SNOHOMISH HEALTH DISTRICT
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Health Policy

Revised 12/15/2024

Name of Center: Kaleidoscope Forest School		
Address: 1292 North Beach Road (office) 34 Sunderland Road		Phone Number: 360 376 2484
City/State/Zip: Eastsound, WA 98245	Email: kaleidoscope@rockisland.com	
Center License Capacity: 36	Age of Children:30months-8 yrs	Number of Staff: 10
Participating in Early Achievers: Yes-Level 5 Award 3/11/24	Child Care Health Consultant : San Juan County Healthy & Community Services 360 378 4474; 360 370 7511	

Director's Name: Amber Paulsen	Director's Emergency or Evening Phone Number: 360-317-7236
Out-of-Area Contact Name and Phone Number: *(should be at least 100 miles away)* Judy Paulsen 425 228 1589	Facilities or Maintenance Contact/Phone Number: Justin Paulsen 360 201 1366

Emergency telephone numbers:

Fire/Police/Ambulance:	911
Poison Center:	1-800-222-1222
Animal Control:	425-388-3440
To report abuse or neglect	1-866-ENDHARM (1-866-363-4267)

Hospital used for life-threatening emergencies:

Name of Hospital:	EMS to make determination
Address:	refer to EMS contact info
Phone:	360 376 2331

* For non-threatening emergencies, the center will defer to parent preference as listed on registration form.

Other important telephone numbers:

DCYF Health Specialist: Lalaine Diaz lalaine.diaz@dcyf.wa.gov
Forest School Licensor: Denise Coppock denise.coppock@dcyf.wa.gov 509 899 7396
Communicable Disease Reporting Line: San Juan County H&CS 360-378-4474
Child Care Health Outreach Program: Snohomish Health District 425-252-5415

Section 1: General Health Practices

INJURY / EMERGENCY PROCEDURES

MINOR INJURIES/EMERGENCIES

Staff trained in first aid will refer to the first aid guide located with the first aid supplies. Gloves will be used if any body fluids are present. (WAC 110-300-0106-12, WAC 110-300-0111-1c and WAC 110-300-0230-2) Staff will refer to the child's emergency form and call parents/guardians, emergency contacts, or health care provider as necessary. (WAC 110-300-0475-4)

Staff will record an injury that becomes evident in the child care on the Ouch Report. .These forms are kept in child files and virtually. These forms will include the date, time, place, and the cause of the injury or illness, if known. A copy will be shared with the parent (via Daily Connect) and signed by the family on the same day and placed in the child's file. (WAC 110-300-0460-4i)

Incident reports will be reviewed monthly by the director. The reports will be reviewed for trends. Corrective action will be taken to prevent further injury. All reports are considered confidential. (WAC 110-300-0460-1a)

SERIOUS/LIFE-THREATENING EMERGENCIES

If more than one staff person is present: one staff person will stay with the injured/ill child and send another staff person to call 911. *If only one staff person is present:* person will assess for breathing, administer CPR for two minutes (for infants/children only) if necessary, and then call 911. (Red Cross, 2016)

Staff will provide first aid as needed according to the first aid guide located with the first aid supplies. Gloves will be worn if any body fluids are present. (WAC 110-300-0111-1c and 110-300-0230-2)

A staff person will immediately contact the parent/guardian(s) or the child's alternate emergency contact person. (WAC 110-300-0475-4)

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.

Serious injuries/illnesses, which require medical attention or a call to 911, poison control, or the health department, will be reported to the licensor immediately. A DCYF incident form and written report will be completed and sent to the licensor no later than 24 hours after the incident. A copy will be placed in the child's file. (WAC 110-300-0475-2e,3)

FIRST AID

All staff have current training in cardiopulmonary resuscitation (CPR) and first aid. Documentation of staff training is kept in personnel files. (WAC 110-300-0106-12)

First aid kits are inaccessible to children and located in each classroom and every vehicle. Additional supplies can be found in the storage garage at the laundry area. (WAC 110-300-0230-1)

The first aid kits contain the following in sufficient quantity for the enrolled children and staff: (WAC 110-300-0230-1f,2)

first aid guide	variety of sizes of adhesive bandages	tweezers for surface splinters
sterile gauze pads	elastic wrapping bandage	CPR barrier
small scissors	large triangular bandage or sling	hand sanitizer (for adult use)
adhesive tape	non-latex gloves (such as nitrile)	tissues/hand wipes
ice/cold packs	sanitized digital thermometer	Fire blanket (when fire present)

A fully stocked first aid kit will be taken on walks around the property.
Staff will use personal cell phone for emergency communication
All first aid kits will be checked by the assistant director at least monthly and restocked as needed. (WAC 110-300-0230-1f)

CONTACT OR EXPOSURE TO BODY FLUIDS

Staff who work directly with children must complete bloodborne pathogen exposure training. (WAC 110-300-0106-11) When staff report blood contact or exposure, the center's bloodborne pathogen exposure control plan and the current guidelines set by the Washington State Department of Labor and Industries will be followed. (WAC 110-300-0400-2e and WAC 296-823)

The center has developed a bloodborne pathogen exposure control plan. (WAC 296-823-11010) This plan is stored in Forest binder in the Garage, in the office and virtually in Sharepoint and on our webpage . (WAC 110-300-0500-2a) A blood clean up kit will be available at each classroom site. (WAC 296-823) Each staff will keep documentation of bloodborne pathogen training including HIV/AIDS. (WAC 110-300-0106-11)

Families will be informed immediately if a child comes in contact with blood or body fluids.

The director will review the center's Bloodborne Pathogen Exposure Control Plan with each staff person immediately upon employment and reviewed annually.(WAC 110-300-0106-11) Staff are offered the Hepatitis B vaccine series upon employment. (WAC 296-823-130)

MEDICATION MANAGEMENT

Medications are provided to any child with a health care provider's prescription or a medication consent form from the child's parent/guardian as appropriate. If a child has a condition where the Americans with Disabilities Act (ADA) applies, reasonable accommodations will be made and the child will be given necessary medication. (WAC 110-300-0215)

MEDICATION RULES

In order for staff to give a child medication, the medication must have a medication authorization form filled out with the following information: (WAC 110-300-0215-3)

- the child's first and last name
- the child's date of birth
- the child's parent/guardian signature for consent
- the medical provider's signature (if necessary; see next section)
- the name of the medication
- reason for giving the medication (medical need)
- amount of medication to give (dose)
- route of administration (such as oral, topical, etc.)
- how to give the medication (such as with a syringe, with food, etc.)
- how often or at what time to give the medication (frequency)
- start and stop dates

- possible side effects (use package insert or pharmacist's written information)
- how to store the medicine consistent with directions on the label

When receiving medication, staff will make sure the above information on the label is consistent with information on the medication authorization form.

The consent is good for the number of days stated on the medication authorization form, not to exceed:

- For prescription medications, the number of days stated on the pharmacist's label. Medication is not given past the days prescribed on the medication bottle even if there is medication left.
- For as-needed medications (prescription or over-the-counter) to be used beyond an acute, short-term illness, an individual care plan, signed by a health care provider and parent/guardian, must be in place and must be reviewed and signed by all parties at least annually. (CFOC 3.6.3.1)
- For certain over-the-counter products listed in WAC 110-300-0215-3a-iv, such as diaper ointments, toothpaste, and sunscreens), the medication authorization consent form can be used for up to one year. (WAC 110-300-0215-2a-iv)

All medications must be in the original container and labeled with the following information: (WAC 110-300-0215-3)

- child's first and last name
- instructions and dosage recommendations for the child's weight and age
- duration, dosage, frequency, and amount to be given
- if a prescription, the date it was filled
- expiration date

ADMINISTRATION

Only staff persons who have completed the DCYF medication administration training course and who have been oriented to the center's medication policies and procedures can give medications. (WAC 110-300-0215-2 and WAC 110-300-0106-10). Documentation of this training will be kept in employee files. These policies are reviewed with all staff members who administer medications annually.

Before a staff member may administer specialized medications, parents will provide instructions and demonstrate the use of specialized medication administration procedures (for example: how to use the nebulizer or EpiPen, children's preferences for swallowing pills, how to deliver eye drops, etc). (WAC 110-300-0186-1c) This is documented on the medication form. The provider will contact 911 whenever epinephrine or other lifesaving medication has been administered. (WAC 110-300-0186-3b)

To give liquid medication, staff use a measuring device designed specifically for oral or liquid medication. (WAC 110-300-0215-3) Measuring devices for individual use are provided by the parent and stored with the medication in a plastic Ziploc bag. The measuring device will be cleaned with soap and water after each use. (WAC 110-300-0215-3)

Medications are not mixed in formula or food unless there are written directions to do so from a health care provider with prescriptive authority. (WAC 110-300-0285-2h)

Staff administering medications will wash hands before preparing medications and after giving the medication, including topical medications. (WAC 110-300-0200-4i) Medications are prepared on a clean surface away from toileting/diapering areas.

DOCUMENTATION

Each time staff administer a medication, staff will immediately document the necessary information on the medication administration form or in Daily Connect. This written record will include: (WAC 110-300-0215)

- child's full name, date, time, name of medication, and amount given (indicate if self-administered)
- the full signature of the staff person giving each dose of medication or observing the child taking the medication (if staff initial after each administration, a full corresponding signature is needed on the form to validate the initials)
- a written explanation why a medication that should have been given was not given
- any observations of the child in relation to the medication taken (example: side effects or relief of symptoms)
- when "as needed" medications are administered, staff must document the symptoms that prompted administration.

Staff will report any side effects that occur to the center director and to the parent immediately. Side effects that occur will be documented on the medication log.

For children with special health needs, detailed instructions for medications or medication delivery devices, such as nebulizers, insulin pumps, or EpiPens, will be documented on the individual plan of care form.

Medication authorization and documentation forms are considered confidential. (WAC 110-300-0460-1a,4c)

The medication log that tracks when doses have previously been given will be kept in the child's file until the child leaves care. (WAC 110-300-0460-4c)

The program implements a system for minimizing the amount of controlled substances at the child care. Only 1 week's worth of medication will be accepted from the parent at a time. Pills will be counted and documented at each administration..

STORAGE

Children's medication will be kept in medication bin, inaccessible to children; away from sources of moisture, heat, and light; away from food; and protected from sources of contamination. Medication will be stored as directed on the packaging or prescription label. (WAC 110-300-0215-3c)

Staff medication will be stored in the locking medicine bag in teacher box. This location is inaccessible to children. Staff medications are clearly identified as such.

External medications that go on the skin will be kept as stated above but also separate from oral or injectable medications. (WAC 110-300-0215-3c-iv)

All controlled substances will be kept as stated above and in a locked container. (WAC 110-300-0215-3c-ii)

Medications requiring refrigeration will be stored in the garage refrigerator in a labeled container to keep them separated from food. (WAC 110-300-0215-3c)

EpiPens and other rescue medications will be stored in an unlocked location, inaccessible to children, but easily accessible to staff in an emergency. This location is in the classroom grab and go bag. Rescue medications that are also controlled substances will be stored in a secure manner which allows quick access by staff. All rescue medications, whether controlled or not, should be with the child at all times.

MEDICATION ERRORS

In the event of a medication error, staff will call 911 for any of the following:

- Incorrect administration of any medication
- Overdose (giving too much) of any medication
- Child receives another child's medication
- Child appears in distress (e.g. problem breathing)
- Any other concerning event following a known or suspected medication error

Poison control may be contacted at the instruction of 911 personnel.

If a medication that should have been given was not given, a written explanation must be kept in a child's file (WAC 110-300-0215-3b-v) and the parent must be notified.

The error and actions taken will be documented on the medication error/incident form and will be kept with the child's records. The error will also be entered in the incident log. The parent, director, and licensor will be notified. (WAC 110-300-0475)

Staff will review the cause of the error and develop a plan to prevent future errors.

DISPOSAL

Outdated medications or medications no longer being used will promptly be returned to parents or guardians. (WAC 110-300-0215-3d) If the parent/guardian is not available or does not pick up the medication within one week of the stop date, the director will get information on medication disposal from the FDA at https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines. (WAC 110-300-0215-3d)

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Staff will check all children for signs of illness when they arrive at the school and throughout the day. (WAC 110-300-0205-1) If the following signs of a possibly contagious illness are present, a child will be excluded. The parent will be called to pick up their child. Kaleidoscope office staff will be called to pick up the child if parents cannot arrive within 30 minutes. The child will be kept in the office and the office staff will care for the child until the parent arrives. (WAC 110-300-0205-3) Emergency contacts will be called if parent does not arrive within 30 minutes

Staff members will follow the same exclusion criteria as children and not come to work, or will leave if these signs develop. (WAC 110-300-0205-2)

Children and staff with the following symptoms will be excluded: (WAC 110-300-0205-5)

- temperature of 100.4º F for an infant younger than 2 months or for an older child who also has one or more of the following:
  - headache

    - earache
    - sore throat
    - rash
    - behavior change
    - other sign of illness
- vomiting on 2 or more occasions within the past 24 hours
- diarrhea (increased fluidity and/or frequency of bowel movements relative to the person's usual pattern) occurring two times above normal for that person within 24 hours; or one stool containing blood or mucus; or stool that cannot be contained within a diaper
- a rash not associated with previously diagnosed heat rash, diaper rash, or allergic reaction (WAC 110-300-0205-5d)
- open sores or wounds discharging bodily fluids that cannot be adequately covered with a waterproof dressing or mouth sore with drooling (WAC 110-300-0205-5e)
- a child who appears severely ill, which may include lethargy, persistent crying, difficulty breathing, or a significant change in behavior or activity level indicative of illness
- symptoms of illness that prevent participation in regular activities or require a greater level of care than can be provided by staff without compromising the health and safety of other children (AAP Managing Infectious Disease)

Certain illnesses and conditions will require specific exclusion criteria and management. Lice, ringworm, and scabies do not require exclusion immediately per licensing regulations and best practice. This center has a policy that is stricter than the regulations and best practices and excludes immediately when lice, scabies, or ringworm are identified. Individual may return the day after treatment was started, doctor has cleared them and/or are nit free. (WAC 110-300-0205-5f)

Contagious respiratory illnesses (such as RSV and COVID-19) may require exclusion for a specific duration of time based on the typical infectious period.

Temperatures are taken with a digital thermometer and sanitized after every use. Temperatures are taken using the axillary route for all children. No rectal nor ear temperatures are taken. (WAC 110-300-0205-7)

Parents are notified in writing when their children have been exposed to infectious diseases or parasites/lice. The notification is provided to parents by: (WAC 110-300-0205-6)

- ☐ emailing parents
- Daily Connect

☐ ☐

Depending on the particular illness or injury, staff and children will be readmitted to the program when they no longer pose a disease risk to others and can participate in program activities. Criteria are dependent on the condition and may include, but are not limited to: (WAC 110-300-0205-8)

- they no longer have symptoms
- they have been without fever for 24 hours without being treated by an antipyretic such as acetaminophen or ibuprofen (e.g. Tylenol, Advil)
- 24 hours have passed since starting appropriate treatment
- they no longer have discomfort
- the center has been advised by a Public Health Nurse on communicable disease exclusion guidelines for child care
- when staff have been diarrhea-free for at least 24 hours (ideally 48 hours) if preparing food at the child care (CDC)

- they have a note to return from their health care provider
- masking following respiratory illnesses

Following surgery or injury requiring medical care, a note from the physician stating that the child may return to routine child care activities and environment may be required.

COMMUNICABLE DISEASE REPORTING

Licensed child care facilities are required to report certain communicable diseases, called notifiable conditions, to their local public health department and to their licensor. (WAC 246-101-415 and WAC 110-300-0205-6) The following is a partial list of the diseases that must be reported. Access the Washington State Department of Health website for a complete list of notifiable conditions that must be reported, or call your local health department at 360-378-4474. Children and staff who have a reportable disease may not be in attendance at the center unless approved by the local health department. (WAC 246-101-415 and WAC 246-110-020-1,2)

The following communicable diseases will be reported San Juan County Health & Community Services at 360-378-4474 giving the caller's name, the name of the child care program, address, telephone number, and name of individual involved:

Acute Flaccid Myelitis (AFM)
Animal bites
Campylobacteriosis (Campy)
COVID-19
Cryptosporidiosis
Cyclosporiasis
Diphtheria
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)
Influenza (if >10% of children and staff are out ill)
Listeriosis
Measles (rubeola)
Meningococcal disease
Mumps
Pertussis (Whooping cough)
Polio
Rubella
Salmonellosis
Shiga toxin-producing E. Coli (STEC), including E. Coli 0157:H7
Shigellosis
Tetanus
Tuberculosis (TB)
Yersiniosis

Should a child at the center or an adult working at the center be diagnosed with a reportable disease and expose others, the local health department may provide the child care with a letter that must be given to all parents and legal guardians in accordance with the health department instructions. Delivery of this information to parents will be the responsibility of the director or designee.

HEALTH RECORDS

Each child's file will contain:

- identifying information about the child, including date of birth (WAC 110-300-0460-2a)
- health, developmental, nutrition, and dental histories (WAC 110-300-0460-4b)
- date of last physical exam (WAC 110-300-0460-4f)
- health care provider and dentist names, addresses, and phone numbers (WAC 110-300-0460-4e)
- allergies (WAC 110-300-0186-1)
- Individualized Care Plans for special needs or considerations (medical, physical, or behavioral) (WAC 110-300-0460-4b)
- list of current medications and medication logs (WAC 110-300-0460-4c)
- current immunization record (CIS form) (WAC 110-300-0210-2a)

- consents for emergency care and authorization to take the child out of the facility to obtain emergency health care (WAC 110-300-0460-4g)
- preferred hospital for emergency care (WAC 110-300-0460-4e)
- incident and injury reports (WAC 110-300-0460-4i)

The above information will be collected by the director or assistant director before a child enters the program and will be updated annually or sooner if changes are brought to the attention of a staff person. (WAC 110-300-0460-1) Child records will be kept for a minimum of 3 years. (WAC 110-300-0465-1)

Staff caring for the same child during the day will share any applicable health or development information as needed. (WAC 110-300-0110-3)

GENERAL HEALTH PRACTICES

The following general health practices will take place:

- Children will sleep at least 18 inches apart at the sides and in a head to toe or toe to toe arrangement. (WAC 110-300-0265-8)
- Weather and outdoor air quality conditions are monitored to ensure child health and safety during outdoor play. (WAC 110-300-0147) Children will be dressed appropriately for the weather. (WAC 110-300-0147-2)
- Shade is provided in the outdoor space by a combination of methods. (WAC 110-300-0145-3)

CHILD CARE HEALTH CONSULTATION

This center contracts with a child care health consultant on a regular basis. The name of this entity can be found on the front page of this policy

The consultant is a currently licensed Registered Nurse with training and/or experience in pediatrics or public health. (CFOC 1.6.0.1) The child care health consultant visits the center monthly. (CFOC 1.6.0.2) The consultant visits only the infant room and is available to review and sign the health policy and for consultation.(CFOC 1.6.0.1) Nurse consultation records are kept in a digital file on SharePoint (WAC 110-300-0275-4,5)

IMMUNIZATIONS

To protect all children and the staff, and to meet state health requirements, the center only accepts children fully immunized for their age. (CFOC 7.2.0.1 and WAC 110-300-0210-8) The Certificate of Immunization Status (CIS) for each child is kept on file to show the Department of Health and the Department of Children, Youth, and Families (DCYF) that the center is in compliance with licensing standards. (WAC 110-300-0210-2a, 4)

A completed CIS form is collected upon enrollment. (WAC 246-105-080-1) The parent must sign the CIS form to verify the information. (WAC 110-300-0210)

Children may attend child care without one or more immunizations: (WAC 110-300-0210-3,8)

- with a written statement from a health care provider that the child is scheduled to receive the immunization(s), (WAC 110-300-0210-3)
- for homeless or foster children if the child's family, case worker, or health care provider provides written documentation that the records are in the process of being obtained, (WAC 110-300-0210-5)

- with a completed Medical Exemption section of the Certificate of Exemption form, signed by both the parent and health care practitioner, (WAC 246-105-050)
- with a completed Religious Membership Exemption section of the Certificate of Exemption form, signed by the parent. This exemption type is only used when the religious belief does not allow for any medical treatment, therefore no health care practitioner signature is required. (WAC 246-105-050)
- with a completed Religious Exemption section of the Certificate of Exemption form, signed by both the parent and health care practitioner, (WAC 246-105-050)

The center does not accept children who have a Personal/Philosophical Exemption. Only a medical, religious or religious membership exemption is acceptable; otherwise children are expected to be fully immunized. (WAC 110-300-0210-8)

The CIS form is kept the child's file. (WAC 110-300-0210-4) A copy of individual records, including the CIS, must be as long as required by state law. A legible copy of the CIS form is returned to the child's family upon disenrollment. (WAC 246-105-060-2c)

The CIS records are reviewed and updated annually by the assistant director. When we receive updates, the center staff will update the CIS form.

In the event that a vaccine preventable disease to which children are susceptible occurs in the facility, the local health department will be consulted regarding the potential exclusion of children who are un-immunized for that disease. (WAC 246-110-020) This is for the un-immunized child's protection and to reduce the spread of the disease. (CFOC 9.2.3.5) A current list of exempted children (webpage link to form) is kept in the Immunization Binder. (WAC 246-105-060-2b)

The child care will submit an annual immunization status report to the Washington State Department of Health by November 1. (WAC 246-105-060-3b, DOH Forms)

STAFF HEALTH

All relevant Washington State Department of Labor and Industry rules will be followed by the child care. http://www.lni.wa.gov/forms/pdf/F414-073-000.pdf.

Staff members who are pregnant or considering pregnancy should inform their health care provider that they work with young children and discuss possible risks.

The following will be provided to staff: *(mark all that apply)*

- a secure place to store personal belongings that is inaccessible to children (WAC 110-300-0120-1)

☒ Adult sized bathrooms will be on-site.
☒ Separate space will be provided for staff to work or take breaks.

For staff who become stressed or frustrated, the following will be provided: Additional break time and on the clock counseling.

ILLNESS PREVENTION

Staff members who have a communicable disease are expected to remain at home until the period of communicability has passed. For cases of reportable illnesses, staff members will only return to work

after being released by San Juan County Health & Community Services. Staff will also follow the same procedures listed under “Exclusion of Ill Children” in this policy. (WAC 110-300-0120-2,4)

TUBERCULOSIS (TB)
Prior to starting work, new employees and volunteers must have documentation of tuberculosis (TB) testing or treatment signed by a health care professional within the last 12 months. The testing or treatment must consist of: (WAC 110-300-105-3)

- a negative TB symptom screen and negative TB risk assessment
- if they have had a positive TB skin test in the past, they will always have a positive skin test, despite having undergone treatment. These employees do not need documentation of a skin test. Instead, documentation must be on record that the employee has had a negative (normal) chest x-ray, and documentation that they are cleared to safely work in an early learning program.

Staff must be re-tested for TB when the center is notified that any staff has been exposed to TB. The center will comply with the public health department for follow-up. (WAC 110-300-105-4)

STAFF IMMUNIZATIONS
Staff members are encouraged to talk to their health care provider about recommended vaccines and precautions for child care providers. (CFOC 7.2.0.3) Staff members who have not been vaccinated or do not have documented immunity to a vaccine preventable disease may be excluded from the child care by the local health jurisdiction. (WAC 110-300-0120-3)

All staff members are encouraged be fully immunized for their protection and the protection of the children. Staff members and volunteers must provide immunization records indicating that they have received the MMR vaccine, provide certification that the vaccine is not medically advisable, or provide proof of immunity. (EHB 1638) All staff members are encouraged to receive an annual flu vaccine to protect themselves and help prevent the spread of influenza. (CFOC 7.3.3.1) All staff members are encouraged to be up-to-date on COVID-19 vaccines to protect themselves and help prevent the spread of COVID. (CFOC 7.2.0.3)

☒ Staff immunizations will be recorded upon employment.

COMMUNICATING HEALTH POLICIES

The assistant director will assure there is, in each child’s file, written documentation signed by the parent indicating that they are aware of the child care’s policies and procedures. (WAC 110-300-0450-1)

New staff and volunteer orientation will include, but is not limited to, the child care center program policies, practices, philosophies and goals. (WAC 110-300-0110)

The director will provide training when there are changes to center policies and procedures. (WAC 110-300-0110) Documentation of all staff training will be kept on file. (WAC 110-300-0115)

Section 2: Safety & Sanitation

Kaleidoscope has and follows a benefit-risk assessment and risk management plan approved by DCYF. See our webpage for details and examples.

FIRE SAFETY

- Annual fire inspection occur with our local fire department. If not available, Director will inspect for fire safety using and implementing the State Fire Marshal form.
- Fire extinguishers are available in each classroom and serviced annually.
- Monthly inspections are performed by staff to identify and eliminate any possible fire hazards. Inspections will be documented.
- Campfires occur when necessary and never during periods of high fire danger.
- Families acknowledge the risk when signing Kaleidoscope's contract.
- Staff are trained in campfire policies and procedures.
- A 3 foot boundary exists around all fire pits outer edge. The area within the boundary must be free of tripping hazards and allow for unobstructed movement. All movement must be calm.
- Teachers use developmentally appropriate practices to ensure children understand safety pertaining to campfires. Children can only assist with the fire before it is lit. Only teachers add to the fire.
- All fires are built and extinguished according to safe fire practices provided by the US Forest Service
- While campfires are burning, there must be a teacher within the 3 ft. boundary when children are present
- Children are discouraged from inhaling campfire smoke

HANDWASHING

Children will strongly be encouraged to:

(a) Wet hands with water;
(b) Apply soap to the hands;
(c) Rub hands together to wash for at least twenty seconds;
(d) Thoroughly rinse hands with water;
(e) Dry hands with a paper towel.
(f) Properly discard paper single-use cloth towels after each use.

Hand sanitizer will be used only after soil and dirt have been cleaned from the hands and when proper handwashing facilities are not available

Staff will wash hands: (WAC 110-300-0200-4)

- upon arrival at work
- before and after handling foods, cooking activities, eating, or serving food
- after toileting self or children or changing a diaper or pull-up
- after handling or coming in contact with body fluids such as mucus, blood, saliva, urine, or feces
- after cleaning or taking out garbage
- after attending to an ill child
- before and after giving medications, including applying sunscreen
- after handling, feeding, or cleaning up after animals
- after using tobacco or vaping products
- as needed

Children will be assisted or supervised in hand washing: (WAC 110-300-0200-5)

- upon arrival at the center
- before meals, snacks, or cooking or food activities

- after toileting or diapering
- after coming in contact with body fluids
- after touching animals
- as needed

Antimicrobial soaps are not used at the child care. (CFOC 3.2.2.2) (FDA 2016) Handwashing practices are posted at all handwashing areas. Children are able to access and operate the handwashing sinks by themselves. (WAC 110-300-0220-1bi)

Hand sanitizers or hand wipes with 60-90% alcohol may be used at this child care center. The use of hand sanitizer is NOT a regular replacement for handwashing with soap and water (WAC 110-300-0200-7) and should never be used when hands are visibly soiled. (WAC 110-300-0200-6)

GENERAL CLEANING, SANITIZING, AND LAUNDRY

The child care prgoram is maintained in a clean and sanitary manner that helps protect the children from illness. Surfaces in the center are designed and maintained to be easily cleanable. (WAC 110-300-0198-2 and WAC 110-300-0240-2)

PRODUCT STORAGE

Cleaning, sanitizing, and disinfecting supplies are stored in the original containers, inaccessible to children, in a manner to avoid spills, and separate from food and food preparation areas. (WAC 110-300-0260-1) Forest School cleaning supplies will be stored out of reach of children and in the garage.

Safety Data Sheets (SDS) are kept for all chemicals in the office. (WAC 110-300-0240-2f-iii)

PRODUCTS USED

Cleaning means the removal of dirt, grease, food, art material, body fluids, or other substance from the area. Surfaces must be cleaned before they are sanitized or disinfected. Cleaning is done with soap and water. (WAC 110-300-0240-2c)

Surfaces are rinsed with water between cleaning and sanitizing steps. (WAC 110-300-0240-2c)

Sanitizing means the removal of germs and bacteria to a level that will not cause illness. Disinfecting removes a larger number of germs than sanitizing.

☒ This center uses bleach as a sanitizer and disinfectant. The bleach used contains no scents or surfactants. (WAC 110-300-0240-2e) Bleach is added to a container of cold water and solutions are made fresh daily. Two (2) minutes of contact time of the solution with the surface is allowed. After the minimum contact time, the sanitizer may be wiped off with paper towels or the surface may be allowed to air dry. Only bleach products with the percent of sodium hypochlorite written on the bottle will be used. The recipes on the following chart will be used to prepare the solutions based on the percent sodium hypochlorite in the bleach. (WAC 110-300-0240-2e) This center uses 8.25% bleach.

Disinfecting Solutions			
For use on diaper change tables, hand washing sinks, bathrooms (including toilet bowls, toilet seats, training rings, soap dispensers, potty chairs), door and cabinet handles, etc.			
Water	**2.75% Bleach**	**5.25-6.25% Bleach**	**8.25% Bleach**

1 Gallon	1/3 cup + 1 Tablespoon	3 Tablespoons	2 Tablespoons
1 Quart	1 ½ Tablespoons	2 ¼ teaspoons	1 ½ teaspoons

Sanitizing Solutions			
For use on eating utensils, food use contact surfaces, mixed use tables, high chair trays, crib frames and mattresses, toys, floors, sleep mats, etc.			
Water	**2.75% Bleach**	**5.25-6.25% Bleach**	**8.25% Bleach**
1 Gallon	1 Tablespoon	2 teaspoons	1 teaspoon
1 Quart	1 teaspoon	½ teaspoon	¼ teaspoon

CHEMICAL SAFETY

The following safety guidelines will be used when preparing and using chemical cleaners, sanitizers, and disinfectants: (WAC 296-800-11040)

- All chemical spray bottles, including cleaners, water-only, sanitizers, and disinfectants, are labeled with contents and concentration. (WAC 110-300-0260-1c)
- Wear gloves and eye protection when mixing chemicals that are corrosive. (WaLNI DOH 5.15)
- Never store incompatible chemicals in the same space. For example, bleach and ammonia products should never be mixed or stored together. Make sure storage spaces are properly ventilated. (WAC 110-300-0260-3)
- Adjust spray bottles to a heavy spray setting, rather than a fine mist.
- Avoid applying disinfectant strength chemical when children are in the immediate area.
- An eyewash is available and located in the kitchen per Department of Labor and Industries requirements. (WAC 296-800-11040 and LNI DOH 13.00)

The use of sponges is not permitted anywhere in the center. (CFOC 5.6.0.4)

Disposal of wastewater is done in the bushes, where children are not accessing.

CLEANING SCHEDULE

This center's minimum schedule for general cleaning is:

- Tables and counters used for food service will be cleaned and sanitized before and after each meal or snack. (WAC 110-300-0241-1a)
- Classroom handwashing areas and countertops, will be cleaned and sanitized daily. (WAC 110-300-0241-5,10)
- Bathrooms and potty chairs will be cleaned and disinfected at least daily(WAC 110-300-0220-1f). Toilet seats will be cleaned and disinfected throughout the day, at least daily, and as needed. (WAC 110-300-0220-4 and WAC 110-300-0241-6)
- Composting toilet will be cleaned daily and emptied according to manufacture recommendations.
- Nap mats will be cleaned and sanitized weekly, between uses by different children, after a child has been ill, and as needed. (WAC 110-300-0241-3 and WAC 110-300-0265-6b) They will be stored separately. (WAC 110-300-0265-6c) Nap mats will be in good repair. (WAC 110-300-0265-6a)
- Garbage cans are emptied daily and cleaned and disinfected as needed. (WAC 110-300-0241-8)

LAUNDRY

Linens and bedding are washed in the garage with laundry soap and bleach. (WAC 110-300-0241-4) This center's minimum schedule for laundry is:

- Linens and bedding are washed weekly or more frequently as needed. (WAC 110-300-0241-4 and WAC 110-300-0265-9)
- Soiled laundry is kept inaccessible to children. Soiled laundry is kept separate from clean laundry. (WAC 110-300-0245-1,2a) Laundry and laundry machines are separate from kitchen and food preparation areas and are inaccessible to children. (WAC 110-300-0245-1) Dryers are vented to the outside of the building. (WAC 110-300-0245-3)
- A change of clothes is available for the children and is provided by the parents. These clothes are stored in individual backpacks (WAC 110-300-0140-4) The center has a few sets of extra clothes (stored in the garage) available in case a parent forgets.

Bathroom Space and Toileting

Kaleidoscope Forest School has an approved composting toilet system with 2 toilet seats available in each classroom. Composting systems are operated in accordance with the Water Conserving On-Site Wastewater Treatment Systems guidelines from DOH.
All Toilets are cleaned and sanitized daily, or more, if necessary.
We also encourage "nature pee" in designated areas.
To ensure successful toileting and handwashing practice children have independent access to sufficient equipment, supplies and staff support.

Diaper Changing Areas and Disposal

A diaper changing area must be

- separate from areas where food is stored, prepared, or served
- be separate from where children play or eat
- have handwashing method readily available
- have a sturdy surface or mat that is not torn or repaired with tape, is washable, is large enough to prevent ground contamination and has moisture resistant that is cleanable

Children will not be left unattended on the diaper changing surface or mat during the diaper changing process. All steps will be followed in the diaper changing process (reference stand-up diapering procedure).
Kaleidoscope does not allow reusable or cloth diapers
Children will not be viewed by the general public while being diapered
A container designated for disposing of soiled diapers and diapering supplies is available within arms reach. The diaper disposal container is, inaccessible to children, hands-free, covered with a lid to prevent cross contamination, and lined with a disposable plastic trash bag.

WATER AND SENSORY PLAY

Wading pools are not used due to the high risk of disease spread. (WAC 110-300-0175-3) Instead sprinklers, water-only spray bottles, paintbrushes, watering cans, MUD and other forms of water play may be done.
Forest School will engage in water exploration, only when life guard is present and life saving equipment is available.

DISASTER PREPAREDNESS

This center has developed a disaster preparedness policy. (WAC 110-300-0166-1 and WAC 110-300-0470-1) See the Kaleidoscope Disaster Preparedness Plan. The plan has been reviewed and approved by DCYF. This plan is located in the binder in the garage, on SharePoint, on our webpage and a copy is kept in the disaster kit.

Families should read, review, sign, and date the plan upon enrollment. (WAC 110-300-0470-1f) The plan is discussed with families whenever it is updated but at least annually.

All staff will review this disaster policy upon hire and annually thereafter. Staff will sign that they have reviewed the plan. The director will be responsible for orienting new staff or substitutes to these plans. (WAC 110-300-0470-1f)

Evacuation routes will be posted in each classroom. (WAC 110-300-0505-2b) Procedures for medical, dental, poison, earthquake, fire, and other emergency situations will be easily accessible by all staff. These plans include: (WAC 110-300A-0470-2)

- which staff is responsible for each part of the plan and actions to be taken by a person discovering an emergency
- procedure for accounting for all children during and after an emergency
- evacuation routes and meeting location (WAC 110-300-0470-2a-i)
- Individualized Care Plans for children with special needs (WAC 110-300-0300)
- how children will be cared for until parents are able to pick them up (WAC 110-300-0470-1d)
- how contact will be made with parents/guardians when normal lines of communication are not available (WAC 110-300-0470-2a)

Fire safety requirements per WAC are met by this center. (WAC 110-300-0170) Fire drills are conducted monthly. (WAC 212-12-044) Documentation, including date and time of the drill and a debriefing/evaluation of the drill, is kept posted in each classroom. (WAC 110-300-0470-1e)

Disaster and earthquake preparation and prevention training are documented. Staff members receive training on how to use the fire extinguisher annually by the director.

Quarterly, the center conducts and documents a disaster drill. One type of disaster will be chosen for staff and children to practice, such as earthquake, lockdown, or shelter-in-place. (WAC 110-300-0470-4b) Families will be notified of the drill.

Food, water, medication, and supplies for 72 hours of survival are available for each staff and child. (WAC 110-300-0470-3) These supplies are stored in the rubber storage shed onsite.

SMOKING/VAPING

Smoking and vaping are prohibited in indoor and outdoor licensed space at all times. (WAC 110-300-0420-2) "No smoking or vaping" signs are posted onsite. (WAC 110-300-0420-2f) Cannabis use is not allowed during business hours. (WAC 110-300-0420)

☒Smoking or vaping is not permitted. Staff, on-site families, or volunteers are not allowed to smoke during child care hours. (WAC 110-300-0420) Staff are prohibited from wearing clothing that smells of smoke when working. (CFOC 3.4.1.1)

TRANSPORTATION SAFETY

All vehicles will be maintained in good operating condition. (WAC 110-300-0480-3c) A safety check will be done quarterly by the driver. All vehicle maintenance is conducted by Orcas Auto Tech. Vehicles will be properly licensed and insured. (WAC 110-300-0480-3e)

Child-adult ratios for the youngest child in the group will be maintained in vehicles. (WAC 110-300-0480-2d) All adults and children riding in the vehicle will use age-appropriate safety restraints (seatbelts, car seats, booster seats). Restraints for children with special needs will be appropriate for the child. (WAC 110-300-0480-3) Car seats and booster seats are provided by the child care center. Children will never be left unattended in a vehicle. (WAC 110-300-0480-2g)

All vehicles will contain a first aid kit (WAC 110-300-0480-2c), a driver's personal cell phone as a means of communication (WAC 110-300-0480-2b), emergency supplies for children with special needs (example: EpiPen or inhaler), and all children's emergency information (WAC 110-300-0480-2a). Drivers will not use cell phones while operating the vehicle.

Signed field trip permission slips are kept on-site at the center. (WAC 110-300-0480 and WAC 110-300-0460-2f)

Drivers will have a current driver's license, a safe driving record for at least 5 years, background check, and CPR/ First Aid training. (WAC 110-300-0480-3) Drivers receive training on safe vehicle operation from the center director. This training consists of items specific to the center's vehicles and transporting children.

PEST CONTROL

Public schools and licensed childcare centers must develop and provide annual notification of their pest control policies and methods, establish a system to notify employees and families of children of planned pesticide use, and post signs where pesticides have been applied. (Chapter 17.21 RCW, the Pesticide Application Act).

This center is dedicated to using the least amount of chemical control of pests in our program in order to provide the healthiest environment possible for our children. (WAC 110-300-0255-2) The child care takes steps to avoid attracting pests. If pests are found, the child care documents where, what type, and what steps were taken to eliminate the pests. (WAC 110-300-0255-1)

Annually, families are provided with a copy of our pesticide policy. The policy is located in garage binder, online, and on SharePoint.

According to the EPA, insect repellents are considered a pesticide (www.epa.gov) . Repellents are never used on children. (CFOC 3.4.5.2)

☒

Whenever possible, non-chemical methods of pest control are used. When pest problems persist, we may choose to use chemical pest control, such as rodent baits, weed killers, or insect sprays. When chemical pest control measures are taken, they will be applied by a Certified Pest Control operator, will not be applied while children are present, and will not be placed in a location accessible to children. Parents will be notified 48 hours in advance of the application, unless the pesticide is used to control pests that post an immediate risk to children's health or safety. (WAC 110-300-0255-1,2)

ANIMAL POLICY

This child care may occasionally have on-site animal-related educational activities where an animal is brought to the child care site. The Forest School occurs in locations that may have animals. Students may not touch or interact with dogs while attending Forest School. Families who bring their dog to drop off/pick up will be asked to leash their dog outside of the classroom area.

Wild Animal Encounters Policy

While wild animal encounters are less frequent, teachers must follow policies regarding interacting with wild animals. These include:
Raccoons: Use the emergency whistle procedure to call the kids together, then move away from the area. Raccoon feces is toxic
Farm animals, such as horses, cows, goats, etc.: Children may only interact with these animals under close supervision of a farm member. Children should wash their hands with soap and water and/or hand sanitizer immediately after being in contact with any farm animals.
Predators, such as coyotes, cougars, foxes, bears (not likely in our area): Blow the emergency whistle and keep the children close, then evacuate the area.
Stinging/Biting Insects: If a nest is found, teachers must contact the director. Cordon off the area and keep kids away until it can be dealt with appropriately.
Squirrels/Crows: Squirrels and crows are frequent visitors. Students may never touch these animals. To prevent squirrel/crow mischief, keep backpacks and any bags/containers containing food in a covered bin
Bats: Teachers or students should never touch live or dead bats. Director will be called, with bat impacted area marked off by teaching staff. Teachers should sanitize any impacted areas.
Deer: Moving calmly and slowly, teachers and children will gather together away from the deer. If needed, teachers may make a loud sound to encourage the deer to retreat from the classroom.
Dead animals: Don't touch, or in special cases for learning purposes touch with one finger and then wash hands with soap and water immediately after.

WASTEWATER DISPOSAL

Used water will be disposed of outside of the classroom boundaries or in proper waste equipment.

INJURY PREVENTION

Steps will be taken to prevent hazards to children in care, including hazards inherent to the natural physical features of the outdoors. Such hazards will be mitigated or lessened by active supervision and/or the implementation of benefit risk assessment and risk managment plans. The outdoor child care space will be inspected regularly and be kept free from hazards. Hazards include, but are not limited to: (WAC 110-300-0165-1,2,3,4,5)

- cuts, abrasions, punctures
- burns
- sheering, crushing, pinching
- confinement
- tripping
- falling objects

- equipment in poor condition

If commerical toys are purchased they will be age-appropriate (WAC 110-300-0150-1d), safe, in good repair, non-toxic (WAC 110-300-0150-1e), and not broken (WAC 110-300-0150-1f) The provider will periodically review the CPSC website for recalled items at www.cpsc.gov and remove recalled items immediately. (WAC 110-300-0150-1h)

The outdoor play space will be inspected daily before use for broken equipment, environmental hazards, garbage, animal contamination, and other hazards by the lead teacher. (WAC 110-300-0145-1) This Teacher will ensure that the hazard or contamination is removed, made inaccessible, or repaired immediately to prevent injury. (WAC 110-300-0135-2c)
Outdoor space boundaries are delineated by fencing or marked with safety cones.

Proper and active supervision will be maintained during all outdoor play. Staff will position themselves to observe the entire play area. (WAC 110-300-0345-3,5c-vii)

CHILD ABUSE AND NEGLECT

All staff have completed training in preventing child abuse and neglect, as well as recognizing and reporting suspected child abuse, neglect, and exploitation. (WAC 110-300-0106-4) In the event that staff have reason to suspect the occurrence of any physical, sexual, or emotional child abuse or neglect, child endangerment, or child exploitation, staff will make a report by calling Child Protective Services (CPS) at 1-866-ENDHARM (1-866-562-5624). (WAC 110-300-0475 and RCW 26.44) The child's file is on hand when placing the call. These phone numbers and the reporting system are clearly posted by office phone. (CFOC 3.4.4.1) The witnessing staff person will make the call, with the assistance of the director if needed. The director will contact the licensor immediately after a report of abuse is made. (WAC 110-300-0425-9b-iii)

If there is an immediate danger to a child, a report is made to local law enforcement. (WAC 110-300-0475)

Providers must complete the DCYF recognizing and reporting suspected child abuse, neglect, and exploitation training. (WAC 110-300-0106-4) Documentation of staff orientation and training on the indicators of child abuse and neglect are kept in staff files. Training occurs at the time of employment and then every year. (CFOC 1.4.5.2)

Section 3: Nutrition

This center serves meals and snacks which meet the daily nutritional requirements of the USDA Nutrition Standards for the Child and Adult Care Food Program (CACFP) or the National School Lunch and School Breakfast Program. (WAC 110-300-0185 and http:/www.fns.usda.gov/cacfp/meals-and-snacks)

The center will prepare, date, and post menus of meals and snacks. (WAC 110-300-0185-1a) The past menus will be kept on-site for 3 years plus the current year to meet CACFP requirements. If needed, substitutions of comparable nutrient value may be made and any changes will be recorded on the menu. (WAC 110-300-0185-1b).
The foods served will follow CACFP serving sizes and meal patterns for children.

- fruit juices will be 100% and limited to one or less servings per day (4-6 oz) (CACFP)
- Only pasteurized 1% unflavored dairy products are served. (WAC 110-300-0185-2a).
- Milk substitutions will follow CACFP guidelines

- include one whole grain-rich item per day (100% whole grains or at least 50% whole grains with the rest being enriched grain) (CACFP)
- include a fruit or vegetable for at least one snack a day (WAC 110-300-0185-2)
- ☒ incorporate ethnic, cultural, and seasonal foods regularly such as through Farm to ECE Program

If a child has a food allergy or special dietary need, the parent and the child's health care provider will identify a protocol for managing the child's special dietary need. The center will be provided with this comprehensive allergy management plan or an individual care plan for the child. This plan will include information on foods to be avoided, alternative foods, who will provide alternative foods, relevant medical information provided by the health care provider including medications, steps to take, etc. (WAC 110-300-0186-1-3)

The center will post children's food allergies where food is prepared and served and refer to this information when preparing food for children. This list will include the child's allergic reactions and will be kept confidential by covering with a piece of paper labeled "dietary restrictions and allergies". (WAC 110-300-0505-1c and WAC 110-300-0186)

Mealtime and snack time will support children's development of healthy eating habits. For safety and role-modeling, staff members sit, eat, and have casual conversations with children during mealtimes. (WAC 110-300-0195-4b) Staff members ***are trained in the CACFP pre-portioned plating process***. (WAC 110-300-0195-4a) Staff are respectful of each child's cultural food practices. (WAC 110-300-0195-3f)

Coffee, tea and other hot beverages will only be consumed when staff are not directly near young children and will be stored in a manner to prevent spills of hot liquid , in order to prevent scalding injuries. (WAC 110-300-0165-3b)

When parents provide their children meals or snacks, they must meet the nutritional requirements as outlined by the Washington State Meal Pattern for Child Care found on the USDA Nutrition Standards for CACFP Meals and Snacks webpage http:/www.fns.usda.gov/cacfp/meals-and-snacks. (WAC 110-300-0190-3) The child care must inform parents of these requirements. (WAC 110-300-0190-3a) If the meal provided does not meet nutritional requirements, the center will supplement the meal with the missing components. (WAC 110-300-0190-3b) The center will help the parent provide more nutritionally adequate meals in the future by sharing information and resources with the parents (such as the Pack-a-Sack handout from the Child Care Health Outreach Program or a summary of what a sack meal must contain (http://www.fns.usda.gov/sites/default/files/cacfp/CACFP_childmealpattern.pdf)).

FOOD SERVICE

Forest School food will be delivered daily, with appropriate temperatures maintained.
A daily delivery log will be used to record temperatures. Child & Adult Care Food Program (CACFP) guidelines are followed.

Meals and snacks will be served every 2 to 3 hours, except if children are sleeping. (WAC 110-300-0180-1a)
The following meals/snacks schedule is followed:

- Breakfast 9am
- Lunch 11:45
- Snack 3:00

FOOD PREPARATION FACILITY
This center prepares food in the center kitchen and onsite. All food preparation areas have adequate counter space that is moisture resistant and well maintained. (WAC 110-300-0198-2)

FOOD SUPPLY
This center purchases food from US FOODS, Costco, local grocery stores and creditable farmers. All food meets the following criteria:

- All food that is past the expiration date is discarded. (WAC 110-300-0197-4e) Food does not show any signs of tampering or spoilage. (WAC 110-300-0196-1)
- Severely dented cans are discarded. (WAC 110-300-0196-1)
- Only pasteurized milk and juice is served. (WAC 110-300-0196-2a)
- Children are only allowed to bring sack lunches if there are documented special dietary needs. (WAC 110-300-0195-3b)
- All food served is prepared at the center's kitchen. Home-prepared foods, except food for an individual child from their parent/guardian, are not permitted. (WAC 110-300-0196-3)

FOOD STORAGE
Food is stored away from and never below kitchen and other chemicals. (WAC 110-300-0197-4d)

All refrigerated foods are dated and covered (except when cooling foods to 41°F) (WAC 110

TEMPERATURE CONTROL
Refrigerators and freezers have thermometers placed in or near the door. Refrigerator temperature is maintained at 41°F or less. (WAC 110-300-0197-3) The refrigerator temperature is checked daily and documented. (WAC 110-300-0197-5) Freezer temperatures are maintained at 10°F or less. (WAC 110-300-0197-3b)

All food temperatures will be monitored using a calibrated metal stem-type dial food thermometer. (WAC 110-300-0197-5)

Hot holding food :hot food will be held at 135°F or above until served. (WAC 110-300-0195-1)
Cold holding food: food requiring refrigeration will be held at a temperature of 41°F or less until served. (WAC 110-300-0197-3a,b)

Thawing of frozen foods is done: (WAC 110-300-0197-8 and WAC 110-300-0195-1)

- by placing in the refrigerator,
- by placing in a pan in the sink with cool water running over the food,
- during the cooking process if the food is to be cooked immediately, or

Any sack lunches or foods brought from home are kept cool to prevent bacteria growth. (WAC 110-300-0197-3) Parents are expected to include an ice pack or other cold item to keep the lunch at a cool temperature.

FOOD HANDLING/SERVING
All staff will wash hands with soap and water (WAC 110-300-0197-1) at a designated hand washing sink prior to preparing or serving food, even if food service gloves are worn.

Food preparation is not done in handwashing sinks. (WAC 110-300-0220-1b and WAC 110-300-0198-4b)

Staff who prepare ready-to-eat foods wear gloves or use utensils during preparation. Staff in the classrooms wear gloves or use utensils when serving food to the children. Gloves are changed when they become contaminated. (WAC 110-300-0195-3d)

All children will eat from plates or other appropriate surface, have a paper napkin, and developmentally appropriate utensils. (WAC 110-300-0195-3a,e) Each child is served individually and "seconds" are available upon request. Food may be served family style when clothing is not too bulky to create a barrier to success. Staff members sit with the children during meals and snacks. (WAC 110-300-0195-4)

All spray bottles are labeled with the contents and the date. (WAC 110-300-0260-1)
Cutting boards will be washed, rinsed, and sanitized between each use. (WAC 110-300-0198-1)

All dishes, cups, utensils, etc. will be washed after each use in an automatic dishwasher capable of reaching 140 degrees F. (WAC 110-300-0195-3b, WAC 110-300-0198-3d and WAC 110-300-0241-1b)

FOOD WORKER EDUCATION
All staff members preparing or serving food have a Washington State Food Worker Card. (WAC 110-300-0106-13). Food worker card documentation will be kept in individual staff files.

Kaleidoscope also does food preparation on-site *(such as preparing breakfast, cutting fruit or cheese, heating foods).* The childcare has a designated person on-site whenever food is being prepared or served who is responsible for ensure food safety rules are followed. This "person in charge" of food safety onsite is the lead teacher of each classroom . (WAC 110-301-0195-1)

FOODS FOR SPECIAL OCCASIONS
Before bringing in foods for a special occasion, parents/guardians must discuss the food choices with staff to address any food safety or allergy concerns. (WAC 110-300-0190) ☒ Parents are allowed 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. (WAC 110-300-0190-4c)

DRINKING WATER

This child care center obtains drinking water from a public water system. Water is tested every six years for lead and copper through a certified water testing laboratory. (WAC 110-300-0235-2) If results are at or above the EPA action level, the child care will supply bottled water, consult with SJC H&CS, inform licensing of the test results and notify parents. (WAC 110-300-0235-2a-e)

Children are encourage to bring a water bottle daily. Drinking water is continuously available to the children.(WAC 110-300-0236-1a)

When necessary, jugs of water will be brought to Forest School. Jugs will be cleaned and sanitized regularly.

TOOTHBRUSHING

Developmentally appropriate toothbrushing activities that are safe, sanitary, and educational occur daily. Education materials are shared with families annually.

Section 4: Supports & Program Structure

Kaleidoscope has and follows a benefit-risk assessment and risk management plan approved by DCYF. See our webpage for details and examples.
Nature is central to our program and we are committed to maintaining a full time, year round, all weather program to benefit children in all developmental areas. We prioritze child led inquiry, nature exploration and encourage Risky Play (see Kaleidoscope Way for more information). Teachers use a variety of strategies and techniques to support child learning and understanding (WAC 110-302-0310)

FORAGING

Benefit-Risk Assessment is conducted annually. Children are encouraged to explore the natural vegetation of the forest. Staff are educated about the native flora and share that knowledge with the children. Our forest is free of pesticides and pollutants. Staff ensure that children do not touch, pick, harvest or consume plants without permission. Before a child eats any wild vegetation, teachers will determine whether it is safe for consumption. Harmful plants will not be removed but will be used for educational purposes. Mushrooms and other fungi of any variety must not be touched, picked, harvested or consumed by children (WAC 110-302-0346 1-5)

CLIMBING

Natural features such as trees and boulders may be climbed. Benefit-Risk Assessment is used to determine the proper methods to mitigate the possibility of injury and evaluated annually. Climbing areas will be inspected for hazards prior to climbing. Children must be within arms reach of teachers while climbing higher than 30 inches (WAC 110-302-0347 1-3).

TOOL ACTIVITY

Developmentally appropriate tools are used in our Forest Program. Benefit-Risk Assessment is conducted annually. Staff are trained in proper tool usage. Tools are inaccessible to the children when not in use. Staff will actively supervise tool usage, often using hand over hand strategies. Power tools are not used by children. (WAC 110-302-0352 1-10)

SCREEN TIME

Screen use is prohibited at Forest School. Staff use tablets/phones for music, documentation and phototaking.

GUIDANCE PRACTICES

GENERAL PRACTICES

The center's written behavior management and guidance practices are explained in our Family Handbook. (WAC 110-300-0110-2)

Staff work to maintain positive relationships with children by using consistent guidance techniques that are adapted to children's strengths and appropriate for their developmental stage. Staff point out positive social interactions rather than only focusing on negative behavior and help children problem

solve when conflicts arise. Staff members exhibit a range of techniques such as offering choices, distracting, ignoring, consequences, cool-off, and re-directing when behavior issues occur. (WAC 110-300-0330-2) Community resources (such as Early Achievers or Snohomish Health District Behavioral Health Specialist) are consulted when needed.

Behavior management principles are based on King County Behavior Guidelines. Teaching staff receive regular training on behavior management.

ENVIRONMENT
Classrooms will have simple, clear, and consistent agreements that promote a sense of Belonging for All and a positive climate for healthy connections (WAC 110-300-0330-2g) while emphasizing children's exploration of the natural world. Our environment is designed to allow for a variety of types of play and exploration while maximizing children's interests, engagement with developmentally and culturally responsive activities and ability to learn from play (WAC 110-302-0320).
Children are given the opportunity to have privacy or time alone, while still being able to be supervised by staff members.

ATTENDANCE RECORDS

Daily attendance records will be kept. The parent or other authorized person will sign their child in upon arrival and sign the child out upon departure using DCYF's electronic system. Attendance records will be kept at the facility for the minimum legal retention period. (WAC 110-300-0455)

CHILDREN WITH SPECIAL NEEDS / INCLUSION

Children with special needs are accepted into the program under the guidelines of the Americans with Disabilities Act (ADA). (WAC 110-300-0030-1b) Confidentiality is assured with all families and staff in the program. (WAC 110-300-0085 and WAC 110-300-0460-1a) All families are treated with dignity and with respect for their individual needs and/or differences.

A written individual plan of care is developed by the director, parent/guardian, and teacher for each child with special needs. It includes instructions from the parent and health care provider regarding the diagnosis (if known), medications, specific food or feeding requirements, life-threatening allergies, treatments, special equipment or health needs, modifications needed, emergency response plans, and contact information for the health care provider and/or specialists working with the child. (WAC 110-300-0300-2a and WAC 110-300-0190)

Dietary restrictions and nutrition requirements for particular children are posted but kept confidential. (WAC 110-300-0505-1c)

All individuals who work or may work with a particular child with special needs will be oriented to their particular 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 individualized care plan for that child. (WAC 110-300-0190-1)

The parent provides training to staff on any procedures that will be done to the child while in care. A written plan of care must be developed and updated at least once a year or sooner if needed. (WAC 110-

300-0300) The director seeks further information or training if necessary for center staff from local resources.

This plan includes how the child's special needs would be met in the case of a disaster. At a minimum the center will plan for the child to stay at the center for 72 hours without being able to contact the child's parents. (WAC 110-300-0470-1d)

Children with special needs are given the opportunity to participate in the program to the fullest extent possible. This is accomplished by consulting with outside agencies/organizations as needed. The center cooperates with other agencies that can provide services to the child on-site. Written parent/guardian permission is obtained for any visiting health professional services provided at the child care. (WAC 110-300-0300-1d)

All staff members receive general training on working with children with special needs and updated trainings on specific special needs that are encountered in their classrooms. (WAC 110-300-0300-1d)

Additional information can be found in Kaleidoscope Disaster Plan, Family Handbook, Bloodborne Pathogens Policy, Pet Policy, Risk Management Policies & Procedures Forest School 2019, Kaleidoscope Health Care Plan and Kaleidoscope Way document. These documents can be located online, at www.ourkaleidoscopekids.com, or in Kaleidoscope's office.