

**Early Learning  
Center  
Health Care  
Services Plan**

The Early Learning Center's Health Services Plan is designed to assist in providing a healthy, sanitary, and safe environment for children and adults. Throughout this plan there are sections which are required by the State of Michigan Department of Child Day Care Licensing and also from the National Association for the Education of Young Children (NAEYC). Licensing rules are indicated with the letter R and preceded by number (example- R 400.8134). NAEYC requirements are marked by the number 1-10 followed by a letter, and another number (example – 5A.09).

## **Health Surveillance: Cleaning, Sanitation, and Disinfecting (5C.5)**

One of the most important steps in reducing the spread of infectious diseases in child care settings is cleaning, sanitizing, and disinfecting surfaces that could possibly pose a risk to children or staff.

The ELC uses the standards, criterion, and practices of NAEYC Accreditation to maintain a healthy and safe environment. The following definitions are used:

- **Cleaning** – Physically removing all dirt and contamination, oftentimes using soap and water. The friction of cleaning removes most germs and exposes any remaining germs to the effects of a sanitizer or disinfectant used later.
- **Sanitizing** – Reducing germs on inanimate surfaces to levels considered safe by public health codes or regulations. Sanitizing may be appropriate for food services areas, tables, chairs, toys, and pacifiers.
- **Disinfecting** – Destroying or inactivating most germs on any inanimate object, but not bacterial spores. Disinfecting may be appropriate for diaper changing areas, door and cabinet handles, toilets, and other bathroom surfaces.
- **Detergent**- a cleaning agent that helps dissolve and remove dirt and grease from fabrics and surfaces. Soap can be considered a type of detergent.
- **Dwell Time** – The duration a surface must remain wet with a sanitizer/disinfectant to work effectively.
- **Germs** – Microscopic living things (such as bacteria, viruses, parasites and fungi) that cause disease.

A copy of the Cleaning, Sanitizing, and Disinfection Frequency Table is posted in each classroom, along with the cleaning checklists for each area.

At the ELC the 3-step sanitation process is used to clean, sanitize, and disinfect surfaces and materials. The 3-Step Process is as follows:

### **3-Step Cleaning, Sanitation, and Disinfecting Process:**

Spray bottle #1 – Soap & Water Mixture (16 ounces of water to 1/8 teaspoon dish/hand soap or 1-gallon water to 1 teaspoon dish/hand soap)

Spray bottle #2 – Water

Spray bottle # 3- Two (2) Bleach and water solution bottles (one of each recipe below)

Between steps 1, 2, and 3 of sanitation/disinfecting process the surface is wiped with an unused single use towel between each step. Following step 3 allow surface to air dry (dwell) for 2 minutes before use of surface. Refer to table below to determine which bleach solution to use on specific surfaces/materials.

**Closing Staff – empty contents of each bottle daily**

**Bleach Bottle Solution:**

Purpose	Recipe
Sanitizer (bleach bottle 1) For food contact surface sanitizing (dishes, utensils, cutting boards, high chair trays), toys that children may place in their mouths, and pacifiers.	1 tablespoon of bleach + 1 gallon of cool water Let stand for 2 minutes or air dry.
Disinfectant (bleach bottle 2) For use on non-porous surfaces such as diaper change tables, counter tops, door and cabinet handles, and toilets.	¼ cup of bleach + 1 gallon of cool water Let stand for 2 minutes

**HAND WASHING PROCEDURES: (R400.8131),(5A.20)**

Hand washing procedures are to be followed strictly to reduce against the risk and/or spread of infection by all adults and children. For children who are not developmentally able to wash their own hands staff will assist them in completing the task (this includes infants). The proper hand washing procedure is to:

- Use liquid soap and running water
- Rub hands vigorously for at least 20 seconds including back of hands, wrists, between fingers, under and around jewelry, and under fingernails
- Rinse well with running water
- Use a single-use disposable paper towel to **dry hands**
- Use a separate single-use disposable paper towel to **turn off faucet**

**Children and adults** will wash their hands:

- Upon arrival for the day
- Prior to caring for children
- After diapering or using the toilet-this includes infants
- After handling bodily fluids (coughing on hand, blowing nose, touching mucus, blood, or vomit)
- Before eating meals and snacks
- Before preparing or serving food (or immediately after handling any raw food which requires cooking, e.g. meat, eggs, poultry) this includes mealtimes and classroom cooking projects
- After playing in water that is shared by two or more people
- After handling pets and other animals or any materials such as sand, dirt, or surfaces which might be contaminated by animals
- When moving from one group to another that involves contact with infants, toddlers, and twos

- When soiled

## **Adults additional hand washing requirements (5A.19)**

- Before and after feeding a child
- Before and after administering medication
- After assisting a child with toileting
- After handling garbage or cleaning

## **Additional hand washing policies:**

- Staff wear gloves when contamination with blood may occur
- Staff do not use hand-washing sinks for bathing children or for removing smeared fecal material
- There are separate sinks for food preparation, cleaning, and hand washing
- Alcohol-based hand sanitizers are used as a temporary measure only, hands are washed with soap and running water as soon as possible
- If hand sanitizers are used as a temporary measure, a sufficient amount must be used to keep the hands wet for 15 seconds.

## **Tooth brushing policy (5A.23)**

Children older than 1 year will have the opportunity at least once daily to brush their teeth. It is the child's preference whether or not they use tooth paste. The ELC will supply toothpaste on individual pieces of wax paper for children and toothbrush protectors. Parents are responsible to provide toothbrushes for their child. Tooth brushing will be done at a sink which is not used for hand washing after toileting.

For infants less than 1-year-old, primary caregivers use a washcloth to wipe and clean each child's gums after every feeding.

## **HEALTH SURVEILLANCE; REPORTING**

The ELC is responsible for reporting to parents observed changes in their child's health or any accidents that may have occurred while in our care. In such cases the staff at the ELC will provide a written report with the specific information of the incident.

It is important that every parent & staff member cooperate fully with the health care program. Policies are designed to protect the well being of all children and to guard, as much as possible, against avoidable absences for health reasons. When there are symptoms of illness or other indications that a child is not well enough to participate in group activities, arrangements must be made for his/her care outside the center. The ELC does not have provisions for the care of children who are ill.

Proper care at the beginning of an illness can often shorten its duration. If a child becomes ill at the center, he/she will be isolated, and the parent or emergency person listed on the child's information record will be called, so arrangements can be made to have the child picked up **within 30 minutes**.

In the event a child becomes ill at home or while at the center, parents should keep their child out of the center for a complete 24 hours after **all** symptoms or signs of illness have passed. This policy includes, but is not limited to, fever, rash, vomiting, diarrhea, rash, nasal congestion, and eye discharge. If a child is prescribed an anti-biotic from his/her physician, they should be kept at home for a full 24 hours after the initial dose.

(6A.8)

The following guidelines have been established by the **Centers for Disease Control and Prevention to determine exclusion for staff and/or children**. The ELC staff will use these guidelines to determine when a child should be sent home from the center. **Parents should keep their child at home for a full 24 hours if they notice their child has one or more of the following symptoms:**

- **Fever – AND/OR** sore throat, rash, vomiting, diarrhea, earache, irritability, or confusion. Fever is defined as having a temperature of 100 degrees F or higher (taken under the arm).
- **Diarrhea** – occurrence of runny, watery, or bloody stools in addition to other symptoms. If no other symptoms present, 2 or more occurrences.
- **Vomiting-** when other symptoms are present. If no other symptoms present, two or more occurrences.
- **Body rash with fever**
- **Sore throat** - with fever and/or swollen glands.
- **Severe coughing** – child gets red or blue in the face or makes high-pitched whooping sound after coughing.
- **Eye discharge** – thick mucus or pus draining from the eye, or pink eye.
- **Yellow skin or eyes**
- **Child is irritable, continusly crying, or requires more attention than we can provide without compromising the health and safety of the other children.**

The ELC is required to report illness related absence to the District #10 Health Department on a weekly basis. Parents are asked to call the center to report illness of their child. When reporting a child illness the following information is collected:

1. Child's name and age
2. A description of the symptoms of the illness (vomiting, fever, rash, etc.)
3. When symptoms were first noticed
4. The type of illness, if known, and who identified the illness (physician, nurse, family member, etc.)

Any special needs, such as allergies or restriction of physical activities, must be specifically noted by the child's physician. The ELC staff will do their best to provide the child with the care they require, provided the needs of the other children enrolled in the program are not compromised.

### **HEALTH SURVEILLANCE; Illness/Exclusion (6A.8, R.400.8155(5))**

A child too ill to remain in the group shall be placed in a separate area where he or she may be comfortably cared for and supervised until he or she can be taken home or suitably cared for elsewhere. Each classroom will have a cot labeled for the exclusive use of ill children. Any toys and/or equipment used by a child who is ill shall be disinfected using the 3- step sanitation process, or cleaned in an approved manner if the 3- step process is not possible before equipment can be utilized again by other children. In the event a child vomits or has diarrhea, staff will use proper safety devices such as gloves, and perform the 3-step sanitation process procedures as indicated in the Blood borne Pathogens training manual.

When determining if a child has a fever, staff will use a digital thermometer (located in the first aid cabinet in room 118) taking the temperature under the child's arm. Whatever the actual reading on the thermometer is, when being taken under the arm, the staff will add one degree to the final reading. After temperature is determined, staff will clean the thermometer with rubbing alcohol before returning it to the first aid cabinet. If it is determined that the child's temperature and/or symptoms require the child be removed from the center the child will be offered a quiet activity while they wait for their parent. Infants and young toddlers will wait with a primary caregiver in a private area away from other children. Older children will wait in the office or an area not occupied by other children with proper adult supervision. It may be possible for the child to be supervised by an extra caregiver (if available), the manager, or other center personnel.

Parents are asked to not administer fever reducing products to their child before they are brought to the ELC. If a child is ill enough to require these products, they should be kept at home. Fevers are often indications of other illnesses. For the health and safety of all children the child should remain at home under these circumstances.

### **HEALTH SURVEILLANCE: MEDICATION**

Medication must be kept in a locked box (or other lockable container). Refrigerated medication will be kept in room 118 inside the locked box located in the refrigerator. Medication which does not require refrigeration is kept in a locked box inside the classroom. **(5A.21)** A Medication Administration log is maintained for all medications (prescription and over-the-counter). The Medication Administration log is kept with the medication in the locked box at all times. Staff members administering medication are responsible to keep records at each dose.

**The device used for administering medication is the responsibility of the child's parent to supply. A medication administration device can be used for only one child. Teaching staff will label the device with the child's name and take care of cleaning and sanitizing after each use.**

**The ELC staff are not authorized to administer aspirin, Tylenol, Motrin, or similar products to children under 2 years old without a prescription from the child's doctor.**

**Teaching staff and/or administrators who are required to administer medication to children are required to complete training on proper medication administration techniques. (5A.20)**

### **Prescription Medication –**

The staff at the ELC will administer medications to children under the following guidelines:

- Medication bottle contains the child's full name.
- The medication has been prescribed by a licensed physician.
- The medication is in the original container (parents may want to ask the pharmacist to dispense medication in two containers).
- Contains the date prescription was filled.
- Contains the expiration date of the medication
- Is in a child - proof container (if applicable).
- A Prescription Medication Consent Form must be completed and signed by the parent/legal guardian.
- Consent form and administration log are to be kept with the medication at all times

### **Over – the – Counter Medication – (including teething gel)**

- Medication is in original container.
- **Medication must contain specific directions for child's age and/or weight.**
- Container must be labeled with child's full name.
- Expiration date of medication must be on the original medication container.
- Medication must be in a child - proof container (if applicable)
- An Over-the-counter Medication Consent Form must be completed and signed by the parent/legal guardian.
- Consent form and administration log are to be kept with the medication at all times

### **(5A.16)**

Products such as diaper ointments, hand cream, sunscreen (SPF 15 or higher), and other such topical ointments require an annual permission form to be completed by the child's parent/legal guardian. Master forms are available in the front office and a supply should be kept in each classroom. Parents should seek the advice of their child's doctor before requesting administration of such products. It is the responsibility of the child's parent to provide all items for the annual permission form. Topical ointment products are not required to be placed in the medication lock box, but must be placed well out of children's reach in a secure location.(5A.21)

\*Special note: The ELC staff may require a physician's note to apply topical ointments and/or lotions if specific label instructions are unclear.

### **Administering Medication on a Field Trip:**

In the event it is necessary for a child to receive a medication while on a field trip the following procedures are required

- A staff person trained in medication administration must be present on the field trip
- Medication must be in the original container
- Medication must be kept in a locked box (one from the center may be taken if necessary)
- Medication must be packed separate from all other food and supplies
- Medication requiring refrigeration will be transported and labeled in a container at a temperature between 36-40 degrees F

- Administration devices or special equipment needed to administer the medication will be packed
- The Medication Consent form and Medication Administration log will be present
- Staff will maintain confidentiality while administering the medication
- If no access to running water, waterless hand gel will be used (enough to moisten hands for at least 15 seconds)

### **Medication Administration – Nebulizers**

Staff members should familiarize themselves with the Asthma Facts sheet. In the event a nebulizer is required to be used to administer medication to a child the following procedures are required:

- A consent to administer prescription medication form must be completed
- Teaching staff should ask families to provide written special instructions pertaining to the administration of the nebulizer from the child's physician
- An Asthma Care Plan form must be completed by the child's parent and licensed physician
- Follow the Medication Administration policy regarding nebulizers

### **Medication Error Policy:**

A medication error is a mistake that is made anytime during the process of administering medication.

### **Medication errors include:**

- Forgetting to give medication
- Giving the wrong medication
- Giving medication at the wrong time (this includes giving medicine more than 30 minutes before or more than 30 minutes after the scheduled time or giving medication for symptoms that are not specified by the health care provider)
- Giving the wrong dose of medication
- Giving medication by the wrong route
- Giving medication to the wrong child
- Giving an expired medication
- Giving medication without parent permission
- Giving medication without valid health care provider instructions including expired consents (Health care provider instructions that are more than 6 months old are not valid)

### **Reporting a Medication Error:**

- As soon as you discover an error, immediately contact the child's parent. Encourage the parent to follow-up with the child's health care provider to determine the appropriate action



- Provide for the immediate needs of the child as directed by the child's parent and/or health care provider
- Notify the manager as soon as possible after the incident occurs
- Complete Medication Error Report (on back of medication administration log)
- Manager will notify Candace Price RN BSN, Nursing Supervisor, Birkam Health Center @591- 5972.

### **Insect Repellent**

If the situation arises when a public health official recommends use of an insect repellent due to high risk of insect-borne disease, staff apply only repellents containing DEET to children older than 2 months old. The Center for Disease Control also prohibits the use of oil of lemon and/or eucalyptus for the purpose of repelling insects for children less than 3 years of age. Insect repellent will only be applied once per day and only with written permission from the child's parent and a completed over-the-counter medication form,

### **HEALTH RECORDS/IMMUNIZATION REQUIREMENTS: (5A.14)**

The ELC will keep on file a completed Child Information Card for each child currently enrolled. The parent is responsible for maintaining accurate, up-to-date information including health related information. A copy of the Child Information Card can be found in the front office (room 102), and the originals will be located in the classroom emergency bag with the teacher. Each child will need a new Child Information Record at least annually, or as changes occur in the information given, such as emergency contact, medical insurance, phone number etc. All allergies as listed on the Child Information Card by the parent and physician will be monitored by the child's teacher. Each room must also post a complete list of children's allergies in their classroom as well as on the food attendance sheet.

Each child must have in their file:

- written permission to seek emergency medical care
- an up-to-date immunization record (or a signed waiver for religious or medical contradiction reasons)
- **For School – age children only** - a signed physician statement indicating the child is able to participate in normal daily activities.

The parent is responsible for the maintenance of this information. A standard medical (health appraisal) form must be completed by the child's physician no later than 30 days after initial enrollment at the center. It is the parent's responsibility to maintain current health appraisal and immunization records for their child. The office will review immunization records upon enrollment and annually in accordance with local health department requirements. Health appraisals are current for up to 1 year from the original date for infants / toddlers and for up to 2 years for preschool age children. Children of school-age (5-12 years old) will require a signed statement from parents indicating the child's ability to participate in normal activities.

Information regarding specific immunization requirements can be obtained from your child's physician or the local health department. **If a parent chooses to sign an immunization waiver form for their child, and a communicable disease which is vaccine preventable occurs**

**within the center, the child will be immediately excluded from attending based on the Health Departments exclusion policies. (5A.14)**

Children under the age of 3 years old, and those with special feeding needs are required to have a daily record of food intake, sleeping patterns, bowel movements and developmental milestones kept by the teacher. Daily sheets will be given to the parent at the end of each day (yellow copy) and the original (white copy) of this record will be kept on file at the center in the child's permanent file.

Children 3-5 years old will also have daily sheets completed by the teachers. However, it is not required to keep a copy of the record on file at the center. **(5B.5)**

### **VISION AND HEARING SCREENING (4C.2)**

Vision and hearing screens of children between the ages of 3-5 will be conducted by the Michigan District Health Department #10 in the fall. Equipment for children under 3 is not available, but if there are concerns then discussion with parents and potential referral to Early-On.

### **FOOD, FORMULA, MILK**

The ELC is required to provide children less than 12 months old Similac Advance with-iron ready-to-feed formula (20 calories per ounce) for all feedings. Single-use disposable bottle liners will be used with sterilized nipples for each feeding. If a parent does not choose to have the Similac Advance with-iron formula, a waiver may be completed and the parent will be responsible to supply their child's formula. To comply with State of Michigan Licensing regulations, when parents supply an alternate formula, bottles must be prepared daily at home and labeled with:

- child's name
- current date
- contents of the bottle

The ELC will provide labels for this purpose. Bottles will be for a single serving only; any remaining amounts will be discarded within one hour of being unfinished and unrefrigerated. **(5B.7)** The ELC will not use microwave ovens to prepare or heat any infant formula or foods; only a bottle warmer will be used. All bottles, nipples, rings, and covers will be washed and sterilized for 5 minutes with boiling water in between uses. Bottles, nipples, rings, and covers will be kept in a sealed container after sanitation. Staff will use gloves and disposable bottle liners when preparing bottles. Infants are held for bottle feeding bottles are never propped. Children are not allowed to have bottles in a crib or on a cot, propped or held, nor are they allowed to carry bottles, sippy cups, or regular cups with them while crawling or walking.

Teaching staff will work with families to determine when it is developmentally appropriate for an infant to be provided fluid from a cup.

If a child is too young to sit in a highchair or sit at the table, the staff will hold the child in a semi-sitting position. Solid foods will be introduced to each child according to the parents and/or physician's instructions.

Bottle feedings are not to contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice. The ELC does not offer solid foods and fruit juices to infants younger than six months old, unless written instructions are received from the child's health care provider and the child's family agrees with the practice.

If the parent provides prepared jarred baby food for their child, staff will dispense only the amount needed for feeding. Children will not be fed directly from the baby food jar. Jar food can only be used within 24 hours of initial opening by the ELC staff. The ELC **staff cannot feed a child with a baby food jar that was opened outside of the ELC.**

Children between the ages of 12 and 24 months will be provided vitamin D – fortified cow's milk unless otherwise directed by the child's physician. Children over 2 years old will be provided skim milk unless otherwise directed by the child's physician.

Staff will ensure solid foods served to infants will be cut into pieces no larger than ¼ inch squares. Food for toddlers and two's will be cut into pieces no larger than ½ inch squares according to each child's chewing and swallowing capability.

All meals for children above 12 months of age are prepared daily on-site according to the guidelines set forth by the Michigan Adult and Child Food Program and will be served family style. Children are encouraged, but not forced to try all foods provided. Staff will use positive interaction strategies to promote knowledge on healthy food choices and portion control to encourage healthy lifestyles for children. Sweetened beverages are not offered to children of any age at the ELC. The following foods are not offered to children younger than 4 years old:

- Whole hot dogs or hot dogs cut into rounds
- Whole grapes
- Nuts
- Popcorn
- Raw peas
- Hard pretzels
- Spoonfuls of peanut butter
- Raw carrot chunks
- Meat larger than can be swallowed whole

Teaching staff will monitor children during family-style meal procedures to ensure foods which are higher than 110 degrees are not within children's reach without one-on-one adult supervision. The kitchen staff will monitor food temperatures according to licensing requirements (lower than 41 degrees for foods requiring refrigeration, no lower than 140 degrees for hot foods). Children will not be allowed to transport foods over 110 degrees. **(5B.3)**

In the event a child has a special food medical management requirement (either medical and/or dental) an adult trained in the procedure will be on-site whenever the child is present. **(10D.10)**

### **Breastfeeding (R.400.5205a(2) :**

Mothers wishing to breast-feed their children are always welcome to do so. The center shall support and accommodate breastfeeding.

- a) The center shall have a designated place set aside to accommodate mothers and their children who are breastfeeding (Room 104 provides a private area for breastfeeding).
  - b) Expressed breast milk shall meet the following requirements:
    - i. Arrive at the center in clean, sanitary, ready-to-feed assembled bottles labeled with the child's full name and bearing the date of collection. **(5B.6)**
    - ii. Be immediately stored in the refrigerator or freezer upon arrival at the center and kept refrigerated until used or discarded.
    - iii. Be thawed under cold running water or in the refrigerator and shall be used within 24 hours
    - iv. Be discarded within one hour of being unfinished and unrefrigerated **(5B.7)**
    - v. Staff will gently mix **not** shake the milk prior to feeding to preserve special infection fighting and nutritional components of human milk
- **Safe Sleep: (5A.22)** Infants shall rest or sleep alone in cribs. The cribs will contain only a tight fitting mattress in good repair, covered with a tight fitting sheet in good repair. No soft items will be allowed such as, blankets, pillows, soft toys etc. **(5A.24)** Infants shall be placed on their backs for resting and sleeping. Infants unable to roll from their stomachs to their backs and from their backs to their stomachs shall be placed on their backs when found face down. When infants can easily turn over from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever position they prefer for sleep. For an infant who cannot rest or sleep on her or his back due to a disability or illness, written instructions, signed by the infant's licensed health care provider, detailing an alternative safe sleep position and/or other special sleeping arrangements for the infant shall be followed and on file at the center. A sleeping infant's breathing, sleep position, and bedding shall be monitored frequently for possible signs of distress. Infants who fall asleep or arrive at the center in a space that is not approved for sleeping, shall be moved to approved sleep equipment. Children will be monitored by sight and sound at all time. Bibs and hoods must be removed before placing an infant into the crib. Blankets/clothing shall NOT be draped on or over cribs.

### **DIAPERING, TOILET TRAINING PLAN (5A.17)**

All diapers shall be disposable. When a child's health condition necessitates that disposable diapers cannot be used, an alternative arrangement may be made according to a physician's instructions provided the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine and both the inner and outer covering are changed as a unit. Diapering shall be done in the designated diapering areas.

Any cloth diapers and or clothing that become soiled by urine or feces are immediately placed in a plastic bag without rinsing and any avoidable handling, placed in the hands-free container in each bathroom, and sent home for laundering each day.

A diapering area and all supplies and equipment shall be maintained in a safe and sanitary manner.

Diapering and bathroom times are viewed as opportunities for learning. Primary caregivers communicate with each child's parent to seek information on the bathroom habits with which their children are familiar. Diapering and bathroom routines are developed individually for children and their primary caregiver. Bathroom procedures are handled in a calm manner. Primary caregivers view diapering/bathroom/toilet training as a learning opportunity that helps build a positive relationship with each child by engaging in verbal communication, eye contact, signing, and games. Whenever possible primary caregivers will follow techniques parents use at home, however, at no time will staff engage in routines that are unsanitary or promote rewarding children (such as stickers, food, toys, etc.)

Staff will check for and change wet or soiled diapers, pull-ups, and/or training pants at the following: (1) no less than every 2 hours (2) as soiled or wet (3) before rest or nap (4) immediately after waking up from rest or nap (5) before and after going outside. **(5A.17)**

### **EQUIPMENT, ENVIRONMENTAL SAFETY & SANITATION (10D.2, 10D.4)**

The ELC provides an adequate and varied supply of play equipment, materials and furniture, which shall be maintained in a clean and safe manner.

Daily facility and equipment maintenance checks will be completed daily at opening. Each staff member is expected to complete safety checks on all outside & inside play equipment before use by children. At any time if there is question of safety the item shall be removed immediately from any area that children have exposure to. To support a safe environment, children are discouraged from bringing toys from home into the center.

All broken items should be immediately placed out of children's reach. All equipment will be sanitized per the Cleaning and Sanitation Frequency Table (located on the top cupboards in each classroom and kitchen). Items that may be submerged (including laundry baskets) will be sanitized using the 3- step sanitation process or washed, sanitized and dried in the commercial dishwasher. Please arrange with the kitchen staff an appropriate schedule to complete cleaning. Other items that may not be submerged will be cleaned and maintained per the Cleaning and Sanitation Frequency Table.

Each staff member is expected to complete safety checks on all outside & inside play equipment before use by children. At any time if there is question of safety the item shall be removed immediately from any area that children have exposure to. To support a safe environment, children are discouraged from bringing toys from home into the center.

When rugs, carpeting, and or large equipment is soiled with potentially infectious body fluids staff will:

- Clean area if possible with 3-step process –or-
- Cover area with plastic and tape, clearly write what is under the cover (urine, feces, vomit, etc.)
- Utilizing barrier protective equipment if possible to prohibit children from coming into contact with area – or-
- Remove item from classroom if possible
- Contact Physical Plant custodial office to report incident (the day custodian may be able to handle the issue)

### **(10D.2)**

Air freshening chemicals, deodorizers, and sprays will not be used to control odors in inhabited areas of the center, including custodial closets. Ventilation and regular sanitation procedures will be used to control odors. In the event a child or staff member has or develops an allergy to dust mites or to components of furnishings or supplies, the ELC will maintain the environment based on recommendations of an environmental engineer and/or Health Care Consultant **(10D.2)**.

The ELC also maintains the following procedures to ensure the physical space is safe for all children and staff.

1. Verification of Lead-free environment
2. Annual testing of all fire/smoke alarms
3. Monthly checks of all fire extinguishers
4. Bi-annual maintenance of ventilation units to ensure units are free of dirt and other hazardous materials

### **Classroom Pets and visiting animals:**

Reptiles are not allowed as classroom pets because of the risk of salmonella infection.

Classroom pets will be monitored to assure they appear in good health. Teaching staff will supervise all interaction between children and animals and instruct children on safe behavior when in close proximity to animals. Pets and visiting animals will have documentation from a veterinarian or an animal shelter to show the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children.

Staff will ensure that any child who is allergic to a type of animal is not exposed to that animal while in care at the ELC.

### **Cleaning Sleeping/Naptime Items:**

The center provides a cot and a sheet to each child over 12 months old. These items are for the exclusive use of one child between launderings. Children's blankets and pillows shall be stored on their own cot each day. Once a week (or as soiled) each cot must be sanitized (using 3-Step Process) and the sheets laundered in the kitchen. Laundry facilities are located in the kitchen area. Each cot will be labeled with the child's name. Parent are responsible to launder their child's pillows and blankets from home once per week or as soiled. Infants under 12 months old will be provided with a crib and a crib sheet, which will also be washed and sanitized on a weekly basis or as soiled.

## **REPORTS**

The ELC will report to parents in writing any accident or illness occurring while a child is in our care. An incident which results in hospitalization or death will be reported to the Department of Health and Human Services. This report must be submitted to the department within 5 days on a form provided by the department. This report must be completed by the manager and the attending teacher. The Health Department will be notified on a weekly basis of all communicable diseases occurring in the center.

## **SUSPECTED ABUSE AND/OR NEGLECT – REPORTING PROCEDURE**

As prescribed by Act No. 238 of the State of Michigan, when the ELC staff members have reasonable cause to suspect child abuse or neglect, they are required to make a report to Child Protective Services. This law has been enacted in order to provide the best possible future for children and the ELC supports it wholeheartedly.

All suspected incidences of abuse or neglect need to be addressed immediately with ~~the lead~~ a teacher and the manager. Together an incident report needs to be completed. All such cases are to be strictly confidential and may not be discussed except with the ~~lead~~ teacher and manager. The manager will handle initial contact with Child Protective Services. All staff involved with an incident will be a part of filling out State of Michigan form #3200 (located in the manager's office).

## **FOOD SAFETY POLICY: (5B.3)**

### **Purchase and transport:**

Purchase food from only reputable, trusted supplier or retail outlet  
Select foods that are in good condition  
Make sure packaged foods are clean, intact and undamaged  
Make sure fresh foods are clean, intact and undamaged  
Check food is within its "use by" date

### **Personal Hygiene: (Please see pg. 3 for additional handwashing procedures)**

Hands should be washed: when entering the kitchen area, before preparing or handling food; after using the bathroom, changing diapers, smoking, sneezing, blowing nose, eating or drinking, between handling raw and cooked food, after handling cleaning materials etc.

Hair: Food handlers should tie long hair back. While cooking, avoid touching hair and face. Staff should wash their hands after touching hair/face.

Nails: Fingernails should be short and clean and no artificial fingernails

Clothing: Food handlers should wear clean outer clothing. An apron is recommended, especially when working with raw meat, poultry or eggs. Food handlers should remove aprons when performing any other duty that does not involve food.

**Jewelry:** Food handlers should not wear watches or loose jewelry, especially on hands and wrists.

**Injury/Illness:**

Cuts and sores on exposed body parts should be covered with a bandage and a waterproof cover when preparing food.

Food handlers should not prepare food if they have diarrhea, vomiting or have other symptoms of illness (fever, sore throat, nausea, jaundice, abdominal cramps etc.)

**Dry storage:** Foods must be stored in cupboards that are 6” off the floor. Food stocking must be FIFO (first in/first out) to ensure foods are used within their shelf life. Throw away any damaged, unlabeled or food that is past its “use by” date **(5B.4)**

**Cold storage:** chilled food must be stored at or below 41 degrees Fahrenheit. Raw foods (ie. meat) need to be stored below the cooked and ready-to-eat foods, on the bottom shelf of the fridge. This prevents harmful bacteria in juices from raw food from dripping onto other cooked or ready to eat food and contaminating it. Food stocking must be FIFO (first in/first out) to ensure foods are used within their shelf life. Throw away any damaged, unlabeled and any food past its “use by” date. **(5B.4)**

**Frozen food:** food must be stored at or below 0 degrees Fahrenheit. Food stocking must be FIFO (first in/first out) to ensure foods are used within their shelf life. Throw away any damaged, unlabeled and any food past its “use by” date. **(5B.4)**

**Fresh food:** All fresh food MUST be rinsed before cutting, peeling, dicing, serving etc. **(5B.8)**

- Wash your hands with hot soapy water before and after preparing food.
- Clean your counter top, cutting boards, and utensils after peeling produce and before cutting and chopping. Bacteria from the outside of raw produce can be transferred to the inside when it is cut or peeled. Wash kitchen surfaces and utensils with hot, soapy water after preparing each food item.
- Do not wash produce with soaps or detergents.
- Use clean potable cold water to wash items.
- For produce with thick skin, use a vegetable brush to help wash away hard-to-remove microbes.
- Produce with a lot of nooks and crannies like cauliflower, broccoli or lettuce should be soaked for 1 to 2 minutes in cold clean water in a bowl, not the sink.
- Some produce such as raspberries should not be soaked in water. Put fragile produce in a colander and spray it with water.
- After washing, dry with clean paper towel, when applicable. This can remove more bacteria.



- Do not rewash packaged products labeled “ready-to-eat,” “washed” or “triple washed.”
- Once cut or peeled, refrigerate as soon as possible at 41°F or below.
- Do not purchase cut produce that is not refrigerated.

**Canned food:** Lids of all canned goods must be washed with hot soapy water and rinsed before opening.

**Serving Food:** Hold all potentially hazardous food out of the danger zone (40-140). Keep hot foods hot and cold foods cold.

Reach an internal temperature of 165-170 for foods to be held for serving. Maintain a minimum temperature of 140 during serving period.

**Gloves:** gloves must be worn when preparing ready to eat food ie) lettuce, sandwiches, grapes etc.

**Microwave:** Food items will not be heated in microwave with any plastic (containers, plates, bags or wraps of any kind). **(5B.9)**

**Cleaning/laundry products: (5C.6)** When available, ELC will purchase fragrance-free, 3<sup>rd</sup> party certified least-toxic cleaning, sanitizing and disinfecting products. When sanitizers and disinfectants are required, they are used only for their intended purpose and in strict accordance with all label instructions. ELC will not use any aerosol sprays of any kind.

**Plastics:** ELC will avoid products made out of PVC, and use products labeled “PVC-free” or “phthalate-free” or made out of polypropylene or polyethylene.

## **Personal Safety (10D.1)**

- Call Campus Police for an escort when entering or leaving the building (or anytime you feel unsafe) when no one else is present.
- Keep outside doors locked whenever alone in the center
- Keep all closet floors free from materials and items that would inhibit lock-down safety. ALWAYS return items in closet to their correct location on shelves. Be sure items are secure so they do not fall and cause injury.
- Be sure that all doors (closet, cabinet, classrooms) are clear before shutting door. Never allow a door to close on its own. Adults ensure the area is safe and supervise the door opening and closing.
- Be sure to bend at knees when lifting heavy items and/or children (when appropriate)
- Never lift or pull children by their limbs under any circumstances
- When opening boxes – cut away from body.
- If handling broken glass be sure to use broom and dust pan to collect pieces and place all material in a cardboard box and seal shut before placing in trash.
- Always place handles of pots and pans away from walk ways

- Never try to catch a knife that is falling (keep all knives and sharp utensils secured in drawers). Never leave a knife or sharp utensil on the countertop unattended.

**COMMUNITY RESOURCES (6A.9)**

**Emergency - 911**

**Ferris State University Public Safety – x5000**

**Mecosta County District Health Department #10  
14485 Northland Drive  
Big Rapids, MI 49307  
(231) 592-0130**

**Birkam Health Center – Ferris State University Campus  
(231)591-2614**

**Pediatric Associates  
650 Linden St.  
Big Rapids, Mi 49307  
(231) 796-4470**

**Spectrum Health-Big Rapids Hospital  
405 Winter Avenue  
Big Rapids, MI 49307  
(231) 796-8691**

**American Red Cross  
218 Warren Avenue  
Big Rapids, MI 49307  
(231) 796-6562**

**Spectrum Health Regional Poison Control – 1-800-764-7661**

**Mecosta County Child/Adult Protective/Neglect Services – (231) 796-4335  
After hours (231) 796-0707**

**Counseling Center -Ferris State University Campus (students)  
(231)591-5968**

## Health Services Plan

---

**Educational Counseling and Disability Services -Ferris State University Campus (students)  
(231)591-3057**

**Educational Counseling and Disability Services -Ferris State University Campus (students)  
(231)591-3057**

**Encompass-Employee Assistance program Ferris State University Campus (staff)  
800-788-8630 or [www.encompass.us.com](http://www.encompass.us.com)**

**Wellness Program -Ferris State University Campus (staff)  
Asset Health Services – [support@assethealth.com](mailto:support@assethealth.com) or 855-444-1255**

**Mecosta County Community Mental Health  
231-796-5825**

## Guidelines for Contagious Disease (6A.8)

Illness/Infection Symptom	Should child/staff stay home?	When can child/staff come back?
Chicken Pox	Yes	When all the pox have scabbed over
Cold	No (if no fever), Yes (with fever)	See fever
Coxsackie (hand, foot, & mouth)	No	
Diarrhea	Yes	12 hours after last diarrhea episode
Ear Infection	No (with doctor's diagnosis)	
Fever (of unknown origin) 100 degrees (under arm) and physical signs of discomfort & illness	Yes	Free of fever for 24 hours. No fever reducing medications have been given for at least 8 hours
Fifths Disease	No (if no fever) Yes (with fever)	Refer to fever
Giardia	Yes	When diarrhea subsides or Dr. approves readmission
Impetigo	Yes	When treatment has begun
Lice	Yes	After 1 treatment, and no nits
Pink Eye	Yes	24 hours after treatment begins
Unidentified rash	Yes	When rash is gone or Dr. approves readmission
Ring Worm	No (as long as area is covered)	
Roseola	Yes (with fever)	See fever
Rota Virus	Yes	When diarrhea subsides or Dr. approves readmission
RSV	Yes	See fever
Strep Throat	Yes	24 hours after treatment has begun and fever free
Thrush	No (seek treatment)	
Vomiting	Yes	24 hours after vomiting

*These guidelines are intended to be a resource to assist staff and parents in maintaining health and safety throughout the center. This list is not all inclusive and in all cases staff will use sound judgment in determining when children or staff should not attend. ELC may request documentation from a physician to assist in maintaining a healthy and safe environment for everyone.*

