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**For Employees' Personnel File**

Date of Review and Approval by TCWS Executive Director

October 14, 2014

Signature

A handwritten signature in black ink, appearing to be "P. King", written over a horizontal line.

Date of Review and Approval by registered Health Care Professional

Name Peggy D. King, BSN

Signature

A handwritten signature in black ink, reading "Peggy D. King", written over a horizontal line.

Employee's Printed Name

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Employee's Signature

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Date of Review and Acknowledgment

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# Communicable Disease Prevention, Reporting, and Management

## Communicable Diseases and Local Health Department

Communicable diseases are illnesses. Illnesses are spread by direct contact with infectious agents (germs or bacteria). Illnesses can be spread by:

- Direct contact with body excretions or discharges from open sores
- Indirect contact with inanimate objects (drinking glasses, toys, bedding, etc.)
- Flies, mosquitoes, or other insects (vectors) capable of spreading a disease.
- Airborne exposure through coughs, sneezes, and close contact with a person who is ill.

Physicians report the following illnesses to the local/State Health Department. Call your local Health Department for information when a child or staff member has contracted any of these illnesses:

Acquired Immune Deficiency Syndrome (AIDS)	Pertussis (Whooping Cough)
Camphlogacteriosis (Campy)	Poliomyelitis (Polio)
Cryptosporidiosis	Reyes Syndrome
Diphtheria	Rheumatic Fever
E. Coli 0157: H7(Escherichia coli)	Rubella (German or 3 day measles)
Giardiasis	Rubeola (10 day measles)
Hemophilus Influenza type B (HIB)	Salmonellosis
Hepatitis	Shigellosis
Kawasaki Syndrome	Tetanus
Listeriosis	Tuberculosis (TB)
Meningitis	Typhoid Fever
Meningococcal Disease	Yersiniosis
Mumps	

In addition, Public Health should be notified when an unusual amount of children and/or staff are ill.

Local Health Department contact and others specific to our community:

- Communicable Disease: **(206) 296-4774**
- Child Care Health Program: **(206) 296-2770**

We contact our local health department whenever we have questions or concerns about other illnesses. We notify parents of any communicable disease outbreaks at our school.

## Preventing Infections When Contacting Bodily Fluids

This section outlines our approach to preventing exposure to blood-borne pathogens and needed actions when exposed. It DOES NOT discuss TCWS Waldorf School's responsibilities to comply with WISHA. For specific questions regarding compliance with WISHA, contact Labor and Industries at 1.800.423.7233.

Healthy people can develop illnesses that can spread easily in a group care setting. To help reduce the risk of illness we provide training for all of our staff on the transmission and prevention of diseases, including illnesses associated with body fluids. All blood and body fluids are considered capable of causing illness. Body fluids include blood, urine, stools (feces), drool (saliva), nasal secretions (mucous), vomit, drainage from sores/rashes (pus), etc.

Many diseases spread through direct contact with body fluids. To protect children and staff we follow the guidelines below when anyone is at risk or has been in contact with body fluids:

- Any open cuts or sores on children or staff are kept covered. Depending on the type of wound, a covering may be a bandage or clothing; or for staff, non-porous gloves.
- Whenever a child or staff member comes into contact with any body fluids the areas are washed immediately with soap and warm water and dried with paper towels, following the procedures that are posted by each sink.
- All surfaces in contact with body fluids are cleaned immediately and the areas are disinfected with a proper disinfecting agent using the three-step method: washing with soapy water, rinsing with clear water, and applying the disinfecting agent.
- Cleaning materials used to wipe up body fluids are put in a plastic bag secured with a tie and placed in a covered waste container. Brushes, brooms, dustpans, mops, etc. used to clean up body fluids are soaked in a disinfecting solution, and rinsed thoroughly. Cloth items or mops, after soaking, are washed with hot water in a washing machine. All items are hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach, separate from food and food storage.
- Children's clothes soiled with body fluids are put into a plastic bag which has been securely tied closed and labeled, and is sent home with the child's parent(s). A change of clothing is available for children in care.
- All clothing soiled with body fluids is changed. Staff in regular contact with body fluids (e.g. changing diapers) are provided a clean apron (to protect street clothing). All soiled laundry is kept safely out of the reach of children.
- Separate laundry baskets are used for clean and dirty laundry, and are sanitized frequently. Laundry is machine washed at a temperature of 140 degrees or with an approved sanitizing agent added.
- Hands are always washed after handling soiled laundry or equipment following hand-washing procedures posted by every sink.
- All carpets and rugs are professionally steam cleaned every six months or more as needed.

*Adapted from Licensing Guidebook DEL-LC-2001(x) 10/2006)*

## 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 member informs the Executive Director immediately and follows the procedures outlined in the TCWS Blood-Borne Pathogen Exposure Plan.

## Exclusion of Ill Children

On the advice of health experts, we do not permit children with any of the following symptoms to be or remain at school or in the Aftercare Program until they have been symptom-free for 24 hours without the use of symptom-masking medications:

- Fever of 100° F axillary (under arm) or higher **AND** who also have one or more of the following:
- Diarrhea / vomiting
- Earache
- Sore throat
- Rash
- Signs of irritability or confusion
- Headache

TCWS uses licensing-approved thermometers to determine if a child has a fever. (A fever of up to 100° F, without any of these symptoms, will not automatically result in your child being excluded from care. However, it is recommended that children with any fever be kept at home until they have been symptom-free for 24 hours without the use of symptom-masking medications:

- Vomiting on 2 or more occasions within a 24-hour period
- Diarrhea of 3 or more watery stools within a 24 hour period or 1 bloody stool
- Rash, especially with fever or itching
- Eye discharge or pinkeye. Children/staff are readmitted after:
  - Medical diagnosis to rule out bacterial infection, **or**
  - 24 hours on antibiotic treatment
- Fatigue preventing the child from being a part of regular activities
- Children/staff with open oozing sores, which cannot be covered, will not be allowed to be in school until:
  - 24 hours after starting antibiotic treatment, **or**
  - Sores are properly covered (e.g. bandage/clothing, staff-gloves), **or**
  - Sores are healed
- Lice and/or scabies. For lice, children/staff may be readmitted after treatment and when no nits are visible. For scabies, children/staff may be readmitted after treatment.

If TCWS management staff or faculty have concerns about a child's ability to safely return to school, we reserve the right to request a note from the child's health care provider.

We ask that ill children, as described above, not attend school for the following reasons:

- They are unable to be an active part of our daily program
- They expose other children and staff to illnesses
- They are at risk for being exposed to other diseases when their resistance is low

When a child is excluded from attending school, the Preschool / Kindergarten / Aftercare staff will note this in the Health Care Management Log kept at each site. Following an illness or injury, children are readmitted to the program when they have been symptom-free for 24 hours without the use of symptom-masking medications.

## Emergency Policy

In the event of a life-threatening injury to a child in our care, we will take the following actions:

1. A staff member will stay with the child and, if necessary, provide first aid according to the recommendations of the American Red Cross or American Academy of Pediatrics.
2. The child's teacher or designated staff will contact the Emergency Medical system (911) and will:
  - Describe the situation
  - State the physical location of the emergency
  - Give phone number, and stay on the line until told to hang-up
  - The Lead Teacher or Lead Caregiver or TCWS managerial staff will contact the parent or, if the parent cannot be reached, the child's alternate emergency contact person
3. Emergency transportation for any necessary medical care is determined by the emergency response team and/or parent. A staff member will accompany the child in the emergency transportation vehicle and remain with the child until the parent(s) arrive or the medical issue is resolved.
4. The Lead Teacher or Lead Caregiver completes an Accident/Injury Report form as soon after the incident as possible.
  - The original report is given to the parent as soon as possible.
  - A copy is kept on file at school.
  - These reports are reviewed, at least semi-annually by the Program Director.

## Emergency Phone Numbers

Emergency phone numbers for fire, police, and hospital/clinic are posted next to the telephones in the aftercare kitchen, business office, front office, faculty room, administration offices, and on the kindergartens' bulletin boards.

Fire Department, Police, and Rescue	<b>911</b>
Poison Prevention Center	<b>1.800.222.1222</b>
Group Health Urgent Care Bellevue Medical Center	<b>425.502.4120</b>
Overlake Hospital, Bellevue	<b>425.688.5000</b>

## TCWS Administration

<b>School Main Number</b>	<b>425.401.9874</b>
Reception/Attendance	Ext 0
Executive Director	Ext 2
Office Manager	Ext 3
Bookkeeper	Ext 4
Business Manager	Ext 5
Administrative Assistant	Ext 6

## Self-Referral for Hospital Transfers

In the case of an injury to a child that requires emergency treatment at a doctor's office or hospital, the incident must be reported by TCWS' Executive Director to the DSHS licensor on the day it happens, no later than one day after the incident, and called into CPS at (800) 609-8764. The entire TCWS Administrative Staff and the Student's Class Teacher are also notified.

## First Aid

When children are in our care, staff with current training in age-appropriate Cardio-Pulmonary Resuscitation (CPR) and First Aid training, are always available. (Documentation of staff training is kept in personnel files.)

The first aid kits contain:

- First Aid guide
- In the freezer—ice cubes, or frozen vegetables in plastic bags, or ice packs
- Disposable gloves (Nitrile, Latex-free, non-powdered gloves)
- Adhesive tape
- Sterile gauze pads (2, 3, and 4 inch sizes)
- Small scissors
- Bandages (different sizes)
- Roller gauze bandages
- Large triangular bandage
- Tweezers
- CPR mouth barrier
- Rescue medications such as inhalers, EpiPens, etc.

Our first aid kits are wall-mounted in each room, out of children's reach. When leaving the classroom for emergency situations which require us to evacuate the building/campus, the Lead Teacher is responsible for taking the first aid kit. When a class leaves campus for a field trip, the teacher signs a Travel First Aid kit out of the office. This Travel First Aid kit includes all items in a classroom kit, with the addition of:

- Instant cold packs
- A bottle of water and a cup
- Copies of emergency consent forms for each child that contain the emergency contact telephone numbers for each child's parents
- Medicines for acute conditions, e.g. inhalers, EpiPen, etc.
- Clean disposable gloves are kept in our first aid kit for staff to use when handling any injuries involving blood
- Liquid soap and paper towels
- Flashlight and batteries
- Whistle
- Tarp
- 2 Mylar blankets
- Paper drinking cups
- Snacks
- A cell phone

## Disaster Preparedness

- Procedures for medical, dental, poison, earthquake, fire or other emergency situations are posted in each classroom. The class/lead teacher/caregiver reviews the policies with each staff team regularly. The class/lead teacher/caregiver is responsible for orienting classroom volunteers, new staff, or substitutes to these plans. The school's Crisis Management Plan assigns specific duties to specific staff to ensure a coordinated response to an emergency or disaster.
- Evacuation plans and routes are posted in each classroom.
- Fire drills are conducted and documented each month and earthquake drills quarterly.
- Lock-down/shelter in-place drills are conducted quarterly.
- Staff members are familiar with use of the fire extinguisher.
- Earthquake safety precautions will include: pictures and other wall hangings are secured to the walls; shelving and book cases will not be overfilled; and heavy items are secured and not stored too high.
- Food, water and supplies for 72 hours of survival are available for each child and staff. These supplies are checked yearly for expiration dates and are stored in each classroom. Supplies are stored nearby for the staff.
- Disaster and earthquake preparation and prevention or training are documented.

## Injury Prevention

- The school is inspected at least quarterly for safety hazards by the class/lead teacher/caregiver. Staff will review their rooms daily and remove any broken or damaged equipment.
- The playgrounds are inspected daily for broken equipment, environmental hazards, garbage, animal contamination, etc. and proper amount of cushion material under and around equipment by the class/lead teacher/caregiver.
- Toys are age-appropriate, safe, and in good repair.
- Mirrors are shatterproof.
- Hazards are reported immediately to the lead aftercare staff who ensures that they are removed, made inaccessible, or repaired immediately to prevent injury.
- The accident and injury log are monitored by the Program Director once a month to identify accident trends and implement a plan of correction.
- The Staff maintains proper supervision indoors and outdoors at all times.

## Minor Illness, Injury, and Accident Management

When any minor emergency occurs (open skin, bruises, incidents involving the head and/or face) we will do the following:

1. Staff trained in First Aid will follow the actions for the particular injury or illness as specified in our American Red Cross First Aid Manual.
2. The child's teacher will record the incident and treatment on an Accident/Injury Report form.
3. The incident is reported to the parent by telephone and via a copy of the report and a copy is filed in the student file.
4. Accident/Injury Reports are stored on a clipboard in each Pre-school/Kindergarten and Aftercare room.
5. An incident log is kept in the front office to document minor injuries in addition to accident reports. This log is reviewed once a month.



## Reporting Illness and Injuries to DEL/Licensing

As per WAC 170-295-7060

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

You or your staff must report immediately:

- (1) A death or a serious injury or illness that requires medical treatment or hospitalization of a child in care must be reported by telephone and in writing to the parent, licensor, and child's social worker, if the child has a social worker;
- (2) 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
- (3) 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.

[Statutory Authority: Chapter [43.215](#) RCW and 2006 c 265. WSR 08-08-012, § 170-295-7060, filed 3/19/08, effective 4/19/08. WSR 06-15-075, recodified as § 170-295-7060, filed 7/13/06, effective 7/13/06. Statutory Authority: Chapters [74.12](#) and [74.15](#) RCW. WSR 03-14-110, § 388-295-7060, filed 6/30/03, effective 8/1/03.]

### **School aged programs: 170-297-3600 Injuries or illness requiring professional medical treatment.**

- (1) When program staff becomes aware that a child's injury or illness may require professional medical treatment, the licensee or designee must:
  - (a) Call 911, when applicable, and follow their recommendations;
  - (b) Administer first aid; and
  - (c) Call the child's parent or guardian.
- (2) After taking actions as prescribed in subsection (1) of this section, the licensee or designee must:
  - (a) Call the department; and
  - (b) Within twenty-four hours, submit an injury/incident report form to the department.
- (3) The injury/incident report form must include:
  - (a) The name of child;
  - (b) The date, time and location where the injury or illness occurred;
  - (c) A description of the injury or illness;
  - (d) The names of program staff present;
  - (e) The action taken by program staff; and
  - (f) The signature of program staff.

## Medication Management

### Medication Policy and Authorization for TCWS Personnel

For TCWS personnel to administer any medication, Washington State law and/or TCWS School policy requires:

- Parent/Guardian must provide a completed Authorization for Administration of Medication form for each three-day period that the child is to be given ANY medication (**including over-the-counter, non-prescription medications**) at school. The form must be filled out completely and include a parent/guardian authorization. Exceptions:
  - Medicines for chronic, long-term conditions such as asthma, epilepsy, etc. need not be resubmitted on a three-day cycle.
  - If medication is changed by the physician within the three-day period, the parent/guardian must provide a new Authorization for Administration of Medication form.
  - Homeopathic remedies may be administered if homeopathic remedy authorization is on file (per the annual Emergency/Consent form).
- We administer medications by routes other than oral (ointments, creams, eye drops, nasal inhalers, suppositories, or non-emergency injections) in the following cases only:
  - Medicines for chronic, long-term conditions such as asthma, epilepsy, etc.
  - EpiPen and EpiPen Jr. for situations susceptible in a predetermined life-threatening situation.

**Note:** The anthroposophical view of human development promotes natural and homeopathic health care. TCWS offers parents the opportunity to indicate permission for administration of homeopathic remedies to their child by school personnel, on the school's Emergency Consent form.

- All medications, whether they be prescription, over-the-counter or homeopathic must be labeled with the child's first and last name
- School personnel must keep a written record of all medications they give to any child on a Record of Medications Given form. The school is obligated to archive these records for seven years.
- Medications which require refrigeration are stored in a designated container in the refrigerator.
- Internal medications are kept separate from external medications.
- All medications are kept at the proper temperature (refrigerated or non-refrigerated).
- All medications are inaccessible to students.
- Narcotics/controlled substances are kept locked in the office.
- Internal medications, when not in need of refrigeration, are stored in the back cabinet, inaccessible to the children, in a dark and dry area.
- External medications are also stored in the back cabinet in the office, with the first aid supplies, and out of the reach of children.
- The office staff is responsible for administering medications and keeping documentation of the date and time the medication was given as well as recording the information on their respective shifts on the standard school forms that are kept in the sign-in and sign-out log books.
- A child's medication is sent home when it is no longer needed or has expired.

## Medication Administration Procedure

1. Fill out "Record of Medications Given."
2. Wash hands before preparing medications.
3. Carefully read labels on medication, noting and confirming:
  - Child's name
  - Medication name
  - Amount to be given
  - Time to be given
  - How to be given
4. Confirm that medication is not expired. Expired medication may not be administered.
5. Prepare medication on a clean surface away from diaper or toileting areas. The surface will be cleaned and sanitized by the three-step method before and after administering medication.
  - For liquid medication, use clean medication spoon, syringe, dropper, or medicine cup that has measurement levels clearly labeled provided by parent
  - For capsules/pills, medication is measured into a paper cup
6. Wash hands after administering medication.
7. Observe child for side effects of medications and alert other staff to possible side effects. Rescue medications are kept in the classroom 'grab-and-go' backpacks.

## Instructions for Medication

*To be completed by TCWS personnel as reference against physician's authorization and medication container.*

Child's Name			
Reason for Medication			
Name of Medication			
How much should be given?			
When should it be given?			
How should it be given?	· Orally (by mouth)?		· Topically (to skin)?
	· Other (describe)		
When should it be discontinued?			
Requires refrigeration?	· Yes		· No
Possible side effects			
Special instructions or suggestions (for example, take with food, follow with favorite drink)			

**NOTE:** A physician's signature is required for non-prescription medications if:

- There are no instructions on the container for use of the medication for child's age, **or**
- The medication is not listed below.
  - Antihistamines (Benadryl, Sudafed)
  - Non-aspirin pain relievers and fever reducers (Tylenol, Datril, Liquirin)
  - Cough medicines (Robitussin, Triaminic)
  - Decongestants (Dimetapp, Pediacare, Robitussin)
  - Anti-itching creams (Caladryl, Delacort)
  - Diaper ointments and powders ( A&D, Desitin)
  - Sun screens

## Record of Medications Given

Date	Time	Amount Given	Full Name of Staff Giving Medication

## Authorization for Administration of Medication

Student name		Birth Date	/ /	Gender	• M • F
<b>Health Care Professional</b> completes this section—please print clearly and legibly					
I have determined that the medication named below is advisable during the school day.		Diagnosis or reason for medication			
Name of medication		Dosage			
• Tablet/Capsule      • Liquid      • Inhaler      • Nebulizer      • Other					
<i>It is TCWS Waldorf School policy that school personnel administers medicine only one time per day. Parents/Guardians must schedule any additional required doses at home and/or will need to come to the school to administer any additional doses during school hours. Exception: medication for chronic condition.</i>					
If medicine is to be administered by school personnel DAILY at school, at what time?					
If medicine is to be given once per day WHEN NEEDED, describe indications.					
Is child allowed to carry and self-administer “rescue inhaler”? If yes, Parent has trained this student in the purpose and appropriate method and frequency of use:				• Yes • No	
Length of time this treatment is recommended		• Current School Year		• Other:	
Significant side effects					
Date	/ /	Health Professional Signature			
Phone Number		Health Professional Name (Print)			
Address					
<b>Parent / Guardian</b> completes this section—please print clearly and legibly					
<ul style="list-style-type: none"> <li>• I request that my child be allowed to take the medication as described above.</li> <li>• I request that authorized persons at school assist my child in taking the medicine(s) described above.</li> <li>• I have verified that the first dose of the medicine(s) described above was given under parent or physician’s direct supervision.</li> <li>• I understand that school staff will attempt to administer medication in a timely manner, and only once per day.</li> <li>• If additional doses are necessary during school hours, I will visit school to administer them directly.</li> <li>• I will provide the medication in the original, properly labeled container.</li> <li>• I give my permission for the exchange of information between the school’s staff and health care provider.</li> </ul>					
Date	/ /	Parent/Guardian Signature			
Daytime Phone		Parent/Guardian Name (Print)			
Emergency Phone		Emergency Contact Name			

## Health Records

Certain health information about each child is required by state childcare regulations (WAC 388-150). To meet these state requirements, we ask for the following information in our registration packet:

- The child's health history, including date of last physical
- Consent for emergency care
- Name of preferred hospital
- Immunization status
- Authorization for a person other than the parent to take the child out of the school via a form that is completed by the child's parent(s) or legal guardian(s). Because all of the children in our program are 3 years old and older, these forms are updated on an annual basis.
- Health Care Provider name and phone number
- Allergy and food intolerance
- List of current medications
- Authorization for administration of homeopathic remedies (yes/no)

## Immunizations

TCWS acknowledges the state health requirements for immunization of young children. Certificates of Immunization status for every child enrolled at TCWS are kept on file in the main school office in each student's individual file which may be reviewed at any time for confirmation of compliance with licensing standards. Certificates of Immunization are records of a child's immunization against the following diseases:

- Diphtheria, Tetanus, Pertussis (DTP, DTAP, TDAP)
- Measles, Mumps, Rubella (MMR)
- Polio (OPV or IPV)
- Hepatitis B
- Varicella
- Hib (Hemophilus Influenza B) *(required for those children less than age 5)*

When a child leaves the care of TCWS, the records of their immunization are returned to the parents.

A child may be accepted into TCWS without immunizations if the parents provide a medical provider-signed Certificate of Exemption. (For example, parents oppose their child being immunized due to religious, philosophical or personal grounds **or** immunizations are medically unsafe or unnecessary for their child.) In this instance the child's health care provider must describe the medical reason why it is not safe and to sign a statement advising against immunization.

Children who are not immunized will not be allowed to attend school or aftercare during a disease outbreak for diseases that can be prevented by immunization (e.g. measles or mumps). This is to protect children without immunization against infection and to reduce the spread of disease.

# Infection Control Practices

## General Hygiene

We have found the best way to control the spread of illness and reduce infections is for our personnel and children to wash hands properly and disinfect all surfaces that can spread bacteria (germs).

We use botanical disinfectants when we are able to leave the surfaces wet for at least 10–15 minutes (or better yet, to allow them to air dry). In those instances when this is not possible, we use a bleach solution (1/4 tsp bleach to 1 quart cool water, mixed and dated fresh daily, which requires only two minutes before it can be wiped.

## Procedures for Cleaning

Toys are washed in soap and water and dipped in a disinfectant solution for a minimum of one minute and allowed to air dry. Toys that cannot be easily dipped are sprayed with disinfectant solution. The solution is allowed to stay on the item for one full minute before being dried.

Our school promotes the use of natural materials and surfaces with children and uses natural material toys and class supplies that naturally repel germs. Cloth toys are washed as often as needed in a washing machine at a water temperature of 150° F and machine-dried. Nap cots and linens are washed weekly by staff members. Bleach and indiscriminate biocides are used whenever possible.

- Floors are washed and disinfected daily or more frequently as needed.
- Toilets and hand-washing basins are washed and disinfected daily.
- Tables used for food serving are washed and disinfected before and after each meal or snack.
- Furniture, rugs, and carpeting are vacuumed daily in all areas. The use of powders or chemical cleaners that can leave residues that can be harmful to children with allergies, asthma, etc., are avoided. Carpets are steam-cleaned following the use of any chemical spot cleaner. Carpets are professionally steam-cleaned yearly.

## Hand Washing

Hand washing is the single best way to reduce or stop the spread of bacteria (germs) that cause a child to be ill. Our staff wash their hands and teach or help children (if help is needed) to wash their hands according to the following guidelines.

Staff and faculty wash their hands:

- Upon arrival at school in the morning
- Before handling foods, cooking activities, and eating and serving food
- After using the restroom or helping children use the restroom
- After handling or coming in contact with bodily fluids such as mucus, blood, saliva, or urine
- After attending to an ill child
- After being outdoors
- After petting or feeding pets/animals
- Before and after administering first aid
- Before and after administering medication

Children are directed or assisted in hand-washing:

- Upon arrival at school or returning to the classroom from the outdoors
- After toileting
- After coming in contact with bodily fluids
- Before meals or cooking activities
- After outdoor play or after handling modeling material such as clay
- After touching/petting animals
- Before and after playing in the water table

### Procedure for Hand-Washing

1. Make sure soap, warm water, and individual towels are available for staff and children.
2. Turn on the water and adjust the temperature (this should be done by an adult).
3. Wet the hands and apply a liberal amount of soap.
4. Rub hands in a wringing motion from wrists to fingertips for a period of no less than 20 seconds.
5. Rinse hands thoroughly.
6. Dry hands, using an individual towel.
7. Use hand drying towel to turn off water faucet(s).

## Child Abuse and Neglect

Any employee, volunteer, contractor, intern, or Board member who has reasonable cause to believe that a child has suffered abuse or neglect, whether by an employee, Board member, parent, volunteer, or any other person shall immediately:

1. Report the incident to Child Protective Services by calling 1-866- ENDHARM (1-866-363-4276) within 48 hours of the incident as required by law.
2. Report the incident to the school licenser and inform the Executive Director of such report.
3. If appropriate, report the incident to the police.
4. Inform the Executive Director of such reports.

Should a suspected abuser be an employee, volunteer, contractor or intern of TCWS, the incident must be reported, verbally and in writing, to the Executive Director. Should a suspected abuser be the Executive Director, the incident must be reported, verbally or in writing, to the President of the Board of Trustees. Should a suspected abuser be the President of the Board of Trustees, the incident must be reported verbally or in writing to the full Board of Trustees. Any suspected abuser is suspended from all program activities involving children until TCWS's investigation is complete.

### Failure to Report Abuse

Any employee, volunteer, contractor, intern or Board member who fails to report an incident of abuse may be suspended, terminated, or otherwise removed from his/her position with TCWS.

### Records

A full record is maintained of every incident of abuse reported, including a description of the incident, the name of the individual who reported the incident, a record of TCWS's internal investigation, if any, and the outcome of that investigation. Such a record is maintained whether the incident report names as the abuser an employee, a volunteer, a contractor, an intern, the Executive Director, or any member of the Board of Trustees or its officers.

The mandated reporter with direct observation or information will document the following information \*:

- Child's name
- Child's age/birth date
- Address
- Name and address of parent or guardian and other children in the home (if known)



- Any statements made by the child (but do NOT interview them)
- 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
- Date and time of calls to Child Protective Services and Division of Child Care and Early Learning (licensor)

\*Note: These reports may become legal documents. Confidentiality of these reports must be strictly observed.

- Incident reports will be copied to the Executive Director and stored in a confidential file, separate from the regular student file.

## Special Needs

- Confidentiality is assured with all families and staff in our school.
- All families are treated with dignity and with respect for their individual needs and/or differences.
- Children with special needs are accepted into our program under the guidelines of the Americans with Disabilities Act (ADA) and healthcare provider or other specialist, if applicable.
- A written plan of care is developed by the director, parent/guardian, and teacher for each child with special needs.
- Children with special needs are given the opportunity to participate in the program to the fullest extent possible. This may be supported by consulting with outside agencies/organizations.
- 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.

## Food Service and Nutrition

### Food Service

- Food handlers' permits are required for staff members who prepare full meals and are encouraged for all staff.
- Orientation and training in safe food handling are given to all staff. Documentation is posted in the kitchen area and/or in staff files.
- Licensing does not permit children to access the kitchen. However, children are permitted to be included in the daily routines of food preparation, such as cutting washed fruits and vegetables for snack time, with proper hand washing.
- Staff and children 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.
- 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 0° F or less in the freezer.
- Chemicals and cleaning supplies are stored away from food and food preparation areas, in locked cabinets not accessible to children.
- Cleaning and disinfecting of the kitchen are according to policy.
- Dishwashing will comply with safety practices:
  - Hand dishwashing uses three sinks or wash basins (wash, rinse, and sanitize), and allowed to air dry in a rack.
  - Dishwashers have a high temperature sanitizing rinse (140° F residential or 160° F commercial) or chemical disinfectant.
- TCWS staff use wooden cutting boards which are naturally less prone to germs, or plastic boards. Boards are washed between each use. Cutting boards are not used to process meat, chicken, or seafood.
  - Food preparation sink will not be used for general purposes or post-toilet hand washing.
  - Kitchen counter sinks and faucets are washed, rinsed, and sanitized before food production.
  - Tabletops where children eat are washed, rinsed, and sanitized before and after every meal and snack.

### Food Preparation

Food not handled properly can be a major cause of very serious stomach upset, vomiting, and diarrhea. To reduce the risk of food-borne illness, the TCWS Waldorf School Mixed Age Kindergarten and After Care staff adheres to the following procedures:

- **Thaw frozen foods**
  - In the refrigerator, 1–2 days before the food is to be prepared, **or**
  - Under cold running water while wrapped in a thin plastic bag, **or**
  - In the oven during the cooking process if the item weighs less than 3 pounds. (Plan for the extra time needed to cook the food to the proper temperature.)
- **Cook** all foods at the proper temperature. Use a clean cooking thermometer with a metal stem to determine that the proper temperature has been reached.
- **Reheat** foods to an internal temperature of 165° F in 30 minutes and if held, keep the temperature at 140° F until served.
- **Hold** cooked foods at a minimum temperature of 140° F until served.

## Cooling Foods

- Place food in shallow container (metal pans are best) 2 inches deep or less. Leave uncovered and then either put the pan into the refrigerator immediately or an ice bath or freezer, stirring occasionally.
- Reduce the temperature to 70° F within 2 hours or to 45° F within 4 hours or less
- Place high-density foods such as refried beans, chili, or clam chowder in uncovered shallow containers (metal pans are best) 2 inches deep or less until food is cooled to 45° F or less.

## Leftover Food

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

## Food Substitution

Due to allergies or special diets and authorized by a licensed health care provider, food substitutions are provided within reason by TCWS.

## Nutrition

Adequate nutrition is critical for the growth and development of all children. The parents and families of the children provide the following snacks and meals:

- Mid-morning snack, which includes food from two different food groups, is prepared and served by teachers.
- Lunch is prepared by parents and sent to school with the children, except for in the Kindergartens.
- Mid-afternoon snack, which includes food from two different food groups, is prepared and served by the Aftercare staff.
- Children have free access to drinking water.
- Lunches sent from home must be nutritionally complete, which means that they must contain a protein, a starch, 2 fruit or vegetable servings, and fluid milk. If you prefer your child to have a beverage other than fluid cow's milk with lunch, then a healthcare provider's written approval is required.

## Asthma and Allergy Emergencies

- A record of students with food or other allergies along with written directions from the parents about what can or cannot be served to their children are kept in each child's file. Copies of these records will also be posted at each site where all staff members can easily access the information.
- If a child cannot eat certain foods, parents are asked to provide written lists of what foods the child can eat.
- When considered important enough by parents to notify the school, a description of the allergic reaction for each child with allergies and the action that needs to be taken in the event of a reaction are included in child's file as well as posted where all staff members can easily access it.
- All staff members are instructed about where to find information on students with allergies.

## Pet Health

- Parents are notified in writing when planned pet visits are scheduled.
- Animals are properly cared for (clean water and food, clean cages, and immunized).
- Animals, their cages, and any other equipment will not be allowed in food prep areas.
- Children are closely supervised when handling pets.
- Children with allergic response to animals are accommodated.
- Children and adults will wash hands after handling or feeding animals.
- As a licensed child care facility, we do not allow children to clean cages.
- Animal waste, including fish tank water, must not be disposed of in sinks used by children or staff, except custodial sinks. If custodial sinks are used to dispose of animal waste, the sink area must be washed, rinsed, and disinfected after disposal.
- Our school promotes children's participation in the maintenance and care of their environment. As a result, classroom pets are cared for on a rotating schedule by each child under the supervision of the TCWS faculty and/or staff.

## Staff Health

The health of TCWS employees who care for children is very important. If a child care provider is not feeling well, it is more difficult for them to interact positively with the children, and the children may become sick as well. Mental health is as important as physical health.

To assure that the people taking care of the children are healthy, TCWS requires the following:

- As per licensing requirements, Early Childhood and Aftercare teachers and assistants are required to be tested for tuberculosis prior to being employed unless they are otherwise advised by a healthcare provider.
- All staff with a reportable communicable disease is required to avoid contact with children unless approved, in writing, by a health care provider. In the case that a staff member has a reportable communicable disease, the director of the school will assess the health of that individual and report it to the licensor and the health department, if applicable.