobs, and cabinet handles.	X	Sanitize (see subsection (3) of this section)	Daily or more often when soiled.
(b)	Food preparation/surfaces.	X	Sanitize (see subsection (3) of this section)	Before/after contact with food activity; between preparation of raw and cooked foods.
(c)	Carpets and large area rugs/small rugs.	X		(i) Vacuum daily.
				(ii) Installed carpet - Clean yearly or more often when soiled using a carpet shampoo machine, steam cleaner, or dry carpet cleaner.
				(iii) Small rugs - Shake outdoors or vacuum daily. Launder weekly or more often when soiled.
			X	Sanitize (see subsection (3) of this section)
(d)	Utensils, surfaces/toys that go in the mouth or have been in contact with other body fluids.	X	Sanitize (see subsection (3) of this section)	After each child's use; may use disposable, one-time utensils.
(e)	Toys that are not contaminated with body fluids and machine-washable cloth toys. Dress-up clothes (not worn on the head or come into contact with the head while dressing). Combs/hairbrushes, (none of these items should be shared among children).	X	Sanitize (see subsection (3) of this section)	Weekly or more often when visibly soiled.
(f)	Bedding, blankets, sleeping bags, individual sheets, pillowcases (if used).	X		Weekly or more often when soiled.
			Sanitize (see subsection (3)	Items that are put in the washing machine must be cleaned by using laundry detergent and

			of this section)	sanitized by temperature (hot or warm water cycle) or chlorine bleach.
(g)	Wash cloths or single use towels.	X	Sanitize (see subsection (3) of this section)	After each use.
(h)	Hats and helmets.	X		After each child's use or use disposable hats that only one child wears.
(i)	Cribs and crib mattresses.	X	Sanitize (see subsection (3) of this section)	Weekly, before use by different child, and more often whenever soiled or wet.
(j)	Handwashing sinks, faucets, surrounding counters, soap dispensers, doorknobs.	X	Disinfect (see subsection (2) of this section)	Daily or more often when soiled.
(k)	Toilet seats, toilet training rings, toilet handles, doorknobs or cubicle handles, floors.	X	Disinfect (see subsection (2) of this section)	Daily or immediately if visibly soiled.
(l)	Toilet bowls.	X	Disinfect (see subsection (2) of this section)	Daily or more often as needed (e.g., child vomits or has explosive diarrhea, etc.).
(m)	Changing tables, potty chairs (use of potty chairs in child care is discouraged because of high risk of contamination).	X	Disinfect (see subsection (2) of this section)	After each child's use.
(n)	Waste receptacles.	X		Daily or more often as needed.

(2) "Disinfect" or "disinfecting" means to eliminate virtually all germs on a surface by the process of cleaning and rinsing, followed by:

(a) A chlorine bleach and water solution of one tablespoon of chlorine bleach to one quart of cool water, allowed to stand wet for at least two minutes; or

(b) Other disinfectant product if used strictly according to the manufacturer's label instructions including, but not limited to, quantity used, time the product must be left in place, adequate time to allow the product to dry or rinsing if applicable, and appropriateness for use on the surface to be disinfected. Any disinfectant used on food contact surfaces or toys must be labeled safe for food contact surfaces.

(3) "Sanitize" means to reduce the number of microorganisms on a surface by the process of:

(a) Cleaning and rinsing, followed by using:

(i) A chlorine bleach and water solution of three-quarters teaspoon of chlorine bleach to one quart of cool water, allowed to stand wet for at least two minutes; or

(ii) Another sanitizer product if used strictly according to manufacturer's label instructions including, but not limited to, quantity used, time the product must be left in place, and adequate time to allow the product to dry, and appropriateness for use on the surface to be sanitized. If used on food contact surfaces or toys, a sanitizer product must be labeled as safe for food contact surfaces; or

(b) For laundry and dishwasher use only, "sanitize" means use of a bleach and water solution or temperature control.

Notifying the Health Department of Notifiable Condition of Health

(1) In the event a licensee, staff person, volunteer, household member, or child in care is diagnosed with a notifiable condition as defined in chapter 246-101 WAC, the licensee must report the diagnosis to the local health jurisdiction or the state department of health.

(2) Contact the local health jurisdiction for the list of notifiable conditions and reporting requirements.

(3) A person excluded from the family home by the health department or local health officer on the basis of such a diagnosis may not return to the family home until approved to do so by the local health officer.

Bloodborne Pathogens Plan

A list of the staff, volunteers and household members providing child care who may be exposed to bloodborne pathogens; and Procedures for cleaning up bodily fluid spills (blood, feces, nasal or eye discharge, saliva, urine or vomit), including the use of gloves, proper cleaning and disinfecting of contaminated items, disposal of waste materials, and hand washing.

Overnight care, if applicable

We do not provide overnight care.

Plan for staff (see Staff Policies) to include

Staff responsibilities

Staff training

Staff expectations

Professional development