

Child Care Center Licensing Guidebook



Washington State
Department of
Early Learning

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Child Care Center Licensing Guidebook

Second Edition

Washington State Department of Early Learning

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Letter from the Director

Dear Child Care Professional,

I am very pleased to present you with the second edition of the Child Care Center Licensing Guidebook. As you are well aware, increasing numbers of young children are being cared for outside of their homes while their parents work or go to school. The availability of quality child care is critical to the well being of children, families, communities and businesses. You, as child care providers, are key to making sure that children thrive in child care settings.

This edition of the Child Care Center Licensing Guidebook is one of the first publications from the new Department of Early Learning. We are excited to offer this manual filled with suggestions, ideas, best practices, and resources to assist you in providing quality care to children in Washington State. The Department joins you in your efforts to create healthy and safe learning environments where children are cared for by nurturing and caring staff. We must ensure that all children in our state receive culturally relevant, developmentally appropriate learning experiences that enhance school readiness and support social, emotional, cognitive, and physical development.

You, as child care providers, are key to making sure that children thrive in child care settings.

This guidebook is intended to serve as a comprehensive resource for providers and caregivers. The licensing process is fully explained along with suggestions about how to get through the process more easily. Please remember to check with your local licensor and health specialist to receive the most current and accurate information on the licensing process.

The jobs you do are vitally important to the children and families of this state and I appreciate your commitment. I hope you will find this Guidebook useful in operating your child care business.

Sincerely,



Jone M. Bosworth
Director, Department of Early Learning

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Child Care Center Licensing Guidebook



Welcome to the world of child care! You are about to enter one of the most important professions in the world. Research has shown that children's earliest experiences and relationships make a significant difference in the way their brains develop. During the first few years of life, children are forming brain connections that determine a lifetime of skills and potential. Caregivers help to build the foundation and future of each child they touch. Your interactions will have a long-lasting impact on the children in your care. Shaping the future of a child is a tremendous responsibility and wonderful opportunity.

This guidebook represents years of work by child care center providers, licensors, health and safety professionals and child development specialists. It is an interpretation of current rules presented with best practices and examples to guide you as you create and operate your child care center. This book was written for everyone who is interested in providing the quality care all children need and deserve.

The guidebook has been revised to reflect the Minimum Licensing Requirements for Child Care Centers (MLRs) which were adopted in August, 2003. The implementation strategies for the MLRs and best practices suggested throughout the book come from a variety of research based resources. A complete list of resources can be found in the Resource section at the end of the book. One of the resources, *Caring for Our Children, National Health and Safety Performance Standards for Out-of-Home Child Care Programs* [AAP, 2002] was developed jointly by the American Academy of Pediatrics, the American Public Health Association, the Maternal and Child Health Bureau and the Health Resources and Services Administration in 1994 and revised in 2002.

Suggestions for best practices have been adopted from the National Association for the Education of Young Children (NAEYC). Two of their publications, *Developmentally Appropriate Practice in Early Childhood Programs, Revised Edition* (Bredekamp, 1987) and *1998 Edition Accreditation Criteria and Procedures* (NAEYC, 1998) give insight and information regarding early care and education programs for children. The MLRs define the minimum standards to which child care centers are held in their licensing process. Best practices are included to enhance the MLRs by increasing the standards of quality for children.

For your convenience, an Appendix is included at the end of the book that includes forms and policies you can download. You can modify and change the forms to accurately reflect your policies and practices.

Please use the guidebook in implementing the requirements of licensing. It is filled with useful information for improving the care of children in child care programs in Washington State.



WAC

WAC 170-295-0001

What gives the authority to the Department of Early Learning (DEL) to license child care and charge licensing fees?

- The rules for child care centers are governed under chapters 43.215 RCW.
- The rules establishing licensing fees are adopted under authority of RCW 43.20B.110.

WAC

RCW 43.215 states:

“The legislature finds that the early years of a child’s life are critical to the child’s healthy brain development and that the quality of caregiving during the early years can significantly impact the child’s intellectual, social, and emotional development. The purpose of this RCW chapter is:

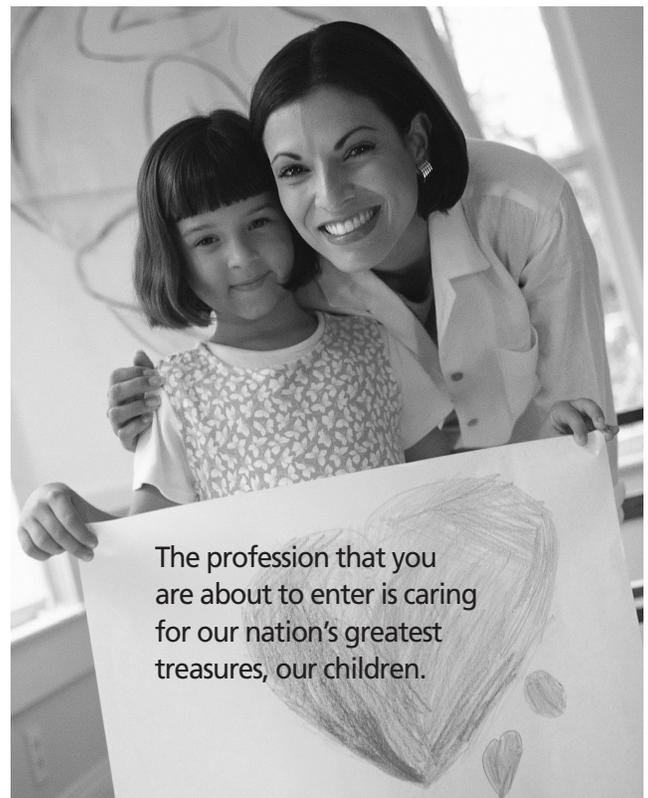
- To establish the Department of Early Learning;
- To coordinate and consolidate state activities relating to child care and early learning programs;
- To safeguard and promote the health, safety, and well-being of children receiving child care and early learning assistance;
- To promote linkages and alignment between early learning programs and elementary schools and support the transition of children and families from pre-kindergarten environments to kindergarten;
- To promote the development of a sufficient number and variety of adequate child care and early learning facilities, both public and private; and
- To license agencies and to assure the users of such agencies, their parents, the community at large and the agencies themselves that adequate minimum standards are maintained by all child care and early learning facilities.”

Things to think about before you start a child care center

The profession that you are about to enter is caring for our nation’s greatest treasures, our children. They are our future. The need for quality child care has increased as more parents have entered the workforce. The quality of child care a young child receives helps build the foundation for their futures.

While providing child care is a rich and rewarding occupation, it is also hard work and requires well trained professionals to partner with parents to raise happy, confident, creative, intelligent and emotionally healthy children. Some of the things to think about before you decide to start a child care center are:

- ◆ Is this the right business for you?
- ◆ Does the community need a new child care center?
- ◆ Where should the center be located?
- ◆ Do you have the necessary set up and operating costs?
- ◆ What is your timeline for starting your child care center?



Is child care for you?

Consider the following:

- ◆ Your personality: Are you good with people? Do you like children? Do you enjoy working with families? Are you physically and emotionally healthy? Can you multi-task? Do you handle stress well?
- ◆ Your experience and training: How much do you know about child development and early childhood education? How much experience do you have running a business? Have you ever supervised or managed adults? Do you meet the educational minimum licensing requirement?
- ◆ Your determination: Are you willing to work long hours? Are you able to accept responsibility and meet deadlines? Are you willing to provide leadership and exercise authority? Are you willing to learn about children?
- ◆ Your financial assets: Are you able to meet start up costs and survive with little or no profit for at least six months or longer? Are you eligible for a loan? Do you want to rent, lease, buy, or build a place for your center?

Community need

You would do well to check which areas in your community need additional child care programs, the types of care most needed and rates families pay in your area. Find out how many existing centers are operating at full capacity. Good sources for this information are other providers in your area and your local Resource and Referral agency. You might also choose to contact major employers, local schools and churches in your area to determine what kinds of care are needed in the community.

Having gathered this information, you will be in a better position to decide:

- ◆ The general area in which you would like to locate
- ◆ If there is a need for a center in your chosen area
- ◆ How many children and what ages you want to serve, and
- ◆ The hours you plan to be open.

Location

Selecting a Site

There are many factors to consider when choosing a site for your center. Questions to consider are:

- ◆ Is the site safe? Are fire, police and health services accessible?
- ◆ Is the area zoned for child care? If not, is a conditional use permit likely?
- ◆ If you plan to lease the facility, is the owner willing to allow necessary renovations? Who will pay for them? Is the lease renewable?
- ◆ Is the rent or monthly payment affordable? What utilities and services will you have to pay? What were the utility bills last year? Who will be responsible for maintenance and repairs?
- ◆ Does the building have the inside spaces to offer the kind of program you want? Does it have adequate kitchen facilities, toilets, and sinks?
- ◆ Do the spaces intended for child care meet building, health, fire, and child care regulations? If not, what would be required to bring them up to code?
- ◆ Is sufficient outside play space available? Is it fenced?
- ◆ If you are planning to share the space, what restrictions will affect your use of the building? How much equipment must you regularly put away? How often?

When you think you have found a suitable site and before you sign a lease or closing papers contact your local Department of Early Learning (DEL) office. A licensor can help you decide whether the site can meet licensing requirements or what structural changes might be necessary. Make sure you have checked with local authorities for any past or current issues with the site in regard to your proposal to make it a child care facility.

Note: *An established program will attract customers through its reputation. A newly opening center, however, is more likely to succeed the nearer it is to:*

- Where people live
- Where people work, go to school, or
- The route people travel from home to work.

Start up and operating costs

Start Up Costs

Each year, fifty percent of small businesses fail. In some cases, new centers fail due to a lack of understanding about start up costs and annual operating expenses. Start up costs are more than buying equipment, furnishings, and supplies.

- ◆ You will likely have to start making monthly payments on the property before you open for business.
- ◆ You may have to make first and last month payments plus a damage deposit.
- ◆ You will need to hire some staff before the center opens and pay them a salary.
- ◆ You may be delayed in the licensing process which would increase your start up expense.

Renovations can be major expense. Parts of the facility may not satisfy licensing requirements or may not provide the kind of environment you want for children.

Finally, if getting started includes a “start up” loan, your monthly budget must include interest payments on the loan.

Note: Although you purchase or lease a facility that is currently licensed, do not assume that it will meet current licensing requirements. Whenever a child care center changes ownership, the new owner is required to bring the facility up to current building, fire, and licensing requirements.

Projection of Income

Rarely do centers reach capacity their first year. It is not uncommon for a center to take two to three years to exceed operating expenses. By that time, a quality program establishes a word-of-mouth reputation in the community. In the meantime, you will likely have a period of time where you are not fully using your space. You may also have too many employees for the number of children you serve.

Even when you are at full capacity you cannot simply multiply your monthly fees by your capacity times twelve months. You might have:

- ◆ Temporary vacancies
- ◆ Discounts for families with more than one child in your center
- ◆ Children whose subsidized reimbursement rate is different from your normal fee
- ◆ A fee reduction for weeks when families are on vacation
- ◆ Families who are unable to pay fees in a timely manner, or
- ◆ A drop in enrollment during the summer.

A good rule of thumb is to estimate fee income at no more than 85 percent of capacity.

Note: In setting up your first year operating budget, a good question to ask yourself is: “If the center only operates at 50 percent capacity for the first six months, do I have enough capital to meet expenses?” If not, you may want to rethink the size of your first-year program or consider going to a lender for a business start up loan. Waiting until you are short of money before you start looking for more is not good business.

Staff Costs

Usually about 80-85% of your budget will go for staff costs. You will need to pay more for staff than the cost of their salaries. You may also pay:

- ◆ The cost of fringe benefits such as health insurance
- ◆ Paid employee absences for vacation, sick leave, or professional days
- ◆ Substitutes to maintain staff-child ratios, and
- ◆ Taxes.

First-time employers may not be familiar with unemployment insurance or worker’s compensation rates, but they soon find out. Don’t overlook that FICA deposits for social security are twice the amount you withhold from employees’ paychecks.

A rule of thumb for employee expenses, not counting substitute costs, is to add 15 percent to base salaries. Enlisting the aid of an accountant to help set up your record keeping system may save you time and money. You may also wish to consult with or retain a lawyer for legal advice.

Operating Costs

In addition to the major items in your budget, you'll also need to consider on-going costs:

- ◆ **Replacement or Repairs**
Consider the normal life expectancy of appliances, equipment, carpets, etc. Figure that at some point the roof will leak, the furnace will need repair, the building will need paint, the water pipes will burst, etc.
- ◆ **Garbage Removal**
You may need to lease a dumpster, or at least pay a commercial garbage hauling fee. Do not forget to plan for minor expenses like garbage removal.
- ◆ **Utilities**
Check the utility costs for the building the preceding year, especially during the winter months. Do not make the mistake of estimating utility bills from summer months.
- ◆ **Insurance**
Child care centers are required by state law to maintain a liability insurance policy with limits of at least \$100,000 (per occurrence). Liability insurance for child care can be expensive. It pays to shop around for the best price.

You can check with other centers in your area to get a sense of what they budget for maintenance, utilities, insurance, supplies, equipment, and food.

Profit or Non-profit

Providers often joke that all centers are non-profit, whether they like it or not. However, when a center files to become officially a non-profit corporation, it must reinvest all money left after paying business expenses. Unless a center obtains non-profit status, it is considered a for-profit business.

Advantages of non-profit status:

- ◆ Eligible to apply for federal and state tax-exempt status (after both are granted, you do not have to pay state sales tax)
- ◆ Eligible for grants or loans from a wider range of organizations
- ◆ Eligible for USDA food program if granted tax-

exempt status (For-profit center must serve 25% children from low-income families), and

- ◆ Organizations and individuals are more likely to donate to a non-profit organization because their contributions are tax-deductible.

Disadvantages of non-profit status:

- ◆ May require incorporation
- ◆ Less control of your center (since many decisions and policies must go through a board of directors)
- ◆ The amount of paperwork required to take advantage of the tax-exempt status, and
- ◆ You do not personally own the business you started. You do not own its materials, unless you purchase the materials privately and lease them to the corporation. You can resign from the corporation, but you cannot sell the business.

For more information, contact a lawyer, an accountant, the Small Business Administration, or the Internal Revenue Service.

Sources of Information about Starting a Center

The following offices offer valuable information to all small businesses, including child care centers (see the Resource section at the end of the book for more information).

Federal

- ◆ Internal Revenue Service (IRS)
- ◆ Small Business Administration (SBA)

State

- ◆ Department of Early Learning
- ◆ Department of Licensing
- ◆ Washington Business Assistance Center
- ◆ Labor and Industries

Local

- ◆ City or county planning department
- ◆ Resource and Referral
- ◆ Providers associations
- ◆ Community and technical colleges and universities
- ◆ Local Health Department
- ◆ Local Economic Development Council

Definitions

The following definitions are provided to help you understand and interpret the terms used throughout this guidebook. The starred(*) definitions are not included in the WAC, however, are used throughout this guidebook. Please refer to these definitions as you read this book.

WAC

WAC 170-295-0010

What definitions under this chapter apply to licensed child care providers?

American Indian Child means any unmarried person under the age of eighteen who is:

- A member or eligible for membership in a federally recognized Indian tribe, or who is Eskimo, Aleut, or other Alaska Native and a member of an Alaskan native regional corporation or Alaska Native Village
- Determined or eligible to be found Indian by the Secretary of the Interior, including through issuance of a certificate or degree of Indian blood, or by the Indian health service
- Considered to be Indian by a federally recognized or nonfederally recognized Indian Tribe; or
- A member or entitled to be a member of a Canadian tribe or band, Métis community, or nonstatus Indian community from Canada.

Anti-bias is an approach that works against biases and recognizes when others are treated unfairly or oppressively based on race, color, national origin, marital status, gender, sexual orientation, class, religion, creed, ability, or age.

***Best Practices** means activities, policies, and procedures that will enhance children's positive health, safety, nutrition and developmental growth. Best practices provide for high quality care of children. Best Practices are aligned with NAEYC Accreditation.

CACFP means the child and adult care food program established by congress and funded by the United States Department of Agriculture (USDA).

Capacity that you are licensed for means the maximum number of children that you are authorized to have on the premises of your child care at any one time.

Center means the same as child care center.

Certification means department approval of a person, home, or facility that does not legally need to be licensed, but wants evidence that they meet the minimum licensing requirements (also see Tribal certification).

Child abuse or neglect means the physical abuse, sexual abuse, sexual exploitation, abandonment, or negligent treatment or maltreatment of a child by any person indicating the child's health, welfare, and safety is harmed.

Child-accessible means areas where children regularly have access such as: entrances and exits to and from the center, classrooms or child care areas, playground area including equipment and fencing, parking areas, walkways, decks, platforms, stairs and any items available for children to use in these areas.

Child care center means the same as a child day care center or a facility providing regularly scheduled care for a group of children one month of age through twelve years of age for periods less than twenty-four hours.

Clean means to remove dirt and debris from a surface by scrubbing and washing with a detergent solution and rinsing with water. This process must be accomplished before sanitizing a surface.

***Colleges and Universities** means institutions of higher learning offering classes and workshops in child development and early childhood education. See the Resource section of this guidebook for the addresses and phone numbers of your local community and technical college and universities.

Commercial kitchen equipment means equipment designed for business purposes such as restaurants.

Communicable disease means a disease caused by a microorganism (bacterium, virus, fungus, or parasite) that can be transmitted from person to person via an infected body fluid or respiratory spray, with or without an intermediary agent (such as a louse, or mosquito) or environmental object (such as a table surface).

Cultural relevancy creates an environment that reflects home cultures, communities and lives of children enrolled in the program.

Department, we, us, or our refers to and means the state Department of Early Learning (DEL), including but not limited to the DEL licensors and health specialists.

Developmentally appropriate practice:

- Means that the provider should interact with each child in a way that recognizes and respects the child's chronological and developmental age
- Is based on knowledge about how children grow and learn
- Reflects the developmental level of the individual child, and interactions and activities must be planned with the needs of the individual child in mind, and
- Ensures that learning experiences are meaningful, relevant, and respectful for the children and their families.

Director means the person responsible for overall management of the center's facility and operation.

Disinfect means to eliminate virtually all germs from inanimate surfaces through the use of chemicals or physical agents.

***Diversity** means individual differences, including but not limited to: race, culture, age, religion, gender, differing abilities, marital status, sexual orientation, gender identity, language, national origin, and socioeconomic status.

Domestic kitchen means a kitchen equipped with residential appliances.

External medication means a medication that is not intended to be swallowed or injected but is to be applied to the external parts of the body, such as medicated ointments, lotions, or liquids applied to the skin or hair.

I, you, and your refer to and mean the licensee or applicant for a child care license.

Inaccessible to children means stored or maintained in a manner preventing children from reaching, entering, or using potentially hazardous items or areas. Examples include but are not limited to: quantities of water, sharp objects, medications, chemicals, electricity, fire, mechanical equipment, entrapment or fall areas.

Individual plan of care means that when the center's health policies and procedures do not cover the needs of the individual child an individual plan is needed. Examples may include children with allergies, asthma, Down syndrome, tube feeding, or diabetes.

Infant means a child one-month through eleven months of age.

***Initial License** is a temporary license given to a center allowing reasonable time for the center to obtain full licensure. Initial licenses are issued in 6 month increments until the facility receives their full license. Initial licenses may only be issued for up to two years; (only four initial licenses of 6 months duration may be issued.)

Lead teacher means the person who is the lead child care staff person in charge of a child or group of children and implementing the program activities.

License means a permit issued by the department authorizing you by law to operate a child care center and certifying that you meet the minimum requirements under licensure.

Licensee or you means the person, organization, or legal entity responsible for operating the center.

Maximum potential capacity based on square footage is the maximum number of children you can be licensed for based on the amount of useable space (square footage) in your center. You may be licensed for less than the maximum potential capacity. You may not be licensed for more than the maximum potential capacity.

***Minimum Licensing Requirement (MLR)** mean the minimum standards, requirements and regulations to which child care centers can be held in their licensing process.

Moisture impervious or moisture resistant means a surface incapable of being penetrated by water or liquids.

***NAEYC** means the National Association for the Education of Young Children.

Parent means birth parent, custodial parent, foster parent, legal guardian, those authorized by the parent or other entity legally responsible for the welfare of the child.

Pesticides means chemicals that are used to kill weeds and pests, particularly insects.

Potentially hazardous food means any food or ingredient that requires temperature control because it supports rapid growth of infectious or toxin-forming microorganisms.

Potable water means water suitable for drinking by the public as determined by the state department of health or local health jurisdiction.

Premises means the building where the center is located and the adjoining grounds over which you have control.

Preschool age child means a child thirty months through five years of age not attending kindergarten or elementary school.

Program supervisor means the person responsible for planning and supervising the center's learning and activity program.

***Provider or Caregiver** usually refers to the licensee and the center staff who are actually providing care to children.

***Record, documentation, in writing** means keeping required proof of policies, procedures, and practices on file in the center. All documents should be signed and dated.

***Resource and Referral** means a network of agencies providing services and training for parents and child care providers throughout the state. See the Resource section of this guidebook for the address and phone number of your local Child Care Resource and Referral agency.

***Restraint** means to physically prevent a child's movement.

***Revised Code of Washington (RCW)** means the laws (statutes) passed by the Washington State Legislature. This guidebook provides RCW information to interpret the meaning of a licensing requirement.

Sanitize means a surface must be clean and the number of germs reduced to a level that disease transmissions by that surface are unlikely. This procedure is less vigorous than disinfection.

Satellite kitchen means a food service establishment approved by a local health jurisdiction where food is stored, prepared, portioned or packaged for service elsewhere.

School-age child means a child not less than five years through twelve years of age who has begun attending kindergarten or elementary school.

Supervised access refers to those individuals at a child care center who have no responsibility for the operation of the center and do not have unsupervised access to children. These individuals are not required to submit a criminal history authorization form. This includes those persons on the premises for "time limited" activities whose presence is supervised by a center employee and does not affect staff-to-child ratios or the normal activities or routine of the center. Examples include:

- A person hired to present an activity to the children in care such as a puppet show, cooking activity, and story telling,
- Parent participation as part of a special theme, or
- A relative visiting a child on the premises.

Staff means a child care caregiver or group of caregivers employed by the licensee to supervise children served at the center.

The Washington State Training and Registry System (STARS) means the entity approved by the department to determine the classes, courses, and workshops licensees and staff may take to satisfy training requirement.

Toddler means a child twelve months through twenty-nine months of age.

Terminal room cleaning means thorough cleaning of walls, ceiling, floor and all equipment, and disinfecting as necessary in a room which has been used by a person having a communicable disease before it is occupied by another person.

Tribal certification means that the department has certified the tribe to receive state payment for children eligible to receive child care subsidies.

Unsupervised access refers to those individuals at a child care center who can be left alone with children in the child care center. These individuals must have received a full criminal history and background authorization clearance.

Useable space means the areas that are available at all times for use by the children that do not cause a health or safety hazard.

***Waiver** is a written DEL authorization for a provider to satisfy a licensing requirement by an alternate method, other than what the WAC specifies.

***Washington Administrative Code (WAC)** means administrative rules, policies, and procedures for implementing the RCW in the State of Washington.

WAC

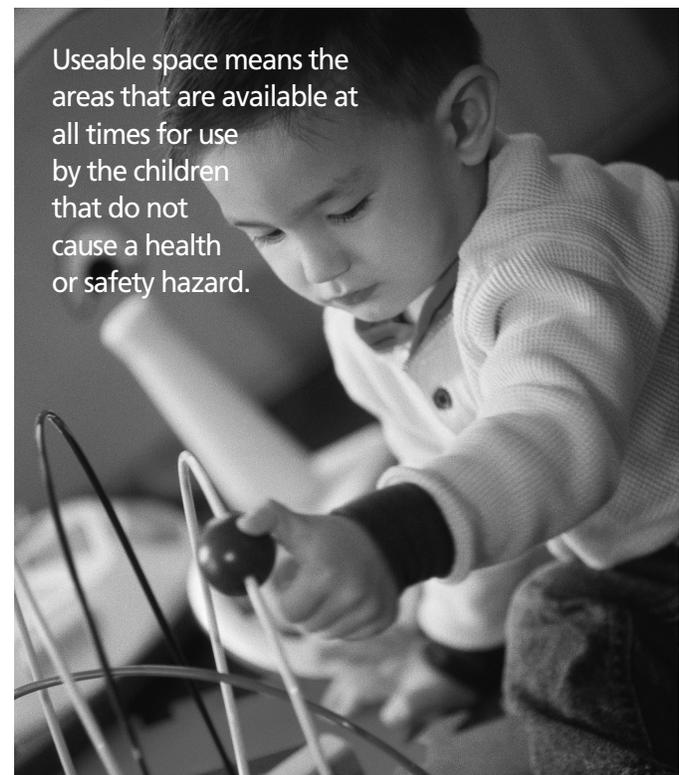
Licensing Regulations

WAC

WAC 170-295-0020

Who needs to become licensed?

- Individuals, entities and agencies that provide care for children must be licensed unless specifically exempt under RCW 43.215.
- The person or organization claiming an exemption must provide us with proof of right to the exemption if we request it.
- We do not license a center that is legally exempt from licensing per RCW 43.215. However, if the applicant requests it, we follow all licensing regulations to investigate and may certify the center as meeting licensing and other pertinent requirements. In such a case, all our licensing requirements and procedures apply equally to certification.



Useable space means the areas that are available at all times for use by the children that do not cause a health or safety hazard.

- We may certify a child care center for payment without further investigation if the center is:
 - Licensed by an Indian tribe;
 - Certified by the Federal Department of Defense; or
 - Approved by the superintendent of public instruction's office.
- The center listed above must be licensed, certified, or approved in accordance with national or state standards, or standards approved by us. It must be operated on the premises where the entity operating the center has jurisdiction.
- We must not license a department employee or a member of their household when the employee is involved directly, or in an administrative or supervisory capacity, in the:
 - Licensing or certification process;
 - Placement of a child in a licensed or certified center; or
 - Authorization of payment for the child in care.
- We may license a center located in a private family residence when the portion of the residence accessible to the child is:
 - Used exclusively for the child during the center's operating hours or while the child is in care; or
 - Separate from the family living quarters.

WAC

How do I get licensed?

To begin the licensing process, you are required to attend a free, all-day DEL orientation. It may also be an individual meeting with a licensor, depending on where you live. At orientation, you will receive information about:

- ◆ The licensing process
- ◆ Providing child care
- ◆ Resources to help with the licensing process, and
- ◆ Linkages to training and other supports.

At orientation you will be encouraged to think about why you want to do child care. You will want to assess your:

- ◆ Business skills
- ◆ Abilities to work with children
- ◆ Determination, personality, experience and finances, and
- ◆ Particular child care space.

Applying for a license

You will receive a license application, instructions about how to fill out the application, and other related information. The DEL licensor(s) can be helpful in explaining how to complete the application form and what other information you must send in with the application.

Once you send in your application, DEL has 90 days to act upon your application. The DEL licensor, a DEL health specialist and the state fire marshal will come to your center to inspect it. Your licensor can help you navigate your way through the local regulations. Be aware, however, that DEL grants your child care license on the basis of state codes. You must meet local ordinances and codes. You are liable to local authorities for noncompliance. Throughout the whole licensing process, DEL staff will work closely with you.

During the licensing process you might also want to be in touch with your local Child Care Resource and Referral Agency. Resource and Referral agencies maintain a current list of licensed child care centers and homes so that they can make child care referrals for parents and guardians needing child care. Resource and referral agencies also offer a variety of services both for potential and already-licensed child care providers.

Certification

Agencies exempt from licensing may request that DEL certify them as meeting licensing standards. An exempt program might wish to be certified for several reasons:

- ◆ To assure parents of program quality
- ◆ To receive external assessment and feedback on the quality of their program
- ◆ To be eligible to participate in a child care subsidy program or the USDA child nutrition program.

WAC

WAC 170-295-0030**What must I do to be eligible to receive state child care subsidies?**

To be eligible to receive state child care subsidies for children in your care you must:

- Be licensed or certified
- Be a seasonal camp that has a contract with DEL and is certified by the American Camping Association
- Follow billing policies and procedure in Child Care Subsidies: A Booklet for Licensed and Certified Child care providers, DSHS 22-877(X)
- Bill DSHS at your customary rate or the DSHS rate, whichever is less, and
- Keep the attendance records as described in WAC 170-295-7030 and the invoices for state-paid children on-site for at least five years.

WAC

In order to provide care for children and families who receive DSHS subsidies, you must have a Social Service Payment System (SSPS) number. This is also referred to as a 'provider number'. Contact your licensor to obtain a number. You may also request a copy of Child Care Subsidies: A Booklet for Licensed and Certified Child Care Providers from your licensor, as well as additional details about state subsidized care. DEL and other local resource groups offer trainings on subsidy billing procedures.

WAC

WAC 170-295-0040**Do I have to follow any other regulations or have any other inspections?**

Prior to becoming licensed by DEL to operate a child care center, you must:

- Have a certificate of occupancy issued by your local building department, and
- Be inspected by the State Fire Marshal.
- In addition to the requirements of this chapter, you are responsible for complying with any local building ordinances. Local officials are responsible for enforcing city ordinances and county codes, such as zoning and building regulations. You must contact your local building jurisdiction to determine if local ordinances are different than licensing standards. If you encounter conflicts or differing interpretations, contact us immediately.
- DEL must notify the local planning office of your intention to operate a child care center within the local jurisdiction.
- Other state agencies such as Labor and Industries, the Fire Marshal and the Department of Health have regulations that apply to child care centers. You are responsible to contact those agencies to obtain their regulations. The other agencies are responsible to monitor and enforce their regulations.

WAC

Your DEL licensor will contact the State Fire Marshal's office to request an inspection of your facility. Effective July 1, 2004, State Fire Marshals ensure that newly licensed child care facilities meet the International Building and Fire Codes. Prior to this date, they used the Uniform Building and Fire Codes. Be aware that many of the codes have changed. If a child care center was previously licensed and there is a change of ownership, the new owners may be required to meet the new codes.

WAC**WAC 170-295-0050****Can I get a waiver (exception) to the minimum licensing requirements or to licensing fees?**

- In an individual case, DEL can, if they decide you have a good reason, waive a specific requirement and approve an alternate method for you to achieve the specific requirement if you:
 - Submit the request in writing to DEL
 - Explain in detail the reason you need the waiver, and
 - Can demonstrate that you have an alternative method of meeting the intent of the requirement.
- If the waiver is approved, you must retain a copy of the written waiver approval on the child care premises.
- DEL approves a waiver request if:
 - You have good reason
 - DEL determines that approval of a waiver request will not endanger the safety or welfare of the child or take away from the quality of your service
 - The request and approval is for a specific purpose or child, and
 - The waiver request is for a specific period of time, which must not go beyond the date the license expires.
- DEL can limit or restrict a license issued to you in combination with a waiver.
- Any person or agency can submit a request for a waiver of licensing fees. DEL may waive fees when collection of the fee would:
 - Not be in the best interest of public health and safety, or
 - Be to the financial disadvantage of the state.
- To request a waiver to pay licensing fees, you must:
 - Submit a sworn, notarized petition requesting a waiver of fees
 - Mail or deliver the petition to your local child care licensing office, and
 - Submit any additional documentation that may be relevant to your request for a waiver.
- You have no appeal rights to the denial of a waiver request under chapter 34.05 RCW.

WAC

Directors are no longer required to submit a notarized petition to request a fee waiver. According to DEL policy, only centers who serve a minimum of 75 percent low-income children can apply for a fee waiver. Directors must submit the DSHS subsidy voucher as documentation of eligibility.

WAC**WAC 170-295-0055****Can I get a dual license?**

DEL may either:

- Issue a child care license to you having a license involving full-time care; or
- Permit simultaneous care for the child and adolescent or adult on the same premises if you:
 - Demonstrate evidence that care of one client category will not interfere with the quality of services provided to another category of clients
 - Maintain the most stringent maximum capacity limitation for the categories concerned
 - Request and obtain a waiver permitting dual licensure, and
 - Request and obtain a waiver to maintain the most stringent maximum capacity limitation for the categories concerned, if applicable.

WAC

Dual Licenses are rarely issued. They would only be issued in instances where clear evidence exists that one client category would not interfere with the quality of care provided to another client category. DEL and the Office of Foster Care Licensing (OFCL) would need to approve the dual licensure.

WAC

WAC 170-295-0060

What are the requirements for applying for a license to operate a child care center?

- To apply or reapply for a license to operate a child care center you must:
 - Be twenty-one years of age or older;
 - The applicant, director and program supervisor must attend the orientation programs that we provide, arrange or approve;
 - Submit to us a completed and signed application for a child care center license or certification using our forms (with required attachments).
- The application package must include the following attachments:
 - The annual licensing fee. The fee is based on your licensed capacity, and is forty-eight dollars for the first twelve children plus four dollars for each additional child;
 - If the center is solely owned by you, a copy of your:
 - Photo identification issued by a government entity; and
 - Social Security card that is valid for employment or verification of your employer identification number;
 - If the center is owned by a corporation, verification of the corporation's employer identification number;
 - An employment and education resume for:
 - The person responsible for the active management of the center; and
 - The program supervisor.
 - Diploma or education transcript copies of the program supervisor;
 - Three professional references each, for yourself, the director, and the program supervisor;
 - Articles of incorporation if you choose to be incorporated;
 - List of staff (form is provided in the application);
 - Written parent communication (child care handbook);

- Copy of transportation insurance policy (liability and medical);
- In-service training program (for facilities employing more than five persons);
- A floor plan of the facility drawn to scale;
- A copy of your health care plan reviewed and signed by an advisory physician, physician's assistant, or registered nurse;
- A copy of your policies and procedures that you give to parents; and
- A copy of your occupancy permit.
- You must submit to the department's Background Check Central Unit a completed criminal history and background inquiry form for yourself and for each staff person or volunteer who has regular or unsupervised access to the children in care; and
- You must submit your application and reapplication ninety or more calendar days before the date:
 - You expect to open your new center;
 - Your current license is scheduled to expire;
 - You expect to relocate your center;
 - You expect to change licensee; or
 - You expect a change in your license category.

WAC

Time line for opening your center

You need to plan ahead. There are many steps involved in opening a child care center. It is wise to begin planning nine to twelve months ahead of your proposed opening date. Fortunately, there are places to contact for information regarding local, state, and federal requirements you must meet.

Every center is different. The following only roughly describes the process you will encounter in starting your center. Some steps take longer than expected. Others may not pertain to your center.

9-12 Months Prior to Opening

- ◆ Contact agencies for answers to questions about starting a business, local child care regulations, local child care needs, etc. Explain what you are thinking of doing. Most information is free.
- ◆ Visit other licensed centers in your area for ideas and to help you get a realistic sense of what child care involves.

- ◆ Consider consulting with an attorney or certified public accountant who is familiar with establishing small businesses. This contact can start you in the right direction and save you money.

6-9 Months Prior to Opening

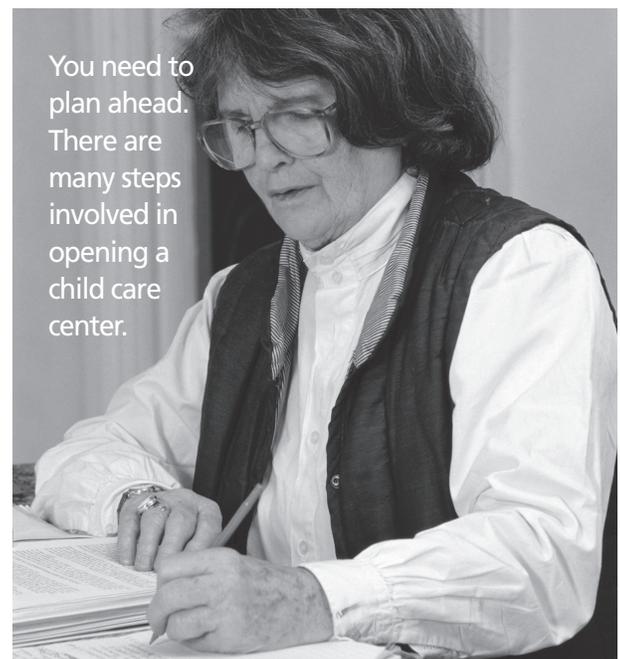
- ◆ Attend DEL licensing orientation. You will get a lot of useful information to help you decide whether to proceed. Come ready to ask questions. Decide whether opening a center is something that is right for you and something that you actually want to do.
- ◆ Decide whether your center will be a sole proprietorship, partnership, for-profit corporation, or non-profit corporation.
- ◆ Decide what age groups you want to serve.
- ◆ Look for a site in a suitable locale that meets local and state licensing requirements. Consider what remodeling or building you might need to do.
- ◆ Once you have decided on a site, contact your city or county building department for information on obtaining an occupancy permit.
- ◆ Start to develop a budget. Look at both start-up costs and operating costs. Consider whether you need to look for outside funding.

Note: *New directors and program supervisors are required to attend a DEL orientation. These are offered in each region. You will gain important information to guide you through the licensing process at these classes, which are free of charge. Licensing orientation is generally good for one year. DEL also offers optional renewal orientations for experienced providers to share information about licensing changes or policy updates. Check with your local DEL office to confirm their current policy.*

3 to 6 Months Prior to Opening

- ◆ Obtain, fill out and file all information and forms for federal, state, and local taxes and licenses:
 - Federal. You can request a Bonus Tax Kit from your local IRS office. This kit gives you all the information and forms you need so you can arrange for the following:

- Employer Identification Number
- Federal income tax withholding and estimated tax deposits
- Social Security tax (FICA)
- Federal Unemployment tax (FUTA).
- State. The state provides one-step business registration. Contact the Department of Licensing to receive a Master Business License kit. This kit gives you all the information and forms you need so you can arrange for the following:
 - State tax registration number
 - Unemployment Insurance tax regulated by the Employment Security Department
 - Industrial Insurance (regulated by the Department of Labor and Industries).
- Local. You must obtain a Certificate of Occupancy (occupancy permit) before you are issued your initial license. Local business requirements vary across the state. You may need a city business license. Inquire at your City Clerk's Office. You may need special building or zoning permits. Inquire at your local planning department.
- ◆ Begin renovations, if necessary.
- ◆ Complete as much of your child care licensing application as possible, including attachments.
- ◆ Begin to order materials and equipment.



You need to plan ahead. There are many steps involved in opening a child care center.

Note: The director or owner is responsible for filling out and filing all forms and information with the appropriate federal, state and local agencies.

Advertising Your Center

People will use your center only if they find out about it. Get out information about your program where parents of children are likely to see it:

- ◆ Your local newspaper
- ◆ The Yellow Pages (however you will have to wait for the next printing for your center's name to appear)
- ◆ Pediatricians' and dentists' offices
- ◆ Libraries, community centers, fitness clubs, laundromats, and grocery stores
- ◆ Local schools and churches
- ◆ Children's clothing, toy, and book stores, and
- ◆ Personnel offices of major employers in your community.

Let other centers know you are opening. They may refer parents to you if they are full or do not serve the age group of a particular child.

Once you're licensed and open, your local Resource and Referral can refer clients to you. Over time, word of mouth and a reputation for quality care will be your best advertisement.

3 Months Prior to Opening

- ◆ Submit your child care license application to DEL. You must submit the application at least 90 days before you hope to open your center. The 90 days start when DEL receives your application with a check. The licensing fee is four dollars (\$4) per child per year. Some of the required information in your application may be incomplete, but you should still submit what you have with your application. For example, you may still be interviewing and hiring staff and your parent handbook, health care policies, and personnel policies may not be complete.
- ◆ Begin advertising for staff and interviewing applicants.

Note: You should not submit your application too far in advance. If your facility is not ready, the persons involved with licensing cannot inspect and give you approval within the 90 day time limit. Staff credential and background checks are also part of the approval process. Therefore, you want to make major staffing decisions before the end of the 90 day period. Licensors must verify you have enough furniture, materials, mats, utensils, etc., for the number and ages of children you will serve.

- ◆ You are required to submit a minimum of three references. References should be persons who are qualified to respond to questions about your ability to run a developmentally appropriate child care program. The referent must have known you for at least one year. Two of the three references must be professional (one may be a friend or family member).

0-2 Months Prior to Opening

- ◆ Open accounts for utilities.
- ◆ Submit credentials for the Program Director and/or Program Supervisor and criminal history and background inquiry forms.
- ◆ Make sure your parent handbook, health care policies, enrollment forms and personnel policies are complete.
- ◆ Submit Certificate of Occupancy to DEL.
- ◆ Correct deficiencies and submit completed Compliance Agreement to licenser.
- ◆ Conduct staff orientations.
- ◆ Enroll children. You may give parents an estimated opening date, explaining to them that you cannot open until you receive your license. The date may need to be adjusted if you need additional time to complete all the requirements for licensing.

The licensing process is a step-by-step procedure. Be patient. Give yourself plenty of time.

Note: Keep in mind that many applicants want to be newly licensed between July and early September. These months are the busiest for persons involved with licensing, so the full 90 days may be necessary to process your application. Contacting DEL in August and hoping to open the beginning of September is not realistic.

Reapplication for License

DEL re-licenses centers every three years. You must submit the renewal application at least 90 days before the current three-year license expires. License renewal involves many of the same steps as a new application. You must re-submit criminal history and background inquiry forms on all staff and volunteers. You must also re-submit requests for any waivers granted during the prior licensing period. DEL will review the request and make a decision.

Major changes to your program may require a new application for license. You should submit the new application at least 90 days before the changes go into effect. Examples of major changes that require a new application include:

- ◆ The center is moving to a new location
- ◆ The person or organization holding the license to operate the center is leaving or selling, including a change of ownership if the owner is the licensee.
- ◆ Extensive remodeling or significant alterations to the physical structure or program.

A license is not transferable to another person, organization, or location.

WAC

WAC 170-295-0070

What personal characteristics do my volunteers, all staff and I need to provide care to children?

- You, your staff and volunteers must have the following personal characteristics in order to operate or work in a child care facility:
 - The understanding, ability, physical health, emotional stability, good judgment and personality suited to meet the physical, intellectual, mental, emotional, and social needs of the children in care;
 - Be qualified by our background inquiry check prior to having unsupervised access to children. To “be qualified” means not having been convicted of, or have charges pending for, crimes posted on the DEL Director’s list of Crimes and Negative Actions. You can find the complete list at <http://www.del.wa.gov/ccel/policy.shtml>. This includes not having committed or been convicted of child abuse or any crime involving harm to another person; and
 - Be able to furnish the child in care with a healthy, safe, nurturing, respectful, supportive, and responsive environment.
- If we decide it is necessary, you must provide to us any additional reports or information regarding you, any assistants, volunteers, members of your household or any other person having access to the child in care if any of those individuals may be unable to meet the requirements in chapter 170-295 WAC. This could include:
 - Sexual deviancy evaluations;
 - Substance abuse evaluations;
 - Psychiatric evaluations; and
 - Medical evaluations.
- Any evaluation requested under the above will be at the expense of the person being evaluated.
- You must give us permission to speak with the evaluator prior to and after the evaluation.

- We investigate staff and volunteers, including accessing criminal histories and law enforcement files.
- We can investigate any other person who has access to a child in care, including accessing criminal history and law enforcement files.

WAC

Individuals who provide quality child care are:

- ◆ Respectful to children, parents, and staff
- ◆ Warm and caring
- ◆ Flexible
- ◆ Honest and ethical
- ◆ Energetic and enthusiastic, cheerful and creative
- ◆ Patient and calm, and
- ◆ Accepting of diversity and inclusive in their practices.



Best practice is to hire staff members with diverse backgrounds who reflect the diversity of the children and your community.

Protecting children

For the safety of the children in your care, DEL requires that all volunteers and staff be qualified by a DEL background inquiry check prior to having unsupervised access to children. Background Authorization forms must be submitted within 7 days of the individual's start day with the facility. Individuals may not be left alone at any time with children until the facility has received their cleared Background Authorization form notification from DEL.

WAC

WAC 170-295-0080

How is my licensed capacity determined?

- Maximum allowable capacity of your center is determined based on useable square footage and available toilets and sinks. The licensed capacity (the number of children you are allowed to have in your center at any one time) may be less than the maximum capacity, but not exceed it. The licensed capacity is based on DEL's evaluation of the program, the ages and characteristics of the children, the experience of the staff, and usable floor space.
- You must have:
 - Fifty square feet of useable floor space per infant (includes crib, playpen, infant bed and bassinets)
 - Thirty-five square feet of useable floor space for each toddler or older child that is dedicated to the children during child care hours, and
 - Fifteen additional square feet must be provided for each toddler using a crib or playpen when cribs are located in the sleeping and play area.
- The areas included in your square footage must be available at all times for the children. The following areas will not be included in determining the useable square footage for each child:
 - Food preparation areas of the kitchen
 - Laundry areas
 - All bath, toilet rooms and handwashing areas
 - Hallways, diaper changing areas (includes the changing table, sink and twenty-four inches of floor space around the changing table and sink), stairways, closets, offices, staff rooms, lockers and custodial areas
 - Furnace rooms, hot water heater rooms, storage rooms, or mop sink rooms, and
 - Cabinets, storage and fixed shelving spaces unless accessible to and used by children (for example, cubbies, shelves for storing toys and puzzles, bookshelves, etc., would be included, a teacher's desk would not be included). If the children do not have access to their cubbies or toy storage areas, they are not included in the square footage.

- You can use a multipurpose room or gymnasium for multiple purposes such as playing, dining, napping, and learning activities, and before and after school programs when the room:
 - Meets the square footage requirements for the purpose and number of children to be served, and
 - Is being used for one purpose and does not interfere with usage of the room for another purpose.
- You may use and consider the napping area as child care space if staff remove mats and cots when they are not in use and the children then have free access to the area.
- DEL will not issue a license to a center to care for more children than the rules permit.
- DEL may issue a license for fewer children than the center's maximum capacity.

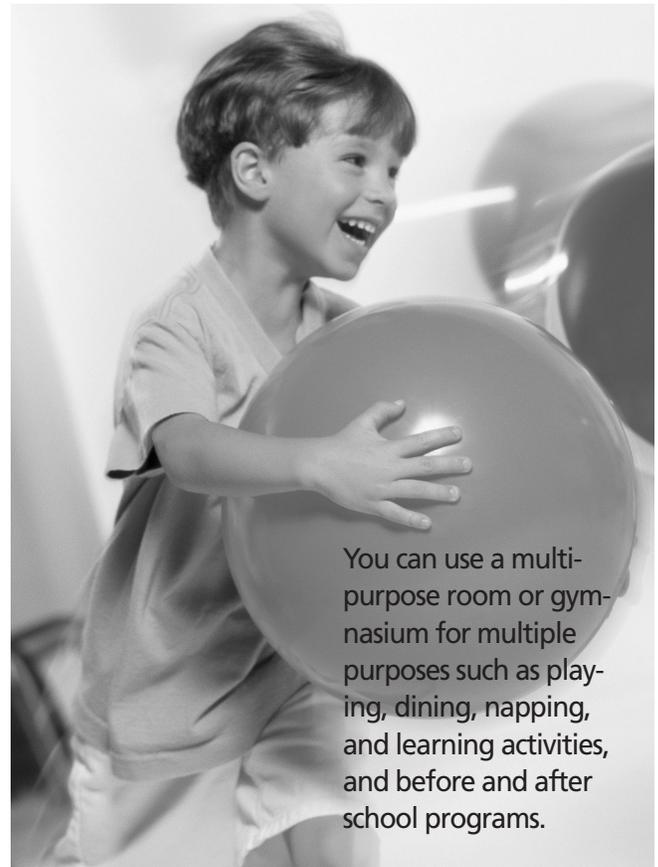
WAC

When determining child care center capacity, DEL considers the following:

- ◆ Ages and characteristics of the children
- ◆ Education of the staff
- ◆ Limits to group size in any one age group or classroom, no matter how much usable floor space there is, and
- ◆ Areas set aside for non-child purposes (office space, staff lounge, storage area, bathroom and hallways).

When determining capacity, DEL has to be in alignment with regulations from other agencies.

- ◆ Health specialists and local building inspectors have restrictions concerning the center's maximum occupancy based on usable square footage, number of toilets and handwashing sinks, etc.
- ◆ The State Fire Marshal may have more restrictions for maximum occupancy.



You can use a multipurpose room or gymnasium for multiple purposes such as playing, dining, napping, and learning activities, and before and after school programs.

Remember, maximum capacity refers to the maximum number of children you can have in your care at one time (this includes children on field trips). You may choose to enroll more children than your licensed capacity if, for example, some children do not attend on the same day or at the same time of day.

You are responsible, however, for regulating the flow of attendance so you remain within your licensed capacity at all times. Keep in mind that DEL and the State Fire Marshal's Office determine capacity based on state regulations. Local regulations can further restrict a center's capacity (for example, if more outdoor square footage or parking spaces are necessary). These restrictions will not affect the capacity determined by DEL, but local authorities can still prosecute or fine centers failing to meet local law. This is another reason to develop open lines of communication with your local building, zoning, and land use office.

WAC**WAC 170-295-0090****When will the department issue me an initial license and when are licensing fees due?**

We may issue an initial license to centers that have not yet begun providing care, but are accepting application for potential clients.

- We may issue an initial license when you can show that you are following the rules regarding the child's health and safety.
- We may issue an initial license if you have not yet opened for business, and so are not yet able to show that you are complying with the rules pertaining to:
 - Staff to child interactions;
 - Group size and staff to child ratios;
 - Behavior management and discipline;
 - Activity programs;
 - Child records and information; and
 - Other rules that require us to observe your facility's ability to comply with rules.
- You must provide us with a plan to comply with the rules listed above. We must approve of that plan.
- We may issue an initial license to an applicant for a period not to exceed six months, renewable for a period not to exceed two years.
- When you have an initial license we:
 - Evaluate your ability to comply with all rules contained in this chapter prior to issuing a full license;
 - May issue a full license to you when you have demonstrated compliance with chapter 170-295 WAC; and
 - Do not issue a full license to you if you do not demonstrate the ability to comply with all rules contained in chapter 170-295 WAC.
- You must pay licensing fees at the time you apply for an initial license and when your license is being renewed.
- We do not process your application until you have paid the required fee.

- You can pay licensing fees for:
 - A minimum of one year; or
 - The entire length of your license.
- You pay your fee by mailing a check or money order for the required amount to the Department of Early Learning, according to instructions on the licensing application.
- If you pay your fee one time per year, you pay the annual rate each time. The annual fee is due thirty days before each annual anniversary date of the license.
- If you pay for more than one year, the total fee you pay is based on the annual fee rate. For example, if you are licensed for three years and want to pay the licensing fee for the entire period at once, you multiply the annual fee by three years, and pay that amount at the time of your license application or renewal.
- If there is a change in your facility that places your facility in a higher fee category, we prorate the additional fee amount over the remainder of the license period.
- If you withdraw your application before we deny or issue a license, we refund one-half of the fee.
- If there is a change that requires a new license, we refund any fee that remains after your next licensing date. A new license requires a new application and fees.
- If we deny, revoke, or suspend your license, we do not refund your licensing fee.
- If you reapply for a license after we revoke or suspend your license, you must pay a new license fee.
- If you do not pay licensing fees when they are due, we suspend or deny your license.

WAC

WAC**WAC 170-295-0100****When can my license application be denied and when can my license be suspended or revoked?**

- If you do not meet the requirements in chapter 170-295 WAC we deny your license application or suspend or revoke your license.
- If more than one person applies for a license or is licensed under this chapter to provide child care at the same facility:
 - We consider qualifications separately and together.
 - We deny the license application, or suspend or revoke the license if one person fails to meet the minimum licensing requirements.
- We must deny, suspend, or revoke your license if you:
 - Have been found to have abused, neglected, sexually exploited, abandoned a child or allowed such persons on the premises as defined in chapter 26.44 RCW;
 - Have been convicted of, or have charges pending for, crimes posted on the DEL Director's List of Crimes and Negative Actions. You can find the complete list at <http://www.del.wa.gov/ccel/policy.shtml>;
 - Have had a license denied, suspended, or revoked for the care of adults or children in this state or any other state. However, if you demonstrate by clear and convincing evidence that you have taken enough corrective action and rehabilitation to justify the public trust to operate the center according to the rules of this chapter, we consider issuing you a license;
 - Commit or allow an illegal act to be committed on the licensed premises;
 - Allow children in your care to be abused, neglected, exploited, or treated with cruelty or indifference;
 - Use illegal drugs;
 - Use alcohol to the extent that it interferes with your ability to provide care for the children as required by this chapter;
- Refuse to permit an authorized representative of the department, state fire marshal, or state auditor's office with official identification to:
 - Inspect the premises;
 - Access your records related to the centers operation; or
 - Interview staff or children in care.
- Refuse to provide us a copy of your:
 - Photo identification issued by a government entity; and
 - Social Security card that is valid for employment or verification of your employer identification number.
- We may deny, suspend, or revoke your license if you:
 - Try to get or keep a license by making false statements or leaving out important information of your application;
 - Do not provide enough staff in relation to the numbers, ages, or characteristics of children in care;
 - Allow a person who is not qualified by training, experience or temperament to care for or be in contact with children in care;
 - Fail to provide adequate supervision to children in care;
 - Do not exercise fiscal responsibility and accountability while operating the center;
 - Knowingly allow an employee or volunteer on the premises that has made false statements on an application for employment or volunteer service;
 - Refuse to supply additional information requested by us;
 - Fail to pay fees when due;
 - Fail to comply with the minimum licensing requirements set forth in this chapter or any provision of chapter 43.215; or
 - Provide care on the premises for children of an age different from the ages for which the center is licensed.

DEL may deny, summarily suspend, suspend or revoke a child care license with due process notification. DEL will provide the licensee with technical assistance in correcting licensing violations/deficiencies. If the licensee cannot or will not come into compliance with licensing requirements, DEL will take legal action. Legal action may be immediate if DEL ascertains that the health, safety, and welfare of children is at imminent risk.

What Can I Do If My License Is Suspended, Revoked or Denied?

If DEL makes a decision to suspend, revoke or deny your license, you will be notified via certified mail or personal delivery, explaining the reasons for the action. If you wish to appeal the decision, you will need to:

- ◆ Request an Administrative Hearing within 28 days of receiving the notification
- ◆ Make the request for an Administrative Hearing in writing, stating the grounds for contesting DEL's decision to suspend, revoke, or deny a license, and
- ◆ Send the request by certified mail in a manner that shows receipt.

Except for summary revocations or suspensions, the center may be able to remain open for business during the appeal process.

A hearing date will be set when the Office of Administrative Hearings receives you or your representative's written request for a hearing. If the Office of Administrative Hearings does not receive a written request within 28 days, the action takes effect.

At the Administrative Hearing, a lawyer from the state Attorney General's Office generally accompanies the licensor and represents the Department. The licensee may also have a lawyer present. Following an Administrative Hearing, the Administrative Law Judge normally issues a decision within 60-90 days.

WAC

WAC 170-295-0110

When can I be fined for not following the minimum licensing requirements?

- We notify you in writing of our intention to impose a civil fine. We may use personal service, including by our licensor, or certified mail. The letter will include:
 - A description of the violation and a quote of the law or rule that you have failed to meet;
 - A statement of what you must do to come into compliance;
 - The date by which we require compliance;
 - Information about the maximum allowable penalty we can impose if you do not come into compliance by the given date;
 - How you can get technical assistance services provided by us or by others; and
 - Information about how you can request an extension to the date you must be in compliance, if we decide you have a good reason.
- The length of time we establish for you to come into compliance depends on:
 - The seriousness of the violation;
 - The potential threat to the health, safety and welfare of children in your care; or
 - If you have had previous opportunities to correct the deficiency and have not done so.
- We use the following criteria to determine if we impose a civil fine based on, but not limited to, these reasons:
 - The child care center has previously been subject to an enforcement action for the same or similar type of violation for the same statute or rule; or
 - The child care center has previously been given notice of the same or similar type of violation of the same law or rule; or
 - The violation represents a potential threat to the health, safety, and/or welfare of children in care.
- We can impose a civil fine in addition to or at the same time as other disciplinary actions against a child care center. These include probation, suspension, or other action.

- You must pay any civil fines no more than twenty-eight days after you receive the notice that you have a fine. We may specify a later date.
- We can waive the fine if your center comes into compliance during the notification period.
- You must post the final notice of a civil fine in a noticeable place in your center. The notice must remain posted until we notify you that we have received your payment.
- Each violation of a law or rule is a separate violation. We can penalize each violation. We can impose a penalty for each day the violation continues or as a flat amount of the maximum allowable penalty.
- If you fail to pay your fine within ten days after the assessment becomes final, we can suspend, revoke, or not renew your license.
- You have the right to a hearing when we assess a civil fine under RCW 43.20A.215.

WAC

WAC

WAC 170-295-0120

How much can I be fined?

- If DEL determines that an agency or child care center is operating without a license DEL may assess a fine of two hundred fifty dollars per day for each day you provide unlicensed child care. A fine is effective and payable within thirty days of receipt of notification.
- DEL may impose a civil monetary fine of two hundred fifty dollars per violation per day for violation of any rules in chapter 170-295 WAC. DEL can assess and collect the fine with interest for each day that you fail to come into compliance.

WAC

WAC

WAC 170-295-0130

When can I be fined for operating an unlicensed program?

- If DEL receives information that you are operating a child care center without a license, they will investigate the allegation.
- DEL contacts you, sends you a letter, or makes an on-site visit to your center to determine whether you are operating without a license.
- If DEL determines that you personally or on behalf of another person are operating a child care center without a license, DEL sends written notification by certified mail or other method showing proof of service to the owner of the unlicensed center. This notification must contain the following:
 - Notice to the center owner of DEL's basis for determination that the owner is providing child care without a license and the need to license the center
 - Citation of the applicable law
 - The fine is effective and payable within thirty days of the agency's receipt of the notification
 - Information about how to contact DEL
 - The requirement that the unlicensed center owner submit an application for a license to DEL within thirty days of receipt of notification
 - That DEL can forgive the fine if the center submits an application within thirty days of the notification, and
 - The unlicensed center owner's right to an adjudicative proceeding (fair hearing) as a result of the assessment of a monetary fine and how to request an adjudicative proceeding.

WAC

Note: *Licensors work closely with providers to avoid fines and other licensing actions. However, if licensing violations are not corrected in a timely manner or there is continued non-compliance, a licensor may impose a civil fine or issue a probationary license.*

WAC

WAC 170-295-0140**When can the department issue a probationary license to a child care center operator?**

- DEL can issue a probationary license to a center based on the following factors:
 - Your willful or negligent failure to comply with the regulations
 - Your history of noncompliance with the regulations
 - How far the center has deviated from the regulations
 - Evidence of good faith effort to comply with the regulations, and
 - Any other factors relevant to the unique situation.
- DEL can issue a probationary license when the willful or negligent violation of the licensing requirements does not present an immediate threat to the health and well being of the children, but would be likely to do so if allowed to continue. Civil fines or other sanctions can also be issued. Such situations can include:
 - Substantiation that a child was abused or neglected while in the care of the center
 - A fire safety inspection or health/sanitation inspection report that has been disapproved
 - Use of unauthorized space for child care
 - Inadequate supervision of children
 - Under staffing for the number of children in care, and
 - Noncompliance with requirements addressing children's health, proper nutrition, discipline, emergency medical plan, sanitation and personal hygiene practices.
- You are required to notify parents when a probationary license is issued. You must:
 - Notify in writing the parents or guardians of all children in care that the center is in probationary status. This notification must be made within five working days of your receiving notification of being placed on probationary status or being issued a probationary license. DEL must approve the notification before you send it.

- Provide documentation to DEL that parents or guardians of all children in child care have been notified. Documentation must be provided within ten working days of being notified that you have been issued a probationary license.
- A probationary license can be issued for up to six months and can be extended at DEL's discretion for an additional six months.

WAC

WAC

WAC 170-295-0150**Where can I locate my child care center or facility?**

- You must locate your child care center:
 - On an environmentally safe site
 - In a neighborhood free of a condition detrimental to the child's welfare,
 - In a location accessible to other services to carry out the program.
- Your child care center must be located in an area that is serviced by emergency fire, medical, and police during the hours the children are in care.
- The location of your site must be approved by the local planning department, your state fire marshal, and DEL.

WAC

Other issues that may affect your license include:

- ◆ Locating next to a pesticide plant or other business that may negatively affect the children and staff (for example spray painting, car and gas stations, an orchard where pesticide is sprayed), or
- ◆ Locating the child care center in an area where wild animals roam (for example bears, coyotes, etc.).

Note: Child Care facilities are commercial businesses and zoning restrictions apply. You may be required to obtain a conditional use permit for the location of your proposed facility, if it is not already in a commercially zoned area. Conditional use permits cost money and the process can take a long time. This should be one of the first inquiries you make regarding the licensing of your child care center.

WAC

WAC 170-295-1010

Who can be the director of a child care center?

If you apply for a license to operate a child care center, you may be the director yourself, or you can hire a director. The director is responsible for the overall management of the center’s facility and operation and ensures that the center follows the minimum licensing requirements.

- The director must:
 - Be at least twenty-one years of age or older
 - Have knowledge of child development as evidenced by professional reference, education, experience, and on-the-job performance
 - Have written proof of education, such as an Associate of Arts degree or higher, in early childhood education. The minimum educational requirement is a current child development associate certificate (CDA), or
- The following minimum number of college quarter credits* or combination of college quarter credits and department-approved clock hours (ten clock hours equals one college credit) in early childhood education or child development (see chart below).
- Have at least two years experience working with children the same age level as the center serves
- Must not let the provision of child care interfere with management or supervisory responsibilities
- Be on the premises for the majority of the hours that care is provided and designate a person to

be in charge that meets the qualifications of a lead teacher when not present

- Must meet the STARS requirement and be listed in the State Training and Registry System (STARS).

WAC

The skills and leadership of the director of the child care center directly affect the quality of the program provided for children and families. The director is responsible for providing a high-quality program for the children. College degrees or certificates in early childhood education and experience in early childhood programs help prepare a director to be successful in this role.

The director is officially responsible for all of the child care center’s operations. Some of the major responsibilities of a center director include:

- Act as a spokesperson for the center’s philosophy and goals
- Interview, hire, and orient staff
- Communicate with visitors, prospective clients, and parents regarding center policies and practices
- Meet with licensors and other officials, ensure that licensing standards are met, and correct any deficiencies, if needed
- Inspect the indoor and outdoor environment for health and safety hazards
- Conduct staff meetings and arrange trainings
- Settle disputes between staff or staff and parents
- Oversee staff evaluations, including an agreed-upon plan for addressing areas that need improvement

If your center is licensed for this number of children:	12 or less	13 thru 24	25 or more
Then the director must have completed at least this number of college quarter credits in early childhood education:	10	25	45
Of the total credits required, the minimum number must be college quarter credits is:	7	17	30
And of the total credits required, the maximum number that can be department-approved clock hours is:	30 (replacing 3 college quarter hours)	80 (replacing 8 college quarter hours)	150 (replacing 15 college quarter hours)

*Note: One college semester credit equals one and one half (1.5) college quarter credits.

- Dismiss employees not meeting their job responsibilities
- Serve as the “health advocate” for staff, ensuring that health concerns are given proper attention in the program, and consulting with health professionals about areas of uncertainty or concern
- Negotiate contracts
- Schedule and host parent meetings
- Ensure that staff meet STARS requirements
- Ensure that program is culturally responsive to children and families served.

There are also many other management duties the center director must do. Some of these are:

- Payroll
- Make repairs to the building and equipment
- Buy supplies, order equipment and pay bills, including annual licensing fee
- Write newsletters
- Advertise
- Bill parents and record their payments
- Schedule fire drills
- Prepare snack and meal menus
- Develop and maintain a current substitute list
- See that children’s and staff records are current and complete
- Make social security and worker’s compensation deposits; distribute staff W-4 forms
- Review and update the health care plan, disaster plan, pet policy, etc, and
- Apply for renewal of the center’s license 90 days prior to expiration date of license.

Obviously, the director can and should delegate some of these responsibilities to others. The director can share some duties with the program supervisor or assistant director. Support staff, such as a secretary, office manager, accountant, or food service person can also manage some of the paperwork or tasks. It is ultimately the director’s responsibility, however, to see that all these jobs are done and done well.

Note: Often a director of a small center tries to do it all; that is, to be a director, program supervisor, and a primary caregiver for children. Such a plan is often unrealistic, as it is difficult to run a quality program with only one qualified person to fill all roles.

WAC

WAC 170-295-1020

What if the director does not meet the minimum qualifications?

- If the director does not meet the minimum requirements in WAC 170-295-1010, you must have a program supervisor who has a solid working knowledge of developmentally and culturally appropriate practices for the children in care. A program supervisor who:
 - Meets all the qualifications of WAC 170-295-1010
 - Oversees the planning and supervising of the center’s learning and activity program to ensure that practices meet licensing requirements, are varied and developmentally appropriate, and
 - Performs on-site program supervisory duties twenty hours or more a week that are not included in the staff to child ratio. If DEL requests it, you must provide documentation of the twenty hours or more a week of on-site supervisory duties for the program supervisor.
- If the director does not meet the minimum requirements in WAC 170-295-1010, the director must have had at least one three credit college class in early childhood education or development.
- One person may be both the director and the program supervisor when qualified for both positions. The director or program supervisor must be on the premises for the majority of the hours that care is provided. If temporarily absent from the center, the director or program supervisor must leave in charge a competent, designated staff person who meets the qualifications of a lead staff person.
- The director or program supervisor may also serve as child care staff when that role does not interfere with management and supervisory responsibilities.

If there is only one person meeting program supervisor qualifications, he/she will need adequate time away from providing care to fulfill program supervisor duties. This is especially important when teachers are providing care in parts of the center beyond the program supervisor's hearing and sight. The program supervisor is required by licensing to be out of the classroom, performing program supervisory duties, at least 20 hours a week. The program supervisor is responsible for:

- Training and supervising staff
- Supervising the layout of the indoor and outdoor environments
- Selecting furniture, play materials, and other supplies to meet the developmental and cultural needs of each group of children in the center
- Supervising the staff's development of curriculum plans and daily activities and ensuring that staff carry out planned activities
- Making sure staff prepare activities in advance so that all necessary supplies are available and ready for the children to use
- Monitoring staff performance
- Giving feedback or extra training on child guidance techniques, quality of activities, communication, or conflict management skills
- Serving as a resource person for staff regarding strategies to meet the needs of individual children
- Determining, planning, and implementing ongoing staff training, and
- Ensuring that the center provides a stimulating, developmentally appropriate environment for children.



The program supervisor is responsible for ensuring the center provides a stimulating environment for children.

WAC

WAC 170-295-1030

Who can be a lead teacher in a child care center?

The lead teacher is a child care staff person who is in charge of a child or group of children and implements the activity program.

■ The lead teacher must:

- Be at least eighteen years of age or older and demonstrate the appropriate personal characteristics for working with children
- Have completed a high school education or the equivalent, and
- Have documented child development education or work experience, or
- Complete required STARS training within six months of becoming a lead teacher.

WAC

These are minimal requirements for someone to be the primary caregiver for children in your center. The care children receive on a day-to-day basis is in the hands of your lead staff. You will want people in these positions who have the training and maturity to provide the quality of care children need to thrive.

The quality of staff is the most important determinant of the quality of an early childhood program. Research has found that a teacher's level of formal education and professional preparation in child development and/or early childhood education is directly related to positive outcomes for children. Positive outcomes include the development of pro-social behaviors, improved language and cognitive development, and success in school.

WAC

WAC 170-295-1040**Who can be an assistant or aide in a child care center?**

You may hire child care assistants or aides to support the lead child care staff. (By definition, an assistant's job is to support the lead caregiver, not to be in charge.)

- Assistants or aides must be:
 - At least sixteen years of age, and
 - Work under the direct supervision of a lead child care center person.
- You may assign an assistant who is age eighteen or older to care for a child or a group of children under direct supervision of a lead staff person. This person may have sole responsibility for a group of children without direct supervision by a superior for a brief period of time.
- You must not assign a person under the age of eighteen years of age the sole responsibility for a group of children.

WAC

An assistant or aide, eighteen years of age or older, may be left in charge of a group of children for a brief period of time. During the day, the lead caregiver may need to answer phone calls, use the rest room, and/or take scheduled breaks. DEL defines "a brief period of time" as no more than 15 minutes. If the lead teacher is away from the children longer than 15 minutes, the program supervisor or director will need to step into the room. If you want your assistants or aides (eighteen years of age or older) to be in charge longer than 15 minutes, they must meet STARS and other lead teacher requirements.

WAC

WAC 170-295-1050**Who can be a volunteer in a child care center?**

People with special areas of expertise may volunteer in your center on a part-time basis to enrich your program.

- You may arrange for a volunteer to support lead child care staff. The volunteer must:
 - Be at least sixteen years of age or older, and
 - Care for children under the direct supervision of a lead child care staff person at all times.
- You may count the volunteer in the staff-to-child ratio when the volunteer meets staff qualification requirements and is sixteen years of age or older.

WAC

You should not rely on volunteers to meet your staff-child ratios. Volunteers may not show up as faithfully as staff or may quit unexpectedly.

Remember that all persons at your center who have regular or unsupervised access to the children, whether paid or volunteer must:

- Have a completed employee/volunteer application
- Have a criminal history and background inquiry check
- Receive an orientation to the center's program, and
- Complete a tuberculosis test.

Volunteers can be found in various places.

- You may find a high school or college student who is willing to volunteer in your center to gain experience working with children.
- Some of your parents may wish to donate their time and expertise or to work in exchange for a reduced tuition fee.
- A retired person may volunteer because they enjoy being around children.
- Local museums, parks, theaters, dance companies, etc., may have persons willing to donate time to work with the children at your center.

Staffing tips

Choosing Your Staff

When hiring staff, contact organizations that can publicize that you are hiring and supply you with the names of people looking for a job. Among the resources you might use are your local:

- College early childhood or teacher education programs, or placement office (see the Resource section for list of community and technical colleges)
- Child care organization or other providers whose programs are similar to yours
- Your local Resource and Referral Agency (see the Resource section for a list of local Resource and Referral Agencies)
- High school vocational counselors
- Newspapers or child care newsletters, and
- Employment agencies.

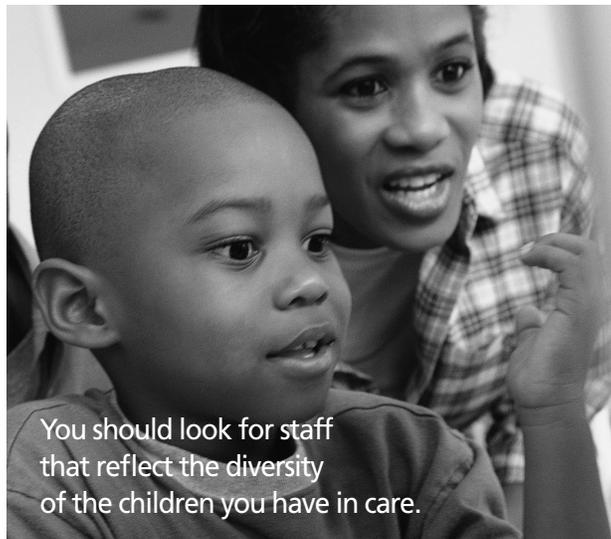
Any notice of job opportunities you distribute should give the job title plus some information about job responsibilities (including starting date), qualifications required, and contact numbers.

Interviewing

Job applicants should fill out an application form, preferably before the interview. During an interview with prospective staff, look for qualities which do not show up on a resume. Caregivers can learn many skills through classes and workshops, however, there are some personal characteristics that are needed but cannot be taught. These include:

- Concern for and love of children
- Kindness
- Respect for others
- Cheerfulness
- Warmth
- Flexibility
- Stability, and
- Enthusiasm and lots of energy.

People who will be working with children need to possess these qualities. They must also be able to meet the physical challenge of working with children. In addition, you should look for staff that reflect the diversity of the children you have in care.



When hiring new staff:

- Carefully interview the applicant
- Check references, and
- Hire new staff on a temporary basis. Observe your new employees in action often during the early days of their employment. Make sure they are capable of providing the quality of care children need and deserve.

Be sure to keep a list of qualified and available substitutes. Caregivers will need replacements for sick days, vacations, workshops, etc. Possible sources are:

- Qualified staff members who work other parts of the day and are willing to work extra hours
- An extra staff person who has been used as a “floater” helping out in the room where they are needed the most
- The program supervisor or director, and
- Office personnel qualified to switch roles when needed

You may request an employment application from your licenser or you can create your own form to meet your center’s needs. An example of an application is found on the next page.



DEPARTMENT OF EARLY LEARNING (DEL)
APPLICATION FOR EMPLOYMENT OR VOUNTEER SERVICES
LICENSED/CERTIFIED CHILD CARE AGENCY

1. NAME OF AGENCY					
2. POSITION FOR WHICH YOU ARE APPLYING				3. DATE	
4. YOUR NAME			5. ARE YOU 16 YEARS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. SOCIAL SECURITY NUMBER
7. YOUR HOME ADDRESS				8. TELEPHONE NUMBER	
9. DAYS AND HOURS YOU ARE WILLING TO WORK				10. EXPECTED SALARY	
11. Do you have a current:					YES NO
Washington Food Service Worker permit? (required of all staff persons preparing full meals per WAC 170-150-250, et al)					<input type="checkbox"/> <input type="checkbox"/>
HIV/AIDS training card?					<input type="checkbox"/> <input type="checkbox"/>
Tubercular test result (Mantoux method)? (required of all staff persons having regular contact with children per WAC 170-150-220, et al)					<input type="checkbox"/> <input type="checkbox"/>
Multimedia standard first aid card?					<input type="checkbox"/> <input type="checkbox"/>
Infant-Child Cardiopulmonary Resuscitation (CPR) card? (required of all staff persons having regular contact with children per WAC 170-150-200, et al)					<input type="checkbox"/> <input type="checkbox"/>
12. Education:					
a. High school graduate or General Education Development (GED) test passed?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Early childhood education course work in high school?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Post high school training (college, business school, military, etc.):					
NAME AND LOCATION	DATES	CREDITS EARNED	GRADUATED?	DEGREE/DATE	MAJOR OR SUBJECT
13. Conferences/workshops you have attended related to job duties:					
TITLE OF CONFERENCE/WORKSHOP		CLOCK HOURS	TRAINER OR SPONSOR		
14. TRAINING AND SPECIAL SKILLS					
15. COURSES IN EARLY CHILDHOOD EDUCATION					

14. Employment history (start with current or most recent employer, include volunteer experience):

EMPLOYED BY:	TELEPHONE NUMBER	FROM (MONTH, YEAR)
ADDRESS	CITY STATE ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES	TOTAL TIME EMPLOYED	
	HOURS PER WEEK/LAST SALARY	
REASON FOR LEAVING	SUPERVISOR'S NAME	
EMPLOYED BY:	TELEPHONE NUMBER	FROM (MONTH, YEAR)
ADDRESS	CITY STATE ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES	TOTAL TIME EMPLOYED	
	HOURS PER WEEK/LAST SALARY	
REASON FOR LEAVING	SUPERVISOR'S NAME	
EMPLOYED BY:	TELEPHONE NUMBER	FROM (MONTH, YEAR)
ADDRESS	CITY STATE ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES	TOTAL TIME EMPLOYED	
	HOURS PER WEEK/LAST SALARY	
REASON FOR LEAVING	SUPERVISOR'S NAME	
EMPLOYED BY:	TELEPHONE NUMBER	FROM (MONTH, YEAR)
ADDRESS	CITY STATE ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES	TOTAL TIME EMPLOYED	
	HOURS PER WEEK/LAST SALARY	
REASON FOR LEAVING	SUPERVISOR'S NAME	
EMPLOYED BY:	TELEPHONE NUMBER	FROM (MONTH, YEAR)
ADDRESS	CITY STATE ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES	TOTAL TIME EMPLOYED	
	HOURS PER WEEK/LAST SALARY	
REASON FOR LEAVING	SUPERVISOR'S NAME	
EMPLOYED BY:	TELEPHONE NUMBER	FROM (MONTH, YEAR)
ADDRESS	CITY STATE ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES	TOTAL TIME EMPLOYED	
	HOURS PER WEEK/LAST SALARY	
REASON FOR LEAVING	SUPERVISOR'S NAME	

EMPLOYED BY:	TELEPHONE NUMBER			FROM (MONTH, YEAR)
ADDRESS	CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES				TOTAL TIME EMPLOYED
				HOURS PER WEEK/LAST SALARY
REASON FOR LEAVING				SUPERVISOR'S NAME
EMPLOYED BY:	TELEPHONE NUMBER			FROM (MONTH, YEAR)
ADDRESS	CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES				TOTAL TIME EMPLOYED
				HOURS PER WEEK/LAST SALARY
REASON FOR LEAVING				SUPERVISOR'S NAME
EMPLOYED BY:	TELEPHONE NUMBER			FROM (MONTH, YEAR)
ADDRESS	CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES				TOTAL TIME EMPLOYED
				HOURS PER WEEK/LAST SALARY
REASON FOR LEAVING				SUPERVISOR'S NAME
EMPLOYED BY:	TELEPHONE NUMBER			FROM (MONTH, YEAR)
ADDRESS	CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES				TOTAL TIME EMPLOYED
				HOURS PER WEEK/LAST SALARY
REASON FOR LEAVING				SUPERVISOR'S NAME

If more space is needed to write your employment history, attach another sheet of paper.

15. May we contact your present employer? Yes No

16. Professional/personal references:

NAME	ADDRESS	TELEPHONE NUMBER

17. I certify that the above is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal if employed. I authorize an investigation of statements contained in this application which will allow the employer to make an employment decision.

YOUR SIGNATURE	DATE
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WAC**WAC 170-295-1060****What initial and ongoing state training and registry system (STARS) training is required for child care center staff?**

The director, program supervisor, and lead teachers must register with the Washington State Training Registry System (STARS) and prove completion of the following within the first six months of employment or of being granted an initial license:

- Twenty clock hours or two college quarter credits of basic training approved by the Washington State Training and Registry System (STARS)
- Current Child Development Associate certificate (CDA) or equivalent credential (such as Montessori Credential or completion of Military Modules training,) or twelve or more college credits in early childhood education or child development, or
- Associate of Arts (AA), Associate of Arts and Sciences (AAS) or higher college degree in early childhood education or child development.

WAC

STARS is Washington State's career development registry system designed to improve child care through basic and on-going training and education for child care providers.

The Department of Early Learning is the regulatory authority for the licensing requirements and the administrator of the STARS Registry, a web-based database that tracks caregiver records. Their website is: <https://wvs2.wa.gov/dshs/stars/>

Washington Association for the Education of Young Children (WAEYC) is contracted to administer other components of the program: information and publicity, training and trainer approval, the scholarship program, provider exemptions, continuing education approval, and data entry.

Within the first six months of being hired, you, your program supervisor, assistant director, and all lead teachers are required to meet STARS requirements.

You must either take the 20 hour Basic STARS class or obtain an education exemption letter from STARS, which states that you are exempt from the 20 hour Basic class if you have at least 12 credits in Early Childhood Education (or a CDA).

If the director, program supervisor, or lead teachers do not have a STARS ID number upon being hired, they need to submit a provider profile form to STARS to obtain one. All staff must take their STARS ID number to STARS approved trainings in order to receive credit in the STARS registry.

WAC**WAC 170-295-1070****What continuing state training and registry system (STARS) training is required for child care center staff?**

- The director, program supervisor and lead teachers must complete ten clock hours or one college credit of continuing education yearly after completing the initial training required in WAC 170-295-1060.
- The director and program supervisor must have five of the ten hours in program management and administration for the first two years in their respective positions. Each additional year, three of the ten hours required must be in program management and administration.
- Agencies or organizations that have been approved by the Washington State Training and Registry System (STARS) may offer up to six clock hours of continuing education each year to their employees. The remaining four hours must be obtained from other training and educational opportunities offered in the community.

WAC

Research has shown that in quality child care programs, children benefit most from staff who have higher levels of formal education and specialized early childhood professional preparation.

Ongoing professional development provides continuing education and other opportunities for staff to increase their knowledge of child development and early childhood education. It also allows them to keep current with the latest developments in the field, including new programs and practices, policies, legislation or regulatory changes. Professional development experiences should be credit-bearing whenever possible.

The Washington State early care and education professional development system begins with the initial 20 hours of STARS training and progresses through the CDA, one year certificate, two-year associate degree, baccalaureate, masters and doctorate degrees. Even if your program has highly qualified staff members, you will need to provide regular opportunities for ongoing professional development to ensure that staff members obtain current knowledge and new ideas.

The director, program supervisor, and all lead teachers must meet the STARS requirements by taking a minimum of 10 hours of continuing education each year. The director is responsible for maintaining documentation of STARS training certificates in each staff file and ensuring all staff keep the STARS registry up-to-date.

Child care providers in Washington State have the unique opportunity to have their ongoing education and development provided by scholarships available through the STARS and Washington Scholars programs. STARS information is available through the Washington Association for the Education of Young Children. Washington Scholars information is available through the Washington State Resource and Referral state office (see Resource section for more information).

WAC**WAC 170-295-1080****What topics must my new staff orientation include?**

- You must have an orientation system in place that will train each new employee and volunteer about program policies, practices, philosophies and goals. This training must include, but is not limited to, the program policies and practices listed in this chapter such as:
 - Minimum licensing requirements
 - Planned daily activities and routines
 - Child guidance and behavior management methods
 - Child abuse and neglect prevention, detection, and reporting policies and procedures
 - Health policies and procedures
 - Communicable disease recognition and prevention
 - Bloodborne pathogens information
 - Fire prevention, disaster plan and safety procedures
 - Special health and developmental needs of the individual child
 - Personnel policies, when applicable
 - Limited restraint techniques
 - Cultural relevancy, and
 - Ages and stages and developmentally appropriate practices and expectations for the age group the staff will work with.

WAC

Personnel policies must be developed when employing five or more persons. Even if you have fewer than five employees, the best way to avoid misunderstanding and disagreements about job responsibilities, personnel policies, or benefits is to put the terms of employment in writing.

Written personnel policies should include:

- A detailed job description
- Salary and hours
- Evaluation procedures
- Grievance procedures
- Termination procedures
- Non-discrimination policy
- Child abuse reporting, and
- Fringe benefits including:
 - Social security
 - Worker's compensation
 - Sick leave, personal leave
 - Paid vacation
 - Professional days
 - Paid time and payment of fees for attending workshops, conferences, early childhood courses, etc.
 - Paid maternity or paternity leave
 - Health and/or dental insurance
 - A retirement plan.

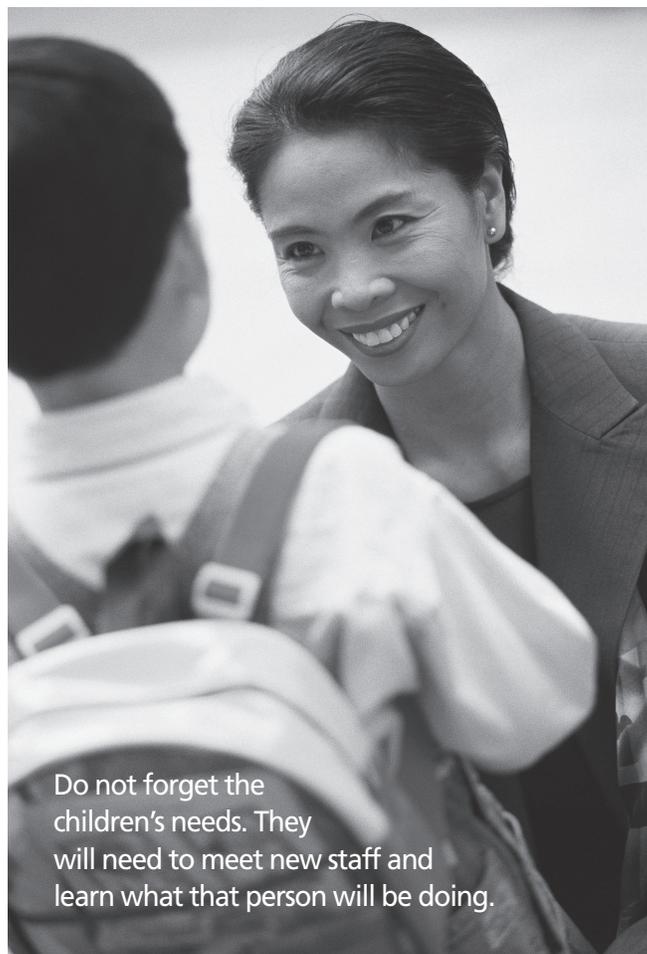
All centers must review their policies with employees at the time of hiring. This review should include:

- A job description of the position being filled
- The terms of employment, and
- A contract that is signed and dated by both parties.

Your new staff and volunteers will need a tour through your child care center when they begin working for you. They will need a chance to see where the supplies are located, get to know the children, and have someone model familiar routines for them before they work alone.

Note: Do not forget the children's needs. They will need to meet new staff and learn what that person will be doing. Children will also need time to say goodbye to the staff person that is leaving and being replaced.

The guidelines found on the next three pages will help you write your personnel policies. Guidelines for Developing Personnel Policies and a sample Orientation Checklist for Employees and Volunteers are included on the following pages. The orientation checklist must be kept as part of each employee's file.



Do not forget the children's needs. They will need to meet new staff and learn what that person will be doing.

Guidelines for Developing Personnel Policies

Requirement:

All child care agencies are required to have written personnel policies if they have 5 or more employees. Best Practice is that all child care centers have personnel policies.

1. NON-DISCRIMINATION POLICIES

- A. Include a statement that the agency does not discriminate on the basis of race, creed, religion, color, national origin, gender, age, marital status, Vietnam era veteran status, sexual orientation, gender identity or disability. Except, in a child care facility, staff must be at least 16 years of age to work with supervision, and staff must be at least 18 years of age to be left in sole charge of a group of children.
- B. Describe procedure to investigate and resolve complaints related to non-discrimination.
- C. For agencies with 15 or more employees (full & part-time), describe how you will meet the following requirements:
 - The agency must be accessible to people with disabilities
 - Post a non-discrimination policy
 - Appoint a coordinator to oversee compliance with the Americans With Disabilities Act (ADA)
 - Assure that people who are not fluent in English are not denied services. This would include translation of written information and interpreters
 - Have an internal complaint procedure to resolve complaints of discrimination.

2. BOARD OF DIRECTORS

- A. If there is a board of directors, describe the relationship of the board to the director and the agency
- B. Describe any authority the board has to hire/terminate the director or any other staff
- C. Include a copy of the Articles of Incorporation and by-laws.

3. HIRING PROCEDURE, may include but may not be limited to the following:

- A. Application
- B. Job interview(s)
- C. Reference checks
- D. Copies of transcripts, diplomas, or certificates to verify education
- E. Background and criminal records check completed by the Department of Early Learning
- F. Completion of Employment Eligibility Verification (Form I-9) (Required by U.S. Immigration Naturalization Service).

4. ORIENTATION which includes, but is not limited to, the following:

- A. Minimum licensing requirements
- B. Goals and philosophy of the agency
- C. Planned daily activities and routines
- D. Child guidance and behavior management methods
- E. Child abuse and neglect prevention, detection, and reporting policies and procedures
- F. Special health and development needs of individual children
- G. The health care plan
- H. Fire prevention and safety procedures
- I. Personnel policies (required in writing with 5 or more employees, paid or unpaid)
- J. Disaster Plan
- K. Pesticide Policy.

5. EMPLOYMENT REQUIREMENTS, includes, but may not be limited to the following:

- A. TB test
- B. Current First Aid training
- C. Current CPR training for the ages of children being supervised
- D. HIV/AIDS training and Bloodborne Pathogen training
- E. Food Handler's Card, if required
- F. Current Washington State Driver's License, with appropriate endorsements, if required
- G. Attend in-service training and staff meetings

- H. Responsibility to be at work on time and call if the employee is going to be late, ill or otherwise going to be absent
- I. Statement that employees will act in a professional manner and treat children and families with respect
- J. Statement that employees will follow the minimum licensing requirements and the policies and procedures of the agency
- K. Statement that all employees will receive an orientation upon hiring or change of position description.

6. CONFIDENTIALITY

A statement that information regarding children and families enrolled in the program will be maintained in a confidential manner, and will not be disclosed to unauthorized persons unless there is written permission from the parent(s) or guardian.

7. PROBATIONARY STATUS AND EVALUATION

- A. Describe length of probationary status
- B. Describe evaluation process during probationary period
- C. Describe evaluation process after the employee becomes permanent.

8. JOB DESCRIPTIONS

- A. Specific job descriptions for each position (paid or unpaid)
- B. Specific qualifications for each position (paid or unpaid) to include age, education, experience and personal qualities.

9. HOURS OF WORK AND RATE OF PAY

- A. Describe hours to be worked, rate of pay (full and/or part-time)
- B. Describe how often salaries are paid
- C. Describe lunch, dinner, and coffee breaks
- D. Describe paid holidays
- E. Describe pay or other compensation for overtime
- F. Describe promotional opportunities and procedure/criteria for pay raises.

10. FRINGE BENEFITS, may include, but may not be limited to the following:

- A. Paid vacations and sick leave
- B. Parental leave
- C. Maternity/paternity leave
- D. Funeral/bereavement leave
- E. Military leave
- F. Jury duty
- G. Paid training
- H. Reimbursement for travel
- I. Health insurance
- J. Disability insurance
- K. Paid child care as a fringe benefit
- L. Retirement plan.

11. LEAVE WITHOUT PAY

Describe under what circumstances, if any, leave without pay may be granted.

12. GRIEVANCE PROCEDURE

Describe process/procedure when staff have a conflict/problem with a co-worker, supervisor, director, board of directors, or working conditions.

13. DISCIPLINARY ACTION

- A. Describe grounds for taking disciplinary action against an employee
- B. Describe disciplinary action that may be taken
- C. Describe process, including appeal process, if disciplinary action is taken.

14. TERMINATION AND RESIGNATION

- A. Describe grounds for termination or dismissal
- B. Describe process to provide notice to employee of termination or dismissal
- C. If termination is due to Reduction in Force, describe options that are available to staff, including reassignment, severance pay or continuation of benefits, if available
- D. Describe the policy and procedures for staff to notify the agency if they want to resign or terminate their employment.

Orientation of Employees and Volunteers

Center policies and procedures orientation is required for all new employees and volunteers within a reasonable period from date of hiring. See Washington Administrative Code (WAC) 170-295-1080. Employee or volunteer initials and dates each item discussed. (Indicate N/A if not applicable)

Date	Initial	Item Discussed
_____	_____	1. Minimum licensing requirements (copy to each employee and volunteer)
_____	_____	A. Capacity of rooms/areas
_____	_____	B. Required staff to child ratio, age limits and group size
_____	_____	2. Goals and philosophy
_____	_____	A. Education philosophy
_____	_____	B. Developing program/curriculum and ordering equipment
_____	_____	C. Religious, cultural, and/or holiday practices
_____	_____	3. Activities and routines
_____	_____	A. Daily schedule and lesson plans
_____	_____	B. Sign-in and sign-out procedures
_____	_____	C. Food preparation, snacks, and meals
_____	_____	D. Outdoor play/safety
_____	_____	E. Naps (children in visual and auditory range)
_____	_____	F. Clean-up, including dishes/utensils
_____	_____	G. Opening and closing of the center
_____	_____	4. Cultural relevancy/anti-bias practices
_____	_____	5. Ages and Stages and Developmentally Appropriate Practices
_____	_____	A. Infants
_____	_____	B. Toddlers
_____	_____	C. Preschoolers
_____	_____	D. School-agers
_____	_____	6. Infant and toddler care
_____	_____	A. Diaper changing procedures
_____	_____	B. Feeding
_____	_____	C. Sanitation of toys and equipment
_____	_____	D. Toilet training
_____	_____	E. Use of nurse consultant
_____	_____	F. SIDS Policy
_____	_____	7. Child guidance and behavior management
_____	_____	A. Prohibition of spanking and any corporal punishment
_____	_____	B. Positive discipline techniques
_____	_____	C. Limited restraint policy
_____	_____	8. Child abuse and neglect prevention, detection, and reporting
_____	_____	A. "Educator's Guide to Child Protective Services" booklet
_____	_____	B. Signed copy of documentation in staff file
_____	_____	9. Special health and developmental needs of children
_____	_____	A. Allergies of individual children
_____	_____	B. Individual Health Plans
_____	_____	10. Health policies and procedures
_____	_____	A. Steps to take in medical emergency
_____	_____	B. Steps to take when child becomes ill or is injured at center

Date	Initial	Item Discussed
_____	_____	C. Medication management (include parent/physician permission forms, storage, disbursement, and record keeping)
_____	_____	D. Location of first aid kit, emergency lighting device/flashlights
_____	_____	E. Handwashing for staff, volunteers, and children
_____	_____	F. Steps in sanitizing (clean, rinse, and sanitize)
_____	_____	G. Pet Policy
_____	_____	H. Communicable disease recognition and prevention
_____	_____	I. Bloodborne pathogens
_____	_____	11. Fire protection and prevention procedures
_____	_____	A. Fire evacuation plan
_____	_____	B. How to test smoke detectors
_____	_____	C. How to use fire extinguishers
_____	_____	D. Inspection of center to identify, correct fire hazards
_____	_____	12. Personnel policies
_____	_____	A. Job description (copy to each employee and volunteer)
_____	_____	B. Staff and volunteer requirements
_____	_____	C. Chain of command
_____	_____	D. In-service training plan
_____	_____	E. Staff meetings
_____	_____	F. Background Clearance Check
_____	_____	G. TB test
_____	_____	H. CPR
_____	_____	I. First Aid training
_____	_____	J. HIV/AIDS training/Bloodborne pathogens
_____	_____	K. Washington state driver's license
_____	_____	L. Food handler's permit (if needed) or food safety training
_____	_____	13. Safety policies
_____	_____	A. Field trip safety policies and procedures
_____	_____	B. Transportation safety policies
_____	_____	C. Equipment safety (if equipment needs repair/replacement)
_____	_____	D. Outdoor playground maintenance
_____	_____	14. Disaster Policy
_____	_____	A. Earthquake Drills
_____	_____	15. Communication with parents
_____	_____	A. Greeting and daily communication
_____	_____	B. Parent conferences and documentation
_____	_____	16. Other (specify) _____
_____	_____	17. Other (specify) _____

Signature of Employee or Volunteer

Date Completed

Signature/Title of Person Who Gave the Orientation

Date Completed

WAC

WAC 170-295-1090

What kind of meetings or on-going training must I provide my staff?

- You must provide or arrange for staff meetings and training opportunities for the child care staff at least quarterly; and
- At a minimum, your staff and volunteers must have on-going training when there are changes:
 - In your policies and procedures
 - In the equipment that you use
 - In the types of services you provide, or
 - To health care plans for specific children.

WAC

Best practice suggests that centers have staff meetings at least once a month. Some centers alternate full staff meetings with lead caregiver meetings.

Staff meetings give everyone a chance to discuss concerns and plan future activities. As in all groups, good communication, caring, and mutual support are the keys to building successful staff relationships. Regularly scheduled staff meetings provide time for the staff and administrators to plan and consult together about the program, children, and families.

Note: Keep a record of your staff meetings, including staff who attended, the date, and the topics covered. Your licensor may request to see these records.

Quality child care programs promote staff professional growth with support for courses, conferences, and workshops. An on-site professional library containing current early childhood resources should be available.

Evaluations

Evaluation of staff members' performance and appropriate feedback is important for maintaining good quality care and education for children and staff morale. Evaluations should be used for planning professional development opportunities for staff.

All staff, including the program director and/or supervisor, should be evaluated at least annually by the director or other appropriate supervisors. Results of these evaluations should be written and remain confidential. Training opportunities should be based on the results of staff evaluations.

WAC

WAC 170-295-1100

What are the new requirements regarding first aid and cardiopulmonary resuscitation (CPR) training?

- You must ensure that one staff member with a current basic standard first aid and age appropriate CPR certificate is present with each group of children in your center at all times. For example, if you have six different classrooms with different groups of children, you must have a staff person in each room trained in first aid and CPR.
- The person providing the first aid and CPR training must be knowledgeable about current national first aid and CPR standards. The trainer must:
 - Be in the medical field
 - Be in the emergency field such as an emergency medical technician or firefighter
 - Complete a "Train the Trainer" course from a reputable program such as the American Red Cross, American Heart Association, National Safety Council or the Department of Labor and Industries, or
 - Work for a company that specializes in first aid and CPR training, and
- First aid and CPR training must be updated as required on the card or certificate received by you or your staff. The first aid and CPR cards or certificates must have a date of expiration. (Copies of the cards must be maintained at the center.)

WAC



Licensing requires that only one staff member in each group of children have a current CPR and first aid training, however **best practice** recommends that ALL staff have current CPR and first aid training appropriate to the ages of the children in care.

First aid training is available through:

- The Red Cross
- The Department of Labor and Industries
- Various health offices, fire departments, community colleges, vocational technical institutes, and
- Hospitals

WAC

WAC 170-295-1110

Who must have human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS) and bloodborne pathogen training?

- Every employee who is included in the staff to child ratio must have written proof of HIV/AIDS and bloodborne pathogen training that includes prevention, transmission, treatment and confidentiality issues.
- You must comply with applicable Washington Industrial Safety and Health Act (WISHA)/labor and industries safety and health regulations under chapter 296-823 WAC that apply to you.

WAC

Confidentiality issues

The law does not require parents to notify the center that their child has tested HIV positive. It is against the law for the center director to pass along such information to staff members or other parents without written permission from the child's parents. The law does not require center staff to inform their employer if they have tested HIV positive. As a matter of good practice, parents and staff will usually make this information known, but they may choose otherwise. You should treat all blood as potentially infectious because many people who are HIV positive do not even know it themselves.

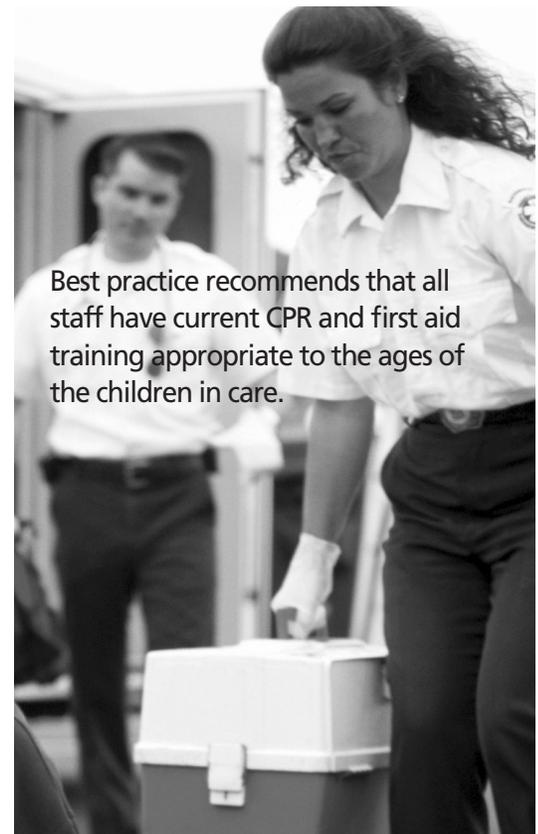
WAC

WAC 170-295-1120

What are the tuberculosis (TB) testing requirements for the staff?

- Each employee and volunteer must have the results of a one-step Mantoux TB skin test prior to starting work.
- New employees and volunteers do not need a TB skin test if they have written proof of:
 - A negative Mantoux TB test in the twelve months prior to you hiring them
 - A previously positive Mantoux TB test with documented proof of treatment or a negative chest x-ray, or
 - Medication therapy to treat TB
- Your staff and volunteers must be re-tested for TB when you are notified that any of the staff or volunteers have been exposed to TB. They must comply with the direction of the local health jurisdiction.

WAC



Best practice recommends that all staff have current CPR and first aid training appropriate to the ages of the children in care.

Tuberculosis (TB)

Tuberculosis (TB) is a serious contagious respiratory infection. Occasionally TB can cause damage to other parts of the body such as the bones, brain, and kidneys. There are two stages of TB. The first stage is called latency. Latency means a person has been infected with the germ, but is not sick. The second stage is called active. Active TB causes the individual to show signs of illness such as a persistent cough, a fever that lasts for longer than two weeks, night sweats and feeling tired or weight loss.

When adults or adolescents with active TB cough, sneeze, yell, or sing they can spread the disease through the release of air from their respiratory system. Children may be infectious, but are less likely to transmit the disease to others because they do not have enough lung capacity to forcefully cough out enough large numbers of germs into the air. TB is NOT spread through contact with objects such as clothes, toys, dishes, walls, or furniture.

Tuberculosis infection is diagnosed by a TB skin test. The skin test is done to determine if an individual has been exposed to the germ that causes TB. A licensed health care provider should examine anyone who tests positive for TB to determine if he or she has active TB. A person with a positive TB test should stay home until a health care provider determines they are not contagious.

Note: *New employees must have documentation of a negative TB test before they start employment. Licensing requires new employees to have documentation of a TB test taken within the prior twelve months of being hired.*

WAC

WAC 170-295-2010

What types of play materials, equipment and activities must I provide for the children?

You must:

- Provide a variety of easily accessible learning and play materials of sufficient quantity to implement the center's program and meet the developmental needs of children in care.
- Have a current daily schedule of activities and lesson plans that are designed to meet the children's developmental, cultural, and individual needs. The toys, equipment and schedule must be:
 - Specific for each age group of children, and
 - Include at least one activity daily for each of the following (you can combine several of the following for one activity):
 - Child initiated activity (free play);
 - Staff initiated activity (organized play);
 - Individual choices for play;
 - Creative expression;
 - Group activity;
 - Quiet activity;
 - Active activity;
 - Large and small muscle activities, and
 - Indoor and outdoor play
- Ensure the lesson plan, daily schedule of events, available toys and equipment contain a range of learning experiences to allow each child the opportunity to:
 - Gain self-esteem, self-awareness, self-control, and decision-making abilities;
 - Develop socially, emotionally, intellectually, and physically;
 - Learn about nutrition, health, and personal safety; and
 - Experiment, create, and explore.
- Post the daily schedule and lesson plan in each room for easy reference by parents and by caregivers;
- Keep the daily schedule of events and lesson plans for the past six months on site for inspection;

- Maintain staff-to-child ratios and group size during transitions from one activity to another during the day;
- Plan for smooth transitions by:
 - Establishing familiar routines; and
 - Using transitions as a learning experience.
- Ensure the center's program affords the child daily opportunities for small and large muscle activities, outdoor play, and exposure to language development and books; and
- Afford staff classroom planning time.

WAC

Materials, Equipment, and Activities

You will need to offer an assortment of culturally relevant activities, experiences and materials that are based on developmentally appropriate practice. Developmentally appropriate practice supports the belief that all children are unique and progress through predictable ages and stages at their own pace. Make sure that the activities, materials, and experiences are appropriate for each child in your care.

To engage children in active, meaningful learning it is important that you:

- ◆ Foster positive self-identity and a sense of emotional well-being
- ◆ Develop social skills and knowledge
- ◆ Encourage children to think critically, reason, question, and experiment (as used in pre-reading, writing, mathematics, science, and social studies)
- ◆ Enhance physical development and skills
- ◆ Encourage and demonstrate sound health, safety, and nutritional practice
- ◆ Encourage creative expression, representation and appreciation for the arts
- ◆ Develop a sense of belonging to the natural environment
- ◆ Ensure the materials and practices of your program reflect the backgrounds and current practices of the children and families enrolled, and
- ◆ Respect and celebrate cultural diversity.

Note: When sensitive caregivers meet children's individual needs, they also may be meeting cultural needs. However, without specific cultural knowledge, caregivers can inadvertently use practices that undermine parents' efforts and may be disrespectful of their cultural values. Encourage the families enrolled in your program to share their home culture, language, and family practices. Provide your staff with training and educational opportunities to increase their understanding of diversity and cultural competence.

The following lists provide examples of developmentally appropriate materials for your center. Younger and older children may enjoy the same materials and a single material can satisfy multiple needs. Consider the interests and abilities of the individual children in your care before deciding which materials are appropriate.

Infants (1 to 12 month-olds) Social, Emotional, and Creative Development

Possible materials include:

- ◆ Colorful, simple photos/pictures hanging near a crib or low on the wall, including faces representing different ethnicities, ages, and gender and simple designs
- ◆ Unbreakable mirrors, both small mobile ones and ones mounted on the wall close to the floor
- ◆ Stuffed animals and culturally diverse soft dolls
- ◆ Toy telephones, and
- ◆ Favorite object such as a doll, stuffed animal, blanket, or pacifier.

Intellectual, Language, and Sensory Development

Possible materials include:

- ◆ Objects with different textures such as fuzzy, bumpy, or smooth
- ◆ Rattles with different sounds and shapes
- ◆ Music tapes including classical, lullabies, children's songs, music from different cultures

- ◆ Cloth or sturdy cardboard picture books with realistic drawings or photographs of familiar objects (non-fiction and fiction)
- ◆ Mobiles
- ◆ Busy boxes
- ◆ Nesting cups
- ◆ Floating toys, and
- ◆ Boxes, tubes, spoons, bowls, and buckets made of cardboard, sturdy plastic, wood, or cloth.

Large and Small Motor Development

Possible materials include:

- ◆ Squeeze toys
- ◆ Filling and dumping container with objects that children can drop or scoop something into and take out again
- ◆ Large wooden cubes to push about and climb into
- ◆ Push toys and pull toys
- ◆ Supervised bucket swings
- ◆ Mirror and/or pull up bar mounted on the wall, and
- ◆ Small stairs, platforms, ramps, and other furniture and equipment children can safely climb into, over, and under.

Toddlers (1 to 2 ½ year-olds) Social, Emotional, and Creative Development

Possible materials include:

- ◆ Dolls that accurately reflect different cultural groups
- ◆ Props for dramatic play of home and work environments such as stove, sink, baby carriage, vacuum, shopping cart, and play telephone
- ◆ Dress-up clothes
- ◆ Hand and finger puppets
- ◆ Plastic, realistic animals, cars, and people figures representing different ethnic backgrounds, ages, and gender
- ◆ Musical instruments such as bells, triangles, rattles, and wood blocks
- ◆ Art supplies including large crayons, washable felt pens, playdough, chalk board with chalk, paints with wide brushes or blunt ends, and low easels
- ◆ Stuffed animals, and
- ◆ Mirrors



Consider the interests and abilities of the individual children in your care.

Intellectual, Language, and Sensory Development

Possible materials include:

- ◆ Shape and/or color sorting toys
- ◆ Simple interlocking puzzles with knobs (3-7 pieces)
- ◆ Music and story tapes
- ◆ Sturdy, colorful books with simple stories, few details, and familiar objects
- ◆ Magnet boards with shapes, and
- ◆ Smelling jars.

Large and Small Motor Development

Possible materials include:

- ◆ Large push toys and pull toys
- ◆ Cars and riding vehicles with no pedals
- ◆ Low slide, small steps and ramps, tunnels, and balance beam
- ◆ Low, soft climbing platforms
- ◆ Large building blocks
- ◆ Oversized balls
- ◆ Oversized pegboards
- ◆ Jars with lids to screw and unscrew
- ◆ Large beads or spools for stringing on colorful shoelaces
- ◆ Hammering and pounding toys
- ◆ Stacking toys
- ◆ Fill and dump materials and containers
- ◆ Water table, sand table (or large dishpans on low table), kitchen utensils for water or sand play such as cups, funnels, spoons, and tongs, and
- ◆ Tools for dusting and wiping tables.

Preschoolers (2 ½ to 5 year-olds)

Social, Emotional, and Creative Development

Possible materials include:

- ◆ Dramatic play area with multi-cultural props, occupational props, furniture and clothing
- ◆ Occupation prop boxes containing materials to play doctor, office, store, scientist, restaurant, bus driver, construction worker, farm worker, cook, etc.
- ◆ Real housekeeping equipment such as small brooms, dustpans, dusters, window washing supplies, sponges, mops, and dishwashing equipment
- ◆ Self-care activities including dressing and tying frames, hair brushing and tooth brushing (individual sets), face washing, and shoe polishing
- ◆ Puppets with a simple puppet stage
- ◆ Felt boards
- ◆ All sorts of art materials such as paste, clay, chalk, crayons, collage materials, etc., and
- ◆ Sandbox and water play toys.

Intellectual, Language, and Sensory Development

Possible materials include:

- ◆ Puzzles of all types for differing abilities including some with knobs
- ◆ Objects for sorting and classifying by size, shape or color such as large buttons and beads, sea shells, a collection of small cars and trucks, etc.
- ◆ Sequence and before-and-after cards
- ◆ Pattern-making materials including pegs, colored shapes, and stringing beads
- ◆ Books about the world, people, animals, different cultures, and numbers (non-fiction and fiction)
- ◆ Measuring cups and spoons, balance scale and various sizes of containers for filling and pouring
- ◆ Math games to reinforce concepts such as counting, number recognition, more/less, the same, smallest to largest, etc.
- ◆ Language games: vocabulary games, concept games, matching cards, rhyming games, sorting objects or pictures by sound, or memory games, recognizing letters and their sounds
- ◆ Science materials including scales, balances, magnets, magnifying glasses, sea shells, and
- ◆ Simple games such as lotto, dominos, picture bingo, pickup sticks, and sound identification.

Large and Small Motor Development

Possible materials include:

- ◆ Balls and sporting equipment of all types
- ◆ Jump ropes and hula hoops
- ◆ Wheeled vehicles with pedals, scooters, wagons, and wheelbarrows
- ◆ Climbing structures such as ladders, cargo nets, poles, slides, and swings
- ◆ Large block sets
- ◆ Large set of small, interlocking blocks
- ◆ Scooping, tweezing, pouring, stirring, opening and closing, and polishing activities
- ◆ Materials to encourage cutting, pasting, painting, drawing, copying, tracing, writing letters and words
- ◆ Simple sewing activities
- ◆ Carpentry bench with real, child-sized tools (hammer, vise, screwdriver, saw)
- ◆ Materials for cooking projects
- ◆ Materials for gardening projects, and
- ◆ Musical instruments from different cultures.

School-age children (5 to 12 year-olds) Social, Emotional, and Creative Development

Possible materials include:

- ◆ Dress-up clothes with a variety of multi-cultural, real props
- ◆ Puppets, including shadow puppets and marionettes (children can act out their own scripts)
- ◆ Cooperative games, and
- ◆ Dolls that accurately reflect different cultural groups and gender.

Intellectual, Language, and Sensory Development

Possible materials include:

- ◆ Board games of all types, especially those requiring strategy and problem solving
- ◆ Puzzles (50-1,000 pieces), three dimensional puzzles
- ◆ Audio-visual equipment such as blank tapes and CDs for own recordings, tape player, CD player and earphones, records and tapes and CDs of different types of music

- ◆ Science kits and tools including magnets, balances, microscopes, telescopes, prisms, weather kits, and simple materials to do chemistry experiments
- ◆ Typewriter
- ◆ Computers with educational games
- ◆ Books of common interests including fairy tales, myths, animals, contemporary stories about other children, poetry, nature, science, space, magic, math (non-fiction and fiction)
- ◆ Materials for making collections, and
- ◆ Equipment for setting up aquariums and terrariums.

Large and Small Motor Development

Possible materials include:

- ◆ Outdoor and gym equipment of all types, especially organized group games
- ◆ Wide variety of art materials that are readily available
- ◆ Model building materials
- ◆ Large sets of small, interlocking blocks
- ◆ More specialized tools for working on projects or skill development in carpentry, sewing, cooking, music, etc., and
- ◆ Games requiring speed, coordination, strategy, and extended concentration.

Note: 'People color' art supplies are available from local school supply companies or catalogues. Paint, crayons, markers, and construction paper come in 'people colors', which provide more accurate skin tone colors when children are doing art projects such as self-portraits.

Safety and Materials

The materials in a child's environment should be safe. The younger the child, the more careful you must be. The U.S. Consumer Product Safety Commission (CPSC) lists the following potential dangers to keep in mind when selecting materials:

- ◆ Sharp edges and points
- ◆ Small toys or parts
- ◆ Loud noises

- ◆ Cords or strings that can wrap around a child's neck
- ◆ Toys used to shoot or throw objects
- ◆ Equipment inappropriate for a particular age group (pay attention to the manufacturer's age level recommendations), and
- ◆ Electric or battery-operated toys must be "UL Approved" and in good repair (do not allow children to play with wires or batteries).

Keeping the environment safe involves using and choosing appropriate material in good condition. For example:

- ◆ Allow children to use only equipment designed for their size, age, and ability level
- ◆ Read and follow all warning labels that come with equipment
- ◆ Use equipment in safe places
- ◆ Teach children how to use equipment safely and supervise children's play carefully
- ◆ Check equipment frequently for damage
- ◆ Remove damaged equipment immediately and throw out un-repairable equipment, and
- ◆ Make sure children use safety equipment such as helmets, knee pads, and goggles when appropriate.



You will need to provide a variety of activities and accessible materials.

Note: Balloons are one of the leading causes of accidental death in young children. Un-inflated balloons or pieces of balloons can easily get stuck in a child's throat, suffocating the child. Balloons are inappropriate and dangerous for all young children.

Television, Computers, Videos

For older children, watching high-quality TV programs (at home) can have some benefits. However, for younger children caution is advised. The first two years of life are especially important in the growth and development of a child's brain. During this time, children need good, positive interaction with other children and adults to develop language and social skills. Learning to talk and play with others is far more important than watching television.

The American Academy of Pediatrics (AAP, 2003) does not recommend any television for children younger than two years of age. For older children, the AAP recommends no more than one to two hours per day of high quality non-violent television time.

Best Practice limits the use of TV and videos in centers to educational material related to curriculum. TV and videos are never appropriate for infant and toddlers in early childhood programs.

Quantity of Materials

You will need to provide a variety of activities and accessible materials. Having enough materials means:

- ◆ All children are able to select their own activities
- ◆ All children are busy with something interesting, and
- ◆ Children have a variety of fine motor, art, music, blocks, books, science, dramatic play, and math materials available.

It is not developmentally appropriate to expect toddlers to share or know how to take turns. It is a good idea to have multiple sets of everything for the younger children in your care. However, for pre-school children or older, learning how to take turns and how to wait for one's turn are valuable social lessons.

Multiple Purposes Served by a Single Material or Activity

A single material with many uses can meet different developmental needs and interests. Look for materials that are open-ended, meaning there is more than one way to use them. Blocks, playdough, and cardboard boxes are examples of open-ended materials. Their uses vary with a child's age and ability.

A good activity is one that can meet a variety of needs at the same time. For example, you might ask children to make food collages with pictures from magazines after a discussion about what foods help their bodies grow. A collage will extend the nutritional awareness lesson. It also will allow children the fine motor skills of cutting and gluing and the thinking skills of choosing appropriate foods and sorting them into categories.

Planning for Activities That Allow For Differences, Preferences and Abilities

Each child is a unique person with an individual pattern of timing and growth. Children also have individual personalities, temperaments, learning styles, experiences, and family and cultural backgrounds. A developmentally appropriate program adapts for inevitable individual variation among children. This is done by providing a variety of materials and activities that support children's individuality and meet their developmental levels.

When planning activities for your center, please keep in mind that:

- ◆ The developmental range in a same-age group may be two years or more
- ◆ You may have individual children with other in-

terests or skills outside the age range of the group, and

- ◆ You may have children with special needs who require modifications to the activities in order to do certain activities.

In addition, children differ in how comfortable they are with different activities. You will need to be sensitive to cultural and individual differences in your children's preferences and learning styles.

- ◆ Some children learn well by listening. Others need to do something before they understand fully.
- ◆ Some children can sit still for long periods of time. Others need to be free to move about.
- ◆ Some children want to be able to do an activity perfectly before sharing their accomplishment. Others are more comfortable with the trial and error approach.
- ◆ Some children are very outgoing and outspoken with adults. Others are uncomfortable when an adult is speaking to them or watching them.
- ◆ Some children do not like being told what to do. Others need to hear exactly what is expected of them.
- ◆ Some children play comfortably in a group. Others prefer to play alone.
- ◆ Some children cannot wait to crawl into your lap. Others are uncomfortable with being touched.

Children need opportunities to repeat activities. With repetition, children gain increased confidence, skill and feelings of achievement. However, repeating an activity should be the child's decision, not the caregiver's.

Children learn best when they choose activities they find meaningful. As a caregiver, you should:

- ◆ Prepare the environment with a variety of interesting and culturally relevant activities that cover a range of skill levels
- ◆ Help children choose activities they are likely to find challenging and satisfying
- ◆ Listen and observe as children play with materials
- ◆ Rotate materials to maintain interest

- ◆ Help children's further exploration and learning by
 - Asking meaningful questions
 - Talking about logical relationships
 - Making suggestions
 - Adding more complex materials or information to extend children's thinking, and
- ◆ Avoid taking control of the play by letting children take the lead.

Young children do best working and playing in small groups. Total group instruction is not an effective way of teaching children or solving problems. Most conversations should be with individual children or small groups. Make sure that:

- ◆ Caregivers have many opportunities throughout the day to speak and relate with each child individually, and
- ◆ Children have many opportunities to express their own thoughts and opinions to caregivers and to each other in a variety of ways.

In order for lead caregivers for each group of children to prepare activities that are interesting and age appropriate, they need time to:

- ◆ Plan activities ahead of time, consulting with the program supervisor as necessary
- ◆ Coordinate with other staff members about their contributions to the curriculum
- ◆ Make sure all materials and equipment are prepared in advance and are in good working order, and
- ◆ Practice the activity, so the presentation to the group will be smooth and engaging.

Note: *There are disadvantages in making your own sample to show children. They may feel the purpose of the activity is to make something that looks like yours. Children can be disappointed in their own product compared to yours.*

Storing and Displaying Materials

Having an organized method of storing and displaying materials will increase the quality of the program you offer. It will:

- ◆ Set an example of care and respect for the materials
- ◆ Result in fewer pieces being lost or broken
- ◆ Cut down on the time staff spend helping children find an activity or its missing pieces
- ◆ Allow staff to group materials into areas, such as language, manipulatives, building, housekeeping, etc., and
- ◆ Allow children to feel more independent and competent.

Note: *You may want to choose some container other than the original one to put out on the shelf. Open bins, baskets, or trays are often sturdier and allow children to see the pieces they want rather than dumping the entire contents on the floor or table.*

Containers and accessible storage shelves should have labels to encourage self-help. Ideas for labeling include:

- ◆ Putting a colored dot on a basket and the same colored dot on the shelf where it belongs, and
- ◆ Drawing the outline of an object such as a hammer on the pegboard showing where the hammer should hang. As a language experience, write the name of the toy where it should be placed.

You need to have different levels of storage if multiple age groups share an area at different times of the day. Store materials with sharp, small, or otherwise dangerous parts out of reach of younger children and ensure older children pick up all small toys and put them away.

Materials should be rotated to maintain interest and meet specific individual children's needs.

Daily Schedule

The daily schedule provides a balance of activities throughout the children’s total day. Young children cannot tell time, but they can learn the time of day by the sequence of activities and routines set in place by caregivers. Routines and daily rituals provide a sense of security and help children predict what will happen next. Children can know what happens after lunch, naptime, snack, and outside time. This allows them to feel secure and have a more positive child care experience.

A balance of large group, small group, individual, child-initiated and staff-initiated activities is very important. For younger children, most of these activities should be child initiated in individual or small groups. Do not have children younger than six years of age spend large amounts of time in staff-initiated, large group activities.

Children are constantly learning. This learning takes place in structured learning activities as well as during daily routines. Young children gain a sense of their own identity and self-worth from the way in which their bodily needs are responded to and satisfied. As much as possible, personal care routines such as feed-

ing, diapering, handwashing, toileting, and napping should be determined by the individual child’s needs and rhythms.

Note: Providers should be flexible and skilled enough to change planned or routine activities according to the needs or interests of children. They need to adjust to changes in weather or other situations that affect routines without unduly alarming children.

Infant Daily Schedules and Routines

If you work with infants, your schedule will be more flexible, but you will still want to establish some predictability. Meet the individual needs of each child by ensuring enough time for:

- ◆ Greetings and arrivals
- ◆ Feedings, diapering, and naps
- ◆ Indoor and outdoor play times, and
- ◆ Departures, including sharing information and anecdotes with parents.

Sample Daily Schedule for Toddlers and Preschoolers

7:00	—	8:00	Center Opens, Breakfast, Greetings
8:00	—	9:00	Free Time (Activity Centers)
9:00	—	9:30	Clean up, Circle Time, Songs, Stories, etc.*
9:30	—	9:45	Snacks
9:45	—	9:50	Wash Up
9:50	—	10:50	Small and Large Muscle Activities
10:50	—	11:45	Group Activities
11:45	—	12:15	Lunch
12:15	—	12:30	Getting Ready to Rest, Mats Out
12:30	—	1:30	Quiet Time or Nap Period
1:30	—	3:00	Free Time and Outdoor Play, depending on the weather
3:00	—	3:15	Circle Time*
3:15	—	3:30	Snacks
3:30	—	4:30	Group Activities
4:30	—	5:30	Free Time, Coloring, Painting, Stories, Activity Centers
5:30	—	6:00	Center Closes, Farewells

* Children are not required to come to circle time. Alternate quiet activities are available.

Caregiving routines, such as diapering and feedings make up much of the infant's day. It is important for caregivers to use these opportunities to get to know each child. When caregivers smile and talk with infants during these routine times, they build trust.

Lesson Plans

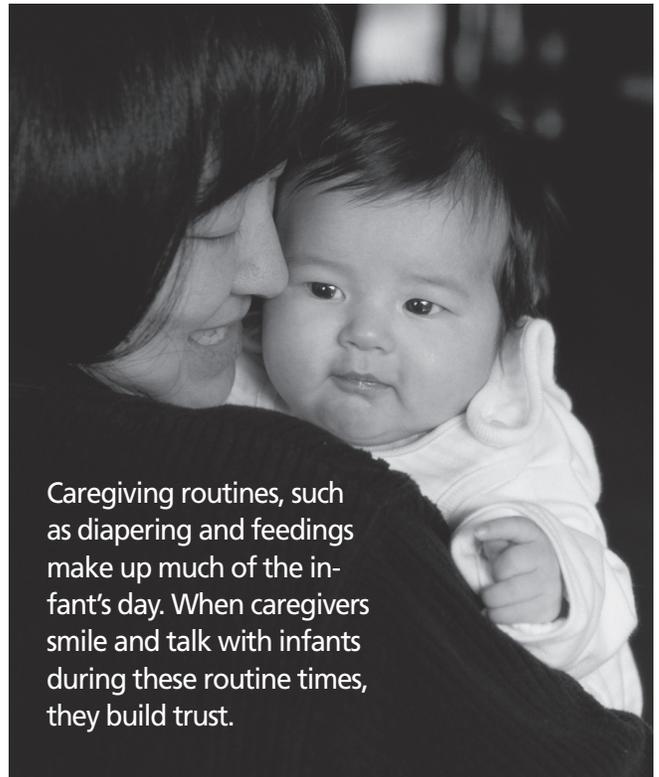
A lesson plan shows the specific planned activities that fit into the daily schedule. These plans ensure that children are provided daily opportunities for small and large muscle activities, outdoor play, and exposure to language and creative activities. Both lesson plans and daily schedules are required to be posted so that they can be easily referenced by staff and parents.

A licensor cannot be at your center every day to see the program you offer children. Therefore, you must have current plans (and ones from the recent past) available for the licensor to review. Written evidence of activity planning helps staff assure themselves, the director, parents, and the licensor that the program reflects the center's philosophy and goals and meets the full range of children's needs. In addition to the lesson plans, the licensor will look at the daily schedule, classroom materials, and the activities taking place during their visit to ensure you are providing a developmentally appropriate curriculum and program.

The form of activity lesson plans can vary. You may want to use:

- ◆ A wall chart for the week or month
- ◆ A clipboard with pages divided by times of the day or activity areas
- ◆ A large, desktop monthly calendar, or
- ◆ A teacher planning calendar book.

Whatever form your lesson plans take, they should indicate the date and group for which the plans are written.



Caregiving routines, such as diapering and feedings make up much of the infant's day. When caregivers smile and talk with infants during these routine times, they build trust.

Note: Adjusting the curriculum to the needs of children means not only offering the right activities at the right time, but also allowing enough time for children to do the activities. A well-planned lesson plan gives children time to settle into activities and pursue their interests fully before they clean up and go to the next activity. If an activity is new, allow extra time to set it up and introduce it to the children.

The following examples are included for you to use as guidelines as you create your center's lesson plans and activities.

PRESCHOOL ACTIVITY AREA Week of _____					
Goal(s):		Objectives:			
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ART	Friendship collage, using paper scraps. Goal: develop small motor skills and creative expression	Playdough, fruits & vegetables, shapes Goal: develop small motor skills, classification	Finger painting Goal: creative expression, sensory activity	Lacing strawberry basket Goal: develop eye-hand coordination, small motor skills	Sponge painting Goal: creative expression
CIRCLE TIME	Flannel board story Goal: develop language skills	Fingerplay "Where is Thumbkin" Goal: develop language skills	Poem - "I am a Top" Goal: large motor development	Talk about same/different among each other Goal: multicultural development	Flannel board story "Monkeys on the Bed" Goal: develop language skills
MUSIC	Song: You'll Sing a Song and I'll Sing a Song (E. Jenkins) Goal: develop language skills	"Shake My Sillies Out" Goal: develop large motor skills	Introduce cultural games or learn sign language Goal: multi-cultural development	Snowflake song Goal: creative expression	"Head, shoulders, knees and toes" Goal: develop language skills
TABLE ACTIVITIES	Water table: washing dishes, dolls, tension relief. Provide items to encourage collaborative play such as pipes, water pumps & water wheels Goal: sensory experience	Cooking banana bread Goal: Cognitive development, temporal ordering	Make a group card for a child in the hospital Goal: social development, maintain social bonds with child	Bean bag game, throw in rings Goal: develop large motor skills	Making jello Goal: develop cause and effect learning, foster initiative
STORY	"The Circus Baby" Goal: language development	"Blueberries for Sal" Goal: language development	"What Whiskers Did" wordless book Goal: develop language fluency	"The Snuggle Bunny" Goal: emotional competence	Sensory Table Goal: Fine Motor Development
CIRCLE TIME	Feelings lotto game, seasons Goal: cognitive development of grouping skills	Diverse food pictures Goal: Practice classification and grouping	Dropping beans in bottle with tweezers Goal: fine motor development, eye-hand coordination	Animal Lotto Goal: matching skills	Use balance scale to measure quantities Goal: provide practice in matching

TODDLER WEEKLY ACTIVITY SCHEDULE AND LESSON PLAN					
Week of _____					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:45 - 9:15 Clean-up, Breakfast					
9:15 am Group Time Activities	Stories "Raffi" Songs	Stories "Sesame Street" Songs	Stories Ella Jenkins Songs	Stories Hap Palmer	Stories Wiggles Songs
9:30 am Large Motor Activities	Dancing Round-in- the-Circle	Excercise Wiggle Wobble	Dancing Balance Beam	Excercise Zoom Tube	Dancing Round-in- the-Circle
10:00 am Outside Time	Climber	Water play	Balls	Riding Toys	Balance beam
10:30 am Free Choice Activities	Legos Water Table Toys	Waffle Blocks Playdough Toys	Cars and Trucks Puzzles Toys	Giant Blocks Finger Paints Toys	Doll houses Sand Table Toys
11:45 - 3:30 Clean-up, Lunch, Nap, Afternoon Snack					
3:30 pm Art	Chalk Coloring	Finger Paint Markers	Marble Painting	Glue Glitter	Yarn Drawings
4:00 pm Outside Time	Riding Toys	Climber	Bubbles	Balls	Playhouse
4:30 pm Group Time Sensory	Dress-up Hats and Clothes Rice Table	Flannel Board Animals Water Table	Scarves and Dancing Shaving Cream	Sing-a-long Playdough	Cooking Project Sand Table
5:15 - 5:30 Clean-up, Late Afternoon Snack					
5:30 Free Choice	Cars and Trucks Toys	Big Blocks Toys	Puzzles Toys	Books Toys	Flannel stories Toys

Transitions

Transitions are the times of change between one activity to another.

Allow children time to pursue their interests without interrupting or hurrying them, as much as possible.

Children should not always be required to move from one activity to another as a group. However, there are times when the group as a whole needs to move on to a new phase of the day. To make these necessary transitions easier for children you can:

- ◆ Give a five minute advance notice to tell the group when the activity will end and what comes next
- ◆ Give children a chance to repeat what they are doing one more time before requiring them to stop (Avoid stating “That’s all!”)
- ◆ Use phrases such as:
 - “You have one more minute”
 - “One more time”
 - “When you are finished, please put your things away”, and
 - “This will be your last time. Ready? Go!”
- ◆ Encourage children who are finished with their activity to help straighten the room or help set up the next activity (this gives children something positive to do during the transition and encourages responsibility)
- ◆ Tell children where to go next and what to do when they get there
- ◆ Make sure the area children are moving to is staffed and ready for children
- ◆ Keep the length of time children have to wait or stand in line as short as possible (the best way to get stragglers moving is to start the next activity)
- ◆ Avoid overcrowding in one small place (bathrooms and cubby areas can become congested)
- ◆ Dismiss children who get themselves ready quickly rather than making them wait
- ◆ Keep in mind that one staff member will have to stay in the area children are leaving until the last child is ready to move out, and
- ◆ Have a special signal that lets children know a change is about to happen. Your signal might be:

- A song, chant, or a guitar softly strumming
- The lead caregiver sitting down in the group area, indicating group time is about to begin
- A small bell ringing once
- The caregiver’s hand raised with two fingers extended
- A necklace hanging on the wall, indicating there is room for another child in the art room, block corner, or bathroom, or
- A special sign you hang on the wall, indicating the outside play area is now open.

Note: You are required to maintain staff/child ratios during transitions from one activity to another throughout the day.

Staff Planning Time

Licensing requires you to provide your caregivers and teachers adequate time to plan their classroom activities and prepare their materials.

Lead caregivers need time away from the children to plan projects, gather materials, and practice activities. These preparations are vital in order to provide quality learning experiences for children. One of the program supervisor’s (or director if there is no program supervisor) primary responsibilities is to help staff plan activities. The program supervisor should be available to assist staff in:

- ◆ Locating resources for activity ideas
- ◆ Planning a lesson plan appropriate for a particular age group
- ◆ Deciding how and when to set up an activity
- ◆ Acquiring necessary supplies
- ◆ Evaluating the success of an activity, and
- ◆ Maintaining a file with past copies of lesson plans for licensors to review.

Planning or preparation time should not be scheduled (done) in the nap room. Teachers in charge of a group of napping children are responsible for the children. On any given day, there is no guarantee that all the children will nap or rest quietly. However, if children are sleeping a staff person can prepare for the next activity or day (for example cutting up paper for a collage or working on a bulletin board) as long as the staff person walks around the classroom and checks children periodically.



Best Practice: Build time each day for staff to have planning time away from the children. Create a staff room or planning area with current resource books, adult size tables and chairs, and supplies and materials for staff to use in their planning and preparation work.

WAC

WAC 170-295-2020

How long can a child be at the center?

- The child may remain in care a maximum of ten hours or less each day. If needed, you may extend the time based upon the parent's typical work schedule and travel from and to the center.

WAC

There may be an exception when a parent needs more than 10 hours of child care for their work or school schedule. Keep written documentation in the child's file stating that the parent has informed you that due to their work, school, and/or travel time it is necessary for their child to remain in care for over ten hours. Problem solve with the parent to see if there are any other arrangements (relatives, friends, or neighbors) who could pick up the child earlier on some days to reduce the long hours the child is in care.

WAC

WAC 170-295-2030

How should staff interact with children?

To facilitate interactions between the staff and children that are nurturing, respectful, supportive, and responsive, you must:

- Ensure staff interact with children using positive communication (for example, giving children options of what to do rather than being told what not to do).
- Support the child's development in understanding themselves and others by assisting the child to share ideas, experiences, and feelings.
- Provide age-appropriate opportunities for the child to grow and develop intellectually.

Examples include:

- Reading readiness skills
- Language skills development
- Encouraging the child to ask questions
- Counting
- Matching objects
- Differentiating between large and small, and sorting
- Help each child solve problems with intervention as necessary.
- Encourage children to be creative in their projects.
- Allow independence in selecting routine activities and projects.
- Show tolerance for mistakes.
- Encourage children to try new activities, and
- Honor all children's race, religion, culture, gender, physical ability and family structure.

WAC

Staff-child interactions are the heart of your program. Research shows that strong positive relationships between children and caregivers are the keys to positive outcomes for children. Part of building these healthy relationships is for staff to know and understand each individual child in their care. Communication skills can be enhanced by ongoing professional development through classes and continuing education.

Positive communication

Positive communication helps ensure that children are treated in a nurturing, respectful, supportive and responsive way. Communication is more than words. It is also tone of voice, facial expressions and body language.

- ◆ Positive communication includes:
 - Smiling
 - Touching
 - Holding and speaking to children at their eye level
 - Listening to what children have to say with attention and interest
 - Seeking meaningful conversation
 - Making eye contact (for some children making eye contact may not be culturally appropriate)
 - Asking children for their opinions or suggestions
 - Giving children choices when possible
 - Observing children’s play with interest and occasionally offering suggestions, and
 - Honoring children’s home languages.

Pleasant conversations, excited sharing, spontaneous laughter and frequent displays of affection are signs that positive communications are happening in your center. Observe your program in action, and ask yourself these questions:

- ◆ Do caregivers listen and respond to all children with warmth and respect?
- ◆ How do caregivers respond to behavior problems? Do they use positive guidance techniques? Are they teaching children what to do to get along with others?
- ◆ Do caregivers encourage children to talk about what they are doing?
- ◆ Do caregivers encourage children to treat each other with respect and to solve problems using their words?
- ◆ Are mistakes treated as teachable moments?

If you find yourself answering yes to these questions you will know that you are creating a warm and loving child centered program through the use of positive communication.

Examples of positive communication

Telling Children What TO Do

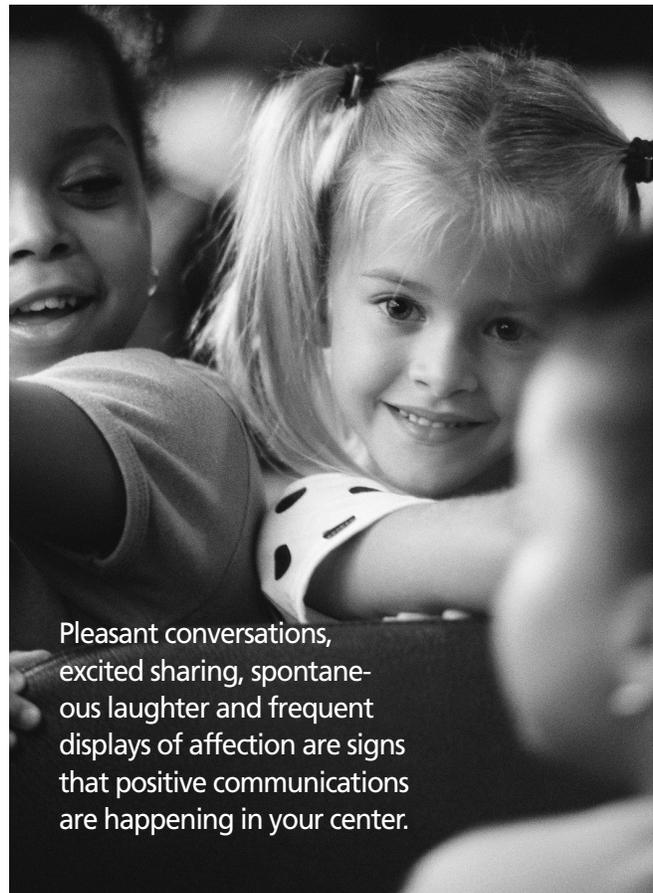
An important part of positive communication with children is teaching them what TO do instead of what not to do. Often when children are told what not to do, they do not know what positive alternatives they can do to successfully navigate the situation. You should use these opportunities as teaching moments to help children develop positive behaviors.

Rather than: “Don’t run.”

Say: “When we go down the hall we use our walking feet.” This statement allows children to know what the expectation is and how to do it.

Rather than: “Don’t ruin that book.”

Say: “Wash your hands before looking at the book and remember to turn the pages carefully.”



Pleasant conversations, excited sharing, spontaneous laughter and frequent displays of affection are signs that positive communications are happening in your center.

Praise and Encouragement

Another important positive communication technique is to offer praise and encouragement. You can describe to the child exactly what they have done well. Words like “good job,” “good boy,” or “nice picture,” lack the descriptive words that allow children to understand what they can do.

Rather than: “What a good girl you were today!”

Say: “You remembered to clean up your place at the table today.”

Rather than: “What a beautiful picture. It’s the most beautiful picture I’ve ever seen.”

Say: “I noticed you working hard on your picture. The blue color you used is very bright.”

Offering Information

Offering more information and a brief explanation rather than just stating a rule helps children understand the reason and encourages cooperation.

Rather than: “Hang up your coat!”

Say: “If you hang up your coat, people won’t walk on it and get it all dirty.”

Rather than: “Put the markers away.”

Say: “When the caps are put back on the markers they will not dry out and we will be able to use them again.”

Focusing on Individual Positive Behavior

When you state the positive behavior you want to see rather than the negative behavior that is happening, you redirect the child to do something good rather than condemn the child for something bad.

Rather than: “Stop running around the room!”

Say: “Oh, I see that you’re not busy right now. Come and help me set up snack.”

Focusing on Feelings and Actions Rather Than Undesirable Behavior

By focusing on feelings and actions rather than on undesirable behavior you help the child identify the strong emotion that prompted the behavior. This is a chance to help the child learn positive ways to express emotions. This can discourage inappropriate ways of acting out.

Rather than: “Don’t hit. Bad boy!”

Say: “I see that you are very angry with Patrick. Next time use your words to tell him that you want the ball.”

Focusing on What is Going to Happen Next

By focusing a child’s attention on a positive event to come rather than on the present disagreeable task, you gain the child’s support and cooperation.

Rather than: “Hurry up and pick up those blocks!”

Say: “As soon as you pick up the blocks you were playing with, you can go outside.”

Rather than: “Go wash your hands.”

Say: “After you have washed your hands, please come to the table and have snack.”

Focusing on Group Positive Behaviors

When you focus on the positive behaviors of the group instead of the negative misbehaviors of one or two children, you are stating the expectation and reminding them of what they should be doing.

Rather than: “Some people are still forgetting to push in their chairs!”

Say: “Almost everyone remembered to push in their chair today!”

Rather than: “Some people haven’t got their coats on yet.”

Say: “Gee, almost everyone has their coats on and we’re ready to go outside.”

Responding to Damage of Materials or Equipment

When there is damage to program materials or equipment, focus on how it affects the group rather than looking for the culprit. This helps children to understand how their behavior affects others.

Rather than: “Okay, who tore up the snack mat?”

Say: “Oh dear. One of the snack mats has been torn. That’s sad. Now only three people will be able to sit at the snack table instead of four.”

Rather than: “Who left the lid off of the playdough?”

Say: “The lid was left off of the playdough. Now it has dried up and cannot be used. We won’t be able to play with playdough until we make more.”

Responding to Feelings Rather Than Threats

When children’s feelings are acknowledged, their strong emotions are diffused and they are able to calm down. Respond to the feelings underlying children’s threats and not the threats themselves.

Scenario: Child says, “If he doesn’t give my picture back right now, I’m going to hit him!”

Rather than: “Don’t you DARE hit him!”

Say: “You’re feeling so mad at him for taking your picture you feel like hurting him. Let’s try trading him this toy for your picture.”

Scenario: Child says, “It’s my turn and I’m going to punch you!”

Rather than: “You stop that right now!”

Say: “You’ve been waiting a long time and you are running out of patience. Let’s ask her if you can have it in two more minutes.”

Books, seminars, and classes will help you learn more positive communication techniques. These are available through:

- ◆ Local community and technical colleges
- ◆ Local Resource and Referral agencies
- ◆ Libraries
- ◆ Individual STARS trainings, and
- ◆ Local affiliations of Washington Association for the Education of Young Children (WAEYC).

Language as a teaching tool

Language can be used as a teaching tool to help children expand their intellectual and social development. Look for opportunities to pose problems, ask questions, and add information to stimulate children’s thinking and extend their learning. The following examples demonstrate how providers can use words to expand concepts.

- ◆ A caregiver and young toddler are reading a book together and the child points to a picture and says “dog.” The caregiver responds by giving the child more information, “Yes, that is a big, brown dog. He is wagging his tail. The dog says, “arf.”
- ◆ A three-year-old is playing with cars and trucks. The caregiver asks if the child can line them up from smallest to largest, then takes the opportunity to describe in detail what each car and truck looks like and what it does.

Note: *If you know a second language, use it frequently with children. Also encourage parents for whom English is a second language to use both languages at home. Reassure parents that their child will benefit from using two languages. Talking to their child in their native language helps the child learn to speak two languages fluently.*

Encouraging self-esteem, independence and creativity

Self-Esteem

You help children develop self-esteem by:

- ◆ Giving them responsibilities
- ◆ Using their names
- ◆ Respecting their opinions
- ◆ Arranging activities and your environment so children can succeed, and
- ◆ Celebrating children's cultural and family backgrounds.

It is important to help children notice what they can do and help them understand that everyone is good at different things. Projects should be open-ended so everyone can experience their own version of success. If children get stuck in one area of play, support them in trying new areas.

Foster children's self-esteem, ability to think, and willingness to stand up for themselves and others. Do this by allowing them to use their intelligence and power. Caregivers should encourage children to:

- ◆ Ask questions about any subject
- ◆ Use their own ideas in problem solving
- ◆ Express their feelings and emotions
- ◆ Make choices, and
- ◆ Have an active role in their daily life at the center.

Independence

Children like to be able to do things for themselves rather than have someone do things for them. They love to wipe up their own spills and make their own snacks. They also like to draw and cut out their own designs. When they solve their own problems, they become more independent. Children also like to have control over their own bodies. Teach them how to wash their own hands, wipe their own bottoms, blow their own noses, comb their own hair, put on their own coat, change their own wet clothes and tie or buckle their own shoes.

Giving children jobs and responsibilities increases their feeling of competence and helps them to develop their self-esteem. Organize tasks so children can do jobs successfully. For example, have the children take turns helping to set the table each day for lunch.

Encouraging independence does not mean abandoning the child. Caregivers should carefully observe children as they do activities and be available if a child needs help.

Another important step towards independence is teaching children problem-solving skills. Children need help learning how to:

- ◆ Cooperate
- ◆ Share
- ◆ Compromise
- ◆ Take turns
- ◆ Let others know how they are feeling
- ◆ Use words to solve problems
- ◆ Express anger in acceptable ways
- ◆ Keep their promises
- ◆ Apologize, and
- ◆ Walk away from a bad situation.

Creativity

Children in a supportive environment show a marvelous ability to do things in new and different ways. Each of us has creative abilities. To encourage children's creativity:

- ◆ Ask open-ended questions
- ◆ Encourage children to ask questions
- ◆ Encourage children to guess and value close answers or inventive ones as much as exact ones
- ◆ Treat mistakes as valuable learning opportunities
- ◆ Structure activities so there are multiple ways to do things or more than one correct answer
- ◆ Point out and appreciate how different children in the center come up with different solutions to the same problems, and
- ◆ Do not rush to correct or expand everything children tell you or show you. Their excitement in what they have done or learned is more important than perfection.

If children ask questions and you do not know the answers, tell them you do not know, but you will find out. If children want you to show them how to do something you do not know how to do, be honest with them and explain that you do not have the expertise to do it. This openness helps children see that learning is a lifelong process.

Note: *Freely admit the mistakes you make when you are working with children. Your willingness to do so models for children that making mistakes is okay. Once children understand this concept they are free to be more creative.*

Helping children grow and learn

Children are born with the ability and desire to learn. Research concludes that quality child care programs can significantly increase the emotional, social, intellectual, and physical outcomes of the children in care. The more providers know about the development of children, the more prepared they will be to meet the emotional, social, intellectual, and physical needs of the children in their care.

Emotional Needs

Children need opportunities to:

- ◆ Feel loved and respected, without having to earn it
- ◆ Feel safe and secure (if they have a problem too big to handle they must be confident that help will be there)
- ◆ Feel powerful, independent, and comfortable with their own limits
- ◆ Be treated fairly
- ◆ Be listened to with respect
- ◆ Make mistakes without feeling shamed or embarrassed.
- ◆ Feel secure in what is expected of them and what they can expect from others, and
- ◆ Learn how to do things for themselves as much as possible.

Social Needs

Children need opportunities to:

- ◆ Feel pride in themselves, their families, and their cultures
- ◆ Interact frequently and comfortably with adults
- ◆ Have opportunities for time alone and time with others, depending on their moods and interests
- ◆ Organize their own activities, and at other times have activities organized for them
- ◆ Learn how to solve problems with other children without using aggression
- ◆ Learn how to cooperate and take turns
- ◆ Observe others and what goes on around them
- ◆ Learn to respect individual, family, and cultural differences
- ◆ Learn about their cultural heritage and the cultures of others through toys, pictures, foods, books, and positive presentations
- ◆ Learn that rules exist so people can live together comfortably and fairly
- ◆ Learn to accept limits, and
- ◆ Learn what it means to be a friend.

Intellectual Needs

Children need opportunities to:

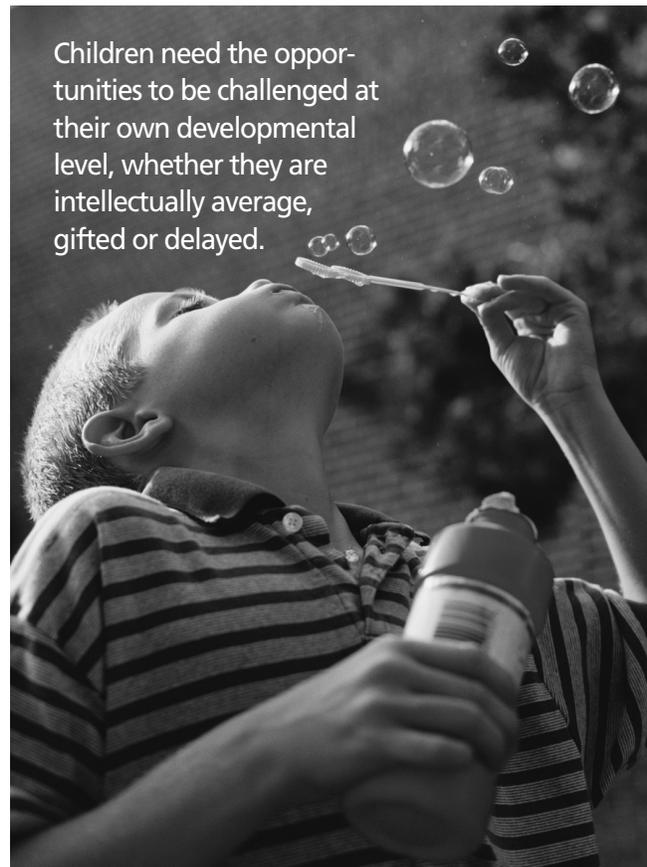
- ◆ Explore and ask questions
- ◆ Come up with their own answers, in their own time
- ◆ Learn about their world through all their senses
- ◆ Create things and think of ideas
- ◆ Explore the world of fantasy and make-believe (and learn the difference between pretend things and things that are real)
- ◆ Use real-life materials and tools in appropriate and constructive ways, and
- ◆ Be challenged at their own developmental level, whether they are intellectually average, gifted, or delayed.

Physical and Health Needs

Children need opportunities to:

- ◆ Move about freely in a safe environment in order to experience their world
- ◆ Practice newly developing small muscle and large muscle skills
- ◆ Learn how to take good care of their bodies, so they can keep themselves strong and healthy
- ◆ Have active times and quiet times, depending on their mood and energy level
- ◆ Learn how to recognize, avoid, and respond to dangerous situations, and
- ◆ Sit, play, and lie down in a variety of positions and on a variety of hard and soft surfaces.

The following developmental profiles will help you to provide age-appropriate opportunities that will support children from birth through school-age in all areas of their growth and development. It is important to provide the children in your center with the skills necessary to understand themselves, get along with others and to be successful in school.



Children need the opportunities to be challenged at their own developmental level, whether they are intellectually average, gifted or delayed.

Developmental profiles

Infants (1 to 12 month-olds)

Emotional Development

Infants are developing a foundation for trust and attachment. When babies have their needs met they learn to trust. When adults respond quickly and appropriately to infants' cries of distress or signals for play, infants learn that they are important. They learn that what they do makes a difference. They learn that they can express their emotions, whether pleasant or unpleasant, and that someone understands how they feel.

Infants need a continuing relationship with a few caring people. Young children thrive when they share a strong bond with a person who cares for them day after day. Consistent attention from the same caregiver helps to meet an infant's need for stability and familiarity.

To meet the emotional needs of infants, make sure you:

- ◆ Hold, touch, and cuddle them, making frequent eye contact and talking with them (especially during routines such as feeding and diapering)
- ◆ Encourage them to develop their physical abilities such as rolling, sitting, and walking
- ◆ Provide time and space for movement and play
- ◆ Spend time interacting with them, holding them, rocking them and sitting on the floor with them in your lap
- ◆ Talk to them often in loving tones using descriptive words (make this part of your routine care)
- ◆ Respond to and expand on cues coming from the child ("Are you getting hungry? Let me get you a bottle")
- ◆ Interpret their actions to other children to help them get along in the group ("Anthony has the ball and you would like one too. Here's another ball for you.")
- ◆ Encourage contact between infants, but be careful to protect younger infants from the explorations of older, mobile ones, and
- ◆ Give them hugs, smiles, and laugh with them.

Social Development

Newborns arrive with their own set of personal social skills. In order to encourage these social interactions, communications and relationships, caregivers should:

- ◆ Respond promptly in a gentle and reassuring way to infants' various methods of communication (smiles, cooing, eye contact, body language, crying, etc.)
- ◆ Initiate interactions with infants to encourage communication
- ◆ Reinforce infants' responses by showing interest and delight
- ◆ Take cues from infants to avoid over and under stimulation, and
- ◆ Make eye contact, while talking and singing to them during care routines and play times.

Intellectual Development

Babies are born learning. Infancy is a time of rapid brain development. They are totally dependent upon the important adults in their lives, including caregivers, to provide the right experiences at the right times to reach their optimal intellectual development.

Infants learn through their eyes, ears, noses, mouths and fingers. They need lots of opportunities to explore their world. Daily routines, including feeding, dressing and diapering, are the most important teaching moments.

Talk to infants. Tell them what you are doing and why. Explain to them what is happening; laugh and play with them. Celebrate life together. Even though they cannot talk yet, they are learning language, the meaning of words, and beginning to understand and read faces and body language.

As children approach their first birthday, they love to put things into containers and then take them out. They love to stack things and then knock them down. Keep older infants' play equipment down low and in familiar places.

To meet the intellectual needs of infants, make sure you:

- ◆ Provide an appropriately challenging, safe environment for them to explore and manipulate
- ◆ Provide light, colorful objects for babies to look at, reach for and grasp
- ◆ Play naming and hiding games such as peek-a-boo and pat-a-cake
- ◆ Provide simple toys
- ◆ Talk to them, make eye contact, point out familiar objects to them
- ◆ Engage in many one-to-one, face-to-face interactions with them
- ◆ Share lullabies and music from around the world
- ◆ Respond to sounds they make, occasionally imitating the infant's vocalizations
- ◆ Describe the infant's and adult's actions and the events that occur in the environment ("Oh, you like that song. Shall I sing it again?")
- ◆ Display interesting things to look at
- ◆ Sing to them and appreciate their vocalizations and sounds
- ◆ Place pictures and photos in their cribs and along the bottom of the wall at their eye level
- ◆ Play games pointing out their body parts and naming familiar objects in their environment, and
- ◆ Read picture books (both non-fiction and fiction) daily.

Physical Development

As infants grow, you will notice their periods of alertness getting longer. The time they are awake between sleeping and feeding increases.

Infants need a chance to exercise their arms and legs. They need to experience varying body positions. They may enjoy massages and soft tickles. They need brief periods of "tummy time" on the floor to raise their heads, strengthen their backs, push up on their arms and later to rock from front to back and begin crawling.

Older infants become more mobile, exploratory, and social. They begin to pull themselves up on furniture. They crawl, climb small stairs, and go up low ramps. They also begin walking with assistance.

To meet the physical needs of infants, make sure you:

- ◆ Support infants' attempts to roll, sit, walk and grasp
- ◆ Provide open carpeted space as well as hard surfaces for crawling
- ◆ Provide low sturdy furniture for children to pull up and hold on to while learning to walk
- ◆ Provide accessible outdoor activities daily
- ◆ Provide simple objects for infants to reach for, grasp, and explore
- ◆ Allow non-mobile infants to move comfortably, lying freely on their backs while looking about, kicking, reaching, practicing eye-hand coordination, and
- ◆ Allow mobile infants to move about freely, exploring in a safe environment.

Toddlers (1 to 2 ½ year-olds)

Emotional Development

Warm, accepting, close relationships provide the foundation for healthy emotional development for toddlers. Your sensitive and responsive interactions with a child are more important than any toy. Toddlers need opportunities to explore, be responsible and make significant choices. This promotes mastery over their environment and confidence in their abilities.

You should encourage them to do things for themselves, such as feeding and dressing. Plan activities that allow for independence, yet be careful not to frustrate them with an activity that is still too difficult.

Toddlers often respond to situations without being aware of their emotional state. You should help toddlers sort out their feelings by giving words to them when they are scared, angry, or excited. Helping toddlers identify their emotions and use language is an important part of your job. For example, some toddlers may bite their playmates when angry or frustrated. Their verbal skills are not developed enough to respond with words, so they resort to biting.

To meet the emotional needs of toddlers, make sure you:

- ◆ Allow them to feed and dress themselves and encourage the development of self-help skills when they are ready
- ◆ Encourage and support their developmental achievements such as walking, talking and climbing, and
- ◆ Listen and expand toddlers' emerging language. An example of expanded language is:
 - Child says, "Truck!"
 - You say "Yes, it is a big blue truck that makes a lot of noise."

Social Development

Toddlers' speech is developing rapidly. They are learning up to nine new words a day. Caregivers should listen carefully and with interest to what toddlers have to say, repeating and expanding their messages. You should realize that toddlers do not always understand verbal messages. They depend more upon modeling, practice, and familiar routines to understand appropriate behaviors and expectations.

Toddlers are increasingly interested in their peers and often play beside their friends rather than with them. You will need to teach and model the interactions with the others that you want them to develop, like sharing and taking turns. It is not developmentally appropriate to expect toddlers to actually share or take turns. Nevertheless, your job is to model, model, model.

To meet the social needs of toddlers, make sure to:

- ◆ Talk, sing, and play with each child daily on a one-to-one basis and in small groups
- ◆ Respond and expand upon emergent language coming from the child
- ◆ Interpret their actions to other children to help them get along in the group ("Gloria had it first. Would you like this one?")
- ◆ Assist toddlers in social interactions. ("Tyrell is playing with the blue ball; let's play with the red one until he is finished.")

- ◆ Step in quickly when there are disputes to provide information, solve problems, or redirect children to new activities
- ◆ Display the play materials down low to encourage the development of independence and competence
- ◆ Show toddlers how to clean up after themselves
- ◆ Model taking turns (make sure you provide more than one of many play materials and equipment).

Intellectual Development

Toddlers view the world with wonder and look to caregivers for explanations. Play is toddler's important work. They need hands-on experiences and opportunities for climbing and moving. They also need plenty of interesting things to look at, touch, and manipulate.

Toddlers do things for the sake of doing them, not to get them done. Once they complete a task, they often start all over again. Scooping and dropping things into containers and then dumping them out is one of their favorite activities.

Toddlers love books and songs, especially old familiar ones. Read to toddlers daily with them on your lap or gathered close around you. Discuss pictures and expand their understanding and language by providing additional information. Sing to them and with them, teaching them simple songs and nursery rhymes.

Toddlers learn through their five senses. They learn by doing. They explore the environment through sight, touch, smell, sound, and taste. They use art materials for the physical and sensory experiences. Asking toddlers to explain their drawings is inappropriate because most likely they were drawing for the experience of drawing with no intent to represent anything through their artwork.

Toddlers enjoy lots of cheerful pictures hung at their eye level. Realistic pictures of animals, people, and familiar objects will interest them and encourage language development. Displaying pictures of the toddlers and their families in the classroom helps them to feel more at home.

To meet the intellectual needs of toddlers, make sure you:

- ◆ Provide an appropriately challenging, safe environment for them to explore and manipulate
- ◆ Provide large containers full of objects for them to carry, fill, dump, and refill
- ◆ Provide opportunities for making choices without interfering with selections
- ◆ Avoid interruptions of their activities, as much as possible
- ◆ Engage in many one-to-one, face-to-face interactions with them daily
- ◆ Look at simple books and pictures with them, pointing out objects, discussing them and reading with them
- ◆ Verbally label objects and events within their experience (use expanded language: "It's a big white fluffy cat with a long tail.")
- ◆ Describe children's and adults' actions and the events that occur in the child's environment ("She is sad, her mommy just left. Her mom will be back in a while to get her.")
- ◆ Respond to their attempts at language in supportive ways, by answering their questions and engaging in meaningful conversation about everyday experiences, and
- ◆ Build their confidence; "You did that all by yourself."

Physical Development

Toddlers are always on the move. They move themselves up, down, and through anything. They also delight in moving anything else they can. They need suitable objects and furniture to practice their rapidly developing large and small motor skills. Toddlers enjoy sitting at tables and using chairs for activities and meals using child-sized equipment.

To meet the physical needs of toddlers, make sure you:

- ◆ Support their self-initiated motor development such as climbing, stacking, filling containers and dumping them out
- ◆ Provide accessible outdoor activities for them
- ◆ Provide simple objects such as small blocks, puzzles, push together beads, and cars and trucks for them to manipulate
- ◆ Allow them to move about freely and to explore in a safe environment
- ◆ Do creative art activities such as brush painting, drawing, collage, and playdough
- ◆ Provide time and space for dancing, movement activities, and creative dramatics
- ◆ Do musical activities such as singing, listening to recordings, and playing instruments
- ◆ Avoid adult-made models, patterns, and pre-drawn forms, and
- ◆ Provide materials representative of a variety of cultures.

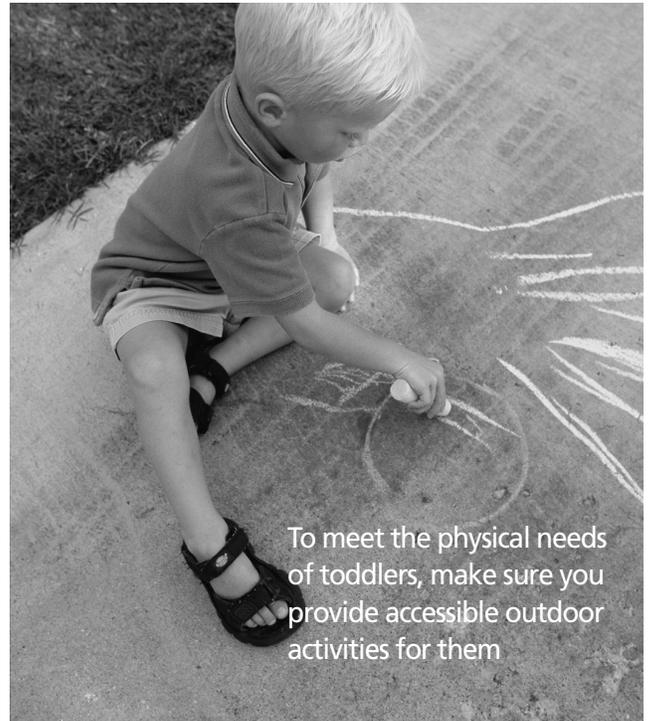
Preschoolers (2 ½ to 5 year-olds)

Emotional Development

Preschoolers need to be surrounded by caring, responsive and loving providers. A positive, close relationship with the preschoolers in your program is needed to promote their emotional development. This will provide the security they need to develop relationships with others in their ever expanding world.

Preschoolers are beginning to learn about feelings. You can help them be aware of what they are feeling and give their feelings names. Help children feel comfortable with their feelings and find positive ways of expressing them.

Many preschoolers develop fears. Typical fears at this age include the dark, animals, imaginary beings, sounds, and new situations. You will need to acknowledge these fears respectfully and help the child to understand them. You can use children's books to facilitate discussion about these normal fears.



Preschoolers enjoy surprises, jokes, and celebrations of all kinds. In general they are purposeful, outgoing, friendly, and a joy to be around.

To meet the emotional needs of preschoolers, make sure you:

- ◆ Create a positive close relationship with each child in your care
- ◆ Provide structure and routine throughout the day and allow plenty of time for transitions
- ◆ Allow time for children to talk about their interests and what they see and do
- ◆ Use children's names frequently in songs and games
- ◆ Display children's art work and photos of children and their families
- ◆ Encourage children to draw pictures and tell stories about self, family, and cultural practices
- ◆ Provide many opportunities for children to initiate activities, develop and demonstrate control of their bodies and self-help skills, and
- ◆ Help children deal with feelings and strong emotions in positive ways. Say "It's okay to be angry but it's not okay to hurt people. Use your words to tell me about it, or perhaps you would rather draw a picture or be alone for awhile."

Social Development

Socially, preschool children begin playing with each other instead of alongside each other. This is called cooperative play. A major component of cooperative play is dramatic play. Dramatic play is pretending or making believe. This type of play occurs when children act out roles themselves and when they manipulate figures such as small toy people in a dollhouse. Dramatic play is enhanced by props that reflect cultural diversity.

Provide many dramatic play materials, including:

- ◆ Dress-up clothes with shoes, clothing, and hats for both men and women
- ◆ Work attire such as hardhats, transportation worker caps, western hats, running shoes, clip-on ties, and jackets
- ◆ Props such as clothing and plastic foods representing a variety of cultures and equipment used by people with differing abilities, and
- ◆ Props to support dramatic play themes such as restaurant (old menus, paper and markers for taking orders), grocery store (empty cereal boxes, soup cans, egg cartons, milk cartons, etc.), and fire fighting (fire hats, old rubber boots, sections of hose, etc.).

There are endless possibilities for creating dramatic play props for children.

In addition, to enhance the dramatic play area:

- ◆ Provide a clearly defined dramatic play area with space to play and organize materials
- ◆ Ensure that dramatic play materials are accessible throughout most of the day
- ◆ Rotate materials for a variety of themes, and
- ◆ Provide props for active dramatic play outdoors.

Some children need help developing the social skills necessary for cooperative and dramatic play. They may need practice taking turns and the “me first, then you” patterns involved in this play. Remember that children are not born with these skills; they are learned. Teachers need to model and teach the desired social skills.

Preschoolers are learning to respect the rights of others and to use words to settle arguments. Once again, these skills take time to learn. Quarrels and fights are a normal part of the preschool years. It is important to help children work through their own solutions rather than stepping in and solving problems for them.

To meet the social needs of preschoolers, make sure you:

- ◆ Provide opportunities for children to work together to complete a task like cooking, woodworking, gardening, or creating a mural
- ◆ Encourage positive interactions between children
- ◆ Allow preschoolers to engage in small group, whole group, and individual activities throughout the day
- ◆ Provide opportunities for sharing, caring, and helping, such as making cards for a sick child, caring for pets, or watering plants
- ◆ Provide activities to promote understanding and appreciation of diversity (such as encouraging parents to share family customs), and
- ◆ Provide activities to help children understand social skills. For example use storybooks and discussion to work through common conflicts.

Intellectual Development

Preschool children are natural explorers and are still learning about their world through their five senses. They are eager to find out how things work and why. They ask endless questions and want to share their new knowledge with you and with each other. Be careful to let children discover information on their own and at their own pace. Avoid supplying answers and correcting mistakes. Take the opportunity to expand children’s knowledge by asking open-ended questions and giving new vocabulary words, “I wonder what would happen if...?” “That’s called an igneous rock. It comes from a volcano.”

Preschool children can become experts on topics of interest to them such as dinosaurs, insects, or the latest action hero. Make sure the environment is rich in both written and verbal language. Label

important things in the environment so children can see how words look and hear how they sound. Label the items in different languages, especially the ones children speak in the classroom. Write the children's names for them and help them learn to identify their own names.

Preschoolers are amazingly aware of their physical surroundings. They enjoy puzzles and blocks. They have lively imaginations and love to pretend and to dress up. They love songs and finger plays and rhyming words. They enjoy listening to pattern books with repeating phrases that they can say with you as you read to them.

Preschoolers' drawings and other creations begin to be image-oriented and purposeful, often with an underlying story or theme. Encourage children to talk about what they have drawn and give them space to display their work. You can also take dictation, writing down what the children say about their pictures and artwork.

Preschoolers are actively engaged in learning as much as they can about the world around them. Have individual as well as small and large group conversations throughout the day. Ask questions to encourage them to give longer and more complex answers. Younger children are asked "what" or "where" while older children are asked "why" or "how." As you talk and share with them you can expand their knowledge by providing new vocabulary words and giving information regarding the topic at hand.

To help preschoolers meet their intellectual needs, make sure you:

- ◆ Read both fiction and non-fiction books (including poems and nursery rhymes)
- ◆ Work with them individually and in groups throughout the day
- ◆ Encourage them to dictate stories as you write them down
- ◆ Provide time for conversation
- ◆ Ask children open-ended questions that encourage them to think and require more than a one-word answer
- ◆ Answer children's questions

- ◆ Add more information to what a child says
- ◆ Label things in the room in several different languages
- ◆ Use written words with pictures and spoken language to provide a print-rich environment
- ◆ Use flannel board stories, puppets, songs, finger-plays, and rhymes
- ◆ Encourage children's emerging interest in writing (scribbling, drawing, and forming letters)
- ◆ Plan activities for labeling, classifying, and sorting objects by shape, color, and size
- ◆ Discuss daily and weekly routines in terms of time concepts and seasons of the year
- ◆ Extend children's thinking and learning during activities by adding new materials, offering ideas or suggestions, joining in their play, and providing assistance in solving problems
- ◆ Observe natural events such as seeds growing or the life cycle of pets
- ◆ Help them to sequence first, next, and last
- ◆ Provide materials representative of a variety of cultures
- ◆ Create opportunities to use numbers and count objects
- ◆ Take walks in the neighborhood to nearby parks, grocery stores, post office, or library
- ◆ Plan trips to provide new learning experiences for preschoolers
- ◆ Encourage water and sand play
- ◆ Do creative art projects including painting, drawing, and collage
- ◆ Provide time and space for dancing, movement activities, and creative dramatics, and
- ◆ Plan musical activities such as singing, listening to recordings and playing instruments.

Note: Avoid adult-made models, patterns, coloring books, and pre-drawn forms.

Physical Development

Preschoolers learn by using their bodies. A program based on worksheets and desk work is inappropriate. Preschoolers need a lot of active play. They work hard at learning new large motor skills like climbing, skipping, and catching a ball. They also spend much time and attention learning to cut with scissors and drawing. Preschoolers like to use their new skills to do things for themselves. They are learning to put on their own shoes and socks, zip coats, wash their hands, and set tables.

Because preschoolers are curious explorers, you can discuss with them safety rules and explain possible dangers. By helping them to understand why there are rules, they will find it easier to accept the limits placed upon them.

To meet the physical needs of preschoolers, make sure you:

- ◆ Provide equipment, time, and space for active play such as jumping, running, balancing, climbing, riding tricycles and playing with balls
- ◆ Provide creative movement activities such as using an obstacle course or music that promotes movement
- ◆ Provide complex manipulative toys, pegboards, puzzles, lacing cards and woodworking to help develop fine motor skills, and
- ◆ Provide art materials that allow for individual expression for drawing, painting, writing, gluing, cutting, etc.

School-age children (5 to 12 year-olds) Emotional Development

While school-age children are increasingly becoming independent and looking to peers for acceptance, they still need caring, loving, and responsive caregivers for emotional support. Providers often see school-age children after they have put in a long day at school. They need opportunities to meet their physical needs for activity by running, climbing, and tumbling, as well as opportunities for rest, social interaction and food. To meet their personal growth needs, accepting adults must supervise but not

overprotect or over-direct school-age children, even while encouraging their independence.

School-age children are old enough to have input on classroom rules and expectations. They enjoy planning some of their own activities. By allowing school-age children to give input and allowing them to plan, you will foster their self-esteem and feelings of self-worth and competency.

To meet the emotional needs of school-age children, make sure you:

- ◆ Create a positive, close relationship with each child in your care
- ◆ Provide opportunities for them to express growing independence and self-reliance (such as making choices, planning, and initiating their own activities)
- ◆ Provide ways to offer privacy (allowing them opportunities to work or play alone)
- ◆ Plan cooperative rather than competitive activities
- ◆ Recognize preference for self-selected peer groups
- ◆ Encourage them to draw and write stories about self, family, and cultural practices
- ◆ Display their work and photos of themselves and their families
- ◆ Help them to feel protected, but not controlled
- ◆ Have them create ground rules that are minimal in number and consistently applied
- ◆ Help them recognize their own strengths
- ◆ Provide learning experiences that respond to their individual differences in ability and interests, and
- ◆ Give them appropriate responsibilities such as caring for pets and plants, setting the table, and helping to prepare projects for group activities.

Social Development

While school-age children may have many friends, they are developing close relationships with one or two best friends whom they like to be with the most. Some children may feel excluded and need your support in making friends and being included in group activities. Provide activities that pair children with different members of the group. Allow time for friendships to develop. This requires unstructured periods of time throughout the day.

School-age children are very sensitive to what others think of them. How they dress, what they wear, and how they do their hair become increasingly important as they try to fit in and be accepted by their peers.

School-age children need a sense of belonging. Their sense of personal and cultural identity is becoming more defined, yet they are still highly vulnerable to each others' opinions. Peer approval can be more important to them than adult approval. You will need to help school-age children be accepting and respectful of individual differences.

School-age children like to be helpful and do real work. They like to plant gardens, do woodworking, cook, sew, care for pets, and collect rocks, stamps, etc.

To meet the social needs of school-age children, make sure you:

- ◆ Provide opportunities to encourage responsibility-taking, helpful behavior, and meaningful work, such as making cards for a sick child, caring for pets or plants, and preparing or cleaning up meals and snacks
- ◆ Provide opportunities to support children's friendships
- ◆ Arrange planned and spontaneous activities in team sports, group games, interest clubs, board and card games
- ◆ Allow unstructured time during each day to socialize with friends or adults
- ◆ Model respect for differences of opinions and honor diversity, and
- ◆ Help children resolve conflicts and solve problems by using their words and talking about the issues.

Intellectual Development

School-age children have a growing capability for thinking, reasoning and problem solving. They are developing their skills in reading, writing and mathematics. They are more capable of understanding the concepts of time, distance, and money. They like to play games with rules that require skill and strategy. They are developing a sense of humor, love to tell jokes and laugh.

School-age children enjoy learning how to make things. They enjoy opportunities to work on real projects with real materials and tools. They may be perfectionists and product-oriented. They enjoy using real paint brushes and paper, real modeling clay, and real tools.

School-age children are developing individual interests and skills. This is a time in life when children's special skills are emerging. Some children show a proficiency at sports, music, writing, art, or dancing. Some are interested in animals or machinery. Because the regular school day leaves little time to explore individual interests and develop skills, your center should provide time to do so.

To meet the intellectual needs of school-age children, make sure you:

- ◆ Provide opportunities to complete homework, including peer or adult tutoring for children who request assistance
- ◆ Provide opportunities to read books
- ◆ Encourage them to write and produce plays, publish newspapers, and write stories
- ◆ Provide space, materials, and activities to support children's interests and curiosity
- ◆ Encourage them to try, explore, and expand their interests
- ◆ Provide opportunities to learn basic science and math concepts
- ◆ Involve children in observing and investigating natural events and objects, sorting and classifying, searching for patterns, noting differences and similarities, and writing about what they see
- ◆ Involve children in cooking activities that include reading and following directions and measuring
- ◆ Engage children in sustained project work, seeking solutions to concrete problems, observing and recording changes in the environment, and working with tools
- ◆ Provide opportunities for them to read for information and reference
- ◆ Engage children in representing their understanding in various ways, including drawing, writing, speaking, and drama

- ◆ Plan trips to provide new learning experiences
- ◆ Provide many opportunities every day for children to write for reasons that make sense to them (such as making lists, labeling their work, and writing notes to their parents)
- ◆ Give children frequent practice and help in composing, editing, and revising stories and other written products
- ◆ Provide opportunities for children to be an active part of the community through activities such as tree planting, recycling, and clean-up projects, and
- ◆ Foster and encourage the development of children's sense of humor. Be sure to laugh with them at their jokes!

Physical Development

Most school-age children spend their day sitting in a structured classroom. Physical activity is important for their minds and bodies. It is important to give them lots of space and opportunities to play in areas where they can run, shout, and practice large motor skills. Give them a wide variety of outdoor equipment and organized games.

School-age children are growing and developing rapidly. However, they continue to have many of the needs of younger children for large motor experiences to explore and to learn through their five senses about the world around them.

They are learning to care for their bodies. They know safe ways of moving, jumping, and falling to minimize injuries. Discussions about hygiene, safety, and nutritious foods are important steps toward developing healthy habits and safe practices. Older school-age children may experiment with cigarettes, drugs, or sex. You will need to talk calmly with these children about the issues and share accurate information.



It is important to give school-age children space to play in areas where they can run, shout, and practice large motor skills.

To meet the physical needs of school-age children, make sure you:

- ◆ Provide equipment, time, and space for active play such as jumping rope, running, balancing and climbing
- ◆ Provide creative movement activities, music, songs and recordings
- ◆ Provide fine-motor activities such as puzzles, sewing, woodworking, and objects that can be taken apart and put back together
- ◆ Provide a variety of fine motor activities and daily opportunities for drawing, painting, cutting, writing, sewing, and carpentry
- ◆ Provide opportunities for developing hobbies such as sewing, pottery, woodworking, leather work, cooking, and bead working
- ◆ Encourage participation in group games and team sports, and
- ◆ Provide opportunities to get physical exercise and use a variety of outdoor equipment.

Honoring all children's race, religion, culture, gender, physical ability and family structure

All children develop within and are influenced by their social and cultural experiences. Because cultural diversity is the norm in America, children must learn to function in and appreciate a diverse cultural society. Young children need to develop a positive sense of their own identity. This identity is shaped by many factors including their gender, race, cultural and family background, language, religion, abilities, life experiences and circumstances. They will need to develop respect and appreciation for other people with ideas and experiences that are different from their own. Classroom materials and equipment need to portray diverse, non-stereotyping images of cultural, ethnic, racial, linguistic, age, gender, family structures and other ability differences.

Note: *Quality child care programs create an understanding of and responsiveness to cultural and linguistic diversity by providing an anti-biased curriculum (Derman-Sparks & ABC Task Force, 1989). An anti-bias curriculum and program actively promote the elimination of unfair beliefs, attitudes, and actions.*

Providing a Culturally Relevant, Anti-Bias Program

Children start developing their attitudes about others and themselves by the age of two. You can have a powerful positive influence on those attitudes. In your activities and classroom you must provide multicultural, non-stereotyping materials and activities that will:

- ◆ Support each child's sense of self and family
- ◆ Teach children to accept and appreciate differences and similarities between people, and
- ◆ Help children better understand the ways of others in their community and around the world.

The following principles form the framework for multicultural programming:

- ◆ Everyone has a culture
- ◆ Know your own culture first
- ◆ Provide authentic unbiased images
- ◆ Foster concrete experiences at the child's level
- ◆ Make the culture climate of the classroom and the home consistent
- ◆ Support and value the home language
- ◆ Staff should reflect the families they serve
- ◆ Expose the children to a variety of cultures in accurate ways
- ◆ Examine and challenge institutional and personal biases, and
- ◆ All staff should be involved in this effort.

Not all materials produced for children are appropriate. You should be especially careful with materials that are more than ten years old. Be a selective consumer. Throw out negatively stereotyped images and stories. To expand children's understanding, look for materials that correctly and appropriately portray people from diverse backgrounds.

Young children do not understand concepts like "in the past" or "a long time ago," so make sure the images of people from various cultures are still accurate today. For example, children's introduction to pictures of people who are Native American should be contemporary, not pictures of a person dressed in the native clothing of 75 years ago.

There are many types of learning materials that can help children to become more aware of other people and celebrate their own heritage. When you are setting up your classroom, think of it as the "home away from home" for your children and families. Ask yourself, "How can I make this a warm and welcoming place for myself and for our families?"

Examples of materials to help ensure your setting is sensitive and respectful to all people include:

- ◆ Books, pictures and materials accurately depicting men, women, and children of different family structures, races, cultures, ages, abilities, and occupations living their daily lives and solving problems (avoid any books that contain stereotyping roles and pictures)
- ◆ Puzzles, pictures, and toys representing various cultures and non-traditional male and female occupations
- ◆ Music from various cultures
- ◆ Pictures representing a diversity of cultures and gender roles. Pictures will mean more to children if you discuss them before putting them up
- ◆ Dramatic play materials encouraging a variety of gender play and role playing of persons in other cultures and with differing abilities
- ◆ Male and female dolls representing a diversity of races, cultures, and abilities
- ◆ Opportunities for children to experience a variety of languages in spoken, song, or written form, including Braille and sign language
- ◆ Foods of different cultures for snack, lunch, and special celebrations
- ◆ Activities to promote understanding, well-being and acceptance of others, and
- ◆ Activities to respect cultural and linguistic diversity.

Inclusion

Your program should be designed to be inclusive of all children, including children with identified disabilities and special learning and developmental needs. The Americans with Disabilities Act (ADA), effective 1992, states that people with disabilities, including physical, mental, and/or medical impairments, are entitled to equal rights in public accommodations, including early childhood programs.

Necessary modifications will vary depending upon the type and number of children with differing needs and abilities who are served by your program. The inclusion of children with disabilities or special

learning and developmental needs may necessitate lower staff-child ratios, specialized staff training, and special environmental arrangement and equipment. Staff should be familiar with available community resources and refer families for additional help when needed.

WAC

WAC 170-295-2040

What behavior management and guidance practices must I have in place?

You must:

- Develop and implement written behavior management and guidance practices for the center.
- Guide the child's behavior based upon an understanding of the individual child's needs and stage of development.
- Promote the child's developmentally appropriate social behavior, self-control, and respect for the rights of others.
- Ensure behavior management and guidance practices that are fair, reasonable, consistent, and related to the child's behavior.
- Prevent and prohibit any person on the premises from using cruel, unusual, hazardous, frightening, or humiliating discipline, including but not limited to:
 - Corporal punishment including biting, jerking, shaking, spanking, slapping, hitting, striking, kicking, pinching, flicking or any other means of inflicting physical pain or causing bodily harm to the child
 - Verbal abuse such as yelling, shouting, name calling, shaming, making derogatory remarks about a child or the child's family, or using language that threatens, humiliates or frightens a child
 - The use of physical restraint method injurious to the child, locked time-out room, or closet for disciplinary purposes
 - The using or withholding of food or liquids as punishment.

- In emergency situations, a staff person may use limited physical restraint when:
 - Protecting a person on the premises from serious injury
 - Obtaining possession of a weapon or other dangerous object, or
 - Protecting property from serious damage.
- Staff who use limited restraint must complete an incident report. A copy of the incident report must be:
 - Placed in the child's individual record and
 - Given to the parent.

WAC

Guidance

Children are not born with inner self-controls. They learn behaviors through observing the people in their lives. But they need to learn to manage their feelings and emotions in socially acceptable ways. Child care providers are important role models for young children and are in a position to help them acquire self-regulation skills.

Guidance is teaching a child what TO DO instead of focusing on what not to do. Because children learn from their everyday experiences it is important that you respond to their behavior in respectful, developmentally appropriate and emotionally safe ways.

Developmentally Appropriate Guidance

Children go through stages of growth in certain sequences. Understanding these sequences is helpful in guiding children's behavior because it helps the caregiver to know what might be expected in each developmental stage. When developing appropriate guidance and discipline methods and strategies you should ask yourself:

- ◆ Is the guidance method appropriate for a child this age?
- ◆ Is the guidance method appropriate for this specific child?

Anything a child does is "behavior" and all behaviors of children are purposeful and happen for a reason. However, sometimes children behave in ways that

are destructive, inappropriate, or otherwise unacceptable. Caregivers need to respond to these behaviors positively and respectfully.

Understanding and Supporting Misbehavior

Children often misbehave when something is bothering them. First, check if children are misbehaving because they:

- ◆ Do not feel well or they are hungry, sick or tired
- ◆ Lack knowledge or experience (they may need to learn how to act in social situations)
- ◆ Are feeling stressed (is there a new baby in the house, did they just move, was there a death in the family, are the parents arguing?)
- ◆ Feel discouraged (often children misbehave to get our attention), or
- ◆ Feel rejected (everyone wants to be loved and accepted).

In order to thrive, all children need to be shown respect for their feelings and accepted for who they are.

Further reasons for misbehavior can be broken down into four basic categories. If you understand these goals of misbehavior you can sometimes change your reaction to the behavior and in many cases can change the behavior of the child. The goals of the misbehavior are subconscious to the child. The child is not deliberately acting in negative ways. The child is using unsuccessful methods of filling unmet needs. Following are four common needs behind misbehavior.

◆ Attention

Attention-getting is the most common type of misbehavior. The child may be feeling left out or ignored, and the goal is to get attention from the caregiver. A good example of this is the child who constantly interrupts and wants to talk to you while you are talking with someone else. Caregivers can identify attention-getting behavior by their own initial emotional response. Usually the caregiver feels irritated or annoyed. The best strategy is to ignore the misbehavior and to

“catch that child being good.” An example might be that you are working with Maria who is trying to master tying her shoes. Eric is standing by you, interrupting you as you speak to Maria, and wants you to come read a story to him. You say to Eric, “Eric, I am helping Maria right now but I would love to come read a story with you. Would you like to read the story by yourself while you wait or would you like to play at the sensory table until I can read with you?” Once you are finished helping Maria, you go over to Eric and tell him, “Thank you for being so patient while I was helping Maria. Let’s read that story!” This strategy allowed you to work with Maria, did not give Eric attention for his annoying behavior, and reinforced his positive, patient behavior.

◆ Power

Power is another common goal of misbehavior. The child is asking for more control over his or her own life. Usually you can identify this goal because you feel angry, frustrated, or fearful in response to the child’s actions. When a provider and child get in a power struggle, no one wins. An example of a potential power struggle is when a child refuses to help at clean up time. A strategy to work with this child would be to give the child appropriate choices, such as:

- “Do you want to pick up the cars or the blocks?” or
- “Would you like to put away the markers by yourself, or would you like me to help you?”

Another potential power struggle is when a child refuses to come in after playing outside. A strategy would be to give this child the following choices:

- “Natalia, the children are getting ready to go inside. Would you like to go in now or would you like an extra two minutes to play?” or
- “Would you like to hold the door for everyone, or would you rather hold my hand as we go in?”

Note: An important thing to remember about giving choices is to give only choices that you are comfortable allowing children to make. They then can choose which option they prefer.

◆ Revenge

Revenge is another goal of misbehavior. You usually see this in a child who is already angry and feeling hurt. The goal of the child is to hurt back. You can identify revenge as the goal because you feel hurt and angry too. This child needs lots of positive attention and choices. You should make a conscious effort to catch the child being good. Make sure to give the child choices when power struggles arise. Also, you need to work at establishing a positive relationship with this child. Once the child feels respected and accepted, receives praise for good behavior, and is allowed control over his or her life by being given choices, the behavior will gradually disappear.

◆ Avoidance of Failure

Avoidance of failure may be the hardest behavior to change. The child feels inadequate and unable to achieve. You will recognize this behavior because you will feel at a loss as to what to do. This child has usually experienced many failures and has given up. A strategy to work with this child is to carefully plan esteem-building activities that allow the child to be successful and continue to build upon these experiences. Slowly the child will learn that she or he is capable and will gradually start taking on challenges by herself or himself.

Note: In order to thrive, all children need to feel nurtured, be accepted for who they are, and shown respect for their feelings.

Developmentally appropriate expectations

Caregivers must understand developmental stages of growth in order to appropriately guide children's behavior. Caregivers should not expect children to do things that they are not developmentally ready to do. Nor should children be scolded for behaviors that are normal for their age. Doing so forces children to fail, to feel badly about themselves, and/or to feel anger toward the caregiver. Inappropriate expectations also make managing a group of children considerably more difficult.

The following are examples of typical behaviors caregivers can expect to see in children of different ages.

Infants (1 to 12 month-olds) tend to:

- ◆ Communicate their needs through crying
- ◆ Drop things, often on purpose, and expect you to pick them up and give them back to them (this is often a game they enjoy)
- ◆ Be messy (it is inappropriate to expect them to pick up after themselves or feed themselves neatly)
- ◆ Want you pick them up and hold them a lot
- ◆ Put everything within their reach in their mouths
- ◆ Not understand verbal requests to stop what they are doing, and
- ◆ Practice new skills and repeat new experiences with enthusiasm and perseverance. When they learn to bang things together, they bang everything! When they learn to crawl, they crawl everywhere!



Infants tend to want you to pick them up and hold them a lot

Note: It is never appropriate to discipline or scold infants for their behavior.

Toddlers (1 to 2 ½ year-olds) tend to:

- ◆ Endlessly ask “Why?”
- ◆ Repeat the same activity many times
- ◆ Say “No!” and say it often!
- ◆ Have a short memory for rules or details, requiring frequent reminders
- ◆ Want to do things for themselves
- ◆ Be frustrated when they do not have the skills to do what they want to do
- ◆ Get upset by disrupted routines
- ◆ Grab things from another child if they want it
- ◆ Test their physical limits by climbing, running, and pulling themselves up on things, sometimes getting into predicaments
- ◆ Be distracted easily
- ◆ Solve disputes physically because they have not fully mastered language, and
- ◆ Bite their playmates out of frustration, anger, or to get what they want.

Preschoolers (2 ½ to 5-year-olds) tend to:

- ◆ Increasingly feel they're “all grown up” and know everything (they want to make their own choices and have control over their time, clothes, food, toys, and friends)
- ◆ Become social (they spend increasing time playing with each other and getting silly together)
- ◆ Begin to develop friendships
- ◆ Be sophisticated enough in their language to play with words (they mimic other people and experiment with bad language)
- ◆ Be curious about each other's bodies
- ◆ Imitate violent, strong role models in their fantasy play
- ◆ Have less need for precise routines or orderly procedures, especially as they turn four or five, and
- ◆ Begin to develop a sense of personal and cultural identity.

School-Age (5 to 12-year-olds) tend to:

- ◆ Master skills
- ◆ Be more strongly influenced by their peers than by adults
- ◆ Take interest in their appearance and what other people think of them (they embarrass easily and are slow to admit that they don't know something), and
- ◆ Prefer to spend most of their time with children the same gender as themselves (often they express dislike for the opposite sex).

A Few More Words About Toddlers

Sometimes toddlers need special understanding in order to meet their needs. Below are some additional insights into the world of toddlers.

- ◆ Toddlers do not have the ability to see things from another person's point of view. They may think that the world revolves around them. With a little time and experience they will grow out of this. Sometimes they may hurt others but do not understand that they caused the hurt. You will need to help them to understand the results of their actions. "Hitting hurts. That hurt Kim-Long when you hit her. She is crying. Use your gentle touches." Or, "Miguel had the ball first. It made him sad when you took it from him. See, he is crying. Let's give the ball back to Miguel and you can play with this one."
- ◆ Toddlers have short memories and need lots of reminders. Even when told, "No," they may forget the rule just a short time later. You can kindly and gently restate the rule as you guide them to another activity.
- ◆ Toddlers have good intentions but poorly developed motor skills. Perhaps a tight squeeze may have been meant to be a hug from a toddler. Again, they need to be reminded and shown how to use gentle touches. Sometimes spilled milk is an attempt at independence without the ability to do it themselves. You should encourage the intention while showing the child a more secure way of holding the cup.

Tips for Helping Toddlers

Ask yourself these questions:

- ◆ Are my expectations for toddlers appropriate or are they too high?
- ◆ Are they experiencing consistency and routine throughout each day? Do my daily schedule and routines provide them a sense of security by knowing what will come next?
- ◆ Is the environment structured so that they can freely move about and explore? Are there any "hands off" areas that need to be modified for their safety and exploration?
- ◆ What is the noise level? Is it too loud? Can it be modified?
- ◆ Are my expectations for them to sit or be still for periods of time appropriate? Toddlers need to move, wiggle, and explore. A good time for sharing a story, song, or fingerplay with young children is during meal times, when they are sitting and you already have their attention.
- ◆ Are there plenty of toys and materials available, many of them duplicates, so that they do not have to share more than is developmentally appropriate for their age?
- ◆ Do you have enough teachers in your toddler room to meet the individual needs of the children? This age often needs lower staff-to-child ratios for their developmental needs. This is especially true during diaper changing times, eating times, and putting them to sleep at naptime.

Creating the environment

Much of behavior management and guidance happens behind the scenes. It is what the caregiver does before the children arrive to create an environment that promotes positive behavior. What is placed in an area and how it is arranged often determine the atmosphere for promoting social, emotional, intellectual, and physical growth. It also determines the behaviors, positive and negative, that happen in that space.

The following checklist can help you create an environment that promotes children's positive behavior in your center.

	The classroom has a variety of learning and activity centers to encourage choice and independence.
	Age-appropriate materials and toys are displayed on low, open shelves allowing children to get the toys and put them away by themselves.
	There are enough materials and toys available so that children can choose what they want to play with and have the ability to play with them for long periods of time. This will decrease children's fighting over toys.
	Learning and activity centers are set up for several children (up to 4 or 5) to play together. This allows them to cooperate, share, and problem solve together.
	A large space for whole group activities is provided to allow for group activities, discussion, and problem solving.
	There are small, quiet, private areas (within full adult supervision) so that children can be alone or play with just one or two other children.
	The room is uncrowded and has space for children to work and play at the tables and on the floor. Congestion is avoided and children can move about and explore.
	Centers and activity areas are well defined and placed so activities are not interrupted. Children know what to do in each area. Toys and equipment generally remain in their designated areas.
	Low dividers are used to separate areas so that caregivers can easily observe the children and supervise their activities.
	Individual cubbies are available so that children can be responsible for their own belongings.
	Placement of furniture discourages rough play or running.

Modify the environment throughout the day to meet the emerging needs of children in your care. You can add props to the dramatic play or playground areas to promote social interaction or broaden play that is already in progress. If the children are too rough or noisy in a given area, you can rearrange the area to limit the number of children or another activity can be introduced into that area. Modifying the environment is the first step to help children behave appropriately. Other considerations to help you guide children's behavior are listed below.

◆ **Daily Schedules and Routines**

Children know what to expect when familiar routines are in place for them. They can predict what is going to happen and are able to move smoothly from one activity to the next throughout the day.

◆ **Organization of Space**

It is important to have clearly defined activity areas. When things are organized and placed near the area of use, children are able to get materials and supplies by themselves, use them in the appropriate areas, and put them away.

◆ **Activities and Materials**

Plenty of materials should be available for children to investigate, explore, and use. A good rule of thumb is that there should be about 50% more materials and play spaces than children in order to provide freedom of choice and suitable alternative activities.

◆ **Self Help**

Chairs, tables, sinks, toilets, eating materials, etc. should be child-size so that children can use them independently.

Positive guidance

Positive guidance builds upon the behind-the-scenes work of creating and modifying the environment to influence children's behavior. The following are some guidance techniques that will be useful to you as you work with the children in your care.

Limit Setting

Limit or rule setting gives children safe boundaries in which to work and play. Limits and rules help prevent children from hurting themselves or others, and help prevent destruction of property. Limits and rules need to be age-appropriate and allow children more responsibility and freedom as they grow and mature.

Limits should to be few in number, firm yet flexible, and maintained with consistency. Children feel safer and are able to experience a greater sense of independence and competency when they know what the limits are. Staff should discuss with children the reasons for the rules. They should involve the children in the process of deciding what rules are necessary for the group. Children will be more cooperative when they realize staff do not make up rules and change them whenever they want to. Rules can be as simple as:

- ◆ We keep ourselves safe
- ◆ We keep each other safe, and
- ◆ We keep our things safe (Adams & Baronberg, 2005).

State the Positive

Positive guidance focuses on the positive or desired behavior. Staff should tell children what TO do instead of what NOT to do. Words like stop, no, and don't are good for an emergency, but do not give children the necessary information they need to make good choices. Examples of stating the positive are:

Say: "Please walk."

Rather than: "Stop."

Say: "You need to eat your food to keep your body healthy."

Rather than: "Don't play with your food."

Say: "Play dough stays on the table."

Rather than: "Don't play with that over there."

Say: "We take turns talking at circle time."

Rather than: "Be quiet."

Validate Children's Feelings

When you give words to what a child is feeling, they feel understood and are able to let go of the strong emotion.

- ◆ "I know it is hard to wait for a turn, but it is Maya's turn now. Your turn is next."
- ◆ "You must have been very upset. Use your words to tell Jerome, not your fists."

State the Rules and Give Reasons for the Limits

Children are more cooperative when they understand the reason behind a rule. Often, they will repeat the positive behavior in the future because of this understanding.

- ◆ "Use a quiet voice in the hall, Ana, so you don't wake up the babies."
- ◆ "Cameron, please hang your coat up so that it won't get walked on or lost."

Model the Behavior You Want from the Children

Children learn by watching others. Show them what to do along with giving an explanation.

- ◆ "We wash our hands like this and then we dry them and put the paper towel here in the garbage can."
- ◆ "I don't know if I like this vegetable or not. I will put a little bit on my plate and try it. Then if I like it I can have more."
- ◆ "Oops, I forgot to throw my gum out when I entered the room this morning. I'd better do it now."

Reinforce Appropriate Behavior

Behaviors that are followed by positive reinforcement are likely to be strengthened and repeated. Appropriate ways to reinforce behavior include a smile, a wink, a pat on the back, a hug, praise, or a special activity as a reward for the desired behavior.

Ignore Inappropriate Behavior

Sometimes children receive more attention from adults for misbehavior than for good behavior. Your job is to catch the child being good and use positive attention to reinforce the desired behavior. While you cannot ignore unsafe or hurtful actions, you can ignore those that are annoying and can be safely overlooked. By ignoring these behaviors and rewarding the positive behaviors, children will eventually continue to repeat positive behaviors and the annoying ones will disappear.

Give Choices

When children are given choices they are more likely to cooperate. Offering choices also promotes independence and gives the children some control over their own behavior.

- ◆ “I can see that you are not through playing yet, Sadie. Would you like to put that over here and finish it after lunch, or would you like two more minutes before washing up and coming to the lunch table?”
- ◆ “Mikhail has the red marker now. Would you like the green one or the blue one to use until he is finished with his?”

Sometimes children refuse to choose among the options available to them and you need to make the choice for them. Spending a lot of time with a child who refuses to cooperate focuses attention on negative behaviors. Some examples of how to bring a situation rapidly to a close are:

- ◆ “It looks like you can’t decide whether you’re going to put your shoes on or not. Why don’t you sit here and I will help you this time?”

- ◆ “Can you decide which books you’re going to look at all by yourself or should I help you? (No response.) Would you like this book or this one? (No response.) I see you’ll need some help this time. Take this book to your table.”

Once children get used to choices, they usually want to make their own choices without protest. Remember to give only choices that you are comfortable allowing children to make. They can then choose which option they prefer.

Redirect

Give children alternatives to their current behavior and help them to make appropriate choices.

- ◆ “James is sitting there. You need to pick another place to sit.”
- ◆ “Michi, you have so much energy, but running is for outside. No one is at the water table right now; let’s play over there.”
- ◆ “I’m sorry there is no more room at the art table right now. You need to pick something else to do until there is a place for you.”

I Messages

Using I messages is a common tool used to tell others how you think or feel without laying blame on them. Most commonly I messages use the following format: “When..., I feel... because...” The when portion must state specifically what the upsetting behavior is without blaming the child. The I feel portion lets the child know your feelings about the behavior or the result of the behavior on you. The because portion states the effect of the behavior on you. They do not have to be used in the same order or wording. Here are some examples:

- ◆ “When you stand on the chair I am afraid because you will fall and get hurt.”
- ◆ “When it is noisy during circle time I am frustrated because I can’t talk loud enough for everyone to hear.”
- ◆ When you fill the glass too full I worry that it will spill.”

I messages are a respectful way of telling children what the problem is and allows them to come up with solutions to the problems. It allows them to self-regulate their behavior and to make better choices. When consistently modeled, the children eventually will be able to use I messages themselves.

Using Consequences

Consequences come about as a natural result of the child's behavior. Consequences must be related, respectful, reasonable, and based on appropriate expectations for that child. The following are some examples of applying appropriate consequences to children's actions:

Say: "Yes, I know how much you enjoy your art time. I'm sorry you're missing it. You decided to scatter these toys all over the room and it takes a long time to get them all back where they belong."

Rather than: "You threw the toys, now you need to sit in time-out."

Say: "I see you two are having difficulty deciding who can use the computer first. When you have both agreed on a solution let me know and I will turn it on for you."

Rather than: "Neither of you can use the computer today because you were fighting over it."

Appropriate consequences are not to be used as punishment. They are to help children experience the results of their behavior, so that they may make better choices in the future.

Physical Touch

There is a range of physical touch that can be used to help guide a child throughout the day. Sometimes a hug or a pat on the back or shoulder is all a child needs in order to feel safe and secure. Infants need holding, cuddling, and rocking to calm and soothe them. Many children like to be rocked or to have their backs rubbed during rest time. This kind of human touch conveys nurturing and support.

Touch can be used, when necessary, to protect a child or others from danger. Examples are:



Sometimes a hug or a pat on the back or shoulder is all a child needs in order to feel safe and secure.

- ♦ Putting your hand on a child's arm to suggest slowing down
- ♦ Asking a child to hold your hand during a transition or when moving from one area of the building to another, and
- ♦ Placing your hand on a child's shoulder can be used as an intervention to keep the child from hitting someone or throwing something.

Tantrums

Individual children cope with stress in a variety of ways. In some cases, children may lose control of their bodies for a short period of time. In young children, this can result in what is commonly called a temper tantrum. It is the job of the caregiver to understand what the child needs and to help the child regain self-control. Some children will come up and nestle into your arms. Your calmness will help them to regulate their own bodies. Other children do not want to be touched. They may not even want you to talk to them. At these times you should sit by the child and use your body to separate the child from the rest of the group. It is important for you to remain calm. Explain to the other children that the child is having a hard time and that you need to stay close to help him/her. Then, redirect the other children back to their play. Tell the child you are with, "I know you are feeling really angry right now. When you are calm you can tell me about it if you like."

Caution About Using Rewards and Stickers

Behavior modification techniques are tempting to use because they are so effective when used correctly, at least initially. Children will work for the physical evidence of their good or poor behavior. But, behavior modification techniques do not emphasize the social and interpersonal reasons for cooperating. Better ways of encouraging cooperative behavior are to make it a game such as, “Who can pick up all of the red ones?” or offer choices such as, “Do you want to pick up the blocks or put away the books?” Overuse of rewards and stickers sometimes causes children to cooperate only if they are paid. Children should not be paid for doing things that should be naturally expected of them.

Removing Children from the Group: Proper Use of Time Out

Time Out is an intervention method for responding to extreme behavior. Many child development specialists discourage its use and some programs do not allow it because it is often used incorrectly or used too often.

The goal of a Time Out is to help the child gain self-control and change their behavior. It should not be used as a punishment. Children are learning self-control and it takes practice. Time Out is a time to settle down and regain composure. It should be a quiet, relaxed, neutral break to allow children to regain self-control. Time Out should last only as long as it takes for children to regain self-control and change their behavior. Keep it brief (a rule of thumb is that it not last longer than one minute per year of a child’s life up to five minutes). Time Out should take place in a soft, cozy place like an easy chair with pillows. Time Out is NOT appropriate for infants or toddlers. It is appropriate only after children have some sense of how to help themselves (usually around 36 months).

Having a child sit down for a while is NOT a substitute for problem-solving. It is essential that you return to children after they have regained self-control and discuss the problem. Help children figure out what they can do differently next time.

Stay flexible. Do not get into a power struggle or try to get a child to listen to what YOU have to say. If the child appears unwilling to discuss the problem, accept that. If the child has regained self-control, let him/her re-enter the group. Later in the day, make sure you get back to the child to problem solve the situation.

Time In Instead of Time Out

Often Time Out can be avoided if caregivers are alert and attentive to children’s emotional states and needs. Caregivers should observe and look for signs that a child is having difficulty or becoming upset. Sometimes a group environment can be overwhelming. When you see this occurring, you can go and ask if the child would like to do something with you. “I need a helper, can you help me...” or “Would you like to read a story with me?” The objective is to give the child some positive one-on-one attention so that he/she can quiet down and relax before re-entering the group. Sometimes a child may need to stay by you for safety and support for long periods of time, perhaps throughout the entire day.

Note: *Time In with a sensitive, caring adult can often avoid Time Out later on in the day.*

Physical Restraint

Physical restraint should be used ONLY when the child’s body cannot be calmed in any other way and the actions of the child are causing EXTREME DANGER to the child or others. IT IS ALWAYS THE LAST RESORT. You should try all other ways of minimizing the present danger before you consider using limited physical restraint.

Physical restraint often sets up power struggles between a child and the caregiver when unnecessarily used. Always use verbal guidance with physical restraint. For example, to a child involved in dangerous fighting, “I know you are really angry right now,

but I can't let you hit your friend. Let's sit over here for a while and rest. We can talk about it when you are calm." Do not talk until the child is ready to listen and then avoid shaming or moralizing. When the child is calm, spend some private time with him/her. Help to name the child's feelings, "You must have been very angry." Then help the child to distinguish between feelings and actions, "It's okay to feel angry, but it's not okay to throw things." Talk about other behaviors that might have been more appropriate and let the child know that you still care about him/her. The child may need your help to re-enter the group. Stay close by until the child feels comfortable again.

Note: Because physical restraint is such an infringement upon a child and can be dangerous, licensing requires you to document each incident, give a copy of the incident report to the parent, and placed it in the child's file.

Use of rope, tape, or other materials to bind children is strictly forbidden. Physically restraining children is not acceptable as a routine form of discipline. It can be emotionally harmful to the child and to the other children witnessing it.

Know the Limits of Your Expertise

You will need to work with parents and on occasion, other professionals, to eliminate dangerous behavior. Know the limits of your expertise. Child guidance techniques are learned behaviors and can be gained through education and training. You may need to get professional guidance for dealing with a child whose behavior is very difficult to manage.

Inappropriate Forms of Discipline

You should distinguish discipline or guidance from punishment. Guidance has as its goal educating and redirecting children. It emphasizes cooperation. Punishment has as its goal hurting, shaming, or intimidating children. Punishment is an inappropriate form of discipline, and has no place in a child care center. You must not:

- ◆ Shame a child
- ◆ Call a child names
- ◆ Shout at a child
- ◆ Ridicule a child in front of a group
- ◆ Allow the group to make fun of a child
- ◆ Put an older child in a playpen, crib, or high chair
- ◆ Make a child wear a dunce cap,
- ◆ Make a child put his face against the wall, or
- ◆ Spank a child or slap a child's hand (any form of corporal punishment is against licensing regulations).

Inappropriate forms of discipline are a source of stress and anxiety for children. It makes them feel badly about themselves, angry at the caregiver and afraid of being punished again.

There are times when you will be genuinely angry at a child. Whenever you express your anger at what a child does, it is important that you make it clear you are angry at the child's behavior, not the child as a person. Do not let your anger be an excuse to be out of control, abusing the child either physically or verbally.

Note: It is never appropriate for adults to lose their temper or control. Caregivers are human and may need to separate themselves from the offending child if they cannot control their own emotions. Understanding children means understanding child development. The more knowledge you have, the easier it is to provide the appropriate behavioral guidance to meet children's social and emotional needs.

Behavior management and guidance policy

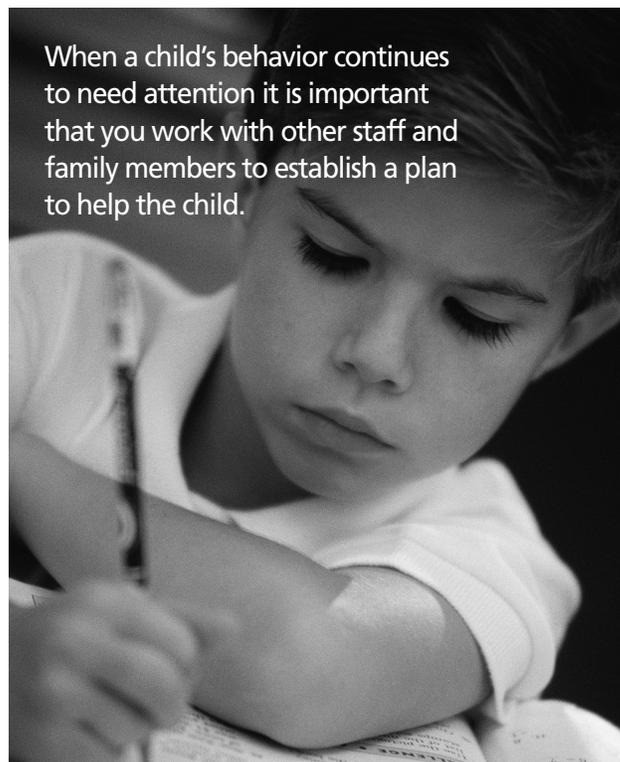
The purpose of discipline is to help children learn basic human values and problem solving skills, and to take responsibility for their own actions. Telling parents you will not spank their child is the easy part. Your staff needs clear guidelines on your center's discipline policy and training in positive discipline techniques. Orient your staff thoroughly. Give new staff members a chance to see how more experienced caregivers talk to the children and handle problems. You can:

- ◆ Have your program supervisor provide trainings in active listening, helping children problem-solve, and using positive communication with children
- ◆ Arrange for outside speakers and trainers on this topic
- ◆ Give staff useful materials to read (such as this guidebook), and
- ◆ Encourage staff to take classes and attend workshops and conferences. Probably no area of training will have a greater impact on the tone and quality of your program than training in positive guidance.

The director and program supervisor should observe all staff regularly to make sure communication and problem solving are positive and non-threatening. Offer suggestions and model appropriate guidance techniques when you think it is necessary.

Tell your staff who to go to for assistance if a discipline problem is beyond their control. For instance, you probably want to tell your aides to get the lead caregiver if they are having trouble helping a child to cooperate. Lead caregivers, in turn, should be able to call upon either the program supervisor or the director. Professional help should be sought for behavior problems you do not know how to handle.

Sometimes just handing over a problem to someone else helps to solve the problem. The other staff person is not necessarily more competent than you.



When a child's behavior continues to need attention it is important that you work with other staff and family members to establish a plan to help the child.

Sometimes children are ready to cooperate but don't feel they can give in to you without losing face. Tell staff not to take it personally. They may have an opportunity to help another staff person with a problem at another time.

If staff need help handling a problem, it is best to have the director come to the room to help, not send children to the director. Remember to model, model, model!

You are required by licensing to have a written behavior management and guidance policy. The example on the following page can be used as a model for creating your center's behavior management and guidance policy.

Making a Plan

When a child's behavior continues to need attention it is important that you work with other staff and family members to establish a plan to help the child. On the next page a Behavior Guidance Work Sheet is provided to help with this process.

Sample Behavior Management and Guidance Policy

This child care center uses indirect guidance techniques:

- We give advance notice: "You have five more minutes to play before it's time to clean up."
- We give choices: "You may paint with the other children or you may read a book in the quiet corner."
- We have a regular routine: "We always wash our hands before lunch. After lunch is story time."
- We avoid nagging: We tell the child what we expect just once, follow it by asking if the child remembers what we asked, and then offer to help the child do what was asked.
- We are consistent: We do things the same way each day so the children know what to expect and learn to trust and feel safe in their environment.

We also use direct guidance techniques:

- We use positive statements: "We use walking feet indoors" rather than "Don't run!" or "Use your words to tell us you're angry" rather than "Don't hit!"
- We get the child's attention by crouching down to his/her level, making eye contact, speaking quietly and asking the child to repeat the directions.
- We try very hard to be fair. We examine our expectations to make sure they are age appropriate, and we don't make rules just because an activity is too noisy or messy.
- We avoid arguments by following through with solutions that address the problem, but also offer the child a way to exit gracefully from the problem: "You can choose a quiet place to calm down or I can choose one for you."

If a child is unable to demonstrate self-controlling behavior, a brief time out results for the child to regain control. Time out occurs only when other measures fail, and is used as an opportunity for the child to regain self-control, not as a punishment.

By law, and by program philosophy and policy, the following forms of discipline are forbidden: hitting, spanking, shaking, scolding, shaming, isolating, labeling ("bad," "naughty," etc.), or any other negative reaction to the child's behavior. All forms of corporal (physical) punishment are strictly forbidden.

Some negative behavior is best ignored, since its goal is often to get attention. This technique can be used for some of the annoying things children do, but would not be used with unsafe or hurtful behavior.

If a child is unable to gain control and requires more individual attention than can be given within child-to-staff ratios, we may need to contact a parent. A child requiring one-to-one attention may have to leave the center temporarily for safety's sake. Repeated uncontrollable behavior can lead to discontinuation of child care services.

Behavior Guidance Worksheet

Child's Name: _____ Date of Birth: _____

Today's Date: _____

Child's strengths (what the child does well):

Describe the problem (specific behaviors):

What is the desired behavior for the child?

Changes to the environment to modify the behavior:

- 1.
- 2.
- 3.

Positive communication to reinforce good behavior (praise, smile, special activity, time with the caregiver, etc.)

- 1.
- 2.
- 3.

Communication to acknowledge the child's feelings:

- 1.
- 2.
- 3.

Appropriate choices the child could be given:

- 1.
- 2.
- 3.

Appropriate Consequences:

- 1.
- 2.

Plan of Action:

Caregivers will:

Parents will:

Start date of Plan: _____ Evaluation Date: _____

Other things to try: _____

WAC

WAC 170-295-2050

Must we provide rest periods?**You must:**

- Offer a supervised rest period to the child who is:
 - Five years of age or younger and in care for more than six hours; or
 - Showing a need for rest; and,
- Allow a child twenty-nine months of age or younger to follow an individual sleep schedule, and plan alternative quiet activities for the child who does not need rest.

WAC

Some children experience a very long day in care. Most children under five years old benefit from having a short period in the early afternoon when they relax. Often children don't realize how tired they are until they slow down for a few minutes. Having a scheduled rest time lets them find out what their bodies need.

Sleep is optional during the rest period. You may want to allow children to look at books or do a quiet activity like a puzzle on their mat. Allow children who have not fallen asleep in a half hour to forty-five minutes to get up and do quiet activities while the other children nap. It is not appropriate to make an unsleeping child remain on their mat for more than forty-five minutes. Children must never be physically forced to lie on their mats during rest periods.

Sometimes a parent will ask you not to allow their child to sleep during the rest period because they believe the nap is contributing to their child staying up too late at night. Explain to the parent that you are required by licensing to offer a rest period. If the child falls asleep during the rest period, you are also required to meet that individual child's need for rest. You can, however, work closely with the parent and attempt to find a solution that meets both the parent's and the child's needs. For example, you may allow the child to sleep, but wake him/her before the end of the rest period. It is important to listen to the parent and understand their concerns and at the

same time ensure you meet the child's individual and developmental needs.

Note: With heightened public concern about sexual abuse, staff in charge of sleeping children should avoid even the appearance of improper behavior. For instance, if you rub a child's back to help them relax, do so only for a brief time. Ensure there is enough light in the nap room to visibly see each child. You need to protect both the safety of children and the reputation of staff.

WAC

WAC 170-295-2060

What are the requirements for evening and nighttime care?

In addition to meeting the other licensing requirements of chapter 170-295 WAC, if you offer child care during evening and nighttime hours, you must:

- Adapt the program, equipment, and staffing pattern to meet the physical and emotional needs of the child away from home at night such as:
 - In centers operating past midnight, you must provide for each child a crib, mat, cot, or mattress pad that is easily sanitized
 - Make arrangements for bathing as needed
 - Make arrangements for personal hygiene including tooth brushing
 - Have individual bedding appropriate for overnight sleeping, and
 - Have separate dressing and sleeping areas for boys and girls ages six years or older and for younger children demonstrating a need for privacy.
- Maintain the same staff-to-child ratio that is in effect during daytime care
- Keep the child within continuous visual and auditory range at all times
- Ensure that the staff in charge during evening and nighttime hours meets the requirements of a lead teacher, and
- Ensure all staff attending to children in care are awake.

WAC

The decision to provide evening care for parents who work night-time shifts must be made cautiously and with special considerations. You must be diligent in hiring trustworthy staff who can meet the needs of the children during nighttime hours. At least one staff person must meet lead teacher qualifications. You will want to have additional safety measures regarding monitoring the doors and having two staff on-site at all times. Plan jobs for the night-time staff that help them stay awake (but that still allow them to keep their attention on the children). Work closely with your licensor and health specialist to ensure you have the appropriate materials and equipment.

WAC

WAC 170-295-2070**What do I need to transport the children on off-site trips?**

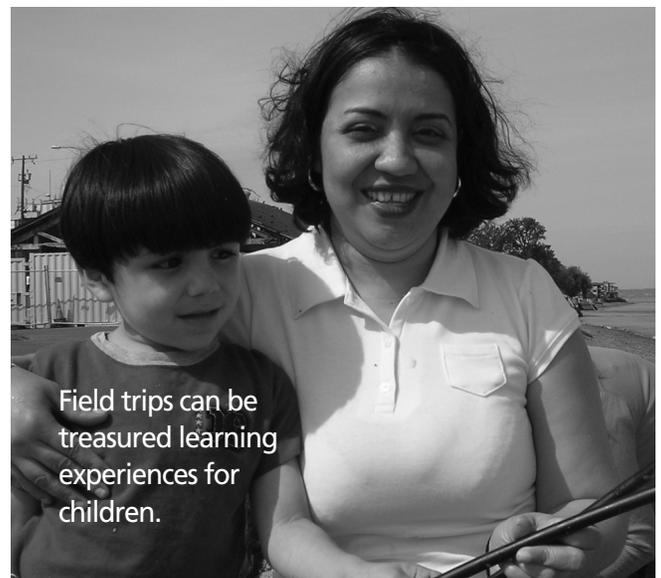
You may transport a child or permit the child to travel off-site only with written parental consent. The purpose may be to attend school, participate in supervised field trips, or engage in other supervised off-site activities.

- The parent's consent may be:
 - For a specific date or trip, or
 - A blanket authorization describing the full range of trips the child may take. If you use a blanket authorization, you must notify the parent in writing at least twenty-four hours in advance about any specific trip.
- When transportation is provided by the center for children in care:
 - The driver must have a valid Washington state driver's license to operate the type of vehicle being driven
 - The number of passengers cannot exceed the seating capacity of the vehicle
 - Either the center owner or the driver must have liability and medical insurance, and
 - The driver, parent volunteer, or staff supervising the children being transported in each vehicle must have written documentation on file of current CPR and first-aid training.

- When you transport children, the vehicle used must:
 - Have a current license and registration according to Washington state transportation laws
 - Be maintained in good repair and safe operating condition
 - Be equipped with:
 - At least one first-aid kit that meets the requirements of WAC 170-295-5010
 - Vehicle emergency reflective triangles or other devices to alert other drivers of an emergency
 - The health history and emergency information for each child in the vehicle, and
 - A method to call for emergency help.
- You must meet the child passenger restraint system requirements in RCW 46.61.687 when transporting children. Contact your local state patrol office for more information.
- When you transport children, you must maintain the staff-to-child ratio established for the youngest child in the group, and
- Staff or driver must not leave the children unattended in the motor vehicle.

WAC

Field trips can be treasured learning experiences for children. They are a chance for everyone to see and do something different than what you provide at the center.



Field trips can be treasured learning experiences for children.

Transportation

When transportation is provided by the center, the driver must have the appropriate valid Washington State driver's license for the vehicle being driven. The vehicle is required to be covered by liability and medical insurance. According to licensing requirements there must be at least one person meeting lead teacher qualifications in each car (including current First Aid/CPR certification).

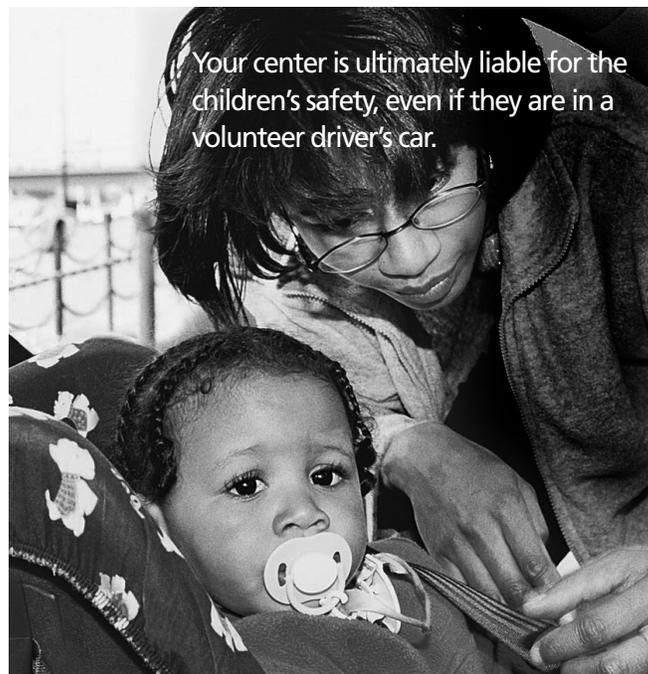
Your center is ultimately liable for the children's safety, even if they are in a volunteer driver's car.

Vehicles

The vehicle used to transport must have a current license and registration and be in good repair and operating condition. It must be equipped with at least one first aid kit and emergency devices to alert other drivers of an emergency. Make sure you bring along the health history and emergency information for each child in the vehicle. You must also be able to call for emergency help if needed. If a cell phone is not available, have the proper change to use for a pay phone.

Vehicles owned or operated by the center must be in proper working order as defined by the State Patrol's Commercial Vehicle Inspection office. You must ensure all equipment originally on the vehicle when it was manufactured is working. This includes:

- ◆ Brakes and emergency brake
- ◆ Headlights, brake lights, turn signals, and emergency flashers
- ◆ Windshield wipers



Your center is ultimately liable for the children's safety, even if they are in a volunteer driver's car.

- ◆ Interior and exterior rear view mirrors, and
- ◆ Spare tire, in good condition and properly inflated.

Maintain a regular maintenance schedule and check oil, radiator, transmission, and brake fluids before transporting children.

Passenger Restraint Systems

The 2001 Washington State Legislature passed a law outlining requirements for restraining children who are passengers in vehicles. This law (RCW 46.61.687) applies to anyone transporting children in a vehicle, including parents and child care providers.

You are required to meet the following child passenger restraint system requirements when transporting children:

AGE	Less than 1 year	More than 1 year, but less than 4 years	At least 4 years, but less than 6 years	Six years or older
WEIGHT	Less than 20 pounds	At least 20 pounds, but less than 40 pounds	At least 40 pounds, but less than 60 pounds	More than 60 pounds
RESTRAINT REQUIREMENT	Rear facing infant seat	Forward facing child safety resistant seat	Child booster seat	Properly adjusted and fastened vehicle safety belt-OR- Properly fitting booster seat

The child passenger restraint system requirements in RCW 46.61.687 applies to everyone except:

- ◆ For hire vehicles such as buses or taxis;
- ◆ Vehicles designed to transport sixteen or less passengers, including the driver, operated by auto transportation companies, as defined in RCW 81.68.010;
- ◆ Vehicles providing customer shuttle service between parking, convention, and hotel facilities and airport terminals.

Contact your local Washington State Patrol office for more information.

Staff-to-Child Ratio on Field Trips

When you transport children, you must maintain the staff-to-child ratio established for the youngest child in the group. Children must not be left unattended in a motor vehicle.

Volunteers, assistants, and aides may be drivers on field trips if they have a valid Washington state driver's license and current liability and medical insurance. However, all volunteers and assistants must be supervised by a lead teacher; therefore, someone with lead teacher qualifications must be in each vehicle (this includes a current First Aid/CPR certification).

Note: For safety reasons it is a good idea to have an additional staff person accompany the driver, especially in vans. The driver is not easily able to supervise children and drive.

Tips to Help Field Trips Go Smoothly

- ◆ Make sure the place you are visiting knows you are coming and that they are ready for you. Let them know the size and age range of your group.
- ◆ Double check parking locations, transit schedules, routes and stops, admission fees, and starting and ending times for scheduled events.
- ◆ Let children know ahead of time where they will

be going. Discuss some of the things they might see and invite family members to join you.

- ◆ Let the parents know where you will be going, the day and time you will be gone, and whether they need to send a sack lunch or money.
- ◆ Post a sign-up sheet or distribute permission slips to get parents' written permission for their child to go on the trip.
- ◆ Buy a large number of brightly colored T-shirts for the children to wear with the center's name on them. Distribute them to the children right before the field trip to put over their clothes, and collect them when you return from the field trip so you can wash them and have them ready for the next one (it is easier to spot your children in a group if they are all wearing the same color T-shirt).
- ◆ If you need parent drivers, have parents sign up indicating the number of seat belts available. All vehicles must be insured and well maintained.
- ◆ Make up a file ahead of time for each driver that includes a copy of their driver's license and a copy of their automobile liability and medical insurance.
- ◆ Prepare for the possibility of a long waiting period with little to do. You might bring along art materials for children to draw what they are seeing.
- ◆ Plan follow up activities after the trip. Children can discuss, draw and write or dictate stories about what they saw and did on this trip.

Prepare Children In Advance

Know your children. Off-site trips become easier after the children become comfortable with you and your rules. Children and adults will enjoy themselves more if you have discussed the following ahead of time:

- ◆ Staying with the group (have children hold hands with a partner)
- ◆ Proper behavior when traveling in someone's vehicle or in a public place
- ◆ What to do if they get separated from the group
- ◆ Using the bathroom when they have a chance, and
- ◆ How to respond if a stranger calls out to them.

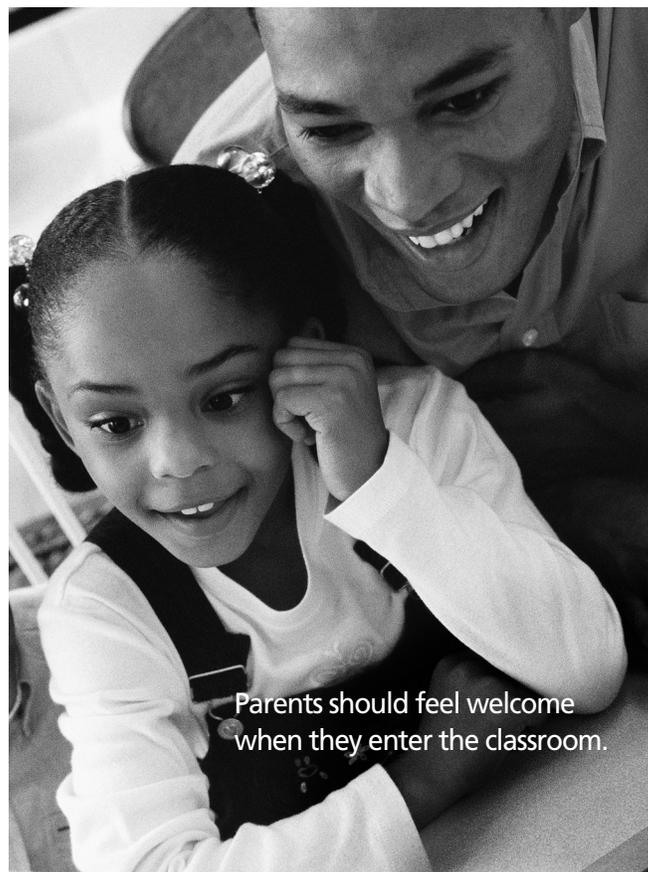
On the day of the trip, put tags on all children, giving the center's name, address, and phone number. Do not write children's names, addresses, or home phone numbers on the tags.

WAC
WAC 170-295-2080**What must I communicate to parents?**

- You must have written documentation signed by the parent in each child's file stating that you have:
 - Explained to the parent the center's policies and procedures
 - Discussed the center's philosophy, program and facilities
 - Advised the parent of the child's progress and issues relating to the child's care and individual practices concerning the child's special needs, and
 - Encouraged parent participation in center activities.
- You must also give the parent the following written policy and procedure information:
 - Enrollment and admission requirements
 - The fee and payment plan
 - A typical activity schedule, including hours of operation
 - Meals and snacks served, including guidelines on food brought from the child's home
 - Permission for free access by the child's parent to all center areas used by the child
 - Signing in and signing out requirements
 - Child abuse reporting law requirements
 - Behavior management and discipline
 - Non-discrimination statement
 - Religious and cultural activities, if any
 - Transportation and field trip arrangements
 - Practices concerning an ill child
 - Medication management
 - Medical emergencies
 - Disaster preparedness plan, and
 - If licensed for the care of an infant or toddler:
 - Diapering
 - Toilet training, and
 - Feeding

Parents are the child's first and most important teachers and have the greatest influence in their children's lives. In order to meet the needs of children in your care, you and your staff will want to establish a positive relationship with each child's family.

Best Practice: Teachers and families work closely in partnership to ensure high quality care and learning experiences for children and parents feel supported and welcomed as observers and contributors to the program. Caregivers need to listen to parents, seek to understand their goals and preferences for their children, and respect cultural and family differences. Parents should feel welcomed when they enter the classroom. Parents should be encouraged to observe, eat lunch with their child and/or volunteer to help in the classroom.



Parents should feel welcome when they enter the classroom.

Parent communications are the lifeline of your program. Good communication means letting parents know what they need to know when they need to know it. It means:

- ◆ Describing your program to parents so they can decide whether to enroll their child
- ◆ Obtaining the parent information you need to allow you to do a proper job of caring for their child
- ◆ Keeping in daily contact with the parents (it is important to communicate at every drop off and pick up time)
- ◆ Making sure parents pass important information on to you (for instance, you need to know if their child is going home with someone else that day)
- ◆ Informing parents of your program's curriculum and inviting them to enrich at home what you are doing at the center
- ◆ Letting parents know how their child is doing (they love to hear about amusing incidents or new developmental milestones)
- ◆ Ensuring parents know about center events, holiday closures, and center policies, and
- ◆ Reassuring parents that, although you have their child with you many hours each day, you recognize the parents as the child's primary caregivers. You want the child's time with you to meet the parents' wishes and expectations as much as possible.

Communication flows two ways. You will want your parents to share:

- ◆ How their child was feeling last night
- ◆ Major changes in their family situation
- ◆ Exciting or unexpected new things the child is doing at home, and
- ◆ Concerns about the program or their child's care.

You want the parents to talk with you. Complaints to other parents or silence do not help you solve the problem or meet the needs of their child.

First contact with parents

Information Parents Will Want From You

Usually prospective parents will want to see your program in operation. They will ask questions and want a formal orientation to your program. When parents visit your program, you will want to share with them important information about your program, including:

- ◆ The philosophy of your center
- ◆ The age groupings, staff-child ratios, and physical layout of your center
- ◆ Opening and closing times
- ◆ Part-time or drop-in options
- ◆ A typical schedule of activities for their child's age group (they will want to know about meal times, when nap time is, and when the children are scheduled to play outdoors)
- ◆ Tuition and other fees
- ◆ Meal and snack policies
- ◆ Field trips
- ◆ Religious, holiday, or other cultural activities in your program
- ◆ Licensing and accreditation
- ◆ If you accept child care subsidies (and what kind)
- ◆ How long your center has served the community
- ◆ The background and experience of your staff
- ◆ Parent participation in center activities, and
- ◆ What openings you currently have or how long their child might be on a waiting list.

In addition:

- ◆ Parents will be interested in:
 - Meeting the staff person who will be their child's primary caregiver
 - Staff-child ratio and group size for their child
 - Feeding, diapering, and napping policies, and
 - How caregivers and parents pass information back and forth about the day's events or schedule.



Usually prospective parents will want to see your program in operation.

Information You Will Want from the Parents

You and the parents are trying to decide if your center is a good fit for their child. You will need information from the parents as well. You should know:

- ◆ About the child's history in group settings
- ◆ General personality and activity level
- ◆ Special interests, talents, or fears
- ◆ Foods the child cannot eat and acceptable substitutes
- ◆ Allergies, possible learning disabilities, or other special needs
- ◆ Major life changes recently (Did the family just move? Has there been a recent divorce or a new stepparent? Is there a new sibling?)
- ◆ How the parents discipline their child at home, and
- ◆ How the parents describe their family (Are both parents at home? Does the child have brothers or sisters? If so, how many and what ages? Are there any extended family members at home?).

Note: Parents from some backgrounds, cultures or situations may be uncomfortable sharing information about themselves and their family. Let them know why this information is useful to you. Do not pressure them if they appear unwilling to share.

At the end of the initial contact, you and the parents will have to decide whether to enroll the child. If a parent is undecided, give the parent a brochure or flyer that gives highlights about your program. This way the parent has the basic information (it is costly to give every parent who takes a tour of your center a copy of your parent handbook and enrollment forms).

Enrolling a Child

If the parents choose to enroll their child, give them a registration packet. You should include all the forms and authorizations you need for the child to start your program. It is important to provide all information, including enrollment forms, the parent handbook, and parent newsletters in the family's home language. Required forms include:

- ◆ Registration form
- ◆ Certificate of immunization status form
- ◆ Medical emergency authorization form
- ◆ Health history form
- ◆ Blanket field trip authorization form

A sample Registration Form and Annual Information Update form are included on the following pages.

Registration Form

Date: Enrolled _____ Left program _____

Child's name: _____ Age _____ Date of Birth _____

Parent/Guardian(s) name(s): _____

Child's home address: _____

Other: _____

Home phone: _____

Is child living with both parents? _____ If not, with whom? _____

Parent/Guardian 1: Name/Day phone: _____ Cell Phone: _____

Employer address: _____

Parent/Guardian 2: Name/Day phone: _____ Cell Phone: _____

Employer address: _____

Emergency Person: _____ Address: _____ Phone: _____

Emergency Person: _____ Address: _____ Phone: _____

Names, addresses, and phone numbers of person(s) permitted to pick up your child from center:

Name: _____ Address: _____ Phone: _____ Relationship: _____

Name: _____ Address: _____ Phone: _____ Relationship: _____

Name: _____ Address: _____ Phone: _____ Relationship: _____

Name, address and phone number of your child's physician: _____

Date of last physical exam: _____

Name, address, and phone number of your child's dentist (if any): _____

Does your child have any specific health problems which the staff should be aware of? (i.e., vision or hearing loss, allergies, physical limitations, etc.): _____

Please list names and ages of other children in your home: _____

List any specific fears, likes, or dislikes your child has that might help us to know him/her better:

How does your child act when ill? _____

Does your child take naps? _____ What is an average nap time? _____

Has your child had any previous group experiences? (i.e., co-ops, Sunday school, family home child care)

What was your child's experience? _____

Who disciplines your child at home? _____

What methods are used at home? _____

Is your child fully toilet trained? _____

If so, at what age did this occur? _____

Does your child have a good appetite? _____

What are your child's interests and favorite activities? _____

Parent/Guardian Signature: _____ Date: _____

Annual Information Update

Child's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Parent/Guardian 1: Name/Day phone: _____ Cell Phone: _____

Parent/Guardian 2: Name/Day phone: _____ Cell Phone: _____

Emergency person: _____ Address: _____

Day phone: _____ Relationship: _____

Physician: _____ Phone: _____ Address: _____

Dentist (if any): _____ Phone: _____ Address: _____

People permitted to pick up child:

Name: _____ Address: _____ Phone: _____ Relationship: _____

Name: _____ Address: _____ Phone: _____ Relationship: _____

Name: _____ Address: _____ Phone: _____ Relationship: _____

Special concerns: _____

Date last seen by a doctor/last physical exam: _____

Medical concerns: _____

Allergies: _____

Recent immunizations: _____

New sister or brother? _____

New family living arrangements:? _____

Parent/Guardian Signature: _____ Date: _____

Parent handbook

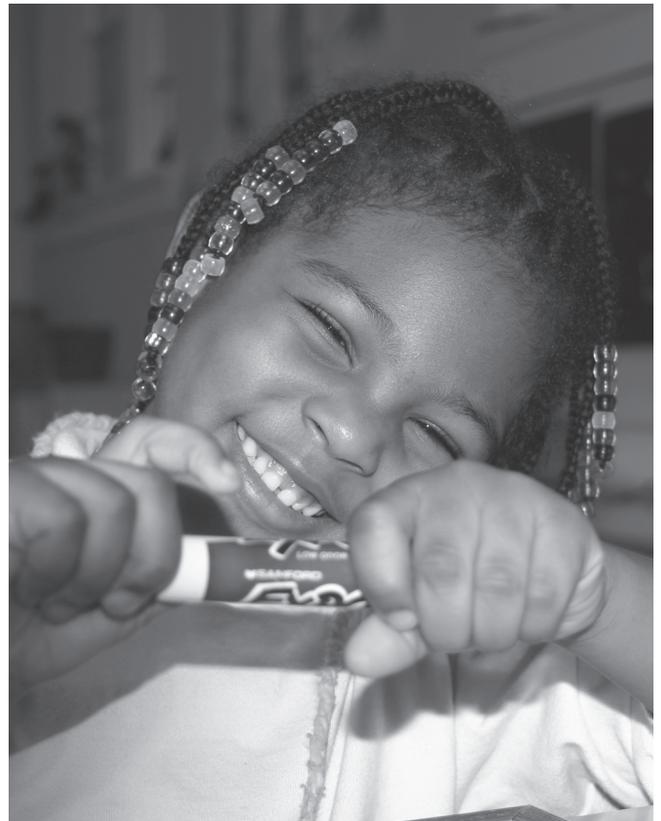
DEL requires that you give parents written policies and that you explain these policies to them. It is best to put all your policies and procedures in a single handout called your “Parent Handbook” or “Parent Information Guide.”

Parents need some way to keep all your policies in one place for future reference. A three-ring binder, a pocket folder, or simply stapling them together works well for this purpose.

Note: Some information (like your tuition rate or holiday schedule) changes from year to year. Make sure this information is current on all forms you give to parents. You may want to hand these out as separate pages.

Policies and procedures which you are required to include in your parent handbook are:

- ◆ The fee and payment plan
- ◆ Enrollment and admission requirements
- ◆ Hours of operation
- ◆ Typical activity schedule for the various age groups of children in care
- ◆ Statement informing parents that they are free to visit any part of your center their child uses without prior notice
- ◆ Meals and snacks served at the center (including an example of menu items and guidelines on food brought from the child’s home)
- ◆ How and where to sign their child in and out each day
- ◆ The center’s sick child policy, medication policy, how minor injuries and major medical emergencies are taken care of
- ◆ The center’s behavior management and discipline policies
- ◆ Transportation and field trip arrangements
- ◆ If caring for infants and toddlers, a description of diapering, toilet training, and feeding procedures
- ◆ A description of any religious, holiday, or cultural activities in your program
- ◆ A statement of non-discrimination
- ◆ Procedures and obligations for reporting suspected child abuse or neglect to Child Protective Services, and
- ◆ Disaster preparedness plan (this is discussed at length in Section 6, Safety and Environment), and
- ◆ Parent’s signature that they have received, read, and understand the parent policies.



On the following pages, guidelines for a Parent Handbook are included. You can use these guidelines as you develop the written information for your parent handbook.

Guidelines for Developing a Parent Handbook or Written Information for Parents

Introduction

Child care centers are required to provide parents with written information about their facility. The following items are required. Under each required item is an outline of recommended information to include. This specific information may vary depending on the unique services provided by your child care center. You may add other information that you wish parents to have.

Enrollment and Admissions Requirements

- ◆ Ages of children served.
- ◆ Policy regarding trial visits.
- ◆ Policy regarding part-time or drop-in care.
- ◆ Policy regarding acceptance of DSHS subsidized child care.
- ◆ Required enrollment forms. These include, but are not limited to, the following:
 - Registration form, including the child's health history
 - A signed fee and payment plan
 - A complete record of immunizations
 - Written consent for children to receive emergency medical care
 - Signed consent for children to go on field trips, including walks and swimming
 - A signed agreement for the child care provider to furnish transportation. Specify the type of transportation, which may include public or chartered bus, van, parent or staff vehicles, etc.

Fee and Payment Plan

- ◆ Rates:
 - Do you charge by the hour, half-day, week, or month?
 - State your refund policy.
 - Do you have a sliding fee scale?
- ◆ Are there charges for additional services such as registration, field trips, diapers, special activities, etc?

- ◆ Payment dates and payment procedure.
- ◆ Do you have a policy regarding children being picked up late?
- ◆ Policies regarding vacation notification and sick days
- ◆ State when you plan to re-evaluate rates and how much advance notice will be given.
- ◆ Policy regarding terminating child care:
 - Conditions and notice parents will be given
 - Notice expected from parents. Is there a penalty fee if parents do not give adequate notice?

A Typical Daily Schedule

- ◆ Provide parents with a typical daily schedule including:
 - Hours of operation.
 - Times when meals and snacks are served.
 - Time when naps are taken.
 - Activities provided for infants, toddlers, preschoolers, and school age children. It may be more practical to prepare a separate schedule for different age groups.

Meals and Snacks Served

- ◆ List meals and snacks provided, including breakfast or dinner.
- ◆ Describe a typical breakfast, lunch, and snack.
- ◆ List any foods parents are expected to provide. Include requirements and suggestions for providing nutritious foods, including what kinds of food not to send.
- ◆ Indicate that foods brought from home will be monitored to ensure safe preparation, storage, and nutritional adequacy (when parents send food for a child, it can be eaten by that child only, and not shared with other children).
- ◆ Indicate that foods brought from home that do not meet nutritional requirements will be supplemented. State extra charge for supplement.
- ◆ State that snack and meal menus will be prepared at least one week in advance and indicate where menus will be posted for parents to review.
- ◆ Describe how children with food allergies will be cared for.

Permission for Free Access by the Child's Parent to All Center Areas Used By the Child

- ◆ Inform parents they have free access at all times to all areas of the center that their child uses.

Sign-in and Sign-out Requirements

- ◆ Inform parents they are required to sign their full legal signature when they bring and pick up children.
- ◆ Identify the location of the sign-in/sign-out record.
- ◆ Staff will sign out school-age children when they leave for school, and sign the children back in when they return from school.
- ◆ Children are not permitted to sign themselves in or out of the child care center.
- ◆ Children will only be released to persons authorized on the registration form unless given written permission by the parent or guardian who enrolled the child to release the child to another person. State that you and your staff must ask for verification of identity.
- ◆ Children will not be released to a parent or any other person who is under the influence of drugs or alcohol.

Child Abuse Reporting Law Requirements

- ◆ Inform parents that you and your staff are required by Washington State law and licensing requirements to report immediately to the police or Child Protective Services any instance where there is reason to suspect the occurrence of physical, sexual, or emotional child abuse, child neglect, or exploitation.
- ◆ Explain that you may not be able to notify parents when the police or Child Protective Services are called about possible child abuse, neglect, or exploitation, depending upon the recommendation of Child Protective Services.

Behavior Management and Guidance

- ◆ Describe your guidance practices.
- ◆ Any form of corporal punishment (which includes biting, jerking, shaking, spanking, hitting or kicking) is not used at your center.
- ◆ Any form of corporal punishment is not permitted on the premises of the child care center by anyone, including parents.
- ◆ State your policy regarding children who have difficulties with behavior management. Indicate steps that will be taken to resolve problems.

Non-Discrimination Statement

- ◆ Child care is provided to any family regardless of race, creed, color, religion, sex, sexual orientation, gender identity, national origin, or physical, mental or sensory disability.

Religious Activities

- ◆ Describe any religious, cultural, or holiday activities, including grace before meals, religious stories or songs, religious instruction, cultural celebrations, etc.
- ◆ State your policy for parents or children who do not want to participate in a religious activity, and alternatives that will be provided.

Transportation and Field Trip Arrangements

- ◆ If providing before- or after-school care, state whether or not transportation is provided. If providing transportation list the schools to which it is provided.
- ◆ If you will be taking field trips, state how transportation is provided (child care center vehicle, staff vehicles, parents, chartered bus, or public transportation).
- ◆ State safety measures used when transporting children including seat belts, car seats, current first aid and CPR training requirements, and first aid kit, etc.

- ◆ Drivers must have a current Washington State driver's license and medical and liability insurance, and vehicles must be in safe operating condition.
- ◆ Written parent permission for field trips is required.
- ◆ State your policy regarding children who cannot or choose not to go.
- ◆ If you do not plan to take field trips, state your 'No Field Trips' policy and inform parents of alternatives for enriching the children's experience (for example, bringing the fire department to the center).

Practices Concerning an Ill Child

- ◆ Children are given daily health checks when they arrive at the facility.
- ◆ State the policy for excluding ill children and give examples of symptoms that will indicate the need for exclusion.
- ◆ State how and where you care for a child who becomes ill at the center and how you will notify parents to pick up their child.
 - State how illnesses are recorded.
 - State that communicable diseases are reported to the local health department and licensor, and that all parents are notified.

Medication Management

- ◆ Inform parents about the requirements for administering medications, both for prescription and non-prescription medication.
- ◆ State how you document and record that the medication has been given.
- ◆ State how and where you store children's medication.
- ◆ State how and when you return the medication to the parent.

Medical Emergencies

- ◆ Life threatening emergencies:
 - Describe how you and your staff will care for major emergencies.

- Describe what you will do and who you will contact if you cannot reach parents.
- State how you will document major emergencies.
- ◆ Minor emergencies:
 - Describe how you and your staff will care for minor emergencies.
 - Describe what you will do and who you will contact if you cannot reach parents.
 - State how you will document minor emergencies.
- ◆ List hospitals used for emergencies. State that if parents have a preference other than those hospitals listed, the child care facility will try to accommodate parents, if possible.

Policies Regarding Infants and Toddlers

If the center is licensed for infant and toddlers, the following policies must be included:

- ◆ Diapering Policy
 - State whether diapers and other supplies are provided by parents or the center.
 - Do you use a diaper service or disposable diapers?
 - Describe your diaper changing policy and procedures.
 - Indicate if soiled diapers will be returned to parents at the end of the day.
- ◆ Toilet Training Policy
 - Describe your toilet training policy. State that toilet training is initiated when the child indicates readiness and in consultation with the child's parent. Indicate whether you or parents supply training pants.
- ◆ Meals/Food
 - State that you and the parents will agree on a schedule for feeding infants.
 - Indicate whether the parent or the center will supply bottles, nipples, milk, formula or bottled foods.
 - State your policy regarding labeling bottles and foods either brought from home or prepared at the center.

- State your policy regarding providing semi-solid foods to infants
- State your policy regarding mothers who wish to breast feed their infants.
- ◆ Disaster Policy
 - Summarize your Disaster Policy by outlining the natural disasters that may occur in your area and your plan of action for each one.
 - Inform parents that a full copy of your Disaster Policy is available for their review in your office or other location.
 - Parents must sign a statement that they have reviewed your Disaster Policy.
 - Inform parents that you have written documentation that staff have been trained on the Disaster Policy.

Other Information You May Want to Give Parents

The following information is not required, but may be helpful to parents in your program.

- ◆ A description of your activity program, developmental approaches with children, cultural relevancy, and how you serve children with special needs.
- ◆ A description regarding how children are grouped according to age and/or stage of development, the staff-to-child ratio, and the group size that is maintained for the various age groups in care.
- ◆ A description of how you communicate with parents, how parents can communicate with you and your staff about their children and any concerns they may have
- ◆ State ways that parents can become involved in your child care center. These may include parent advisory boards, classroom observation, parent training provided at the center, volunteering for field trips, and center activities.
- ◆ List items that parents must provide, including bedding for naps, containers for soiled diapers, change of clothes, outdoor wear, toothbrushes, etc.
- ◆ State your policy about labeling of clothing, bedding, etc.
- ◆ State your policy regarding infection control. Include handwashing procedures, sanitation of toys and equipment, general cleanliness of center, TB testing of staff and volunteers, and HIV/AIDS training for staff and volunteers.
- ◆ State your policy regarding children bringing their own toys, and who is responsible if toys are lost or broken.
- ◆ State your policy about bringing gum, candy, birthday treats, etc.
- ◆ State your policy about items not to bring to the center.
- ◆ Describe your qualifications and background and give information regarding staff qualifications.
- ◆ Provide a center calendar, including vacation schedule, parent conferences, library day, etc.
- ◆ Explain the importance of fresh air and outdoor exercise for children, general rainy day policy, whether parents can request that you keep their child inside on a particular day, and the importance for both child and staff to be clear on what days the child will be present. Request that parents let you know when their child will have an extended absence.
- ◆ Explain the importance of informing you when information on file about them or their child changes (for example, additional immunizations, or a new work phone number).
- ◆ Explain procedures for parents to arrange a conference with their child's caregiver or the center director.
- ◆ State reasons the center may decide it can no longer provide care for the child.
- ◆ Lost and found procedures.
- ◆ How your center celebrates birthdays.

You Might Also Want to Find Out from Parents

- ◆ What talents they might be willing to share with the center, and
- ◆ Whether they are available to occasionally help at lunchtime or drive on field trips.

Note: Licensing requires you to have written documentation that parents have received your written information (parent handbook) and that you have explained and discussed the center's policies and procedures with them. This signed written document is a contract and a legal document. Its main purpose is to make the agreement between you and the parents perfectly clear and business-like. Sign and date the agreement. Give the parents a copy and keep the original copy in the child's file.

Parent's "Right to Know"

Valid complaints about your center are public information. Parents can call a toll-free number or go to a website to find out more information about your center, including the number and findings of complaints.

- ◆ Toll-free telephone number: 1-866-482-4325
- ◆ Web-site: www.del.wa.gov/ccel/parents.shtml#lccis

You must post a notification advising parents that you are required to keep for their review:

- ◆ Copies of the center's most recent licensing initial or renewal checklists
- ◆ Copies of the center's most recent monitoring checklists, and
- ◆ Copies of Facility Licensing Compliance Agreements for any corrective actions needed.

You may also want to have available for parents to review:

- ◆ Results of health or fire inspections, and
- ◆ Substantiated complaints by the department.

Preparing For A Child's First Day

For many families, bringing their child to your center for the first time can be a stressful experience. Both parents and children need to be comfortable and prepared for this new adventure. To help parents prepare their child for the first day of care, you can:

- ◆ Invite the parents and child to visit before the first day



Suggest ways for parents to say goodbye the first day (invite parents to stay for a while the first few days when appropriate).

- ◆ Show the parents what room or areas the child will be in
- ◆ Introduce them to their child's caregiver
- ◆ Suggest ways for parents to say goodbye the first day (invite parents to stay for a while the first few days when appropriate)
- ◆ Ask parents to tell their children when they will return at the end of the day (remind parents that it is unsettling for a new child to be the last person to go home)
- ◆ Ask parents to label all clothes and personal belongings
- ◆ Tell parents things children should bring with them their first day such as a lunch, slippers, or a special nap blanket (ask if the child has a special security item that will help him or her feel more comfortable in your setting)
- ◆ Ask parents to send an extra set of clothes appropriate for the season (let parents know the procedures for sending home wet or soiled clothes), and
- ◆ Let parents know the things children should not bring to the center, such as toys or candy.

You also have things to do to get ready for a child's first day. You will need to put the child's name on a cubby and cot or crib. Add the child's name to the sign-in list. Put the family's name on the parent bulletin board. Make a cheery welcome sign. These little touches can help a child and family feel welcome and make the transition to your center go smoothly.

When the child and parent(s) arrive, greet them warmly. Parents may react in different ways to leaving their child. Every family is different. Some adults may find it very difficult to leave. Others will know just when to say goodbye to their child. Still others would prefer to rush out the door and not deal with their own or their child's feelings about this major change in their lives.

All parents will benefit from your support and understanding during what may be for them a difficult time, even if they treat it casually. You set the tone by being calm and friendly, welcoming the parent and the child alike.

During those first few hours, the child may have a lot of difficulty getting used to the new people and surroundings. Watch carefully and take any steps necessary to make the child and the parent feel a part of your program.

Parents of very young children, or of those who are enrolled in a group for the first time, may want to stay a full day and then gradually decrease the number of hours over the next week or two.

Some parents do not have the luxury of that much time and some children do not need this kind of a transition. Talk with the family about the best arrangements for everyone involved. Saying goodbye is not easy, but it is not in the best interest of child or family to prolong it unnecessarily.

If a parent must leave a clinging child in tears, you are responsible to comfort the distraught child. After the child has calmed down, be sure to take a minute to call the parent and offer reassurance that the child is now feeling more comfortable. Let the parents know that it is okay for them to call and check on their child. Then, at the end of the day, again describe how the child settled into the day.

Communication with Parents

Each day, you and the parents will need to exchange information about important events that occurred since you saw each other last. Take just a few minutes when the child arrives and again when the parent returns to fill each other in on what is happening with the child.

If parents do not have the time to spend even a few moments in casual conversation, you might want to arrange a time when you can call them to talk about how their child's day has been. Or if parents are always in a hurry, jot down a quick note about the day's events and pin it to the child's backpack. You will need to find ways to share information about the child with the parents.

If you have a large program with many staff members, written notes between teachers and parents may be essential. If caregivers change between arrival and pick-up time, work out a system that is easy to use and allows everyone to feel well-informed about the children. The system should work for both parents and staff.

Advising Parents of Their Child's Individual Progress

WAC 170-295-2080 states that you must have written documentation signed by the parent in each child's file stating that you have "advised the parent of the child's progress and issues relating to the child's care". This may include documentation that they have received written observations or assessments, reviewed a child's portfolio (a collected sample of their work), or attended a parent-teacher conference. You can contact your local resource and referral agency or community and technical college for more information about developmentally appropriate assessments of children.

Best Practice: Parent-teacher conferences are held at least once a year to share information with parents about their child's social, emotional, cognitive, and physical development.

Bulletin Boards

Your program will benefit from having a central information area in an entryway or main hallway where parents pass through. You may want to display all your information on a bulletin board somewhere near the sign-in/sign-out sheets.

In addition to things you must post for licensing (WAC 170-295-7080), you may want to post the following items for parent interest:

- ◆ General announcements, upcoming parent meeting, field trip, or parent conference schedule
- ◆ Payment envelope or driver sign-up sheet for field trip
- ◆ Copies of newsletters
- ◆ Names and pictures of staff (and the hours they work)
- ◆ Photo display of recent center activities
- ◆ Names of new children just starting your program and their parents
- ◆ Credentials of staff
- ◆ Accreditation of program
- ◆ Memberships in education or professional associations
- ◆ Information concerning child or family health (immunization reminders, product safety, healthy recipes, etc.), and
- ◆ Designated area for parents to post information.

Note: Getting an important message to parents can be difficult. Many parents are busy and in a hurry to get to work or home at night. The parent who drops off the child may not be the same parent who picks up the child at night. Announcements should be big, bright, and posted where parents can be sure to see them.

Do not assume that letting the parents know once means they will remember. Strongly encourage parents to mark upcoming events on their calendar. Send home a calendar with center events, dates, and reminders of upcoming events.

Inviting Parents to Observe

Inform parents that they may visit your center at any time (this is required by licensing). You can suggest good times to visit or observe a special activity, or times that are least disruptive to the children.

Some centers use a handout covering observation guidelines. Talk with parents before their visit about what they would like to see. Allow parents an opportunity to talk to a staff person about what they observed and ask questions.

Newsletter

A good way to get information to parents routinely is through a monthly newsletter. It can cover a variety of topics, such as:

- ◆ Summary of activities children have done in the past month
- ◆ Suggestions of activities that parents can do at home with their children
- ◆ Notes from staff members about things that have happened in their rooms
- ◆ Announcements about activities planned for the month to come
- ◆ Ways parents can help out
- ◆ Important dates for parents to mark on their calendars
- ◆ Pats on the back for parents who have helped out recently
- ◆ Child care information parents might find useful (such as discipline techniques, sack lunch or snack recipes, or illness prevention), and
- ◆ Gentle reminders about center policy.

Parent Meetings

Parent meetings may be a mix of business and topics of interest to your parents. For example, you might want to have meetings devoted to:

- ◆ Common parenting problems (getting children to bed or getting them to eat healthy foods are high interest topics)
- ◆ Teaching children about personal safety
- ◆ Developing an anti-bias perspective, or
- ◆ Behaviors to expect at different stages of development and how to respond to them.

Note: Name tags are a good idea at parent meetings. Have parents write down not only their own name but their child's. Parents can start to associate the names of their children's friends with the faces of their parents.

Not every parent get-together needs to be a business meeting. You might want to organize social events. Picnics in the park offer a fun and informal way for families and staff to get acquainted.

Parent-Caregiver Conferences

You may want to schedule conferences to share child-related information with parents. Organize ahead of time points you want to cover. Always begin the conference with a positive comment or two about the child. Things you may want to include in the conference are:

- ◆ Specific observations or assessments of the child's social, emotional, intellectual, and physical development
- ◆ Activities the child enjoys and particular skills they are working on or have mastered
- ◆ A discussion of typical developmental ages and stages and expected behaviors
- ◆ Any concerns you or the parents have, and
- ◆ Goals you plan to concentrate on in the near future.

Also, let parents know they can contact you and/or their child's provider at any time.

Parent Involvement in Your Program

Most parents will not volunteer unless they know you want their help. If you want to get the parents involved, give them a list of ways they can participate in your child care center. These include:

- ◆ Be on the advisory board
- ◆ Be a child care helper (parents who are regular volunteers receive the same orientation you give all staff members)
- ◆ Be a lunch helper
- ◆ Help prepare materials
- ◆ Contribute to topics children are currently exploring (fossils from home, books, or stamp collecting)
- ◆ Help with repairs
- ◆ Share their cultural heritage or travel experiences in cooking projects, clothing, songs, slides, books, or special objects
- ◆ Help with holiday celebrations
- ◆ Contribute their time and skills to special projects such as art, music, dance, cooking, weaving, or woodworking
- ◆ Help with trip planning, organization, or driving
- ◆ Help with fund-raising, or
- ◆ Attend a parent work night.

Note: Parent involvement improves the quality of your program.

Special Communication Needs of Parents with Infants

Parents of infants need to know how much and when their child ate, how many diaper changes they had that day, and when the child took naps. You might want to use the Infant Daily Report found on the following page to keep track of this information and then tuck it in the child's bag when it is almost time to go home. Translate the chart into all the languages spoken by families in your program.

Infant Daily Report

Child's Name: _____ Time In: _____ Date: _____

Last slept: _____ Last fed: _____

Parent's/Family's instructions for today: _____

Parent/Family Contact phone number if different today: _____

Expected time of pick-up: _____

Your child slept from: _____ to _____

_____ to _____

_____ to _____

_____ to _____

Your baby ate (when & how much)

Your baby was changed (when and wet/B.M.)

1st _____

1st _____

2nd _____

2nd _____

3rd _____

3rd _____

4th _____

4th _____

5th _____

5th _____

General Disposition: _____

Health Notes (include any medications given): _____

Comments about your child's day: _____

Sign-in/Sign-out

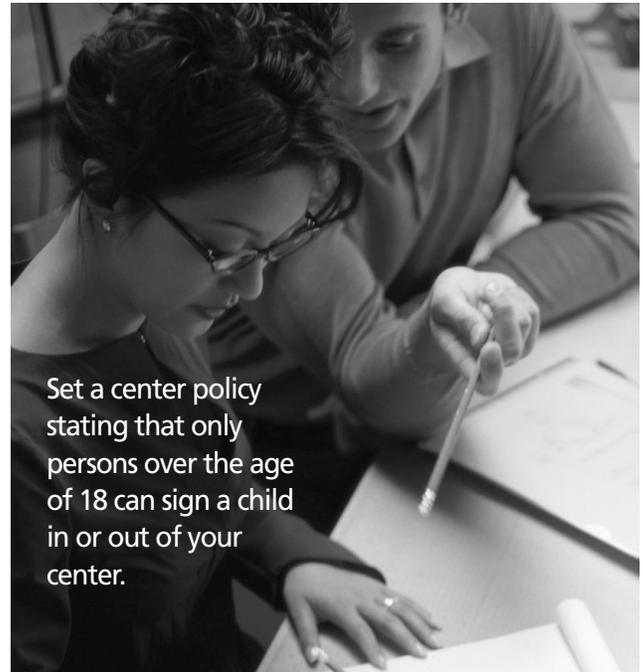
Parents are required to sign children in and out each day with their full legal signatures. This makes sign-in/sign-out sheets a perfect place to pass important information back and forth. It takes a little time, but it gives parents a sense that their child is important to you and helps you inform them about their child's "other world." You can add a column to the sheet for messages such as:

- ◆ Reminders to give medicine or to take medicine home
- ◆ Parents authorizing other people to take their children home
- ◆ Notes from parents that their children will be going home early
- ◆ Reminders for parents to bring in extra clothes

Some messages will be personal or too long to fit on the sheet. The person leaving the message can write on the sheet that a folded note is attached with the person's name on it.

School-age sign-in/sign-out sheets need morning columns for parents to sign them in and caregivers to sign them out to go to school. They also need afternoon columns for caregivers to sign them back in from school and parents to sign them back out.

WAC 170-295-7030 states that "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..." Licensing requirements do not state a minimum age of a person authorized to sign a child in or out. However it must be a responsible person who can assure the safety of the child once they leave the center. Many centers, due to liability issues, develop their own center policy stating that no one under the age of 18 years of age (or 16 years of age) may sign a child in or out. If you have a policy regarding a minimum age for signing in and out, be sure to clearly state it in your parent handbook.



Set a center policy stating that only persons over the age of 18 can sign a child in or out of your center.

If you do not have a center policy (or if you make an exception), you must decide on an individual basis whether a particular older sibling is responsible and capable of signing out their younger sibling and walking the child home. Before making a decision to allow an older sibling to remove a child consider the following:

- ◆ The age and maturity level of the older sibling
- ◆ How busy the traffic is on the route home (if they have to cross busy streets)
- ◆ If the younger child listens well and follows directions, and
- ◆ Whether there are other options or alternatives for the family to consider.

Best practice: Set a center policy stating that only persons over the age of 18 can sign a child in or out of your center. You can make exceptions to your policy as needed in order to meet the individual needs of your families based on the particular children involved. If you do make an exception, have the parent sign a statement giving authorization to their under-age child to remove the child from your program and keep it in the child's file.

Sample daily attendance sheets are included on the following pages and can be used as models for your center.

WAC

WAC 170-295-2090

What are the required staff to child ratios and maximum group sizes for my center?

- You must ensure the required staff-to-child ratios are met at all times when children are in your care. In centers licensed for thirteen or more children, the licensee must conduct group activities within the group size and staff to child ratio requirements, according to the age of the children:

- After consulting with the child’s parent, you may place the individual child in a different age group and serve the child within the different age group’s required staff-to-child ratio based on the child’s:
 - Developmental level, and
 - Individual needs.
- You may combine children of different age groups for no more than one hour, provided you maintain the staff-to-child ratio and group size designated for the youngest child in the mixed group.
- In centers licensed for thirteen or more children, you may group ambulatory children between one year and two years of age with older children, provided:

<i>If the age of the child is:</i>	<i>Then the staff-to-child ratio is:</i>	<i>And the maximum group size is:</i>
<i>One month through 11 months (infant)</i>	<i>1:4</i>	<i>8</i>
<i>Twelve months through 29 months (toddler)</i>	<i>1:7</i>	<i>14</i>
<i>30 months through 5 years (preschooler)</i>	<i>1:10</i>	<i>20</i>
<i>5 years through 12 years (school-age child)</i>	<i>1:15</i>	<i>30</i>

- In centers licensed for twelve or fewer children, you may combine children of different age groups, provided you:
 - Maintain the staff-to-child ratio designated for the youngest child in the mixed group, and
 - Provide a separate care area when four or more infants are in care. In such case the maximum group size shall be eight infants.
- You must conduct all activities for each group in a specific room or other defined space within a larger area.
- You must ensure each group is under the direct supervision of a qualified staff person or team of staff involved in directing the child’s activities
- We may approve reasonable variations to group size limitations if you maintain required staff-to-child ratios, dependent on:
 - Staff qualifications,
 - Program structure, and
 - Useable square footage.
- The total number of children in the group does not exceed twelve, and
 - Two staff are assigned to the group.
- You must ensure the staff person providing direct care and supervision of the child is free of other duties at the time of care.
- You must maintain required staff-to-child ratios indoors, outdoors, on field trips, and during rest periods. During rest periods, staff may be involved in other activities if:
 - Staff remain on the premises, and
 - Each child is within continuous visual and auditory range of a staff person.
- You must ensure staff:
 - Attend to the group of children at all times, and
 - Keep each child (including school age children) within continuous visual and auditory range of center staff. Toilet trained children using the toilet must be within auditory range of a center staff member.

- When only one staff person is present, you must ensure a second staff person is readily available in case of emergency.
- When only one caregiver is required to meet the staff-to-child ratio, you must be sure there is coverage for emergencies to meet both ratios and worker qualifications by either:
 - Posting the name, address, and telephone number of a person who meets the qualifications of at least a lead teacher, who has agreed in writing to be available to provide emergency relief and who can respond immediately, or
 - Having a second person that meets the qualifications of at least a lead teacher on the premises who is not needed for the staff-to-child ratio, but is available to provide emergency relief.
 - Service staff, such as cooks, janitors, or bus drivers, may be counted in the required staff-to-child ratio if they meet all child care worker qualifications

An important determinant of the quality of a program is the way in which it is staffed. Research strongly suggests that smaller group sizes and larger numbers of staff to children are related to positive outcomes for children including increased interaction, enhanced language, social and intellectual development in children, less aggression, and more cooperation among children.

One of the most significant aspects of a quality program for young children is how many teachers and how many children are in the class at one time.

All staff who are “in ratio” must have their full attention on the children. They should not be distracted by other duties, such as cooking, cleaning, answering phones, etc.

Best Practice: NAEYC guidelines recommend smaller group size than minimum licensing requirements so that children may experience individual attention and care throughout the course of their day.

WAC

NAEYC-recommended staff-to-child ratios within maximum group size are:

<i>Ages of Children</i>	<i>Ratios</i>	<i>Maximum Group Size:</i>
<i>Infants (birth to 15 months)</i>	1:3 1:4	6 8
<i>Toddlers (12 to 28 months)</i>	1:3 1:4 1:5	6 8 to 12 10
<i>2 year-olds (21 to 36 months)</i>	1:4 1:5 1:6	8 10 12
<i>2 1/2 and 3 year-olds (30 to 48 months)</i>	1:6 1:7 1:8 1:9	12 14 16 18
<i>4 year-olds</i>	1:8 1:9 1:10	16 18 20
<i>5 year-olds</i>	1:8 1:9 1:10	16 19 20
<i>Kindergartners</i>	1:10 1:11 1:12	20 22 24

WAC

WAC 170-295-2100**What are the exceptions to group sizes and staff to child ratios?**

- If the center is licensed for twelve or fewer children, you may combine children (excluding infants) of different age groups if you:
 - Maintain the staff-to-child ratio for the youngest child in the mixed group; and
 - Provide a separate area when infants are in care.
- You must conduct activities for each age group in a specific room or other specifically defined space within a larger area.
- Excluding infants, you may place an individual child in a different age group and serve the child within the different age group's required staff-to-child ratio, based on the child's individual needs and developmental level. You must consult with the child's parent prior to making the change.
- You may combine children of different age groups for periods of no more than one hour each at the beginning and end of the day provided you maintain the staff-to-child ratio and group size designated for the youngest child in the mixed group.
- You may have nine infants in a classroom with appropriate square footage if you maintain a ratio of one staff to three infants.
- You can request a waiver to group size limitations. If we approve variations to group size limitations, you must maintain the required staff-to-child ratios. Our approval will depend on but is not limited to:
 - Staff qualifications
 - Program structure
 - Square footage, and
 - Lower staff-to-child ratios.

WAC

WAC

WAC 170-295-2110**Are children allowed in the kitchen when they are doing supervised activities?**

- You must be sure children are not in the kitchen except during supervised activities.
- When children are in the kitchen, you must:
 - Supervise food preparation activities involving children and
 - Make the kitchen environmentally safe for children to participate in planned kitchen activities.

WAC

Supervised cooking activities can be wonderful learning experiences for children. They are opportunities to learn about health and nutrition, sharing and taking turns, problem solving, and for the introduction of pre-reading and math skills. Caregivers can make poster-sized recipe cards using pictures instead of words. Children can count, measure, and mix. Children learn to wash their hands before entering the kitchen. They can have a lesson on nutrition as they are cooking and later as they eat their culinary masterpieces.

If you are planning to use your kitchen area for activities with children, you should discuss your plans with your licensor and health specialist. The appliances must be inaccessible to children when they are in the kitchen. You must store dangerous utensils and chemicals out of the reach of children. Staff must provide constant supervision while children are present in the kitchen. It is a good idea to have one staff person on duty to focus on the children, not on the food preparation activity.

WAC

WAC 170-295-2120

Are there special program requirements for infants and toddlers?

- When you care for infants and toddlers you must:
 - Encourage them to handle and manipulate a variety of objects
 - Provide a safe environment for climbing, moving and exploring
 - Provide materials and opportunities for large and small muscle development
 - Read and talk to them daily
 - Provide daily indoor opportunities for freedom of movement outside their cribs in an open, uncluttered space
 - Place them in a prone (lying on the tummy) position part of the time when they are awake and under staff observation
 - Not leave them in car seats once they arrive at the center even if they are asleep
 - Not be left in playpens for extended periods of time excluding sleep time
 - Talk to and interact with each infant and toddler often; naming objects and describing care encourages language development
 - Hold and cuddle infants and toddlers to encourage strong relationships, and
 - Respond to and investigate cries or other signs of distress immediately.
- You must provide toys, objects and other play materials that:
 - Are cleanable
 - Are nontoxic, and
 - Cannot cause a choking hazard for infants or toddlers.
- You must not use baby walkers.

WAC

Infant and toddler caregivers have an awesome responsibility. It is now known that the first three years of life are more critical to a child's development than ever imagined. Research shows that more rapid brain development takes place during these years

than at any other time of life. Babies are born learning. Children need the right experiences at the right times for their brains to fully develop.

Because infants and toddlers have special and unique developmental needs, three separate areas of this guidebook have been devoted to their child care requirements. Please see Section 3 (WAC 170-295-2030 and 2040) for information regarding infant and toddler emotional, social, intellectual (cognitive) and physical developmental needs. Please see Section 5, Care of Young Children for a complete discussion of the health, safety, and nutritional requirements for infants and toddlers in child care.

Special program requirements for infants and toddlers are discussed here.

Mobility, Exploration and Stimulation

To maximize infants' and toddlers' overall development, they should be in an environment that is safe and developmentally appropriate for climbing, moving, and exploring. They need age-appropriate toys and objects to handle and manipulate for the development of small muscles and fine motor skills. They also need materials and opportunities for development of large muscles and gross motor skills.

Infants need to lie on their tummies when awake and alert several times each day in an open, uncluttered, safe space, with the caregiver observing or interacting nearby. Freedom of movement and exploration outside the crib is important to a young child's development. An infant must not be left in a swing, bouncer, saucer or other piece of equipment for extended periods of time. Infants should be removed from their high chairs when they are done eating and taken out of their cribs when they wake up.

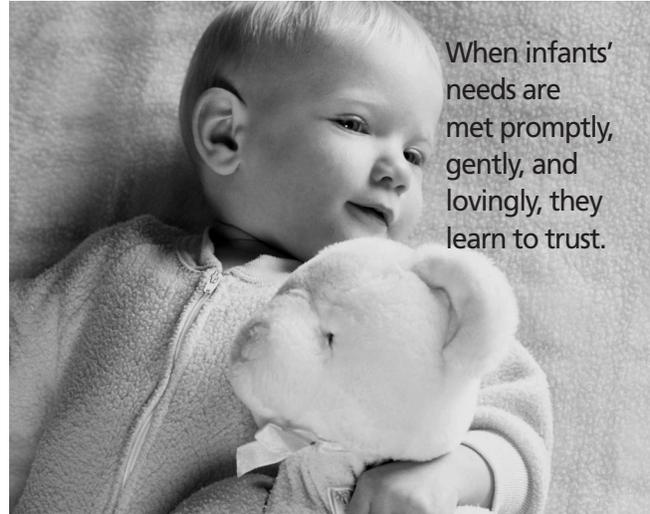
When babies have their needs met, they learn to trust. It is important to respond immediately, in a positive way, to their cries or other signs of distress. If you cannot get to the infant right away, you should call the child's name and reassure the child that help will be there soon. The sound of your caring voice can be very soothing and can help a young child calm down for a brief while.

Make the most of any opportunity to hold, cuddle and interact with infants and toddlers. Talk to infants and toddlers often in loving tones with descriptive words. Make this a part of your routine care. These activities promote attachment and bonding – crucial components for normal growth and development.

During the first three years of life, infants and toddlers are learning who they are. The daily interactions that you have with them help them gain a sense of themselves and how to relate to others. When infants' needs are met promptly, gently, and lovingly, they learn to trust. When toddlers' behaviors are guided in positive and respectful ways, they learn self-discipline and acceptable ways of behavior and expression. How you respond to young children helps them to create a picture of who they are, what they can do and what they think and feel. When you are respectful and show interest in their feelings, accomplishments, and discoveries, you are helping them develop positive self-images and self-esteem.

Care routines such as feeding and diapering are important times during young children's lives. They are wonderful opportunities for spending one-to-one time talking to and sharing with each individual child. These times should be relaxed and unhurried and used as special bonding time between caregiver and child. Be sure to:

- ◆ Create a physically and emotionally safe environment
- ◆ Respond to infants and toddlers in a loving, consistent way
- ◆ Soothe young children when they are upset
- ◆ Provide infants and toddlers with a structure and routine that they can depend upon
- ◆ Hug, cuddle, and lovingly touch young children
- ◆ Give infants and toddlers individual undivided attention at times throughout the day
- ◆ Praise and encourage young children
- ◆ Help young children to identify, accept, and express their feelings in safe and respectful ways
- ◆ Coach young children in social skills, and
- ◆ Be a model (children learn by watching the important adults in their lives).



When infants' needs are met promptly, gently, and lovingly, they learn to trust.

Young children learn through their five senses. They learn by doing. They explore the environment through sight, touch, smell, sound, and taste. In order for this to happen, provide a safe environment and supervised freedom for them to move and explore. Play is young children's important work. They need lots of hands-on experiences and opportunities for climbing and moving. They also need plenty of interesting things to look at, touch, and manipulate. Infant and toddler toys include:

- ◆ Unbreakable mirrors mounted on the sides of cribs and changing tables and along the bottom of walls where they can see and admire themselves
- ◆ Cuddly toys such as stuffed animals, hand puppets, and one-piece washable dolls
- ◆ Grasping toys and rattles to shake, drop, and explore
- ◆ Balls with indented surfaces to make it easier to handle and carry, throw, and retrieve
- ◆ Activity toys such as stacking rings, nesting cups, shape sorters, busy boxes, measuring spoons and plastic pitchers to fill and dump
- ◆ Push and pull toys such as toy vacuum cleaners or toys that play music as they move
- ◆ Transportation toys such as large buses, trains, trucks, and airplanes to grasp and push
- ◆ Soft washable blocks made of foam or cloth, and
- ◆ Equipment such as low shelving to pull themselves up with and low carpeted climbers, tunnels, and riding toys (large cardboard boxes for exploring are especially inviting to young children).

Toddlers who are cared for in language-rich environments with plenty of adult attention learn an average of nine new words a day. Even though they might not yet be talking, they are collecting and storing words and learning their meanings. They need caregivers who talk to them and interact with them, sing, tell rhymes and fingerplays, and read to them. This not only encourages bonding and positive social interactions, but it also lays the groundwork for learning to read and write and for later school success.

You can encourage their language development by:

- ◆ Pointing to things and describing them: “There’s the kitty-cat walking by the window!”
- ◆ Using words to describe what the children may be experiencing: “Who’s that coming up the walk? Is that mama?” “Look, there’s a baby in that mirror!”
- ◆ Identifying their emotions: “Oh, you want your

mommy. You do not want her to leave.” “You love your stuffed animal so much!”

- ◆ Explaining what the child is doing: “You are running to get the ball, aren’t you?”
- ◆ Providing vocabulary as they explore: “You have a big red ball. Oops, it rolled under the table.”
- ◆ Reading picture books with them and asking them to recall details (books should be a part of their daily routines)
- ◆ Repeating favorite stories and rhymes to them
- ◆ Talking with them on a one-to-one basis and actively listening and responding to what they have to say, and
- ◆ Building their confidence: “You did that all by yourself.”

The following charts will serve as a guide to help you meet the program requirements for infants and toddlers in your care:

Infant/Toddler Program Developmental Highlights:

Adapted from Children’s Home Society of California

Birth to 6 months

What I may do

Follow movement and sounds with my eyes and by turning my head.

Make eye contact with you.

React to loud noises.

Like to put objects in my mouth.

Make sounds like ahh and ooh.

Cry to tell you I need something. I may be hungry, hurting, or wet.

Look/turn away from you or cry when I need a break from an activity.

Lift my head while lying on my stomach.

Kick my legs and move my arms.

Roll over from my stomach to my back.

Move an object from one hand to the other.

Smile and laugh.

Sleep a lot.

How you can help

Move objects slowly in front of me so that I can follow them with my head and eyes.

Keep me away from loud noises.

Do not throw me in the air or shake me.

Stroke my head and skin.

Softly talk and sing to me.

Show me books with large, colorful pictures and different textures.

Keep my head from sliding around. My neck muscles are weak.

Give me safe toys like plastic/rubber rings, rattles, or soft objects.

Make eye contact with me and smile a lot.

Change my diaper as soon as it is wet or dirty.

To quiet me down, gently pat my back, hold/rock/walk me, and use a soft voice.

6 to 12 months

What I may do

Copy sounds and movements that you make.
 Recognize you from strangers.
 Repeat actions over and over again to help me learn.
 Respond to my name.
 Make vowel sounds like aah-aah or ooh-ooh and other sounds like bbbb, dada, gaga, or mama.
 Understand what "no" means. (But I may not follow your instructions.)
 Hold objects with my hands.
 Reach for objects in front of me.
 Roll over from my back to my stomach.
 Keep my head up and sit without support.
 Move around on my stomach or crawl.
 Pull myself up onto things.
 Move objects in and out of a container.
 Drink from a cup and begin to eat solid foods with your help.

How you can help

Play games like "Pat-a-Cake" and "Peek-a-Boo."
 Give me safe objects and toys that make sounds.
 Read books with large, colorful pictures and different textures.
 As I learn to communicate and show you what I like and dislike, respond to the sounds and body movements that I make.
 Sing or play songs that have a lot of repetition.
 Give me room to move my arms, body, hands, and legs.
 Keep objects that I can choke on away from my reach.
 Give me safe toys that I can bite, bang, shake, or throw like blocks and cups.
 Help me comfort myself with my favorite blanket, music, or stuffed animal.

12 to 18 months

What I may do

Begin to think of ways to solve problems.
 Have a short attention span.
 Remember things that happened hours or a day ago.
 Follow simple instructions.
 Say 10-15 words.
 Respond to a question like "Where is the ball?" by pointing.
 Cry, hit, or have a tantrum when I am frustrated.
 Walk without support, but I may crawl sometimes.
 Stack one object on top of another.
 Turn a page in a book.
 Get upset when I am apart from you.
 Drink from a cup by myself, but I may spill.
 Do things you have told me not to do.

How you can help

Encourage me to practice carrying, climbing, pulling, and pushing.
 Take walks with me.
 Speak slowly to me face-to-face.
 Talk to me about what I feel, hear, see, smell and taste.
 Play hide-and-peek and finger games with me like "Itsy Bitsy Spider."
 Repeat my favorite books, rhymes, songs, and stories.
 When I am frustrated, encourage me to use words.
 Praise me with phrases like "Good job!" or "You're working so hard!"
 Provide board books.
 Make sure I get enough rest.
 Offer choices to me.
 Be patient with me. Remember that spills and mistakes are learning experiences, too.

18 to 24 months

What I may do

- Be able to name and point to body parts.
- Be able to make sounds that animals make.
- Say two-word sentences like "Hold me!"
- Use words that focus on myself like "I, me, and mine."
- Say 15-50 words and use new words every month.
- Climb, jump, run, and walk.
- Walk up and down stairs with your help.
- Begin to drink with a cup instead of a bottle.
- Not like to share.
- Help you with dressing and undressing me.

How you can help

- Give me toys that I can play "pretend" with like plastic food and telephones without cords.
- Read to me and encourage me to find objects in the pictures.
- Help me put my feelings into words.
- Talk to me about what I'm doing as I do it.
For example: "You're rolling the ball."
- Provide safe areas indoors and outdoors for me to move around.
- Give me large crayons to scribble.
- Give me toys that I can pour, scoop, squeeze, and stack.
- Keep your eye on me because I may wander away.
- Make available two of the same objects so that I don't have to share.
- Help me eat with a spoon and drink with a straw.

24 to 36 months

What I may do

- Copy your words and actions.
- Be able to say my age.
- Show an interest in using the toilet.
- Match objects by shape and color.
- Talk to myself to practice new words.
- Ask "Why?" a lot.
- Have many tantrums because I am frustrated.
- Use three-word sentences like "Mommy hold me!"
- Say about 50-300 words and have better pronunciation.
- Walk up and down stairs using one foot (instead of both feet) for each stair.
- Like to use one hand more than the other.
- Be able to open doors.
- Show an interest in other children.
- Know if I am a boy or a girl.

How you can help

- Give me four-piece puzzles and musical instruments to play with.
- Watch me to see what I like and do not like. I may refuse many foods.
- Sing the alphabet song and read books with colors and shapes.
- Ask me about things that happened in the past like "Who gave you that toy?"
- Read to me.
- Ask me questions when I play like "What are you doing?"
- Kick and throw balls with me.
- Give me beads (1 1/2" wide) to put on a string.
Make sure I don't swallow them!
- Give me opportunities to play with other children.
- Keep objects you do not want me to touch away from my reach.
- Help me do things by myself like buttoning.

Use of Infant Carriers or Front Carrying Packs

Some infant caregivers choose to use infant carriers or front packs to soothe fussy or colicky infants. The baby is soothed by the rhythm of the caregiver's walking and the closeness it provides in human contact. However, keep in mind the following considerations when using infant carriers in child care centers:

- ◆ Make sure the infant's head does not slump from inadequate support
- ◆ Ensure there is a clear area around the infant's face for adequate breathing
- ◆ If infants fall asleep in the carrier, they should be removed immediately and placed on their backs in their crib
- ◆ The staff person should not diaper or feed another child while carrying an infant in a front pack
- ◆ Ensure that the carrying device is safe and has not been recalled for safety issues
- ◆ Have each parent who wants their child to use a carrier bring one for their own child (to prevent contamination from one infant to another)
- ◆ Limit the amount of time the infant is in the carrier to ensure they get adequate tummy time, and
- ◆ Make sure it is a choice for infant caregivers to use an infant carrier (they may not want to bear extra weight due to a possible back injury).

It is very rewarding to watch young children grow and develop, knowing that you are helping to lay the groundwork for who they are becoming and what they will be in later years. Providing children with warm and caring interactions and stimulating activities within a safe and healthy environment promotes their future success.

WAC

WAC 170-295-2130

Do I need an outdoor play area?

- You must provide an outdoor program that promotes the child's coordination, active play, and physical, mental, emotional, and social development based upon their age. The play area must:
 - Adjoin the indoor premises directly or be reachable by a safe route or method
 - Have adequate drainage and be free from health and safety hazards
 - Contain a minimum of 75 usable square feet per child using the play area at any one time. If the center uses a rotational schedule of outdoor play periods so that only a portion of the child population uses the play area at one time, you may reduce correspondingly the children's play area size.
- If you provide full-time care, the activity schedule must provide the child daily morning and afternoon outdoor play.
- If you provide drop-in care only, at DEL's discretion they may approve equivalent, separate, indoor space for the child's large muscle play.
- You must ensure appropriate child grouping by developmental or age levels, staff-to-child ratio adherence, and maintain group size.
- Staff must be outdoors with the children in continuous visual and auditory range.
- You must provide a variety of age-appropriate play equipment for climbing, pulling, pushing, riding and balancing activities, and
- You must arrange, design, construct, and maintain equipment and ground cover to prevent child injury.

WAC

You can help ensure healthy physical development when you offer children opportunities to use their large and small muscles in a wide variety of developmentally appropriate ways. Even in the coldest of climates, children need to go outdoors every day for at least a few minutes. Fresh air is vital to children's health. Have the children spend as much time as

they can outdoors. Meals and snacks always taste better on picnics. Read a story on a blanket under a tree. Think of every activity you do inside as a potential outdoor activity, including puzzles, blocks, paints, water play, and dress-up clothes. Never restrict yourself to just recess or typical playground equipment outdoors.

The older the child, the more outdoor time is required. Infants may need only a few brief forays out into the sunshine. Outdoor play for infants includes riding in a carriage or stroller; however, infants should also be offered opportunities for gross motor play outdoors [AAP, 2002]. Toddlers and young preschoolers should spend at least 15 minutes playing outside in the morning and afternoon. School-age children need longer periods of outdoor playtime, especially after a full day of school.

Cold, mud, and puddles are not excuses to keep children indoors. Let your parents know that it is important to send their children to the center with suitable outdoor gear. Explain the importance of outside play to parents who often request that you keep their child inside. There may be inclement weather during your normal outside playtime. Keep your schedule flexible. You may be able to get the children outside briefly later, when there is a break in the weather.

The National Weather Service identifies weather that poses a significant health risk as wind chill at or below 15°F and heat index at or above 90°F. Air quality conditions that pose a significant health risk are identified by announcements from local health authorities or through ozone (smog) alerts. Such air quality conditions require that children remain indoors where air conditioners ventilate indoor air to the outdoors. Children with asthma or other respiratory health problems should not play outdoors when local health authorities announce that the air quality is approaching unhealthy levels [AAP, 2002].

If bad weather or poor air quality prevents children from going outside for active large muscle activities, you may need to temporarily convert some indoor space to accommodate large motor play. You could:

- ◆ Organize indoor group circle games, music, or dance activities that let children actively move around
- ◆ Allow use of some outdoor equipment like wheeled toys in a wide hallway or open room temporarily (make sure you have proper “traffic control”)
- ◆ Make room for portable equipment like balance beams and tumbling mats. If you have indoor slides and climbers they should have approved protection mats under them. The American Academy of Pediatrics recommends that all indoor climbing equipment be surrounded by shock absorbing material conforming to CPSC and ASTM standards (nap time mats, tumbling mats, and carpets do not protect children from head injuries).

Outdoor play area

There are four general components to a good outdoor play space; the space itself, supervision, injury protection and prevention, and site maintenance.

The Outdoor Space

You must have at least 75 square feet per child for the maximum number of children using the outdoor play space at any one time. Centers with limited space may stagger the schedule of children using the space at one time to accommodate this requirement.

The space should be organized in an age appropriate manner with different play areas for different age groups. For centers with multiple groups and different ages in care, schedule outdoor play so that different age groups play in different parts of the play area. This is particularly important for toddlers. They will attempt to play with toys and structures that require more agility and mobility than they have, particularly if there are older children around.

Examine every outdoor toy or structure with children in mind. Children are very inventive and will often use toys in a manner not planned by the manufacturer.

Include a variety of surfaces in your outdoor play area including soil, sand, grass, hills, flat sections, and hard areas for wheel toys. Also include shade, open space, digging space, and a variety of equipment for riding, climbing, and balancing.

When hills and shade are not available, the environment can be supplemented with materials such as awnings, inclines, or ramps.

Be sure to provide private areas outdoors for children to have solitude. Children who spend long periods of time in group settings need opportunities for privacy. Privacy can be provided by using equipment such as tunnels and playhouses. Make sure that these areas can be easily supervised by staff.

The outdoor play area itself should be safe from environmental hazards. It should be well drained with no standing water. You should check the area daily and clean up any debris. Ensure there are several trash containers available outdoors and that they are emptied daily. The area needs to be enclosed to protect children from traffic, unsupervised animals, and unauthorized people. Fences are addressed specifically in WAC 170-295-5100.

Common hazards for children in play areas include:

- ◆ Entrapments (there should be no openings between 3 ½ and 9 inches in size where a child's head or body could get trapped)
- ◆ Entanglements (discourage drawstrings, ties or cords which hang from children's clothing that could get caught on equipment)
- ◆ Exposed sharp objects (nails, bolts, slivers, or wires should not protrude where they might poke a child)
- ◆ Tripping hazards (filler pipes, posts, cover plates, stumps, or rocks must not protrude from the ground, where children might trip or fall on them)
- ◆ Fencing (make sure it is secure, stable, and tall enough to form an age appropriate enclosure)
- ◆ Gates (need to be self-latching or have appropriate locks)
- ◆ Poisonous plants and/or berries (a list is available from your local poison control center)
- ◆ Lighting (sufficient outdoor lighting is required

when the play area is used at dusk)

- ◆ Shade (provide places where children can escape the sun's heat and ultraviolet rays)
- ◆ Slides (make sure there are no breaks or exposed sharp edges on the sliding surface or gaps between the platform and the slide where clothing can get caught)
- ◆ Guardrails (the space between guardrails should be less than 3 ½ inches or more than 9 inches so that children cannot become entrapped)
- ◆ Tire swings (make sure the tire has holes drilled in the bottom to prevent water from collecting and the swing does not hit the side posts as children use it)
- ◆ Tricycles and other wheeled toys (ensure pedals and handles have covers and teach children to wear helmets when they ride on wheeled toys)
- ◆ Merry-go-rounds (these are dangerous and not age-appropriate for preschool age and younger children), and
- ◆ Swings (use only soft swing seats). Swings generally require more space than is available in many child care center outdoor play areas. The Consumer Product Safety Commission (CPSC) guidelines recommend that you have a minimum distance of twice the height from the pivot point to the protective surfacing (both in front of and in back of the swings). If the distance from the ground to the pivot point measures 6 feet, the use zone for swings would be 12 feet in front of the swing and 12 feet to the rear. Make sure all mounts are tight and that links are in good condition. Remove broken swings from the frame immediately (do not wrap them around the upper bar).

Supervision

All staffing ratio requirements must be met on the outdoor play area to ensure that you have proper supervision (see Section 2 for more information regarding staffing ratios). It is important to make sure that every part of the play area can be seen at all times. Tunnels of any length need view windows or portholes. Check your play area for blind spots. Simple rules are very important for safe play areas

and increase successful supervision. “Take your turn and never push,” “Rails, fences, and walls are not for climbing,” etc. Remember, small children need few rules. A maximum of five rules for safe outdoor play should be sufficient, with fewer rules for toddlers.

Note: Licensing requires that you maintain maximum group sizes at all times, including on the outdoor play area. There cannot be more than 14 toddlers, 20 preschool children, or 30 school-age children playing in the same area at the same time. To meet this requirement on large playgrounds, centers can use small fences to divide the playground into separate areas that help ensure the climbing equipment is age appropriate and meets children’s developmental levels.

Injury Protection and Prevention

Falls from play equipment onto hard surfaces are one of the leading causes of serious injuries and

death of young children. Active play is necessary for optimal physical development but play equipment must be made as safe as possible for children. Surfaces must be soft and forgiving. Asphalt, cement, grass and dirt are unforgiving of a small child’s falling body. Materials such as wood chips, pea gravel, or rubber matting approved for playground fall protection must be under all climbing equipment and swings. This ground cover must be deep enough to absorb and cushion the impact of a falling body. The National Program for Playground Safety and the U.S. Consumer Product Safety Commission recommend a depth of 6 to 12 inches, depending upon the height of the structure (U.S. Consumer Product Safety Commission, 1994). The material should extend at least 6 feet around the structure. This area is referred to as the “fall zone.”

The Consumer Product Safety Commission sets standards for playground equipment safety. The table below lists their recommendations for protective surface materials for playgrounds.

Loose-fill Playground Surfacing Materials: Depth Needed

Height of Platform/ Equipment	Type and minimum uncompressed (not packed down) depth at point of impact (more must be installed to account for scatter and compression.)
5'	6" – 12" of medium gravel
6'	6" of double-shredded bark mulch 6" of engineered wood fibers (previously known as uniform wood chips) 6" of fine gravel 12" of medium gravel
7'	6" of wood chips 9" of engineered wood fibers 9" of fine gravel
10'	9" of wood chips 9" of double-shredded bark mulch 12" of fine gravel
11'	12" of wood chips 12" of double-shredded bark mulch

**Adapted from “Critical Heights (in feet) of Tested Materials,” Table 1, page 5. For characteristics (fall-absorbing characteristics, installation/maintenance, advantages and disadvantages) of organic and inorganic loose-fill materials and of unitarian synthetic materials, see Appendix C, page 38-39. Loose-fill surfacing materials in list above are described in Appendix D, page 40. Handbook for Public Playground Safety. Pub. No. 325, U.S. Consumer Product Safety Commission, Washington, DC 1994. Used with permission.*

There also needs to be sufficient space around swings, slides, etc., for children and adults to move around safely on the play area. All climbing, swinging, and sliding equipment should be secured to the ground and stable. Concrete footings and anchors for this equipment must not be visible.

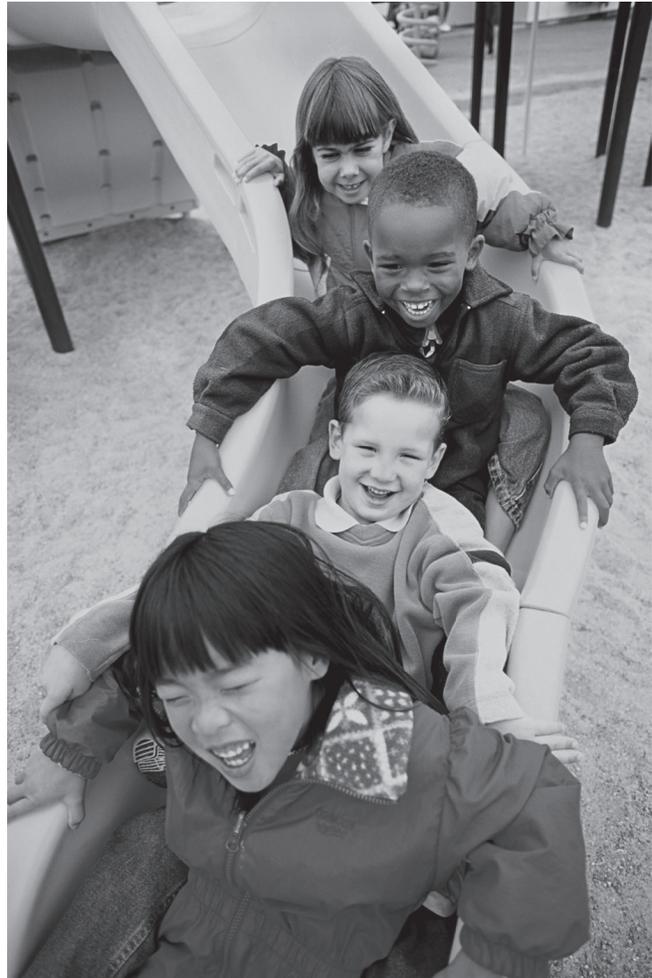
Site Maintenance

The outdoor area requires a thorough check on a daily basis, preferably in the morning before children arrive. All debris should be removed. A rake may be needed for sandy or graveled areas. Look for and remove standing water and drainage from downspouts, roofs, or structures. Standing water can harbor a number of bacteria, germs, waterborne illnesses, and disease spreading insects (it is also a potential drowning hazard).

Examine every piece of equipment. Look for missing parts, protruding bolts or fixtures that could catch or hang up a running child. Exposed metal rusts and can harbor germs and viruses dangerous to an open cut. All rust should be removed and the metal surface covered with rust- preventing material. Wood surfaces should be checked for wear. Plastic also wears and hardens as it ages and can crack and become a hazard.

Note: Licensing requires you to periodically check your playground equipment and ground cover for proper maintenance. You should keep accurate written records of your playground maintenance for your licensor to review.

A Sample Playground Maintenance Form is included on the following page for your convenience.



Maintenance Checklist for Playgrounds

GENERAL UPKEEP

- Check that area is free of miscellaneous debris and litter.
- Check that trash or garbage is not accessible to children.
- Check for any broken or missing pieces of equipment.

SURFACING

- Check for equipment which does not have adequate protective surfacing under and around it and for surfacing materials that have deteriorated.
- Check for protrusions and projections, like nuts, bolts, or bar ends.
- Check for missing or damaged protective caps or plugs.
- Check for potential clothing entanglement hazards, such as open S-hooks.
- Check for pinch, crush, and shearing points or exposed moving parts.
- Check for trip hazards, such as exposed footings on anchoring devices and rocks, roots, or any other environmental obstacles in the play area.

DETERIORATION OF EQUIPMENT

- Check all equipment and other playground features for rust, rot cracks, and splinters, with special attention to possible corrosion where structures come in contact with the ground.
- Check for unstable anchoring of equipment.

SECURITY OF HARDWARE

- Check for any loose or worn connecting or fastening hardware devices: for example, check the S-hooks at both ends of suspending elements of swings and all connection points of flexible climbing devices for wear.

EQUIPMENT USE ZONES

- Check for obstacles in equipment use zones.
- Check for 6 feet of fall/use zones around all climbing equipment.

DRAINAGE SYSTEMS

- Check the entire play area for drainage problems, with special attention to heavy use or areas such as those under swings and slide exits regions.

Signature _____ Inspection Date _____

WAC

WAC 170-295-3010

What kind of health policies and procedures must I have?

- You must have written health policies and procedures that are:
 - Written in a clear and easily understood manner
 - Shared with all new staff during orientation
 - Posted for staff and families to review, and
 - Reviewed, signed and dated by a physician, a physician's assistant or registered nurse when you change your policies and procedures or type of care that you provide, or at least every three years when you are due for re-licensing. (For example, if you go from caring for children from twelve months and older to caring for infants, you must update your health policies and procedures and have them reviewed and signed.)
- Your health policies and procedures must have information regarding how you plan to:
 - Provide general cleaning of areas including but not limited to the bathrooms, floors, walls, and doorknobs
 - Clean and sanitize areas including but not limited to food contact surfaces, kitchen equipment, diapering areas, toys, toileting equipment and areas, equipment that might be shared with several children such as sleep mats, cribs or high chairs
 - Prevent, manage and report communicable diseases
 - Handle minor injuries such as nosebleeds, scrapes and bruises
 - Provide first aid
 - Screen children daily for illnesses
 - Notify parents that children have been exposed to infectious diseases and parasites
 - Handle minor illnesses
 - Handle major injuries and medical emergencies that require emergency medical treatment or hospitalization
 - Manage medication
 - Assist with handwashing and general hygiene including diapering and toileting
 - Handle food

- Provide nutritious meals and snacks
- Respond during any disasters
- Care for children that may have special needs
- Care for infants and obtain infant nurse consultation (if licensed for four or more infants), and
- Place infants to sleep on their backs to reduce the risk of Sudden Infant Death Syndrome (SIDS).
- Your health policies and procedures must have information on when you plan to:
 - Require ill children to stay home and for how long
 - Allow the ill child to return, and
 - Call a parent to pick up their child and how you will care for the child until the parent arrives.

WAC

High quality programs promote safe and healthy environments where children can thrive and grow. Young children depend upon the adults in their lives to make healthful choices for them and to teach them to make such choices for themselves.

You can designate specific people or positions on staff to be responsible for specific health-related duties. For example you could assign a staff person to be in charge of checking the First Aid kits every month and restocking them when needed. Another staff person could be assigned the task of checking medication boxes once a month to be sure outdated medicines have been returned to the parents or discarded, and that the Medication Authorization Form and the Medication Record that the staff signs are filed in the child's file. A staff person could be in charge of checking immunization forms once a month to ensure they are kept up to date.

Health policy

Your written health policy is not approved until signed by a physician, physician's assistant, registered nurse, or public health nurse. The policy must be reviewed and approved whenever any changes are made in your health practices or procedures, but at least every three years (usually at re-licensing time).

All new staff must be trained in the details of your health policy. This should be completed at the time of the new employee orientation. Keep documentation that the staff person has been trained in the staff files (see Orientation of Employees and Volunteers Checklist in Section 2).



Note: All policies must be available for review by staff, parents, or others (licensors, health care consultants, etc.). Many centers have a three-ring binder at a central location that contains the Health Policy, Disaster Plan, Pesticide Policy, and Animals on the Premises Policy.

Health policies are usually quite lengthy and detailed. A complete copy must always be available for parents and staff to review, however you may want to summarize particular sections and post them in appropriate places to make it easier to use. For example, you could post:

- ◆ Food handling policies in the kitchen (or wherever food is served, handled, or stored)
- ◆ First aid policies near the first aid supplies, and
- ◆ Emergency medical procedures near the telephone.

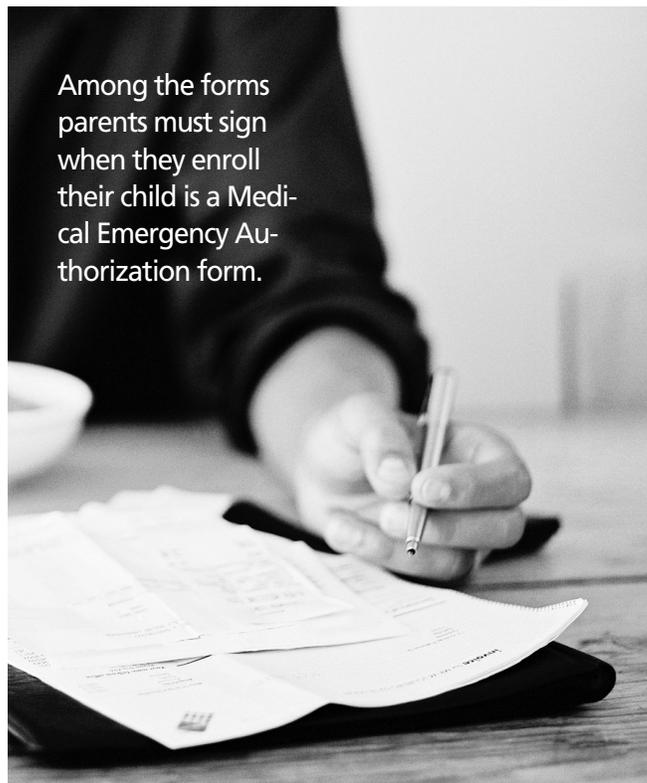
A sample Health Policy can be found in Appendix A. Use it as a guide to help you create your own health care policies and procedures plan.

Preparing for medical emergencies

As part of preventing illness and developing a health care policy, you will need to plan ahead for what you will do in the case of a medical emergency at your facility. Among the forms parents must sign when they enroll their child is a Medical Emergency Authorization form (also referred to as a Medical Consent form). With this form, parents authorize and give personal consent for medical personnel to begin emergency medical treatment before parents arrive. Medical personnel cannot legally provide services for a minor without the consent of his/her guardian. For your protection and the safety of the child:

- ◆ You should not accept a child for care before the parent signs the medical emergency authorization form.
- ◆ The medical emergency authorization form should be with the child at all times they are in your care. This includes field trips.

The example below is included for your convenience.



Among the forms parents must sign when they enroll their child is a Medical Emergency Authorization form.

Sample consent to medical care and treatment of minor children

I _____ (the parent or legal guardian) hereby give permission that my child, _____, may be given emergency treatment to include first aid and CPR by a qualified child care staff member at _____.

I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when the physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

WAC

WAC 170-295-3020

How often must staff wash their hands?

Staff and volunteers must wash their hands with soap and warm water:

- When arriving at work
- After toileting a child
- Before, during (may use a wet wipe) and after diapering a child
- After personal toileting
- After attending to an ill child
- Before and after preparing, serving, or eating food
- Before and after giving medication
- After handling, feeding, or cleaning up after animals
- After handling body fluids
- After smoking
- After being outdoors or involved in outdoor play
- As needed

WAC

Frequent handwashing by staff and children is the single best protection centers have against the spread of germs.

How to wash hands

- ◆ Check to be sure a paper towel is available
- ◆ Turn on water to a comfortable temperature
- ◆ Moisten hands with water and apply heavy lather of liquid soap
- ◆ Wash well under running water for at least 10 seconds
- ◆ Pay particular attention to areas between fingers, around nail beds, under fingernails, and back of hands
- ◆ Rinse well under running water until free of soap and dirt. Hold hands so that water flows from wrist to fingertips
- ◆ Dry hands with paper towels
- ◆ Use paper towel to turn off faucet; then discard towel, and
- ◆ Use hand lotion, if desired.

WAC

WAC 170-295-3030

When is a child or staff member too ill to be at child care?

Your staff must check all children for signs of illness when they arrive at the center and throughout the day.

You must exclude children and staff with the following symptoms from care:

- Diarrhea (three or more water stools or one bloody stool within twenty-four hours)
- Vomiting (two or more times within twenty-four hours)
- Open or oozing sores, unless properly covered with cloths or with bandages
- For suspected communicable skin infection such as impetigo, pinkeye, and scabies: The child may return twenty-four hours after starting antibiotic treatment
- Lice or nits, and
- Fever of 100 degrees Fahrenheit or higher and who also have one or more of the following:
 - Earache
 - Headache
 - Sore throat
 - Rash, or
 - Fatigue that prevents participation in regular activities.
- Children and staff who have a reportable disease may not be in attendance at the child care center unless approved by the local health authority.
- You must not take ear or rectal temperatures. Oral temperatures can be taken for preschool through school age if single use disposable covers are used over the thermometer.
- When a child becomes ill or injured while in your care, you must:
 - Keep a confidential, individualized, written record in the child's file that includes the:
 - Date of an illness or injury
 - Treatment provided while in care, and
 - Names of the staff providing the treatment.
 - Provide a copy of the illness or injury report to the parent, and

- Keep a current, written incident log listing date of illness or injury, the child's name, names of staff involved, and a brief description of the incident for tracking and analysis.
- You must notify parents in writing when their children have been exposed to infectious diseases or parasites. The notification may consist of either a letter to parents or posting a notification for parents in a visible location.
- You are a mandated disease reporter to the health department per WAC 246-101-415. You can obtain a list of reportable diseases, timeframes for reporting and reporting phone numbers from your local health department.

WAC

Children with common colds do not need to stay home. Usually a child has already exposed others before appearing sick. Many illnesses stop being contagious shortly after medication is started. Other conditions are no longer contagious when children first show signs of illness. To exclude or isolate children with non-contagious, mild illnesses can be a hardship on the family and child.

Some infections such as chickenpox, hepatitis, and meningitis require the child to stay home for a lengthy recovery period. Talk to your health consultant or your local health department if you have questions about a particular illness.

You can ask parents to keep their child home for the child's comfort. If children are uncomfortable, disoriented, or irritable, they are better off at home getting the rest and individual attention they need.

The center must have a clear policy on excluding a child from care. This policy should be reviewed when a child is enrolled and must be included in the Parent Handbook. Advise parents to have a back-up plan for their child's care when the child is too sick to be at the center. Children's grandparents or a neighbor may be able to look after them occasionally.

A poster is included on the following page that you can post for parents letting them know when they must keep their child at home.

Note: Encourage parents to allow their child to participate in outdoor activities, even if their child does have a slight cough or runny nose. Fresh air is invigorating and does not cause illness. Germs do. Active play often helps to clear clogged lungs and sinuses and can raise a child's spirits. However, if parents insist that their child stay inside and you agree to care for the child that day, you should respect their wishes.

Forms used to document accidents, injuries and illnesses

If a child becomes ill or injured at your center, you are required to write an incident report describing the injury, illness, or incident. A copy of this written record must be given to the parent and a copy placed in the child's file.

You are also required to keep an illness and injury log, listing the date of the illness or injury, the child's name, names of staff who assisted the child, and a brief description of the incident. You should periodically check these logs to determine if there are any patterns of illness or injury at your center that might be preventable with different staffing patterns or equipment changes.

Sample forms are included on the following pages.

Keep Me Home If...

I'm Vomiting
Two or more times in 24 hours.

I have a rash, lice or nits
Body rash, especially with a fever or itching. Lice or nits.

I have diarrhea
3 or more watery stools in 24 hours.

I have an eye infection
Thick mucus or pus draining from the eye.

I have a sore throat
With fever or swollen glands.

I'm just not feeling very good.
Unusually tired, pale, lack of appetite, confused or cranky.

I have a fever
Temperature of 100° (F) or more, (taken under the arm) AND sore throat, rash, vomiting, diarrhea, earache or just not feeling good.

Seattle-King County Department of Public Health

When Your Child is Sick:

1. Have plans for back up child care.
2. Tell your caregiver what is wrong with your child, even if your child stays home.

When a child becomes ill at the center

Children who become ill at the center must be isolated. Have them lie down in a quiet space away from the other children, but within view of the staff. Staff must supervise ill children at all times. It is important to be consistent and follow your exclusion policy. Contact the parents to come pick up their child.

If you suspect the child has a communicable disease, remember to sanitize all equipment that the ill child used.

If an injury or illness results in a visit to the child's doctor, casting, stitches, or hospitalization, you are required to notify your child care licenser.

Staff health

During the first year of working with children, a caregiver may be sick more than any other time in their life. Working in child care exposes staff to a wide variety of germs. There are several things you can do to help keep your staff healthy:

- ◆ Emphasize frequent handwashing
- ◆ Make sure their immunizations are current (especially measles, Hepatitis B, and Tetanus) and encourage staff to get annual flu shots
- ◆ Use nontoxic cleaning and art materials at the center (if you occasionally use permanent markers or rubber cement, make sure you do so in a well-ventilated area)
- ◆ Provide health care benefits, and
- ◆ Be sure to exclude ill staff from working using the same policy as for excluding ill children.

Back problems are a common complaint among child care workers. There are safe practices you and your staff should keep in mind when working with young children.

- ◆ Get down on your knees or squat when caring for children, rather than bend over.
- ◆ Be careful when lifting things. Lift with your legs, not with your back. If it is too heavy, do not lift it.
- ◆ When lifting, plant your feet apart and under your hips to give yourself a wide base of support.

- ◆ Never lift and turn at the same time. Lift a child up then turn your body.
- ◆ Keep a child or the object you are lifting close to your body.
- ◆ Lower a child or item in the reverse fashion: feet planted and apart, child or object close to your body, turn then lower, and use your muscles.
- ◆ Push heavy objects across the floor rather than pull them.
- ◆ Make sure you have a clear pathway when carrying things across a room or down stairs.
- ◆ Do back strengthening and stretching exercises. A flexible back is a strong back.

Reducing Stress/Burnout in Staff

Child care is a potentially stressful occupation. Stress may be related to tension between families and caregivers, parenting/caregiver styles, staff to child ratios, noise, low wages, inadequate benefits, no time away from the children, long hours, etc. Staff burnout is a very real problem. It is important to remember that staff (as well as directors) experience stress. To keep staff healthy it is important to help reduce the stress in the workplace. To help reduce stress in your staff, make sure you schedule regular break times (and that they take them!) and give staff paid leave for vacations and illnesses. Encourage your staff to continue their education and provide substitutes and payment to do so. Scholarships may be available. You can contact the Washington Association for the Education of Young Children (WAEYC), your local Resource and Referral agency, or a community and technical college for more information about scholarships, classes, and workshops.

Communicable disease reporting

You are a mandated disease reporter and must make reports to your licenser, the health department and to parents. The following communicable diseases must be reported to the local/state Health Department by physicians. Call your local Health Department for information when a child or staff member has contracted any of these illnesses:

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
Infant Botulism
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

You must notify parents in writing when their children have been exposed to an infectious disease, a communicable disease, or a parasite. The notification may either be a letter or a posting of the notification in a visible location.

 **Best Practice:** Ensure that all parents receive notification of a communicable or infectious disease by personally handing them a notice and/or talking with them.

Head lice

When there is an outbreak of head lice, all staff, adults, and children should be checked on a daily basis. If head lice or nits are found, the person will need to be asked to leave the center. The staff, adults, or children having head lice/nits may return after treatment and when all nits have been removed.

A letter should be sent home to notify all families when a lice outbreak occurs.

WAC

WAC 170-295-3040

How often must children wash their hands?

Children must wash their hands with soap and warm water:

- On arrival at the center
- After using the toilet
- After the child is diapered
- After outdoor play
- After playing with animals
- After touching body fluids (such as blood or after nose blowing or sneezing; and
- Before and after the child eats or participates in food activities.

WAC

Call your local Health Department for information about other communicable diseases specific to your community and add them to the list.

Handwashing for Infants/Toddlers

Use soap and water at a sink if you can. If older infants are too heavy to hold for handwashing at the sink, or if young infants cannot hold their heads up, you may follow this procedure:

- ◆ Wipe the child's hand with a soft damp paper towel or wash cloth moistened with a drop of liquid soap
- ◆ Wipe the child's hands with a wet paper towel or wash cloth, and
- ◆ Dry the child's hands with a soft paper towel.

Handwashing for Older Children

- ◆ Squirt a drop of liquid soap on children's hands
- ◆ Wash and rinse their hands in running water, directing flow from wrist to fingertips
- ◆ Dry hands with paper towel
- ◆ Turn off faucet with paper towel and discard, and
- ◆ Teach older children to carry out the procedure themselves. Supervise younger children in carrying out this handwashing procedure.

Water play is one of children's favorite activities, so it is not difficult to teach them the proper way to wash their hands. Gentle reminders can help children develop habits that will keep them healthy the rest of their lives. A staff member should be available to see that children wash their hands properly and to assist children who need help. Hot water temperature must be between 85°F and 120°F.

Note: Next to handwashing, the best way to limit spreading germs is to teach children how to cough, sneeze, and blow their noses correctly. Help them to:

- Keep a tissue handy (use a tissue rather than a coat sleeve or the back of their hand to catch a sneeze, cover a cough, or wipe a runny nose)
- Turn their head away from others and toward the floor before they cough, sneeze, or blow their nose
- Throw away used tissues and do not reuse or share a tissue
- Use disposable tissues rather than handkerchiefs, and
- Wash hands afterwards to reduce the spread of germs.

WAC

WAC 170-295-3050

Am I required to give medications to the children in my care?

If a child has a condition where the American with Disabilities Act (ADA) would apply, you must make reasonable accommodation and give the medication.

WAC

If medications are required by the ADA, the parent must provide training and written instructions to caregivers on the proper administration of the medications or treatment required for the child.

Centers are free to choose whether or not to give medications outside of those required by the ADA. Your decision must be clearly documented in your health care policy and the parent handbook. Most physicians will prescribe medications for children in child care two times per day or daily if possible so that parents can administer it at home.

Centers cannot give medications "as needed". There must be a start and stop date for each medication and you can only give the medication for the duration of the illness. You must then give the remainder of the medication back to the parents or discard it if the parents are no longer at the center.

Aspirin warning

Do not give aspirin to children under 18 years of age unless the child's health care provider prescribes it and you have written parent permission. Aspirin use is linked to Reye's Syndrome, a serious disease that can be fatal to children. There are plenty of non-aspirin medications that ease pain and reduce fever. Make sure to check multi-symptom cold remedies that parents may bring in because some may include aspirin in their list of ingredients. Read all labels carefully!

WAC

WAC 170-295-3060

Who can provide consent for me to give medication to the children in my care?

Parents must give written consent before you give any child any medication. The parent's written consent must include:

- Child's first and last name
- Name of medication
- Reason for giving medication
- Amount of medication to give
- How to give the medication (route)
- How often to give the medication
- Start and stop dates
- Expected side effects, and
- How to store the medication consistent with directions on the medication label.

The parent consent form is good for the number of days stated on the medication bottle for prescriptions. You may not give medication past the days prescribed on the medication bottle even if there is medication left.

You may give the following non-prescription medications with written parent consent if the medication bottle label states how much medication to give based on the child's age and weight:

- Antihistamines
- Non-aspirin fever reducers/pain relievers
- Non-narcotic cough suppressants
- Decongestants
- Ointments or lotions intended to reduce or stop itching or dry skin
- Diaper ointments and non-talc powders intended only for use in the diaper area, and
- Sunscreen for children over six months of age.

All other over the counter medications must have written directions from a health care provider with prescriptive authority before giving the medication.

You may not mix medications in formula or food unless you have written directions to do so from a health care provider with prescriptive authority.

You may not give the medication differently than the age and weight appropriate directions or the prescription directions on the medication label unless you have written directions from a health care provider with prescriptive authority before you give the medication.

If the medication label does not give the dosage directions for the child's age or weight, you must have written instructions from a health care provider with prescriptive authority in addition to the parent consent prior to giving the medication.

You must have written consent from a health care provider with prescriptive authority prior to providing:

- Vitamins
- Herbal supplements, and
- Fluoride.

WAC

You may be authorized to give medications for a long period of time to children with chronic or life threatening illnesses. A signed statement must accompany such medication from the child's health care provider or a prescription indicating the treatment is ongoing. Prescription medication must be in the original prescription bottle.

Non-prescription medication must be in the original manufacturer's container with a label. The label needs to indicate recommended dosages for different ages and how long to use the medication if symptoms continue.

Note: For children two years and under, many over-the-counter medications require a doctor's authorization. Most cold medications are in this category. Make sure you read the labels on bottles parents bring to your center. If instructions recommend consulting a doctor for a particular age group (for example children under 2 years of age), let the parents know they will need to get their health provider's authorization. Otherwise, you cannot give the medication at the center.

You may wish to designate a particular staff member as the person in charge of giving medications. That way there is less likelihood that someone will forget to give a needed medicine. You will also want to designate a backup person in charge of medications for days when the regular person is absent.

Remember, licensing requires that only staff who have been trained and oriented to your medication policies can give medications to children.

WAC**WAC 170-295-3070****How must I store medications?**

You must store medications in the original container labeled with:

- The child's first and last names
- If a prescription, the date the prescription was filled
- The expiration date, and
- Easy to read instructions for giving the medication (i.e., the bottle is in the original package or container with a clean and readable label).

You must store medications:

- In a container inaccessible to children (including staff medications)
- Away from sources of moisture
- Away from heat or light
- Protected from sources of contamination
- According to specific manufacturer's or pharmacist's directions
- Separate from food (medications that must be refrigerated must be in a container to keep them separate from food), and
- In a manner to keep external medications that go on the skin separate from internal medications that go in the mouth or are injected into the body.

All controlled substances must be in a locked container.

WAC

Refrigerate only those medications requiring it. Store refrigerated medications in a container so that if they spill they will not contaminate other items in the refrigerator. All medications should be stored in a separate container not accessible to children. Many centers use plastic fishing tackle boxes or plastic file boxes to hold the medications. Any controlled substances (such as narcotics) must be kept in a locked container.

Only staff should be allowed to put medicines in your storage area or take them out. It would be easy for a parent in a hurry to walk out with the wrong medication or forget to fill out an authorization form.

Make sure that medications are returned to the parents or disposed of when the medication period expires.

Note: *If the child's parents do not want to take medicine home every night and bring it back the next morning, they can:*

- Request that the pharmacist prepare two containers when they fill the prescription.
- Send the container with the pharmacist or manufacturer's label to the center and keep a supply in a self-labeled container at home.

WAC**WAC 170-295-3080****Can I use bulk medications (use one container for all the children, such as with diaper ointments)?**

You can keep bulk containers of diaper ointments and non-talc type powders intended for use in the diaper area and sunscreen if you:

- Obtain written parental consent prior to use
- Use for no longer than six months, and
- Notify the parents of the:
 - Name of the product used
 - Active ingredients in the product, and
 - Sun protective factor (SPF) in sunscreen.
- Apply the ointments in a manner to prevent contaminating the bulk container.

WAC

Baby powders, diaper ointments, and sunscreen are medications requiring signed parent consent. Parents also need to agree in writing that you may use these items from a common bulk supply on their child. Notify the parents of the names of the bulk items, their active ingredients and the staff procedures for application that will avoid contamination.

If you choose to use a bulk container, you must ensure that there is no cross contamination. For example, if you use a tube ointment, squeeze a small amount on a paper towel, then administer the ointment.

WAC

WAC 170-295-3090

How do I handle left over medications?

You must not keep old medication on site. When a child is finished with a medication, you must either:

- Give it back to the parent; or
- Dispose of it by flushing medication(s) down the toilet.

WAC

Check with your local public health department about disposal of medication. There are different local requirements, depending on where you live. Never dispose of old medication in the toilet if you are on a septic system.

WAC

WAC 170-295-3100

When can children take their own medications?

Children can take their own medication if they:

- Have a written statement from the parent requesting the child take his/her own medication
- Have a written statement from a health care provider with prescriptive authority stating that the child is physically and mentally capable of taking his/her own medication, and

- Meet all other criteria in this chapter 170-295 WAC including storage of medications.

A staff member must observe and document that the child took the medication.

WAC

Children are allowed to administer their own medication only under special circumstances. For example, older children with asthma may be allowed to use their own inhaler when it is needed.

WAC

WAC 170-295-3110

Do I need special equipment to give medication?

To give liquid medication you must use a measuring device designed specifically for oral or liquid medications. Parents should provide the measuring devices for individual use.

WAC

WAC

WAC 170-295-3120

What documentation is required when giving children medication?

You must keep a confidential, written record in the child's file of:

- Child's full name, date, time, name of medication and amount given (indicate if self-administered);
- Initial of staff person giving medication or observing the child taking the medication with a corresponding signature on the medication record to validate the initials; and
- Provide a written explanation of why a medication that should have been given was not given.

WAC

A Medication Authorization Form and Medication Recording Form are included on the following pages for you to use as a model as you develop your own.

Medication Authorization Form

Child's Name:	Date of Birth/Age:
Name of Medication:	Reason for Medication:
Start Date:	Stop Date:
Times to be given: <small>(*Can NOT be given "as needed")</small>	Amount to be given:
Possible Side Effects:	<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Other
<input type="checkbox"/> Above information consistent with label?	Requires Refrigeration: <input type="checkbox"/> yes <input type="checkbox"/> no
Special Instructions:	

Parent/Guardian Signature	Date
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Daytime Phone Number	
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Physician Signature	Date
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Physician Phone Number	
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Medications returned to parents or discarded
(must be completed after stop date and before filing form in child's file)

Nutrition and food safety

WAC

WAC 170-295-3140

What kind of milk can I serve?

- Only pasteurized milk or pasteurized milk products can be served to children in your care.
- Nondairy milk substitutes may be served only with written permission of the child’s parent for children over the age of twelve months.

The amount of required milk fat in the milk product is determined by the child’s age:

If the age of the child is:	Then the fat content of the milk must be:
(a) Under 12 months	Full strength formula or full strength breast milk unless there are specific written instructions from a licensed health care provider.
(b) Between 12 months and 24 months	Full strength whole milk or breast milk unless there are specific written instructions from a licensed health care provider.
(c) Over 24 months	With or without fat content of provider’s or parent’s choice.

WAC

Cow’s milk is a significant source of nutrients that are important for growth in children over twelve months of age. Milk substitutes for children over twelve months may be served with parent permission. Children between twelve and twenty-four months of age should consume whole milk and children over the age of twenty-four months can consume whole milk or lower fat milk. Because the typical American diet has a high fat content, it is

usually recommended that children over the age of twenty-four months consume lower fat milks such as 1% (low fat) milk or non-fat milk as a means to lower the total fat content of the diet. (This WAC section is related to milk, not formulas. Formulas are discussed in Section 5, Taking Care of Young Children.)

WAC

WAC 170-295-3150

How many meals and snacks must I serve?

The number of meals or snacks you must serve is based on the number of hours you are open.

If you are open:	You must serve at least:
(a) Nine hours	Two snacks and one meal, or One snack and two meals.
(a) Over nine hours	Two snacks and two meals, or three snacks and one meal.

You must also offer:

- Food at intervals of not less than two hours and not more than three and one-half hours apart
- Breakfast or snack to children in morning care whether or not the child ate before arriving at the center
- Breakfast to the child in nighttime care if the child remains at the center after the child’s usual breakfast time
- A snack or meal for children arriving after school
- Dinner to children in nighttime care if the children are at the center after their usual dinnertime or have not had dinner, and
- An evening snack to children in nighttime care.

WAC

Children have small stomachs and they need to eat small amounts of food often. The following is a guide to help you meet the nutritional needs of the children in your care:

- ◆ Children in care for 5 hours are served at least breakfast or lunch and a snack. If the children are hungry, feed them.
- ◆ Children in care for more than 5 hours a day and up to 9 hours are served at least a mid-morning and mid-afternoon snack and lunch. Or they could have breakfast, lunch and at least one snack.
- ◆ Children who remain in care for 9 or more hours need more food. They could have breakfast (or a mid-morning snack), lunch, a mid-afternoon and a late afternoon snack.

Children still in your care after 4:30 or 5:00 p.m. need to be served a late afternoon snack. Most children are hungry at that time because it has been several hours since the mid-afternoon snack was served.

You can keep the late snack simple. Easy to serve foods allow children to take the snack with them if the parent arrives before they are finished. Foods served for this snack are often just crackers and juice or a cube of cheese and a piece of fruit.

Note: *Some children may need more food than others. It is important that children are provided enough food to be satisfied.*

WAC

WAC 170-295-3160

What kind of food and menus must I have?

You must:

- Prepare, date, and conspicuously post menus one week or more in advance, containing the meals and snacks to be served
 - Provide two weeks or more of meal and snack menu variety before repeating the menu
 - Keep six months of past menus on-site for inspection by the department
 - Make substitutions of comparable nutrient value and record changes on the menu, when needed
 - Provide daily a minimum of one serving of Vitamin C fruit, vegetable, or juice
 - Provide three or more times weekly foods high in Vitamin A, and
 - Maintain at least a three day supply of food and water for emergency purposes based on the number of children in child care.
- Meals eaten at the center must contain the following:
- Each breakfast meal the child eats at the center must contain:
 - A fruit or vegetable or one hundred percent fruit or vegetable juice
 - A dairy product (such as milk, cheese, yogurt, or cottage cheese)
 - A grain product (such as bread, cereal, rice cake or bagel).
 - Each lunch and dinner meal the child eats at the center must contain:
 - A dairy product (such as milk, cottage cheese, yogurt, cheese)
 - Meat or meat alternative (such as beef, fish, poultry, legumes, tofu, or beans)
 - A grain product (such as bread, cereal, bagel, or rice cake)
 - Fruits or vegetables (two fruits or two vegetables or one fruit and one vegetable to equal the total portion size required.) When juice is served in place of a fruit or vegetable it must be one hundred percent fruit or vegetable juice.
- When meals are not provided by the center you must:
- Notify parents in writing that meals they provide for their children must meet the daily nutritional requirements
 - Provide adequate refrigeration for keeping potentially hazardous foods (such as meats of any type, cooked potato, cooked legumes, cooked rice, sprouts, cut melons or cantaloupes, milk, cheese)
 - Refrigerate foods requiring refrigeration at 45 degrees Fahrenheit or less and keep frozen foods at 10 degrees Fahrenheit or less until they are cooked or consumed.

Each snack the child eats at the center must include at least two of the following four components:

- A milk product (such as milk, cottage cheese, yogurt, cheese)
- A meat or meat alternative (such as meat, legumes, beans, egg)
- A grain product (such as cereal, bagel, rice cake or bread), and
- Fruit or vegetable.

Each snack or meal must include a liquid to drink. The drink could be water or one of the required components such as milk, fruit or vegetable juice.

You may allow parents to bring in snacks for all the children that may not meet the nutritional requirements on special occasions such as birthdays. The snacks provided by parents must be limited to store purchased:

- Uncut fruits and vegetables, and
- Foods prepackaged in original manufacturer's containers.

If a child has a food allergy or special menu requirements due to a health condition, you must:

- Receive written directions from the child's health care provider and parent to provide nutritional supplements (such as iron) or a medically modified diet (such as a diabetic or an allergy diet). For allergy diets, the parent and the child's health care provider must identify the foods the child is allergic to
- Post each child's food allergies in locations where food is prepared and served
- Include the allergies on the individual health care plan
- Specify an alternative food with comparable nutritive value, and
- Notify staff of the allergies and reactions. NOTE: You can require parents to supply food for supplements and special diets.

WAC

Families need to know what menus are planned and what food is actually served to their children. This is

particularly true for very young children who cannot communicate about food intake.

You must serve at least one food rich in Vitamin C daily. Vitamin C has a major role in the body. It helps heal cuts, scrapes, burns and infections. It helps form collagen (connective tissue) and promotes healthy bones, teeth, skin and blood vessels. Good sources of foods rich in Vitamin C include: cantaloupe, grapefruit, 100% citrus juice, kiwi fruit, jujube, guava, mango, oranges, papaya, strawberries, tangerines, satsumas, asparagus, Bok Choi, broccoli, Brussels sprouts, red cabbage, cauliflower, kale, kohlrabi, red and green peppers, potatoes, snow peas, tomatoes, sweet potatoes, and turnip greens.

Serve fruit or vegetables as the daily Vitamin C source most often (serve juice less often). When juice is used to meet Vitamin C requirements, offer juice that is naturally high in Vitamin C (such as 100% orange, pineapple, or a combination of 100% fruit juices). Minimize juice to one, 4 oz. serving per day. Serve water at snack time as a beverage instead of or along with juice.

You must serve food rich in Vitamin A, three or more times per week. Vitamin A plays a major role in the body. It helps promote good vision. Good sources of foods rich in Vitamin A include: apricots, cantaloupe, mango, mandarin oranges, peaches, broccoli, carrots, Bok Choi, greens (mustard, collard, Swiss chard, and kale), pumpkin, red bell peppers, spinach, sweet potatoes, tomato puree and paste, and winter squash.

Children and Food

The amount of food a child needs depends on the child's activity level, current weight and stature, growth spurts and appetite. The amount of food children eat may be influenced by hunger, appetite, food choices, mood and whatever else is happening in their lives. If a child fills up fast, making the child eat more may cause a negative association with eating.

Unless medically indicated, food may never be withheld from children during scheduled meal and snack times. It is better to limit the amount of foods with

high salt, high fat content, and sugar on the child care menu for all the children than to limit certain foods for specific children. By following the Washington State Meal Pattern found in the WACs and planning healthy meals and snacks you can offer foods that provide the optimal amount of nutrients for growth while helping to satisfy a child's appetite. When meals and snacks are served family style, children choose how much and what foods they eat. They can be reminded to take a reasonable portion size to ensure that everyone gets a serving and that seconds will be available later. This reassures the anxious child that there is more food to eat after the first helping has been eaten while establishing a guideline for what a reasonable portion size looks like.

If a child's eating behavior causes concern, talk to the child's parent to determine if they have concerns about the child's eating pattern. You can call a registered dietitian or a child care health consultant at the local health department for practical approaches to assessing and addressing a child's eating behavior.

Children consume food in varying amounts. Children may use food consumption to demonstrate independence. Making a fuss over a child not eating may increase this behavior.

Note: To help make mealtimes a pleasant social time for children, make sure that you sit down and eat with them (family-style). Encourage them to take small bites and short breaks while eating. Engage them in light conversation. Give them plenty of time.

Menu planning

Menu planning is as important to child care as other types of activity planning. Well-planned menus with a variety of nutritious foods will help to keep the children in your center healthy. As you plan your menus, you need to think about the:

- ◆ Ages of the children in your center
- ◆ Number of children you serve
- ◆ Ways you serve the food (family-style or individual servings)

- ◆ Ethnic mix of the children, and
- ◆ Available equipment and staff.

The menus you post can also:

- ◆ Educate parents about good nutrition
- ◆ Let parents know what their child is eating, and
- ◆ Give parents ideas about new foods to try at home. Children will often try foods at the center they would never eat at home.

You are required to post menus one week or more in advance, in places where parents can easily see them.

Menu rotation

Centers are required to utilize at least a two-week variety menu rotation. Variety is important to help children learn and grow. A minimum four-week cycle is recommended. This requirement does not mean you may only serve dry cereal once every two weeks. It means you cannot serve corn flakes, apple juice, and milk on Monday, again on Wednesday and once again on Friday. You could serve cold cereal on all those days but you need to vary the kind of cereal and the type of juice or fruit you offer.

Different colors, textures, shapes, and flavors can interest a child in food. It is a good idea to serve both finger foods and non-finger foods at the same meal. You can also mix cooked foods and raw foods in the same meal or snack. This is a good way to add different temperatures and chewing textures.

You must date menus and mark any changes that you make on the menu. Any changes you make must be nutritionally equal. For example, if oranges were your vitamin C food for the day, you would not be able to substitute bananas for oranges because bananas are not a source of vitamin C. You would have to choose another fruit high in vitamin C for the day such as kiwi or melon.

Note: For the safety and protection of the children in your care you must maintain at least a three day supply of food and water for emergency purposes based on the number of children in your center.

WAC 170-295-4020 states clear guidelines for infant feeding requirements. You must work closely with the parent to develop a plan for each infant's feedings. Refer to the feeding chart in Section 5, Care of Young Children, for more information on infant feeding guidelines.

The following page gives you examples of portion sizes that are required for different age groups. You can refer to this guide when planning your menus. Your local public health consultant or nutritionist can give you additional assistance in planning your menus.

The sample daily menus on the following pages are offered as examples to help you meet the minimum nutritional requirements for the children in your care. Some children may need more food than is listed. It is important that children are provided enough food to be satisfied.



Some children may need more food than is listed. It is important that children are provided enough food to be satisfied.

Types of Meals	Portion Size		
	Age 1-3	Age 3-6	Age 6-12
BREAKFAST			
1. Fruit or Juice/Vegetable	1/4 cup	1/4 cup	1/2 cup
2. Grain: Bread	1/2 slice	1/2 slice	1 slice
Cereal, hot or cold	1/4 cup	1/3 cup	3/4 cup
Pancakes, Waffles, Tortillas	1 (3 inch diameter)	1 (3 inch diameter)	2 (3 inch diameter)
3. Dairy: Milk	1/2 cup	1/2 cup	3/4 cup
Yogurt	1/2 cup	1/2 cup	3/4 cup
Cheese slice	3/4 oz.	3/4 oz.	1 oz.
LUNCH/SUPPER/DINNER			
1. Meat: Beef, Poultry, Fish, Pork	1 oz.	1 1/2 oz.	2 oz.
Meat Alternates:			
Beans, cooked (pinto, white, red, etc.)	1/4 cup	3/8 cup	1/2 cup
Nuts, Seeds	1/2 cup	3/4 oz.	1 oz.
Tofu	2 oz.	3 oz.	4 oz.
Egg	1	1	2
Cheese, cottage cheese	1 oz. (1/4 cup)	1 1/2 oz. (1/2 cup)	2 oz. (3/4 cup)
2. Vegetable and/or Fruit			
Fruit (2 or more)	1/4 cup	1/2 cup	3/4 cup
Vegetable (2 or more)	1/4 cup	1/2 cup	3/4 cup
Vegetable and fruit (one of each)	1/8 cup of each	1/4 cup of each	1/3 cup
3. Grain: Bread	1/2 slice	1/2 slice	1 slice
Cooked pasta/rice/noodles	1/4 cup	1/4 cup	1/2 cup
Corn Tortilla (6" diameter)	1/2 tortilla	1/2 tortilla	1 tortilla
Flour Tortilla or pita bread	1/3 piece	1/3 piece	2/3 piece
4. Dairy Products: Milk	1/2 cup	1/2 cup	3/4 cup
Yogurt	1/2 cup	1/2 cup	3/4 cup
Cheese	3/4 oz.	3/4 oz.	1 oz.
SNACKS			
1. Meat: Beef, Poultry, Fish, Pork	1/2 oz.	1/2 oz.	1 oz.
Meat Alternatives:			
Peanut Butter	1 Tbsp	1 Tbsp	2 Tbsp
Beans, cooked (pinto, white, red, etc.)	1/8 cup or 2 Tbsp	1/8 cup or 2 Tbsp	1/4 cup
Nuts, Seeds	1/4 oz.	1/4 oz.	1/2 oz.
Tofu	1 oz.	1.5 oz.	2 oz.
Egg	1/2	1/2	1
Cheese, Cottage Cheese	1/2 oz. (1/8 cup)	1/2 oz. (1/8 cup)	1 oz. (1/4 cup)
2. Vegetable and/or Fruit	1/2 cup total	1/2 cup total	3/4 cup total
3. Grain: Bread	1/2 slice	1/2 slice	1 slice
Crackers	2 large, 4 small	2 large, 4 small	4 large, 8 small
Tortilla's/Pita Bread	1/2 - 1/3	1/2 - 1/3	1 - 2/3
4. Dairy Products: Milk	1/2 cup	1/2 cup	3/4 cup
Yogurt	1/2 cup	1/2 cup	3/4 cup
Cheese slice	3/4 oz.	3/4 oz.	1 oz.

Sample Menus

We include a few sample menus to help you plan. Not all the ideas will work for your program. Because of the many different kinds of center programs and facilities it is important to plan menus to fit your own needs. The portion sizes listed below are for a 3-6 year old child.

BREAKFAST

Raisin toast (½ slice)

Orange wedge-Vitamin C (¼ medium orange)

Milk (½ cup)

Cereal (¾ cup) Cheerios (less than 9 grams of sugar)

Banana slices (½ small)

Milk (½ cup)

Bran Muffin (1 small)

Mixed Berries-Vitamin C (mashed for 0-1 year olds)

Yogurt (½ cup)

LUNCH

English muffin (½) pizza, tomato paste-Vitamin A, and Turkey Sausage (1½ oz)

Red Cabbage Coleslaw-Vitamin C (¼ cup)

Canned peaches-Vitamin A (¼ cup)

Milk (½ cup)

Tuna (1½ oz) casserole with rainbow noodles (mix of whole wheat, spinach, carrot) (¼ cup)

Steamed broccoli-Vitamin A (¼ cup)

Apple wedge (¼ cup)

Milk (½ cup)

Bean (¼ cup) and cheese (1 oz) quesadilla (½)

Shredded lettuce and tomato bites (¼ cup total)

Kiwi Fruit-Vitamin C (¼ medium)

Milk (½ cup)

Black eye peas or lentils (¾ cup) with rice (¼ cup)

Corn bread (2" square)

Cooked greens-Vitamin A (¼ cup)

Honeydew melon-Vitamin C (¼ cup)

Milk (½ cup)

Tofu (1 ½ oz.) almond stir fry w/broccoli and Chinese cabbage-Vitamin A and C (¼ cup)

over rice (¼ cup)

Pineapple pieces (¼ cup)

Milk (½ cup)

Examples of Snacks

- Applesauce, pumpkin bread, water
- Strawberry (Vitamin C) and banana fruit cup, graham crackers
- Melon slice (Vitamin C), yogurt (mix ½ plain with ½ peach)
- Bran muffin, peaches (Vitamin A), water
- Banana chunks, pretzels, water
- Orange wedge (Vitamin C), mozzarella cheese, water
- Pita bread or Pita chips, cucumber slices, hummus dip, water
- Carrot/broccoli sticks (Vitamin A and C), mozzarella cheese, water (Vegetable sticks should be steamed for younger children)
- Whole wheat toast, cheese slices, water
- Fruit smoothies, bread sticks
- Tortilla chips, beans, dip and salsa, water

Food Programs

You may apply to a government food program that reimburses some of your costs for providing nutritious meals to children. The USDA Child and Adult Care Food Program (CACFP) is an example of a food program that has nutritional requirements that are different from current WAC (for example tofu is not reimbursable by USDA). USDA standards are part of your USDA information packet if you are on the USDA Child and Adult Care Food Program.

Family-style eating

A good way to teach children about manners, foods, and nutrition is for staff to eat at the table with the children. Family-style eating gives children control over how much they want to eat. Eating a meal or snack together should be a happy social time. Talk to the children about their day. You and your staff serve as positive role models for the young children in your care. When children pass food around the table and serve themselves they are learning to share and communicate with each other. It also enhances hand-eye coordination and balancing skills.

Note: Remember that average serving sizes are just that – average. Some children may want to eat smaller portions or they may leave food on their plates. Other children will eat larger portions or want seconds.

During meal times it is important that you:

- ◆ Have enough food available
- ◆ Offer it in a positive way
- ◆ Provide nutritious and well-balanced meals
- ◆ Eat with the children
- ◆ Involve children in setting the table and clearing away eating utensils when finished
- ◆ Minimize waiting time (have the food ready when the children are ready to eat)
- ◆ Offer foods twice to each child (be sure to let them know it is okay to pass)
- ◆ Give children enough time to enjoy eating meals and snacks, and
- ◆ Have serving bowls and utensils that are age-appropriate.

Evening care

Some centers are open 18 hours a day to care for children whose parents work during the night. Use your judgment to decide which meals and snacks to serve based on the times of day they are in your care. Some children in evening care may arrive at 2:30 pm and stay until 11:30 pm. These children will arrive in time for the mid-afternoon snack, will be there for late afternoon snack, and will also need dinner.

You can use the lunch menu for dinner if the children were not present for lunch. If cooking extra food for dinner, be sure to cool and refrigerate it immediately. Family-style meals are encouraged.

Evening care regulations require you to serve a bedtime snack but this may depend on the age of the child. A toddler may eat a late afternoon snack at 4:30 or 5:00 pm and dinner at 6:30 or 7:00 pm and may not be awake for a bedtime snack two hours later. Many older preschool and school-aged children will need a bedtime snack because they will still be awake at 9:00 pm.

Special dietary concerns

Some children need to eat special foods or to follow a special diet. This may be due to an allergy or chronic disease such as diabetes. Foods with special textures may be necessary because a child is developmentally delayed. The disability could make it hard for the child to chew or even swallow.

Establishing guidelines for managing a child's special dietary needs will help keep the child safe and ensure that the child's nutritional needs are met. The plan should outline how the child care staff, the child's parent and the child (when developmentally appropriate) will address the need.

Individual Health Plan

In the case of food allergies, an individual health plan needs to address child care, family, and the child's responsibilities.

Child Care Responsibilities

- ◆ Discuss with the child's parent the current management plan of the allergy. You need to know what foods to avoid, procedures for using the Epi-Pen (if indicated) or other medication, and what to do in case of an emergency. Parents and the child's health care provider will need to complete and sign a Food Allergy Emergency Plan outlining the specific allergy, signs and symptoms of a reaction, how to prevent a reaction and an emergency plan in case a reaction occurs.
- ◆ Develop a training protocol that will ensure all new staff and volunteers know how to manage the child's allergy while in care, including prevention strategies and emergency response methods.
- ◆ Make changes when needed to comply with the child's food allergy management plan.

Family Responsibilities

- ◆ Discuss with the provider any reactions the child experiences at home or any changes in the child's health.
- ◆ Complete all forms in an accurate and timely manner.
- ◆ Meet with child care staff to explain specific needs and demonstrate how to use the Epi-Pen.
- ◆ Obtain approval of the plan by the health care provider.

Child's Responsibilities (preschool age and older)

- ◆ Do not share foods with other children.
- ◆ Know which foods to avoid and ask the adults when uncertain.
- ◆ Tell an adult immediately if an allergic reaction is suspected.

Contact your DEL health specialist or your local public health consultant for help in formalizing a food allergy management plan or other special dietary needs. A Food Allergy Statement and a Food Allergy Emergency Plan are included on the following pages for your convenience. Both forms must be signed by a health care provider.



Make changes when needed to comply with the child's food allergy management plan.

Food Allergy/Intolerance Statement

Name of Child _____ Birth Date _____

Name of Parent/Guardian _____ Phone _____
 Day/Evening _____

(Please print)

List each food separately	Check the medical condition	List appropriate substitute food(s)
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	

*** For A Food Allergy, Complete Child Care Emergency Plan for Food Allergic Response**

Health Care Practitioner _____

Signature of Practitioner _____ Date _____

Mailing Address (Print or type) _____ Phone _____

Please return to the child care program at the address listed below: _____

Child Care Emergency Plan for Food Allergic Reactions

ALLERGY TO: _____

Child's Name: _____ Birth Date: _____

Asthma Yes* No *High Risk for severe reaction

Signs of an allergic reaction	
Systems:	Symptoms:
MOUTH	itching & swelling of the lips, tongue, or mouth
THROAT	itching and/or a sense of tightness in the throat, hoarseness and hacking cough
SKIN	hives, itchy rash, and/or swelling about the face or extremities
GUT	nausea, abdominal cramps, vomiting, and/or diarrhea
LUNG	shortness of breath, repetitive coughing, and/or wheezing
HEART	"thready" pulse, "passing-out"

The severity of symptoms can quickly change. All the above symptoms can potentially be life-threatening.

ACTION FOR MINOR REACTION

If symptom(s) are: _____

Administer: _____
medication/dose/route

Then call: Parent/Guardian and Doctor

If condition does not improve within 10 minutes, follow steps for Severe Reaction below:

ACTION FOR SEVERE REACTION

If symptom(s) are: _____

Administer: _____ **IMMEDIATELY!**
Medication/dose/route

Call: 911 (Never hesitate to call 911)

Call: Parent or Guardian

Call: Doctor

Parent/guardian _____ phone: _____ cell phone: _____

Parent/guardian _____ phone: _____ cell phone: _____

Doctor _____ phone # _____

Parent/guardian signature _____ Date: _____

Doctor's signature (Required) _____ Date: _____

When the parents provide the meals or a treat

Many parents value centers that prepare hot meals on site. However, some programs do not have enough space or adequate facilities to prepare full meals. These centers ask parents to provide sack lunches. You must give parents providing sack lunches written information for packing a lunch that meets all of the nutrition requirements. Your center also must provide sufficient refrigeration for the food. Parents need to know of any food or nutrition policies you may have, such as a “peanut-free” policy or “no desserts or sweets in lunches.” Your parent handbook, newsletters and bulletin boards are useful ways to share this information.

Even when parents send the food, you should keep food supplies on hand in order to:

- ◆ Supplement the lunch of a child who does not bring enough from home
- ◆ Add to or replace snacks a parent brings if the snack is not nutritionally equal to the posted planned menu, and/or
- ◆ Feed children who forgot their lunch that day.

The lunches you provide to children who forget theirs can be simple. You could provide a sandwich, carrot sticks, apple wedge, and milk or water.

Sometimes parents bring a treat to celebrate a birthday or a special event with all of the children. Be sure that parents know in advance your treat policy and any food allergies children may have.

Note: Snacks provided by parents must be limited to uncut fruits and vegetables or prepackaged food in the original manufacturer’s container.

Sack lunch food safety

Sack lunches may often contain foods that need to be kept hot or cold in order to be safe to eat. It is best to refrigerate sack lunches to minimize the risk of potential hazards. If it is not possible to refrigerate all sack lunches you can keep a tray for each

classroom in the refrigerator. When parents arrive, ask them to take out items needing refrigeration, label them with their child’s name, and place them on a refrigerator tray. At lunchtime, staff can give the items to children along with the rest of their sack lunches.

Remind parents of potentially hazardous foods requiring safe food handling, such as any meat or meat alternate, cut melons, cooked rice or potato, sprouts, cooked beans, milk, yogurt, and cheese.

Child care programs may want to have a policy that states clearly that they cannot re-heat cooked items sent in a sack lunch. It may be difficult for staff to heat up several lunches while caring for children.

Note: Do not let children trade their food brought from home at lunchtime. With the increasing rate of food allergies, this can be a health concern. Advise parents that sharing of food between children is not allowed at meal or snack time.



Sometimes parents bring a treat to celebrate a birthday or a special event with all of the children.

Social aspects of meal and snack times

In general, mealtimes should be pleasant activities in which conversation and independence are encouraged. Adults should interact with children during meals, providing models of good nutrition habits. Infants are held during bottle feedings to encourage warm, affectionate interactions between child and caregiver. Never prop a bottle for an infant or allow a child to walk around with one.

When children are developmentally capable of eating table foods and do not require a highchair, they are ready to eat at a child-size table and chairs with other children and adults. Eating utensils, bowls and plates should be small, durable, and made of hard plastic (with smooth edges). When using disposable tableware use hard paper or medium weight plastic. Children should be seated when eating to minimize the risk of choking and to help them focus on eating. [AAP, 2002]

Promoting Healthy Eating Habits

One of the best ways to teach good eating habits is to model them. What you say and do matters. Avoid making faces or making negative comments about the foods. Encourage children to eat by eating the same foods yourself and talking about them in objective and descriptive ways; it's red, round, crunchy, juicy, tastes like a peach, grows on a tree, etc.

Never force a child to eat a new food or to eat the foods offered, and never punish a child for not trying a new food or eating the foods offered. Caregivers need to help children stay in touch with their own internal cues that indicate when they feel full or hungry. As an adult, you can interfere with these regulators when children's feelings about eating are not respected.

Gently encourage children to try a taste of every food. Do not force or punish anyone for not trying. You might try fixing the same food in a different way. It also might help to change the combination of foods you serve. Sometimes it helps to wait a few

weeks and try again. Exposing children to a variety of foods increases the chance that over the course of time they will begin to try new foods and learn to accept and enjoy new flavors and textures. If children are given only what they want they may miss important opportunities to develop healthy eating habits. [Satter, 2000]

New foods can be introduced as part of your lesson plan or curriculum. Prepare different cultural foods as part of your on-going menu, i.e., tortillas, jicama, hummus, pita bread, and eggplant. Conduct taste-testing of foods to compare colors, shapes, textures and flavors. Use foods to exemplify colors found in nature and seasonal changes.

Encourage children to drink water. It should always be available and offered throughout the day.

Note: *The Golden Rule for Feeding Young Children:*

- *Adults are responsible for what and where children are fed and*
- *Children are responsible for how much and whether they eat the foods that are offered.*

Culture and Foods

When planning snacks and meals, keep in mind the different ethnic backgrounds of the children in your center. If you are unfamiliar with foods from the different cultures, ask the parents about the kinds of food they serve at home.

You can have parent potluck dinners where each family brings a favorite dish. Create a recipe book of these favorite foods.

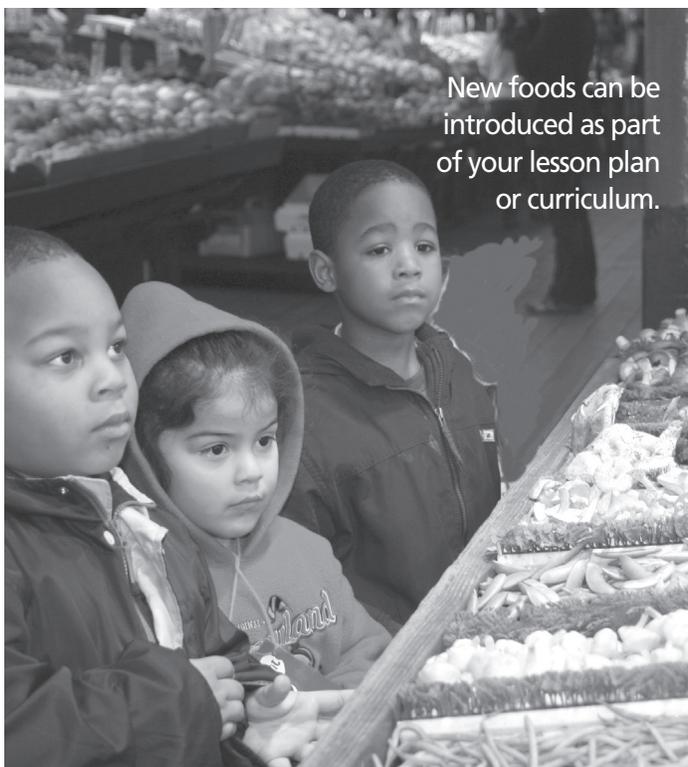
Invite parents to help prepare food. Always make sure that a staff person with a current food handler's card and knowledge about proper food handling helps prepare the food.

Prevent Choking

Young children can be at risk for choking on foods. Remember that:

- ◆ toddlers have limited control of their mouth muscles and lack the molars to grind up hard foods
- ◆ three- to four-year-olds lack chewing sophistication and are easily distracted while eating, and
- ◆ certain foods pose choking risks. Examples include nuts, seeds, whole grapes, hot dogs, hard candy, whole corn, popcorn, chips, tough meats and “sticky” foods such as peanut butter, processed cheese, marshmallows and fruit roll-ups.

Children can choke on any food and **MUST** be supervised while they are eating. Make sure children are seated to eat. Modify foods to be smaller or softer (dice melons into small pieces and steam broccoli and carrots). Discourage children from eating too fast or pocketing food. Remind parents of the hazards of feeding children in cars or on buses.



New foods can be introduced as part of your lesson plan or curriculum.

Kitchen and food service

WAC

WAC 170-295-3170

What are the food service standards I am required to meet?

You must maintain on site at least one person with a Washington State Department of Health food handler's permit to:

- Monitor and oversee food handling and service at the center, and
- Provide orientation and on going training as needed for all staff involved in food handling. Any one cooking full meals must have a food handler's permit.

WAC

Poor food preparation, handling, or storage can quickly result in food being contaminated with germs and may lead to illness if eaten. To prevent food from spreading illness you can do some very simple things. Food must be handled appropriately to ensure that the food will not cause a foodborne illness. Children are especially vulnerable to foodborne illnesses due to their smaller body size and their underdeveloped immune systems. It is critical that food safety be maintained in all areas of food storage and preparation.

Handwashing is the best way to prevent children and staff from getting a foodborne illness.

Note: Although the Washington State Department of Health has recently changed their requirement that cold food be stored at or below 41°F, it is still considered allowable to store food at 45°F. Since current WAC requires centers to keep cold food at or below 45°F, that temperature will be referred to throughout this guidebook. For best practice, however, keep cold foods at or below 41°F.

Procedures for food preparation and service

The following procedures will provide an overview on how to make the food in your center as safe as possible. For additional information, you can contact your DEL health specialist or licenser and obtain a copy of the Washington State Food and Beverage Service Worker's Manual from your local Health Department. These procedures for food preparation and service are to be used by cooks and other staff involved with food service.

Food Purchasing

- ◆ Check the use by, sell by or expiration date on foods before purchase.
- ◆ Meats and poultry must be inspected and passed for wholesomeness by federal or state inspectors.
- ◆ Keep packages of raw meat separate from other foods, particularly foods that are eaten fresh.
- ◆ Raw meat must be stored below other food in the refrigerator.
- ◆ Don't buy foods in poor condition. Make sure that refrigerated foods are cold to the touch and frozen food is rock-solid.
- ◆ Shop for meat, fish, poultry and cold food last. Take foods straight back to the center to the refrigerator; never leave food in a hot car.
- ◆ If using dry milk, it must be prepared in a clean container and refrigerated or used immediately.
- ◆ Do not use home-canned foods or food from dented, rusted, or bulging cans or cans without labels.

Food Storage

- ◆ Store all perishable foods at temperatures that will prevent spoilage (refrigerator temperature of 45°F or lower, freezer temperature of 10°F or lower).
- ◆ Place working thermometers in the warmest part of the refrigerator and freezer (near or in the door shelf) and check them daily.
- ◆ Set up refrigerators so that there is enough shelf space to allow for air circulation around shelves and refrigerator walls. This will help maintain proper food temperatures.

- ◆ Always examine food when it arrives to make sure it is not spoiled, dirty, or infested with insects.
- ◆ Store non-refrigerated foods in clean, rodent- and insect-proof, covered metal, glass, or hard plastic containers.
- ◆ Store containers of food above the floor (about 6") on racks or other clean slotted surfaces that permit air circulation.
- ◆ Keep store rooms clean, dry, and free from leaky plumbing or drainage problems. Repair all holes and cracks in storerooms to prevent insect and rodent infestation.
- ◆ Keep store rooms cool (about 60°F) to increase the food's shelf life.
- ◆ Store all food items separately from nonfood items.
- ◆ Use an inventory system: the first food stored is the first food used. This will ensure that stored food is rotated. Inspect food daily for spoilage.
- ◆ Pay close attention to the expiration dates, especially on foods that can spoil easily.
- ◆ All food that has been opened, or is not in its original package, must be stored in air-tight containers, labeled with the contents and the date it was opened. Also include the expiration date or freshness date that was on the original package.

Food Preparation and Handling

- ◆ Wash all raw fruits and vegetables before use. Wash tops of cans before opening.
- ◆ Thaw frozen foods in the refrigerator or put quick-thaw foods in plastic bags under cold running water for immediate preparation. DO NOT thaw frozen foods by allowing them to stand at room temperature.
- ◆ Use a thermometer to check internal temperatures of the following foods to be sure they have been cooked evenly (refer to WAC 170-295-3190) and to a minimum internal temperature of:
 - Ground beef or pork sausage - 155°F
 - Pork - 150°F
 - Fish and seafood - 140°F
 - Poultry - 165°F
 - Stuffing - 165°F in a separate pan (do not cook stuffing inside poultry)

- Eggs - 140°F
- Beef (not ground) and lamb - 140°F
- ◆ Prepare these potentially hazardous foods as quickly as possible from chilled products, serve immediately, and refrigerate leftovers immediately:
 - Meat salads, poultry salads, egg salads, seafood salads, and potato salads
 - Cream-filled pastries, and
 - Other prepared foods containing milk, meat, poultry, fish, and/or eggs.
- ◆ Prevent the growth of bacteria by maintaining all potentially hazardous foods at temperatures lower than 45°F or higher than 140°F during transportation and while holding until served. Bacteria multiply most rapidly between 45°F and 140°F.
- ◆ Cover or completely wrap foods during transportation.
- ◆ Never re-use a spoon that has been used even once for tasting.
- ◆ Make sure each serving bowl has a spoon or other serving utensil.
- ◆ Reserve food for second serving times at safe temperatures in the kitchen.
- ◆ Any food that has been served to the children must be thrown away.
- ◆ Place foods to be stored for re-use in shallow pans and refrigerate or freeze immediately to bring temperature rapidly to 45°F or lower.
- ◆ Leftovers or prepared casseroles held in the refrigerator must be discarded after 2 days.
- ◆ Leftover foods should not be sent home with children or adults because of the hazards of bacterial growth during transport.
- ◆ Keep lunches (with perishable foods) brought from home in the refrigerator until lunch time.

Storage of Nonfood Supplies

- ◆ Store all cleaning supplies (including cleaning agents) and other poisonous materials in locked compartments or in compartments out of reach of children and separate from food, dishes, and utensils. They may not be stored above any areas where food is stored, prepared, or served.

- ◆ Store toxic materials (other than those needed for kitchen sanitation) in locked ventilated closets outside the kitchen area.
- ◆ Store insect and rodent poisons in locked compartments in an area apart from food or cleaning materials to avoid contamination or mistaken usage.
- ◆ Animal or insect bait should be boxed and stored separately and below food supplies to prevent possible contamination.
- ◆ Clearly label all containers of poisonous material as poison and include information on appropriate antidotes.

Cleaning and Care of Equipment

- ◆ Cracked and worn equipment or utensils may harbor bacteria. Throw them away. Avoid utensils with chipped or painted handles.
- ◆ Wash and sanitize dishes and food utensils using an approved method.
- ◆ Wash equipment frequently:
 - Clean range tops during food preparation as needed and on a daily basis
 - Clean ovens and overhead hoods at least weekly or more often when needed
 - Clean and sanitize the inside and outside of refrigerators weekly with a bleach solution (defrost when ice is ¼" thick), and
 - Clean and sanitize tables with the bleach solution before and after each meal.
- ◆ Set up a cleaning schedule to prevent contamination of food as follows:
 - Wet mop floors daily, scrub as needed
 - Clean and sanitize food preparation surfaces between preparation of different food items (e.g. meat and salad) and between different meats (e.g. pork and chicken)
 - Clean and sanitize cutting boards after cutting any single meat, fish, or poultry item (use only hard, non-toxic, non-wood boards that are free of cracks, crevices, and open seams)
 - Clean and sanitize can openers daily, and
 - Clean and sanitize utensils between uses on different food items.

- ◆ Special notes:
 - Air dry all food contact surfaces after cleaning and sanitizing
 - Do not use wiping cloths or sponges (use single use paper towels instead)
 - Make sure no food contact surfaces are made of cadmium, lead, zinc, granite enamelware, or other toxic materials
 - Do not use cyanide to polish or clean silver, and
 - Be sure that there are sufficient garbage cans to hold all garbage. These cans must have tight-fitting lids and be leak-proof. Line garbage cans with plastic liners and empty and clean the cans frequently. Keep the garbage area clean at all times. Hands-free garbage cans are recommended.



WAC

WAC 170-295-3180

What are approved food sources?

You must:

- Prepare or serve food that is not tampered with or spoiled and is obtained from an approved source including, but not limited to, a licensed caterer, a food service company or a grocery store. Food sources that are not approved include:
 - Leftover food previously served from outside your center
 - Home canned, frozen or prepared food unless it is for the person's own children
 - Donated food from restaurants or caterers that was previously served
 - Game meat that has not been inspected by the USDA, and
 - Donated meat, fish, poultry or milk that is not from a source inspected for sale.
- Prepare all food unless it is provided by a:
 - Licensed satellite kitchen, catering kitchen or other source licensed by the local health jurisdiction, or
 - Parent for individual children.
- Have a signed contract or agreement with any satellite kitchen or the catering service that you use. Your contract must include written proof that the caterer and the method of transporting the food are approved by the local health jurisdiction as meeting the requirements of the department of health, chapter 246-215 WAC.
- Have a written policy if you use a satellite kitchen that describes:
 - How food will be handled once it is on-site, and
 - What back-up system you will use if the food does not arrive, not enough food arrives, or the food cannot be served.

When meals are catered

Some centers may rely upon a catering service to provide food for meals and snacks. In this case special guidelines have been developed. The catering service must be approved and inspected by the local health authority to assure their foods are safely prepared and transported. Centers accepting catered foods must have a policy describing how food is handled once it arrives. The policy must include a back-up system in case food does not arrive, not enough food arrives, or food arrives that cannot be safely served.

A model policy for catered foods includes:

- ◆ A designated person who is responsible for accepting the food upon arrival
- ◆ How to properly check temperatures with a food thermometer at time of delivery
- ◆ How to record temperatures in a log that is signed by the person responsible for accepting delivery of the food, and
- ◆ What to do if food is not at proper temperature (below 140°F for hot food and above 45°F for cold food) upon arrival.

WAC

WAC 170-295-3190

How can we be sure that the food we serve is safe?

You must develop and implement a system to monitor the temperature of potentially hazardous foods during cooking, re-heating, cooling, storing, and hot and cold holding temperatures to be sure that:

- Food will be cooked to at least the minimum correct internal temperature:
 - Ground beef and pork sausage 155 degrees Fahrenheit
 - Pork 150 degrees Fahrenheit
 - Fish and seafood 140 degrees Fahrenheit
 - Poultry and stuffing 165 degrees Fahrenheit
 - Eggs 140 degrees Fahrenheit
 - Beef (not ground) and lamb 140 degrees Fahrenheit.

- Previously prepared food is reheated one time only to an internal temperature of 165 degrees Fahrenheit within sixty minutes
- Hot food is kept at a temperature of 140 degrees Fahrenheit or above until served
- Cold food is kept at a temperature of 45 degrees Fahrenheit or less
- Refrigerators have a thermometer in or near the door and are kept at 45 degrees Fahrenheit or less, and
- Freezers have a thermometer in or near the door and are kept at 10 degrees Fahrenheit or less.

You must develop a system to record the temperature of each perishable food once it arrives from a satellite kitchen or a catering service. The system must include keeping records on site for six months with the following information:

- The name and temperature of the food
- The date and time the temperature was checked, and
- The name and signature or recognized initials of the person who is checking and recording the food temperatures.

You may serve previously prepared food that has not been previously served if it was stored at the proper temperature for less than forty-eight hours after preparation. Leftover foods or open foods in the refrigerator must be labeled with the date that they were opened or cooked.

WAC

Sometimes when children seem to have the flu it is really a foodborne illness. Young children are more at risk when they get sick because they can dehydrate quickly from diarrhea and vomiting more easily than adults.

Cooking and storing foods at incorrect temperatures are major contributing factors to foodborne illnesses. Thorough cooking, consistent hot holding, proper cooling and cold storage and complete reheating of foods are all critical steps to prevent bacterial contamination in foods. Important numbers to remember for safe holding temperatures are:

- ◆ 45°F or cooler and
- ◆ 140°F or hotter.

The temperature range between 45°F and 140°F is called the “Danger Zone.” It is dangerous because at these temperatures bacteria will grow very rapidly in food. Bacteria will also grow quickly on potentially hazardous foods. These are foods that are moist and high in protein such as meats, dairy foods, and eggs. The warmer and moister the food, the faster bacteria can grow. That is why there is such a concern about foods sitting at room temperature or warmer.

To ensure hot foods are kept hot at 140°F or higher, it is very important to have a metal stem thermometer available in the kitchen to check the internal temperature of the food. Remember, potentially hazardous foods must be kept out of the danger zone. Metal stem thermometers should be cleaned and sanitized between uses to prevent the risk of cross contamination.

Licensing requires you to have at least one person with a Washington State Department of Health food handler’s card on-site. This is most often the person cooking full meals. Someone with a current food handler’s card (can be someone different than the person cooking full meals) is responsible for providing orientation and annual training for all staff who handle food. You must document this training and keep it in staff files.

 **Best Practice:** All staff preparing, handling, and serving food maintain a current food handler’s card. This includes all teachers and caregivers who serve children food and snacks.

WAC

WAC 170-295-3200

How do we safely store food?

You must store food:

- In the original containers or in clean, labeled containers that are airtight and off the floor
- In a manner that prevents contamination from other sources
- In an area separate from toxic materials such as cleaning supplies, paint, or pesticides
- That is not past the manufacturer’s expiration or freshness date
- In a refrigerator or freezer if cooking is required
- Raw meat, poultry or fish kept in the refrigerator must be stored below cooked or ready to eat foods
- Foods not requiring refrigeration must be kept at least six inches above the floor in a clean, dry, ventilated storeroom or other areas, and
- Dry bulk foods not in their original containers, in containers with tight fitting covers. Containers must be labeled and dated.

WAC

It is always best to prepare cooked foods right before mealtimes rather than to cook them ahead of time and reheat them. However, if storing leftovers for re-serving, you will need to cool the food down as quickly as possible to 45°F by using one the following procedures:

- ◆ Leave uncovered, and refrigerate solid food such as turkey or ham, cut up into small pieces
- ◆ Reduce level of food to 2 inches in the container, leave uncovered, and refrigerate foods that are thick but not solid, or
- ◆ Place containers of thin foods such as soup or broth into a sink filled with ice and water, stir often, and leave product in ice water.

Once the required cold holding temperature of 45°F or lower is reached, the container of food can then be covered, labeled with the preparation date and refrigerated. Food should be used within 48 hours.

In most cases, once food leaves the kitchen and is served, you cannot return it and serve it again. In order to avoid throwing milk out, measure it for each table and pour it into small containers.

WAC

WAC 170-295-3210**How do we safely thaw food?**

You must thaw food by using one of the following methods:

- In a refrigerator
- Under cool running water, in a pan placed in a sink with the stopper removed
- In a microwave, if the food is to be cooked immediately, or
- As part of the continuous cooking process.

WAC

Most cases of food poisoning happen when someone does not properly store or reheat cooked foods. Incorrect thawing can also create problems.

WAC

WAC 170-295-3220**What type of kitchen material and equipment are required?**

You need to have the following equipment to cook and serve meals without restrictions on the type of menus or foods that you can cook, serve or store:

- Kitchen walls, counter tops, floors, cabinets and shelves that are:
 - Maintained in good repair to include being properly sealed without chips or cracks
 - Moisture resistant, and
 - Maintained in a clean and sanitary condition.
- A range with a properly vented hood or exhaust fan, except when serving only snacks
- A refrigerator, freezer or a combination refrigerator with sufficient space for proper storage and cooling of food
- Handwashing facilities located in or adjacent to the food preparation area with hand washing procedures posted at each sink used for handwashing and followed by all persons who participate in food preparation.
- A method to clean and sanitize equipment using:
 - A two compartment sink and an automatic dishwasher capable of reaching a temperature of 140 degrees Fahrenheit, or

- The means to appropriately clean and sanitize dishes and utensils through the use of a three compartment sink method where sink one is used to wash, sink two is used to rinse, and sink three contains a sanitizing ingredient.
- You may use a microwave oven to reheat foods if the food is:
 - Rotated or stirred during heating
 - Covered to retain moisture, and
 - Held for two minutes prior to serving to allow the temperature to spread evenly throughout the food.

WAC

Cleaning dishes

You must clean and sanitize dishes after every use. If you use a dishwasher, the temperature must reach 140°F. This will kill germs. If your dishwasher has a “sani-cycle,” the final rinse water should heat to this temperature. You can check your owner’s manual to be sure. You can also contact your DEL health specialist or public health consultant for assistance.

If staff does dishes by hand, you will need to follow a three-step method to wash and sanitize the dishes. Human hands cannot take the 140°F water temperature so you must use bleach.

Three-Step Method to Clean and Sanitize

Scrape food from dishes into a garbage container.

Step 1: Wash dishes with hot soapy water.

Step 2: Rinse dishes with clean warm water.

Step 3: Submerge dishes in a bleach solution (1 teaspoon bleach per gallon of cool water) for two minutes.

Allow the dishes to air dry.

The best way to do the three-step method is with a three compartment sink. Remember WASH, RINSE, and SANITIZE. You must AIR DRY all dishes, utensils, tableware and pots and pans.

You should have two cutting boards. Use one cutting board for raw meats and poultry only. Use the other for fruits, vegetables, and cooked foods. This

will prevent the risk of cross contamination. Be sure to clean and sanitize the board after cutting up raw meat or poultry. Use a bleach solution of 1 tablespoon of bleach per gallon of cool water. Non-wood cutting boards are easier to keep clean and are safer. Do not use wooden cutting boards for meat, fish or poultry [AAP, 2002].

Proper handwashing by everyone handling food is equally as important as proper cooking and storing foods in preventing foodborne illness. Handwashing is important for all staff and all children.

WAC

WAC 170-295-3230

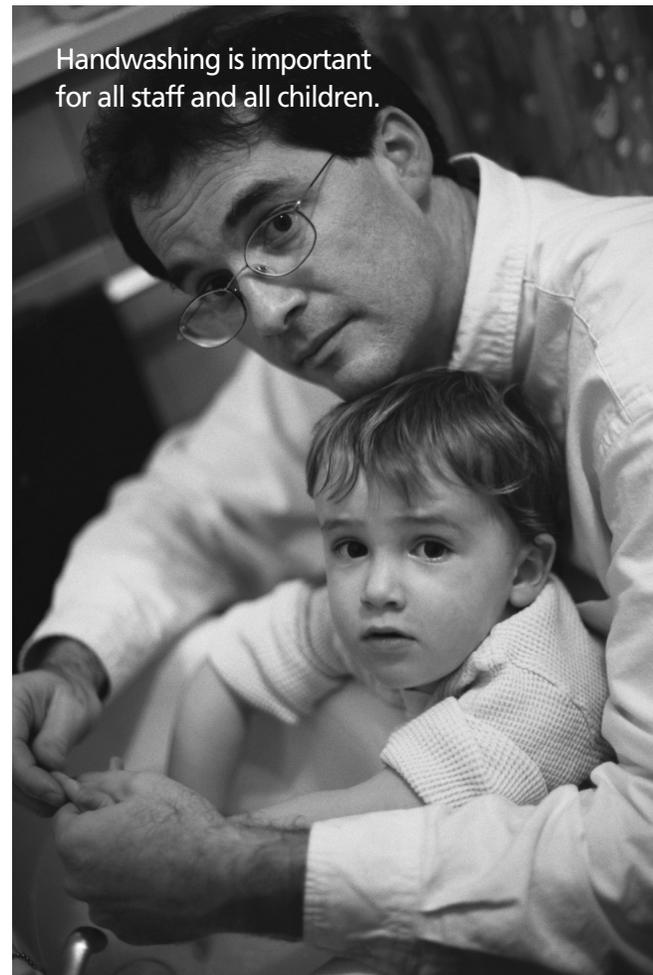
What type of eating and drinking equipment must I provide?

- You must provide eating and drinking equipment that is:
 - Cleaned and sanitized between use by different children
 - Free from cracks or chips
 - Individual, and
 - Developmentally appropriate.
- You must not serve food directly on the table without a plate or paper napkin
- You must use gloves, tongs, or spoons to serve food
- You may have inclined jet-type drinking fountains. Bubble-type drinking fountains and drinking fountains attached to or part of sinks used for any purpose other than the drinking fountain cannot be used, and
- You must not have drinking fountains in restrooms.

WAC

Dishes and utensils for children must be of proper size and shape. Young children may need a small spoon or fork. You must not serve food directly on the table without a plate or paper napkin. Gloves, tongs, or spoons must be used to serve food. Cups and glasses should be lightweight and small enough for little hands to hold. Salad plates are good for pre-school and younger children. Cereal-sized bowls are also useful and can hold the right amount of food.

It may be more cost effective and environmentally sound to purchase dishes and glasses rather than disposables. Restaurant suppliers are good sources of affordable dishes, utensils, pitchers, etc.



Handwashing is important for all staff and all children.

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

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.

WAC

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.

Age Group	Group Size			
Toddlers/Twos	6	8	10	12
12 to 28 months	1:3	1:4	1:4	1:4
21 to 36 months		1:4	1:5	1:6

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.

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:

Developmental Stage/Age of Infant	Type of Feeding
(a) Under 4 months of age	<ul style="list-style-type: none"> • Serve only formula or breast milk unless you have a written order from the child's health care provider.
(b) When baby can: (at about 4-6 months of age) <ul style="list-style-type: none"> • Sit with support • Hold head steady • Close lips over the spoon • Keep food in mouth and swallow it. 	<ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • Sit without support • Begin to chew • Sip from a cup with help • Grasp and hold onto things 	<ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • Take a bite of food • Pick up finger foods and get them into the mouth • Begin to hold a cup while sipping from it 	<ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • Finger feed • Chew and swallow soft, mashed and chopped foods • Start to hold and use a spoon • Drink from a cup 	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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 yolks 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

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.

WAC

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

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).

WAC**WAC 170-295-4050****What is the safe way to store infant formula and food?**

You can keep frozen breast milk if you:

- Label the contents with the child's name and date it was brought into the center
- Store the frozen breast milk at 10 degrees Fahrenheit or less
- Thaw the breast milk in the refrigerator, under warm running water or in a pan of warm water, and
- Keep frozen breast milk in the center for no more than two weeks.

WAC

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.

Infants must be fed according to their need rather than according to an adult prescribed time schedule.



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

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.

WAC

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

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.

WAC

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 along side of 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 between 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 parents 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 swallow 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 result 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 Experience 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 following 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. Infants 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 independent in feeding, it is important to continue making eating a positive time for interaction and development. 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.*

WAC

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

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

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.

WAC

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

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.



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.

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**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.

WAC

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 licenser, 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**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.

WAC

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.

Note: *The diaper-changing hand washing sink must be directly adjacent to the diaper changing area (or within arms reach). The sink should be close enough so the provider needs only to pivot and take a single step to reach the sink. The caregiver must be able to complete the three hand washing steps in the diaper changing procedures without risk of cross-contamination.*

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.

WAC

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.

WAC

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 licenser 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:

- ◆ 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.

WAC

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.



A growing number of children come to child care at risk or with special needs. Providers can get specialized training in how to recognize and care for at-risk children.

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.

WAC

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 licenser and provide a written copy of the incident report.

WAC

WAC 170-295-5020

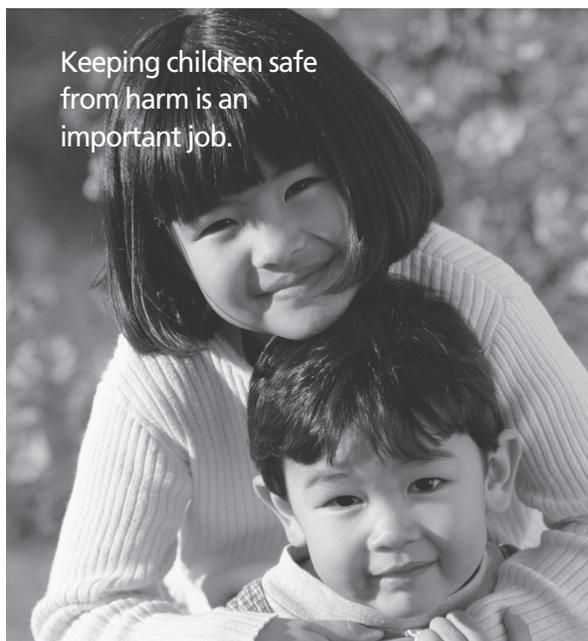
How do I maintain a safe environment?

- 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.

WAC

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, or
- ◆ 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 licenser 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.

WAC

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.

WAC

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.

Equipment and structural requirements

Exits

Every floor and most rooms children use must have two escape routes. There may be additional restrictions (including fire alarm systems and sprinkler systems) depending upon whether your center:

- ◆ Has an occupancy load of 50 or more children
- ◆ Is located:

- At ground level
- More than four feet below ground level (basement)
- More than four feet above ground level (a second story) or
- ◆ Shares occupancy with another business.

Doors, doorways, and exits must meet building and fire codes, including the direction the doors open and the hardware that opens the doors.

Pathways leading to exits inside and out must be kept clear. You cannot have locks, bars or grills on exits unless they release automatically when someone turns or pushes the handle or latch.

You may need to install emergency lighting, either from a battery source or an emergency power generator. It is important that children and staff are able to make their way out of the building safely, even in a power failure. Your fire inspector will let you know if your center must install this equipment.

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.

Note: *The fire marshal recommends that you replace the batteries in your smoke detectors every six months. One way to remind yourself to do so is to change the batteries at the same time you change the clocks for daylight savings time. Or mark it on your monthly fire drill recording form by highlighting the month you will need to change the batteries.*

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 licenser 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.



DEPARTMENT OF EARLY LEARNING (DEL)
FIRE SAFETY RECORD AND EVACUATION PLAN

Please post.

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

Month:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date:												
Time:												
Number of children:												
Length of drill:												

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?

PROVIDER'S NAME

DATE

Quarterly Earthquake/Disaster Drill Log

Quarterly Earthquake/Disaster Drill
.....
Jan - Feb - Mar

Actual date: _____

Length of time: _____

Description of the drill and notations:

Changes to be made: _____

Quarterly Earthquake/Disaster Drill
.....
Apr -May - June

Actual date: _____

Length of time: _____

Description of the drill and notations:

Changes to be made: _____

Quarterly Earthquake/Disaster Drill
.....
July - Aug - Sept

Actual date: _____

Length of time: _____

Description of the drill and notations:

Changes to be made: _____

Quarterly Earthquake/Disaster Drill
.....
Oct - Nov - Dec

Actual date: _____

Length of time: _____

Description of the drill and notations:

Changes to be made: _____

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 licenser 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 licenser 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

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.

WAC

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 door-knobs, 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.

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.

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.

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).*

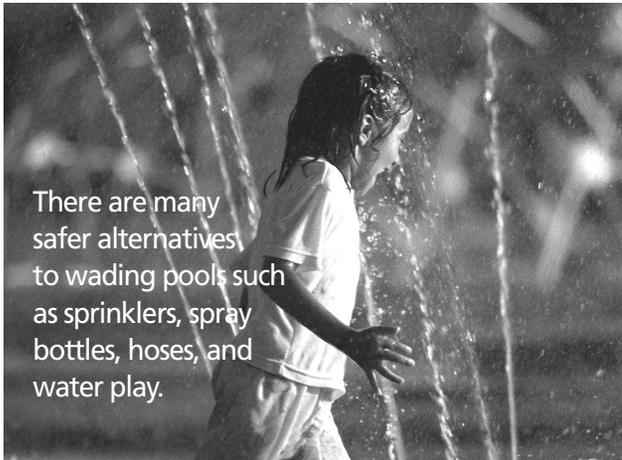
WAC

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.

WAC



There are many safer alternatives to wading pools such as sprinklers, spray bottles, hoses, and water play.

Water safety

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**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.

WAC

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.

Mops and housekeeping supplies must be stored in an area that is vented (either by an exhaust fan or an external window) to the outside. The floor of your housekeeping storage area must be moisture-proof and easy to clean. A mop sink or utility sink to help with cleaning and disposing of dirty mop water must be available (if you do not have a utility or service sink, refer to WAC 170-295-5080 for an explanation of how to dispose of the mop water). Mops must be hung up to dry.

WAC**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.

WAC

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

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.

WAC

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 breathe)
- ◆ 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.

WAC

WAC 170-295-5090

What are the fence requirements?

- You must fence the outdoor play area to:
 - Prevent unauthorized people from entering, and
 - Prevent children from escaping and having access to hazardous areas.
- At a minimum fences and gates must:
 - Be safe and maintained in good repair, and
 - Be designed to discourage climbing and prevent entrapment.

WAC

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

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:

WAC

If toilets or urinals are too high for some children to use, you may have to supply a small, sturdy platform for them to use as a stepping stool. The platform must be moisture-proof and large enough for a child to safely turn around to use the toilet.

You can use toilet seat inserts for toilet training. For sanitation reasons, these are preferable to portable potty chairs. You must clean and disinfect toilet-training equipment after each child’s use.

Toddlers and young preschoolers do not normally care about privacy while using the toilet. Licensing requires that you provide some means of privacy for preschool children who request it. This might include dividers or stall doors between toilets even if the walls are only three or four feet high.

School-age children of the opposite gender require more privacy. Check with your local building department to ensure you meet the requirements.

You should have available a staff bathroom for staff use only. If you do not have a staff bathroom or a bathroom door with a lock on the inside handle, you can still allow staff to use the facilities undisturbed by installing a hook-and-eye latch on the inside of the door up high where young children cannot reach it.

Bathrooms are required to be ventilated. Ventilation for a bathroom may be a mechanical vent or a partially opened window. You ventilate to the exterior of the building, not to the kitchen or any other inside room.

<i>If the age group is:</i>	<i>The toilet fixture height must be:</i>
<i>Toddler: 18 months through 29 months</i>	<i>10 – 12 inches (child size) or 14 – 16 inches (adult size) with a safe, easily cleanable platform that is moisture impervious and slip resistant.</i>
<i>Preschool or older: 30 months of age through five years of age not enrolled in kindergarten or elementary school</i>	<i>10 – 12 inches (child size) or 14 – 16 inches (adult size) with a safe, easily cleanable platform that is moisture impervious and slip resistant.</i>

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.

WAC

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:

WAC

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-

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

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.

WAC

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.

WAC

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.

WAC

WAC 170-295-5110

What are the requirements if I do laundry on the premises or off site?

- If you choose to do laundry on the premises or off site you must be sure the laundry is:
 - Cleaned and rinsed
 - Sanitized with hot water that reaches at least 140 degrees Fahrenheit or use an alternative method such as chlorine bleach that has been approved by the department
 - Stored to keep soiled linen and laundry separate from clean linen
 - Separate from kitchen and food preparation areas, and
 - Inaccessible to children.
- You also must ensure the dryer is ventilated to outside the building.

WAC

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**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

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.

WAC

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

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

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.

WAC

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 licenser 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

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.

WAC

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.



Animals and pets in the center can teach children about such values as kindness, caring, respect, and responsibility.

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 appropri-

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.

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.

You can cover pictures and posters with contact paper or laminate them to help protect them from dirt and rips. Pushpins, thumbtacks, and staples must not be used to attach things to walls in infant and toddler care rooms. You can use rubber cement or a non-toxic adhesive putty to attach pictures to the wall.

Try to avoid using tape on your walls, tables, counters, or cubbies. It often leaves a sticky residue on the surface that makes it difficult to clean (licensing requires you to have surfaces that can be cleaned and sanitized). If you do use tape, make sure to replace the tape as soon as it begins to come off the surface and clean off the residue. Be creative in the ways you display art, photos, and other items without using tape:

- ◆ 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 (laminated 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?

WAC

WAC 170-295-6010

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.

WAC

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.

Non-Discrimination Policy

It is the policy of this child care center that no person shall be subjected to discrimination because of race, color, national origin, gender, sexual orientation, including gender identity, age, religion, creed, marital status, disabled or Vietnam Era Veteran status, or the presence of any physical, mental, or sensory handicap.

This policy is consistent with Titles VI and VIII of the 1964 Civil Rights Act; Sections 503 and 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975 and the Age Discrimination in Employment Act of 1967; the 1974 Vietnam Era Veteran Readjustment Assistance Act; the Governor's Executive Order 85-09; and the Washington Laws Against Discrimination, RCW 49.60.

This child care center does not discriminate against children, families, or staff with disabilities. Children, families and staff with sensory, mental or physical disabilities are encouraged to participate in all the activities and opportunities at the center. We assess children on an individual basis to determine whether a child with special needs can be cared for at our center with reasonable accommodations. Some examples of reasonable accommodations include:

- The revision of policies and procedures to be inclusive
- The removal of physical barriers
- The addition of adaptive equipment, and
- The provision of additional staff training.

We are committed to treating all families with dignity and respect for their individual needs and differences.

This policy applies to every aspect of the agency's programs, practices, policies, and activities, including client services and employment practices.

WAC

WAC 170-295-6020

What are the regulations regarding religious activities?

You must:

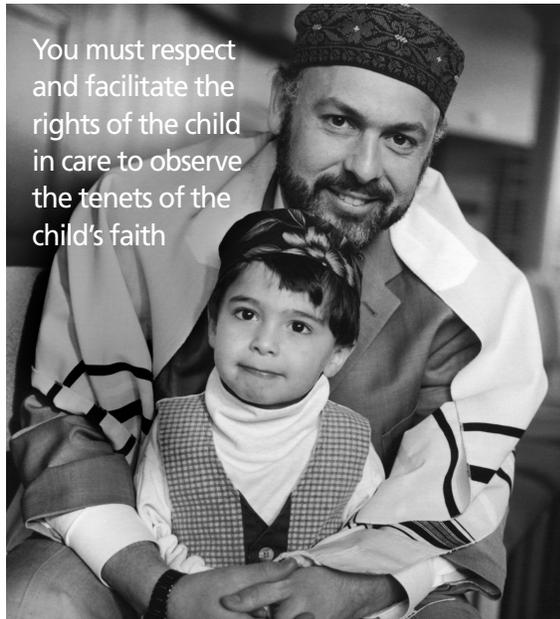
- Respect and facilitate the rights of the child in care to observe the tenets of the child's faith, consistent with state and federal laws
- Not punish or discourage the child for exercising these rights, and
- Maintain a written description of the center's religious policies and practices that affect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

WAC

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.



You must respect and facilitate the rights of the child in care to observe the tenets of the child's faith

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

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.

WAC

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

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.

WAC

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 licenser 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

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.

WAC

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

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.)

WAC

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.

WAC**WAC 170-295-7010****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.

WAC**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.

Note: Even if it is not required, it is wise to keep notes on any significant events, important phone conversations, or parent discussions you may have.

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.

WAC**WAC 170-295-7020****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, licenser, 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.

WAC

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.

WAC**WAC 170-295-7030****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

WAC

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

WAC

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.
 - If the center is owned by a corporation, verification of the corporation's EIN.
- 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.

WAC

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)

Staff Name _____ Start Date _____
 End Date _____

- 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 out-

side 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

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.

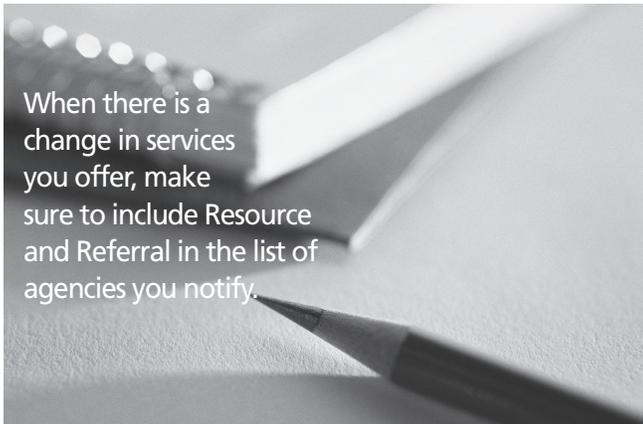
WAC

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.



When there is a change in services you offer, make sure to include Resource and Referral in the list of agencies you notify.

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

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

- Copies of the most recent child care center's monitoring checklist and facility licensing compliance agreement for any deficiencies noted

WAC

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/ccel/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):

Communicable Disease Report Line: _____

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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 licenser 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 licenser 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.
8. Observe the child for side effects of medications and document on the child's Medication Authorization Form.
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:

- | | |
|---|---|
| <input type="checkbox"/> AIDS (Acquired Immune Deficiency Syndrome) | <input type="checkbox"/> Enterohemorrhagic E. Coli, such as E. Coli O157:H7 |
| <input type="checkbox"/> Animal bites | <input type="checkbox"/> Food or waterborne illness |
| <input type="checkbox"/> Bacterial Meningitis | <input type="checkbox"/> Giardiasis |
| <input type="checkbox"/> Campylobacteriosis (Campy) | <input type="checkbox"/> Haemophilus Influenza Type B (HIB) |
| <input type="checkbox"/> Cryptosporidiosis | <input type="checkbox"/> Hepatitis A (acute infection) |
| <input type="checkbox"/> Cyclosporiasis | <input type="checkbox"/> Hepatitis B (acute and chronic infection) |
| <input type="checkbox"/> Diphtheria | |

- | | |
|---|--|
| <input type="checkbox"/> Hepatitis C (acute and chronic infection) | <input type="checkbox"/> Pertussis (Whooping cough) |
| <input type="checkbox"/> Human Immunodeficiency Virus (HIV) infection | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Influenza (if more than 10% of children and staff are out ill) | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Listeriosis | <input type="checkbox"/> Salmonellosis including Typhoid |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Shigellosis |
| <input type="checkbox"/> Meningococcal infections | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Tuberculosis (TB) |
| | <input type="checkbox"/> Viral Encephalitis |
| | <input type="checkbox"/> 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:

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 or 1 teaspoon	1 quart or 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. **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):**

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:** 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:

Time	Meal/Snack
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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. Licensors 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 ____). Drop and crawl to avoid smoke, 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, 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 licenser.
 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 licenser, 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 licenser.
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 licenser.
 - 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.
9. All parents will be notified of incident.

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.

All potentially Hazardous Materials must be stored separately, locked up, and stationary so they do not fall over in the event of an earthquake.

MSD sheets for all potentially hazardous materials on site are located at _____.

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-or-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 licenser.
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 licenser.
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 licenser.
 - 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:
 - o Assist with children's processing of information about the crisis.
 - o Provide counselors to work with children/staff individually or in groups in a variety of locations.
 - o Provide support and counseling for parents.
 - o Provide helpful, factual information to parents.
 - o Have an individual assist with answering phones, providing information and handling non-media inquiries.
 - o Maintain a record of offers of assistance and ensure that proper personnel respond.
 - o 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.

- Our litter boxes are located (if applicable): _____

- Outdoor animals litter area (separate from children's area): _____

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

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>

Child Protective Services (CPS)

Department of Social and Health Services
Children's Administration Intake Line
1-866-363-4276 (1-866-END-HARM)

Licensed Child Care Information (LCCIS)

1-866-482-4325
<http://www.del.wa.gov/lccis>
(Provides basic information about licensed child care facilities, including information about valid and inconclusive complaints)

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.wsaheadstartecep.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 Chanute 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 Chester 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 99217-5399
509-533-8839

Spokane Falls Community College

West 3410 Fort George Wright
Spokane, WA 98224-5288
509-533-3255

Resources

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Tacoma Community College

6501 South 19th St.
Tacoma, WA 98466
253-566-5000

Walla Walla Community College

500 Tausick Way
Walla Walla, WA 99362-9267
509-522-2500

Wenatchee Valley College

1300 Fifth St.
Wenatchee, WA 98801
509-682-6800

Whatcom Community College

237 West Kellogg Road
Bellingham, WA 98226
360-676-2170

Yakima Valley Community College

PO Box 22520
Yakima, WA 98907-2520
509-574-4600

Resource and Referral Networks

Washington State Child Care Resource & Referral Network

917 Pacific Avenue Suite 600
Tacoma, WA 98402-4437
1-800-446-1114
www.childcarenet.org

Benton/Franklin Counties

Child Care Resource & Referral
Benton-Franklin Community Action
720 West Court
Pasco, WA 99301
509-545-4042 ext. 274

Chelan/Douglas/Okanogan Counties

Child Care Resource & Referral
Catholic Family & Child Services
23 S. Wenatchee Ave. #210
Wenatchee, WA 98801
509-662-6761

Clallam/Jefferson Counties

The Parent Line
Lutheran Community Services Northwest
301 Lopez St.
Port Angeles, WA 98362
360-452-5437

Clark/Skamania/Klickitat Counties

Child Care Resource & Referral
Educational Service District #112
2500 NE 65th Avenue
Vancouver, WA 98661-6812
360-750-9735

Cowlitz/Wahkiakum Counties

Child Care Resource & Referral
Lower Columbia Community
Action Council
PO Box 2129
Longview, WA 98632
360-425-3430

Grant/Adams Counties

Child Care Resource & Referral
Catholic Family & Child Service
414 B. South Burress
Moses Lake, WA 98837
509-765-1875

Grays Harbor/Pacific Counties

Child Care Resource & Referral
Coastal Community Action
117 E. Third Street
Aberdeen, WA 98520
360-533-5605

King County (3 sites)

Child Care Resources
1225 S. Weller Suite 300
Seattle, WA 98144
206-329-1011

Child Care Resources
232 2nd Avenue South
Kent, WA 98032
253-852-3080

Child Care Resources
16315 NE 87th Street #B
Redmond, WA 98052
425-861-5506

Kitsap County

Child Care Resource & Referral
Educational Service District #114
105 National N.
Bremerton, WA 98312
360-405-5827 or 360-698-3900

Pierce County

Child Care Resource & Referral
City of Tacoma
747 Market St., 8th floor
Tacoma, WA 98402
253-591-2025

Skagit County

Child Care Resource & Referral
Volunteers of America
1934 East College Way
Mount Vernon, WA 98273
360-416-0939

Snohomish County

Child Care Resource & Referral
Volunteers of America
PO Box 839
Everett, WA 98206
425-258-4213

Spokane/Ferry/Stevens/Pend Oreille/Lincoln Counties

Family Care Resources
NW Regional Facilitators
315 W. Mission
Spokane, WA 99201
509-484-0048

Thurston/Mason/Lewis Counties

Child Care Resource & Referral
Child Care Action Council
PO Box 446
Olympia, WA 98507-0446
360-754-0810

Walla Walla/Columbia/Garfield Counties

Child Care Resource & Referral
Walla Walla Community College
500 Tausick Way
Walla Walla, WA 99362
509-527-4333

Whatcom/Island/San Juan Counties

Child Care Resource & Referral
The Opportunity Council
1111 Cornwall, Suite C
Bellingham, WA 98225
360-734-5121 ext. 227

Whitman/Asotin Counties

WSU Child Care Resource & Referral
Lightly Building Room 360
PO Box 641066
Pullman, WA 99164-1066
509-335-7625

Yakima/Kittitas Counties

Child Care Resource & Referral
Catholic Family and Child Services
5301 – C Tieton Dr.
Yakima, WA 98909-3478
509-965-7109

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

Harms, T., Clifford, R., & Cryer, D. (2005). *Early Childhood Environment Rating Scale* (revised edition). New York: Teachers College Press.

Harms, T., Cryer, D., & Clifford, R. (2003). *Infant/Toddler Environment Rating Scale* (revised edition). New York: Teachers College Press.

Jack, G. (2004). *The business of child care: Management and financial strategies*. Albany, NY: Thomson Delmar Learning.

Brain Development

Dodge, D. T., & Heroman, C. (2004). *Building your baby's brain: A parent's guide to the first five years*. Washington, DC: Teaching Strategies.

From the beginning. (1997). Video. Altschul Group Corporation. Evanston, IL: Educational Media.

Gopnik, A., Meltzoff, A.N., & Kuhl, P.K. (1999). *The scientist in the crib: Minds, brains, and how children learn*. New York: William Morrow and Company.

Karr-Morse, R. & Wiley, M. (1997). *Ghosts from the nursery: Tracing the roots of violence*. New York, New York: The Atlantic Monthly Press.

Lerner, C., & Dumbro, A.L. (2000). *Learning & growing together*. Washington, DC: Zero to Three.

Oats, R. K. (1997). *Great beginnings with your baby*. Chicago, IL: Prevent Child Abuse America.

Perry, B.D. (1995). *Incubated in terror: Neurodevelopmental factors in the "cycle of violence"*. New York: The Guilford Press.

Shore, R. (1997). *Rethinking the brain: New insights into early development*. New York: Families and Work Institute.

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Curriculum

Bos, B., (1986). *Before the basics*. St. Paul, MN: Toys 'n Things Press.

Bronson, M.B. (1995). *The right stuff for children birth to 8: Selecting play materials to support development*. Washington, DC: National Association for the Education of Young Children.

Copley, J.V. (2000). *The young child and mathematics*. Washington, DC: National Association for the Education of Young Children.

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Dodge, D.T. (2002). *The creative curriculum for preschool*. Albany, NY: Thomson Delmar Learning.

Haas, C.B., (1987). *Look at me: Creative learning activities for babies and toddlers*. Chicago Review Press Incorporated.

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Hohmann, M., Weikart, D. (2002). *Educating young children: Active learning practices for preschool and childcare programs* (2nd Ed.). Ypsilanti, MI: High/Scope Educational Research Foundation.

Mayesky, M., & Nueman, D. (2001). *Creative activities for young children* (4th edition). Albany, NY: Delmar Publishing.

McCracken, J.B. (1990). *More than 1, 2, 3. The real basics of mathematics*. Washington, DC: National Association for the Education of Young Children.

Schickedarz, J.A. (1999). *Much more than the ABCs: The early stages of reading and writing*. Washington, DC: National Association for the Education of Young Children.

Torbert M., & Schneider, L. (1992). *Follow me too: A handbook of movement activities for three- to five-year-olds*. Boston: Addison-Wesley.

Trelease, Jim. (1989). *New read-aloud handbook*. New York: Penguin.

Developmentally Appropriate Practices

Bredenkamp, S. (Ed.). (1987). *Developmentally appropriate practice in early childhood programs serving children from birth to age 8* (expanded ed.). Washington, DC: National Association for the Education of Young Children.

Bredenkamp, S., & Copple, C. (1997). *Developmentally appropriate practice in early childhood programs* (Rev. ed.). Washington, DC: National Association for the Education of Young Children.

Child development series: Newborn baby – five years. DSHS Publications 22-237 - 22-250.

How to plan and start a good early childhood programs. Washington, DC: National Association for the Education of Young Children, Brochure #515.

Kamii, C. & DeVries, R. (1980). *Group games in early education: Implications of Piaget's theory*. Washington, DC: National Association for the Education of Young Children.

Lombardi, J. (2002). *Time to care: Redesigning child care to promote education, support families, and build communities*. Washington, DC: National Association for the Education of Young Children.

NAEYC position statement on licensing and regulation of early childhood programs in centers and family day care homes. Washington, DC: National Association for the Education of Young Children.

Toys: tools for learning. Washington, DC: National Association for the Education of Young Children, Brochure #571.

Young children: The journal of the national association for the education of young children. NAEYC 1509 16th St. NW, Washington D.C. 20036. 1-800-424-2460.

Diversity

Alvarado, C., et al. (1999). *In our own way: How anti-bias work shapes our lives*.

Cardona, G. P., Nicholson, C.B., & Fox, A.R. (2000). *Parenting among Hispanic and Anglo American mothers with young children*. *The journal of social psychology* #140 (3) p p 357-265.

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Ruiz, Y.S., Roosa, W.M., Gonzales, A.N., (2002). *Predictors of self-esteem for Mexican American and European American youths: A reexamination of the influence of parenting*. *Journal of Family Psychology*, V.16(1). American Psychology Association.

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Shade, B. J. R., Kelly, C., & Oberg, M., (2001). *Creating culturally responsive classrooms*. Washington DC: American Psychological Association.

Tobin, J.J., Wu, D.Y.H., Davidson, D.H.,(1989). *Preschool in three cultures*. New Haven, CT: Yale University Press.

Teaching young children to resist bias: What parents can do. (1989). Washington, DC: National Association for the Education of Young Children. Available in Spanish.

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Washington, V. & Andrews, J.D. (1998). Children of 2010. Washington, DC: National Association for the Education of Young Children.

York, S. (1991). Roots and wings: Affirming culture in early childhood programs. St. Paul, MN: Redleaf Press.

Environments

Curtis, D. & Carter, M. (2003). Designs for living and learning: Transforming early childhood environments. Albany, NY: Redleaf Press.

Greenman, J. (1988). Caring spaces, learning places: Children's environments that work. Redmond, WA: Exchange Press.

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Rivkin, M.S. (1995). The great outdoors: Restoring children's right to play outside. Washington, DC: National Association for the Education of Young Children.

Vergeront, J. (1998). Places and spaces for preschool and primary (indoors) and (outdoors). Washington, DC: National Association for the Education of Young Children.

Families

Diffily, D. and Morrison, K. (1996). Family-friendly communication for early childhood programs. Deborah Washington, DC: National Association for the Education of Young Children.

Guidance

Adams, S. & Baronberg, J. (2005). Promoting positive behavior: Guidance strategies for early childhood settings. Upper Saddle River, NJ: Pearson Education, Inc.

Brazelton, T. B. (1984). To listen to a child: Understanding the normal problems of growing up. Reading, MA: Addison-Wesley Publishing Co.

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Clark, J. (1999). Time-in: When time-out isn't working. St. Paul, MN: Redleaf Press.

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Kaiser, B. & Sklar Rasminsky, J. (2000). Meeting the challenge: Effective strategies for challenging behaviours in early childhood environments. Washington, DC: National Association for the Education of Young Children.

Kohn, A. (1993). Punished by rewards: The trouble with gold stars, incentive plans, A's, praise, and other bribes. Boston: Houghton Mifflin Publishing Co.

Kurcinka, M. (1992). Raising your spirited child: A guide for parents whose child is more intense, sensitive, perceptive, persistent, & energetic. New York: Harper Perennial Edition.

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Tobin, L. (1998). What do you do with a child like this: Inside the lives of troubled children. Duluth, MN: Person Associates.

Winning ways to talk with young children. DSHS Publication #22-649(X).

Health and Safety

Caring for our children, national health and safety performance standards: Guidelines for out-of-home child care programs (2nd Edition) (2002). American Academy of Pediatrics.

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].

Aronson, & Spahr (Ed.) (2002). Healthy young children: A manual for programs. Washington, DC: National Association for the Education of Young Children.

Be a germ-buster. Wash your hands! Department of Health poster #130-012.

Benenson, A. (1990). Control of communicable diseases in man. Washington, DC: American Public Health Association.

Day care and child protective services. DSHS Publication #22-176(X).

Slaby, Rodell, Arezzo, & Hendrix. (1995). Early violence prevention: Tools for teachers of young children. Washington, DC: National Association for the Education of Young Children.

Keeping healthy: Parents, teachers, and children. Washington, DC: National Association for the Education of Young Children, Brochure #577.

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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

Bergen, D., Reid, R. & Torelli, L. (2001). Educating and caring for very young children: The infant/toddler curriculum. New York Teachers College Press, Teachers College, Columbia University.

Dittmann, L.L. (1993). Finding the best care for your infant or toddler. Washington, DC: National Association for the Education of Young Children.

Developmentally appropriate practice in early childhood programs serving infants. Washington, DC: National Association for the Education of Young Children, Brochure #547.

Dickinson, D., & Tabors, P.(2001). Beginning literacy with language. Baltimore: Paul H. Brooks.

Godwin, A., & Schrag, L. (1996). Setting up for infant care: Guidelines for centers and family day care homes. Washington, DC: National Association for the Education of Young Children.

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