WAC

WAC 170-295-5010

What first aid supplies are required in my center?

You must maintain on the premises adequate first aid supplies conforming to your center's first aid policies and procedures. Your center's first aid supplies must include:

- A supply for each vehicle used to transport children, and
- A portable supply which can be taken on walks and field trips.

You must store first aid supplies:

- Inaccessible to children
- In an area easily accessible to staff
- Separate from food, and
- In a clean and safe manner to prevent contamination such as in a tackle box or other container, away from chemicals and moisture.

The center's first aid kit must include at least:

- A current first-aid manual
- Sterile gauze pads (2 – 4 inch sizes)
- Small scissors
- Band-Aids of various sizes
- Roller bandages (1 – 2 inch widths)
- A large triangular bandage (for making a sling)
- Nonsterile protective gloves (which should be worn whenever treating wounds involving blood)
- Adhesive tape
- Tweezers (to remove surface splinters – disinfect tweezers after each use)
- One-way CPR barrier or mask
- At least one unexpired bottle of Syrup of Ipecac that must be given only at the direction of a poison control center.

WAC

Syrup of Ipecac comes in single dose bottles. It is a good idea to have more than one bottle on hand (often a poisoning incident involves more than one child). Although the American Academy of Pediatrics (AAP) has recently recommended not using Syrup of Ipecac, state licensing requires you to have it available in your first aid kit. You must always call the Poison Control Center before administering Syrup of Ipecac and describe to them the substance swallowed. They will let you know whether to administer Syrup of Ipecac. Syrup of Ipecac induces vomiting, and there are some poisons for which vomiting will only increase the damage.

First aid

Your first aid kit should contain everything you need for minor injuries at the center, including everything listed above. You may also need to give emergency aid until professional medical help can arrive. In centers with more than three classrooms, it is recommended that you have a first aid kit in each room. You must also have extra kits to accompany children going on a field trip.

Your center's Health Policies describe other supplies you must keep in your first aid kit or elsewhere in the center for treating certain injuries or illness. For example, it may be your policy to use:

- Additional disposable gloves for changing diapers or handling soiled laundry
- A blood spill kit when cleaning up blood or other body fluids
- Digital thermometers with disposable covers
- Cold packs, ice cubes, or frozen sponges to reduce swelling and ease discomfort
- A cold compress to ease the pain of bee stings, nettle pricks, etc.
- Hand wipes, and
- Bottled water (for field trips).

It is a good idea to designate a specific staff person to be responsible for ensuring that the first aid kit is stocked at all times. Ask your center's health consultant to review and approve all medical response policies and first aid supplies.

Each staff member must know where the first aid kit is kept. If you are going away from the center on a walk or a field trip, be sure to bring along a first aid kit. A small waist pack is a good way to carry supplies.

At all times, at least one staff member per group of children must have current first aid and age appropriate CPR training. Even with the proper training, it may not be easy to remember what to do when someone needs first aid. If first aid is required, stay calm. A fellow staff member can skim the relevant section of your first aid guide to make sure that you are responding correctly.

After treating an injury, remember to enter the necessary information in the center's Accident/Incident Log and complete an incident report for the child's parents to sign and keep. Keep a copy of the incident report in the child's file at the center. If an injury results in professional medical attention you must notify your licensor and provide a written copy of the incident report.

WAC

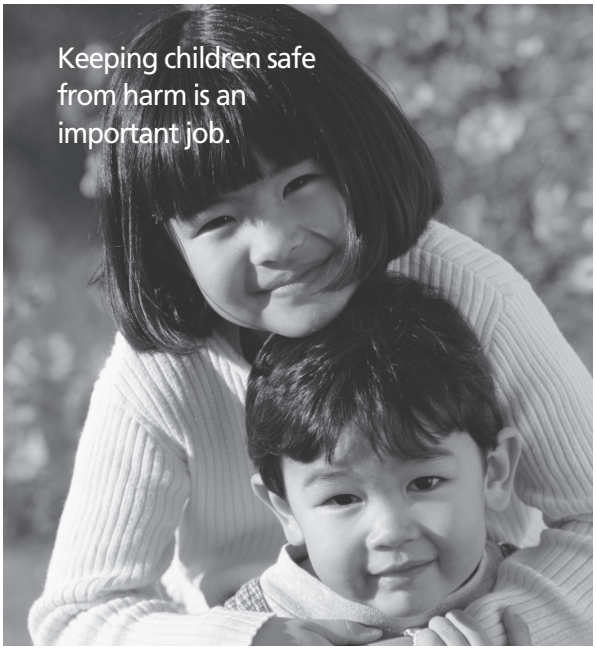
WAC 170-295-5020
How do I maintain a safe environment?

- You must maintain the building, equipment and premises in a safe manner that protects the children from injury hazards including but not limited to:
  - Burns (for example, chemicals or other potentially flammable substances)
  - Drowning
  - Choking (for example, ropes, wires, blind cords, fences not meeting requirements)
  - Cuts (for example, broken glass, sharp objects, abrasive surfaces)
  - Entrapments (for example, the following items must not have openings between three and one-half inches and nine inches wide: deck and fence rails, stair rails or other equipment)
  - Falls from excessive heights
  - Gunshots by ensuring no firearm or another weapon is on the premises
  - Hearing loss by keeping noise at a level where a normal conversation can be heard
  - Objects falling on the children (for example: heavy items on open shelving that could fall in an earthquake or similar emergency)
  - Pinches from equipment (for example: broken or cracked areas)
  - Poison (such as cleaning supplies or lead-based paint)
  - Puncture (for example: equipment, building edges or playground equipment with sharp points or jagged edges)
  - Shear or crush (for example: lawn and garden equipment used for yard maintenance)
  - Shock by electricity
  - Trap (for example, compost bins, old freezers, dryers or refrigerators)
  - Trip (for example, cable wires, ropes, jagged or cracked walkways).
- To further prevent injuries, you must:
  - Provide child height handrails on at least one side of the steps, stairways, and ramps
  - Provide guardrails for elevated play areas and stairs
  - Use listed tamper resistant receptacles or use tamper resistant, non-moveable, non-removable cover plates in areas accessible to children preschool age and younger
  - Shield light bulbs and tubes by using a protective barrier to prevent shattering into child-accessible areas, food, and storage areas
  - Provide screens for windows or limit the opening capability of any windows within reach of children to less than three and one-half inches. Windows with limited opening capabilities cannot be the designated fire escape windows. Windows protected with guards must not block outdoor light or air in areas used by children
  - Provide a barrier for glass areas such as windows or sliding glass doors that extend down to the child's eye level by placing a barrier between the child and glass or something placed on the glass at the child's eye level such as stickers or art work so that the child does not try to go through the solid glass
  - Place cribs, play pens, bassinets, infant beds, indoor climbing structures away from windows unless they have safety glass, and

  - When using heaters capable of reaching 110°F on the surface, you must protect children from burn hazards by making them inaccessible to children or locating them where children cannot reach them.
- You may not use portable heaters.
- You must implement a method to monitor entrance and exit doors to prevent children from exiting the buildings unsupervised. You may use:
  - A door alarm
  - A bell that can be heard throughout the building
  - Adult supervision at the exits, or
  - Other method to alert the staff. (You may not lock the door to prevent an exit. It is against the fire code).
- You must maintain one or more telephones on the premises in working order that is accessible to staff at all times
- You must maintain a flashlight or other emergency lighting device in working condition.

WAC

Keeping children safe from harm is an important job. Children must be kept safe from burns, objects falling on them, poisons, drowning, electrical shock, choking, entrapments, falls, weapons, loud noises, tripping, pinches, punctures, crushing injuries, and cuts.


Keeping children safe from harm is an important job.

Environmental hazards, requirements and considerations

Depending on the location and age of your facility, there may be other environmental hazards that will need to be addressed.

Plan Ahead

A safe center is one that is organized with the children's care and development in mind. It has clear spaces where children can move and play away from potentially dangerous appliances, equipment, materials, falling hazards or hazardous substances.

The more carefully you plan the environment, the fewer times adults have to interfere with the children's self-initiated activity. Planning includes:

- Arranging furniture so children are not likely to trip over or run into it
- Storing toys and books within children's easy reach to eliminate climbing to reach them
- Having child-sized tables and chairs so the children can use them safely
- Securing all computers, hanging planters, storage units and heavy items on open shelving
- Keeping storage, furniture, and shelving from exit pathways to keep exits free
- Keeping storage items less than 18 inches from the ceiling
- Removing broken equipment, and
- Keeping all equipment in good repair (repairs made by tape are temporary fixes and not an acceptable method of repair).

Note: *Walk through your center daily to look for potential hazards to prevent injuries.*

A Safe Neighborhood

Not all neighborhoods are free of crime, drugs, pollution, or other dangers. If child care occurs in a neighborhood where such dangers are present, the licensee must show that the health and safety of the children will not be in jeopardy. The center can ensure the health and safety of children through a combination of:

- Close visual and auditory supervision by staff at all times
- Structural features of the center such as sturdy fencing, a lighted exterior, good insulation from noise or air pollution, self-locking doors, and
- Policies and procedures concerning the times and places children play outside, a well-written lockdown procedure, and precautions in releasing children only to authorized persons.

Indoor Heating Equipment

- Wall and baseboard heaters must be shielded to protect children from harm.
  - Use shielding material that does not become excessively hot (no more than 110°F to the touch). Remember that you will need to remove barriers to clean the heating units.
  - Use shielding material that does not create a fire hazard.
  - Portable heaters are not approved for use.
- Heating units must have proper air flow to operate efficiently and safely.
- Place safety barriers around wood stoves and fireplaces so that children cannot reach hot surfaces. Safety barriers may also be necessary to block off certain equipment such as radiators.
- If you have gas heat or appliances, a wood stove or a fireplace you should have a working carbon monoxide alarm. Carbon monoxide is an odorless, colorless, tasteless gas that is formed when things burn. High carbon monoxide levels can be harmful, even fatal.

Wood Surfaces

Rough wood surfaces, including wood floors, windowsills and shelving units can be a source of painful splinters. Additionally, you cannot always fully clean and sanitize unsealed or uncovered wood surfaces. Therefore, you must cover or finish all interior wooden surfaces used by children and staff. This includes sanding the surface until smooth, then coating the surface with wood sealer, varnish, shellac, or paint. Tables may be covered with a moisture impervious table cloth until the table can be repaired. Drawers and shelves should be covered with a non-adhesive shelving material that can be easily cleaned and sanitized.

Exits, Stairs, and Decks

Centers must equip stairways, steps and ramps with secure handrails (between 22 and 26 inches high). It is a good idea to have a railing at the adult height also. You must provide a method to safely exit infants, toddlers, and children with special needs. If steps are slick or become slippery when wet, consider painting them with a non-skid material or applying non-skid strips.

You must use safety barriers, such as safety gates, to keep young children from stairways and other areas where they might injure themselves. You need to equip balconies, decks, stairs, and other raised surfaces with non-climbable fencing (vertical, not horizontal slats that are no more than 3½ inches apart) or barriers so children cannot slip through or climb over them.

You should securely anchor safety gates in doorways or stairways where they are in place. Your fire department may require the kind of barriers that staff can kick out of the way in an emergency.

Accordion-style baby gates are not appropriate. Children can trap their fingers or heads in the diamond-shaped openings or at the top. Gates with a straight top edge and rigid mesh screen are the best. If you use a gate that has an expanding pressure bar, make sure you install it so the bar is on the side away from the children. Otherwise children may use the bar as a step to climb over the barrier. Pressure mounted gates are not safe for use at the top of the stairways or other areas where a child could fall down. [AAP, 2002]

Shelving and Portable Furniture

Portable barriers, room dividers, and shelving can effectively divide large open spaces to control traffic patterns and may be used to display posters and children's work. Make sure dividers and shelving are stable so a child cannot accidentally topple them by leaning or bumping them, or stepping on a lower shelf.

You may need to stabilize heavy shelving at several levels. You can use bolts or L-brackets to attach heavy shelving to studs in the walls. You could also attach tripod supports to the base of the shelf unit, making sure that the tripod does not create a tripping hazard. Other ways you can decrease the chances of children knocking over shelves include:

- Put shelving units back-to-back or against the back of a stable piece furniture
- Avoid using board-and-brick shelving (which is not earthquake proof)
- Make sure each shelf is securely attached to its bracket on wall-mounted bookshelves

Ensure items stored on open shelving will not harm or cause exits to be blocked. Be sure to secure all falling hazards.

Lead and Arsenic Exposure

Lead in the blood can permanently damage children's memory, intelligence, behavior and coordination without ever making them visibly sick. About 1 in 22 children in America have increased levels of lead in their blood, according to the Centers of Disease Control and Prevention (CDC).

Arsenic can cause many different health problems in people, including several types of cancer, cardiovascular disease, and diabetes (these health problems are common illnesses and can have several possible causes besides arsenic).

Exposure to lead can come from several sources.

- **Lead-based paint.** The government banned leaded paints, stains, shellacs, etc. in 1978. However, these items were allowed to sell out and were available until the early 1980's. There are over the counter lead testing kits available that you can use to determine the presence of lead in your facility. Your local public health environmental staff or your DEL health specialist may also be able to assist you. If you have an older facility, be alert for peeling paint. In areas where paint is not flaking, use a damp cloth to wipe the area at least weekly to minimize lead dust. Make sure you keep play areas clean and keep children from chewing on windowsills or other painted surfaces. If the paint is flaking, contact a professional to advise you. Lead paint removal must be done properly to prevent exposure to harmful levels of lead. Do not scrape or sand areas painted with lead-based paint.
- **Water pipes made of lead or joined with lead solder.** If you have this kind of plumbing you should test the lead content of the water. One way to reduce the lead in water is to run the cold water every morning for a minute to flush the pipes. Use only cold water for drinking and cooking. If the lead content in your center's water is high you may need to remove the pipes or install aluminum filters at your sinks.
- **Pottery, workplaces & hobbies.** Some imported pottery and ceramic cookware may have lead in the glaze. Lead can also be brought inside from the workplace (painters, remodelers, radiator repair, etc) and hobbies (stained glass solder, bullets, fishing sinkers, etc) that use lead. Don't allow adults to bring lead dust from hobbies or work places into the child care facility.

Exposure to arsenic can occur from CCA (chromated copper arsenate) wood. Some playground equipment is made with CCA treated wood (wood playground equipment built after 2005 should be CCA free.). Over time, arsenic can leach out of the wood into the dust on the surface. Children may place their hands dirtied with the dust into their mouths. Be sure to wash hands and faces after playing outside and before eating. If the treated wood cannot be replaced, then regularly painting the wood with oil-based paint should reduce the amount of arsenic that leaches into the dust. When purchasing

new wood playground equipment or any playground equipment ask if the equipment is IPEMA certified.

Exposure to lead and/or arsenic can occur from various kinds of soil pollution:

- Soil around older apartment buildings or homes may contain lead from lead based paint
- Soil near roadways may contain lead from leaded gasoline
- Former orchard lands may contain lead and arsenic from pesticides used in the 1940s and 1950s, or
- Soil polluted by air emissions from smelters. Air emissions from metal smelters located in Everett, Northport, Tacoma, and on Harbor Island (in Seattle) have contaminated soil over very large areas.

Children may come into contact with lead and/or arsenic by playing in soil and putting dirty hands or toys in their mouths. Be sure to wash hands and faces after playing outside and before eating. Using doormats at every door or taking shoes off when coming inside will help keep dirt outside. For more information on soil safety actions you can take to protect the children in your care, please contact your local health department or the Department of Ecology.

Radon

Radon is a naturally occurring radioactive gas that has been linked to lung cancer. Radon comes up from the ground and can enter buildings. Some areas of the United States have high radon levels and others do not. Higher levels of radon have been found in areas of Eastern and Southwestern Washington. Steps can be taken to reduce the amount of radon that enters a facility. If you have concern or live in an area known to have high radon levels, you can obtain radon detector kits. Properly installed exhaust systems under the foundation of the center can eliminate the problem.

Chemicals

Harmful chemicals are found in permanent markers, rubber cement, certain glues, paints and silica clays. Children should never use them and staff should use them only when children are not present. There are safe substitutes for all these materials. Read labels on all art materials and make sure that they conform to the safety standard, and that they state on the label "ASTM D 4236." Make sure all art materials are designed for children's use. Some centers use shaving cream for sensory activities. Shaving cream should not be used with children who still put things in their mouths. It should be used only under very close adult supervision with older children. Make sure children's hands are washed thoroughly after this activity.

Electrical Outlets

Electrical outlets and power strips must be listed as 'tamper-resistant'. Plastic plug-type caps are not approved and can be choking hazards. Outlets that have a 'sliding' or 'twisting' mechanism that prevents a plug to be inserted without the proper usage are also not approved by licensing. Outlets must state they are 'tamper-resistant.'

You must use tamper-resistant outlets in all areas that are accessible to children preschool-age or younger. If the outlet is not used, you can cover it with a blank faceplate or non-removable cover plate.

Shielded Light Bulbs

A broken light bulb could shower the children with broken glass and expose the electric filaments. You must shield all light bulbs and florescent tubes that are:

- In the ceiling and on walls
- In floor or table lamps
- On the front porch
- In the outdoor play area, and
- In food and storage areas.

You can shield light bulbs in a variety of ways:

- Cover florescent light fixtures with a plastic tube
- Put globes over lamps and ceiling lights

- Make covers and shields by using sheets of plastic diffusing material available at many hardware stores (make sure that the plastic is safe for this purpose and will not melt or catch fire), or
- Purchase special plastic-covered, shatter resistant bulbs in either regular or fluorescent types (ask your licensor or DEL health specialist for particular names and sources).

Wire cages and lampshades offer some protection, but are not approved as shields. They will not protect children from shattered glass if a bulb breaks.

Glass Doors and Windows

Generous use of glass in centers brings in natural light and allows the children to see what is going on in the world around them. However, if glass areas extend down to the child's eye level, there is a danger of the children thinking a window, sliding door, or display case is open. They may try to reach or walk through the glass. To avoid this problem, you must either:

- Place a barrier between the children and the glass area so they cannot reach it, or
- Put stickers or decals on the glass at the children's eye level if the glass is safety or tempered (so they know something solid is in front of them).

In areas of high traffic or boisterous play, arrange furniture and shelving so children cannot accidentally lean against, kick, trip or push someone into panes of glass. Similar precautions are necessary if basement windows next to the children's outdoor play area extend up to the children's level.

Large, low panels of glass are inappropriate for infant and toddler play areas unless the glass has a shield or is shatterproof.

You must protect children from falling out of windows that are within their reach. Window screens are often easy to push out and do not provide the protection necessary to keep young children safe. You must either install window guards or limit the window opening to less than 3½ half inches.

Locks

When children are in care they should be able to open doors leading in and out of the different child care areas and to the outside. Doors should not be locked or too heavy to operate. Do not put child-guard covers over the doorknobs. Infants and young toddlers will not be able to operate all doors independently. This is one of the reasons why these age groups require a smaller staff-child ratio.

Think about removing locks on the doors that you do not need to lock for security reasons, including bathroom doors. If you keep bathroom door locks in place, hang the key or insert pin next to the door so that you can quickly reach a child who locks himself in the bathroom. Be sure to give instructions to staff about how to open the door.

If children and adults share a bathroom with no lock on the door, you may want to install a hook and eye. You should do this at adult height on the interior side of the door to ensure privacy.

To secure doors leading to the outside use door handle locks that disengage automatically when turned from the inside. You can also equip the doors with panic bars, door alarms or bells. You must not use dead bolts, chains, or other devices requiring someone to work a separate mechanism while children are in care.

For added security, you may wish to have your center's doors locked from the outside. Parents will need a key, key card, or a special punch code to enter the building. However, doors must be easy to open and remain unlocked from the inside while children are in care.

Working Telephone

The child care facility must have the capacity to accept and respond to incoming calls during the center working hours. Answering machines are essential for answering the phone when you are busy with children, screening calls, or catching calls after hours. However, they should not keep parents from getting an important message to you about their child. You may want to put a second phone line with its own number in the classroom. Parents must be able to get in touch with you immediately if needed. Be sure that your phones work in a power outage. Many cordless phones, telephones, and telephone answering devices will not work during power outages.

Power Outages

Caregivers must have easy access to a light source to use in case of a power failure. You may use flashlights or choose to use battery-powered wall lights.

A flashlight does you no good if its batteries are dead. Check the batteries regularly and keep extra new batteries in a convenient place. One way to guarantee you always have a fully charged flashlight is to use one of the rechargeable varieties. Keep it plugged in when not in use.

You should have enough flashlights in each classroom so that each staff person has one. Battery powered wall lights are required by Fire and Building codes for certain facilities. They may fail to operate in an outage, so all centers should have flashlights available (emergency lights generally only last for a few hours). The state Fire Marshal's office prohibits the use of candles in child care centers.

WAC

WAC 170-295-5030

What do I need to include in my disaster plan?

- You must develop and implement a disaster plan designed for response to fire, natural disasters and other emergencies. The plan must address what you are going to do if there is a disaster and parents are not able to get to their children for two or three days.
- The fire plan must follow the requirements in chapter 212-12 WAC or the state fire marshal requirements.
- In areas where local emergency plans are in place, such as school district emergency plan, centers may follow those procedures and actions in developing their own plan.
- The disaster plan must be:
  - Specific to the child care center
  - Relevant to the types of disasters that might occur in the location of your child care center
  - Able to be implemented during hours of operation, and
  - Posted in every classroom for easy access by parents and staff.
- Your disaster plan must identify:
  - The designated position of the person (example: director, lead teacher, program supervisor, etc.) who is responsible for each part of the plan
  - Procedures for accounting for all children and staff during and after the emergency
  - How you evacuate the premises, if necessary, and the meeting location after evacuation
  - How you care for children with special needs during and after the disaster
  - How you provide for children until parents are able to pick them up
  - How you contact parents or how parents can contact the child care center, and
  - Transportation arrangements, if necessary.
- Your written records must include a disaster plan, with signatures and dates of persons completing the disaster plan review on-site. The disaster plan must be read, reviewed and signed by:

  - The director and staff annually; and
  - Parents when children are enrolled.
- In addition to the requirements for fire drills and training set forth by the state fire marshal in chapter 212-12 WAC, you must:
  - Document staff education and training of the disaster plan
  - Conduct and document quarterly disaster drills for children and staff (you do not have to conduct a drill quarterly for each potential disaster – just one drill per quarter)
  - Keep written documentation of the drills on-site, and
  - Debrief and evaluate the plan in writing after each disaster incident or drill.
- You must keep the twelve month record indicating the date and time you conducted the required monthly fire evacuation drills on-site for the current year plus the previous calendar year.

WAC

Fire safety

Fire safety inspectors will use the standards in either the International or the Uniform Fire Code when inspecting your facility (depending on when your center was licensed). You must contact your local building officials to obtain a certificate of occupancy in order to operate a child care program in the building. This should be done as early as possible in the licensing process. The State fire marshal will request a copy of the certificate of occupancy when your facility is inspected.

Equipment and structural requirements

Exits

Every floor and most rooms children use must have two escape routes. There may be additional restrictions (including fire alarm systems and sprinkler systems) depending upon whether your center:

- Has an occupancy load of 50 or more children
- Is located:
  - At ground level
  - More than four feet below ground level (basement)
  - More than four feet above ground level (a second story) or
- Shares occupancy with another business.

Doors, doorways, and exits must meet building and fire codes, including the direction the doors open and the hardware that opens the doors.

Pathways leading to exits inside and out must be kept clear. You cannot have locks, bars or grills on exits unless they release automatically when someone turns or pushes the handle or latch.

You may need to install emergency lighting, either from a battery source or an emergency power generator. It is important that children and staff are able to make their way out of the building safely, even in a power failure. Your fire inspector will let you know if your center must install this equipment.

Fire Alarms and Sprinklers

All centers with more than 1000 square footage are required to have a fire alarm system.

Depending on the occupancy classification (Group E, Group I-2, or Group I-4), the occupant load, the building type and the location of your program (basement, ground level, or above the first floor level), you will either be required to install:

- An automatic sprinkler system
- A manual fire alarm system, and/or
- An automatic fire detection system.

You are responsible for annual inspections, testing, and maintenance of these systems. Maintain the written records for the life of the system and keep them available for inspection.

If you use battery-operated smoke detectors, keep extra batteries on the premises at all times. Activate smoke detectors once a month to make sure they are working and record the dates of the checks.

Note: *The fire marshal recommends that you replace the batteries in your smoke detectors every six months. One way to remind yourself to do so is to change the batteries at the same time you change the clocks for daylight savings time. Or mark it on your monthly fire drill recording form by highlighting the month you will need to change the batteries.*

Fire Extinguishers

Centers must have at least one fire extinguisher rated 2A:10B:C located at 75-foot intervals on each level of the center. You must mount fire extinguishers on the wall with an approved bracket or place it in an approved fire extinguisher cabinet. Mount them high enough so children cannot play with them but low enough that staff can get them down easily (at least 3 ½ feet above the floor but not more than 4 feet above the ground). Make sure all staff know how to use the fire extinguishers. You must have your fire extinguishers recharged and inspected once a year. Keep records of these inspections.

Inspections and Ongoing Safety Procedures

An authorized representative of the state Fire Marshal's Office will perform your first inspection. Your licensor or the local fire department will do follow-up inspections.

In addition to the above structure and equipment considerations, the fire inspector will look at general features of the center to see if there are any fire hazards.

Fire Drills and Evacuation Procedures

You need to develop a fire emergency policy as part of your disaster plan. It will instruct staff and parents how to respond in case of fire in your center. A model disaster plan is included in the Appendix.

You must post a simple diagram of the center showing routes for getting different groups of children out of the building and where they are to gather outside. These evacuation diagrams must be posted in each room by the exits and in hallways. If the center does not have an automatic alarm system, staff must have readily accessible at all times some sound-making device that the children recognize as a fire alarm. This does not need to be an electrical alarm. You can use:

- The manual test button on the smoke detector or
- An audio tape of the automated fire alarm (so that staff and children know what it sounds like).

Practice fire and evacuation drills at different times of the day using alternate exits. In a real emergency, you may have to be outside for several hours until the building can be deemed safe to return. It is recommended that you keep an emergency kit by the door, which includes all the emergency information for the children, blankets, treats and things to do to keep them occupied. If the fire department must come to evaluate your building it may take several hours. It might be better to have parents come and retrieve their children.

Do not always give staff and children advanced warning of fire drills. Children need to practice:

- Keeping ears uncovered and keeping quiet so they can listen to instructions from staff about where to exit
- Exiting quietly and calmly
- Lining up quietly outside away from the building, and
- Waiting for the announcement that they can go back inside.

When the fire alarm sounds, different center staff should be assigned to attend to the following:

- Leading the groups from the building to designated areas and supervising them
- Getting the attendance records so it can be confirmed that all children are out of the building
- Closing doors and windows, and
- Checking all areas of the building, including bathrooms, where a child might be left behind.

If your center serves infants and other non-ambulatory children, you must develop a safe method to evacuate them in an emergency. For infants, an approved fire evacuation crib is needed for every


Caregivers can cover aspects of fire safety with children in appropriate age groups.

four infants. It is impossible to evacuate more than one or two infants in a staff person's arms. Also, you will need a safe place for the infants to be once they are outside. An evacuation crib will provide a safe, fast evacuation method and place for them to stay, especially if there is a real emergency. In centers caring for children with special needs that affect their mobility you may need extra staff at all times to safely evacuate the children in a timely manner.

Caregivers should discuss with the children how their lives are more important than any possessions. Explain to the children why they should get out of the building immediately, and NOT put their shoes on, go to get their coat or race to their cubby to save their favorite toy.

Caregivers can cover other aspects of fire safety with children in appropriate age groups, such as:

- How to stop, drop, and roll if their clothing is on fire
- How to crawl on their hands and knees if a room is full of smoke
- How to feel a doorknob for heat before opening the door, and
- How it is important to have an emergency evacuation procedure at home, not just at the center.

A fire drill and earthquake drill record are included on the following pages for your convenience.

DEPARTMENT OF EARLY LEARNING (DEL)

FIRE SAFETY RECORD AND EVACUATION PLAN

Please post.

Check daily:

- Evacuation plan and procedures are posted.
- Exits open freely; exits are not blocked.
- Electrical appliances are working properly.
- Electrical outlets are not overloaded.
- Extension cords are not used in place of permanent wiring.
- Fireplaces, wood burning stoves, fireplace inserts, heaters, etc., are used safely and barricaded when needed.
- Combustible rubbish is not allowed to accumulate.
- Flammable or combustible material is stored safely.

MONTHLY FIRE DRILL RECORD												
Month:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date:												
Time:												
Number of children:												
Length of drill:												
MONTHLY FIRE DRILL RECORD												
Date detector checked (monthly):												
Date batteries replaced (annually):												
FIRE EXTINGUISHER RECORD												
Date extinguishers serviced (annually):												

FIRE EVACUATION PLAN

Please write your plan to evacuate children from your facility in case of fire. Use the back of this sheet if necessary.

1. What will the person discovering the fire do?

2. How will you sound an alarm?

3. What will you do before the fire department arrives?

4. How will you make sure all persons are evacuated and accounted for?

PROVIDER'S NAME	DATE

Quarterly Earthquake/Disaster Drill Log

Quarterly Earthquake/Disaster Drill
Jan - Feb - Mar

Actual date: _____

Length of time: _____

Description of the drill and notations:

_____

_____

_____

_____

Changes to be made: _____

_____

_____

Quarterly Earthquake/Disaster Drill
Apr -May - June

Actual date: _____

Length of time: _____

Description of the drill and notations:

_____

_____

_____

_____

Changes to be made: _____

_____

_____

Quarterly Earthquake/Disaster Drill
July - Aug - Sept

Actual date: _____

Length of time: _____

Description of the drill and notations:

_____

_____

_____

_____

Changes to be made: _____

_____

_____

Quarterly Earthquake/Disaster Drill
Oct - Nov - Dec

Actual date: _____

Length of time: _____

Description of the drill and notations:

_____

_____

_____

_____

Changes to be made: _____

_____

_____

Preparing for emergencies

You need to plan for major disasters that could affect your surrounding community. You also need to plan for crisis situations or events that may affect only your center and the children in your care. Most of the preparation/management work you are able to do for a natural disaster happens before and after the event (for example, you can spend hours and days preparing for and cleaning up afterwards, but an actual earthquake may only last for a minute or two). What you do ahead of time and after the event can significantly affect the children in your care.

- **Before the Crisis/Disaster**
  - Prepare the children (practice fire and earthquake drills, lockdown procedures)
  - Prepare emergency supplies (these include comfort kits for each child and staff, emergency first aid, food, water, medication)
  - Develop your Disaster/Crisis Emergency Plan
  - Train staff and parents
  - Identify safe locations (hallways, outside) and alternate sites
  - Identify and correct potential hazards (make shelves earthquake proof)
  - Organize adult responsibilities (who is in charge of what during a crisis)
- **During the Crisis/Disaster**
  - Seek appropriate cover
  - Account for all children
- **Immediately After the Crisis/Disaster**
  - Implement your Disaster/Crisis Emergency Plan
  - Assess injuries and provide first aid
  - Assess damage
  - Evacuate if appropriate
  - Shut off utilities if needed
  - Check/distribute emergency supplies as needed
  - Listen to the radio
  - Call emergency contact telephone number
- **Longer Term Planning**
  - Calm fears of children
  - Recheck/change your disaster plan if necessary
  - Re-supply your emergency stock
  - Take care of yourself.

Telephones, 911 and Communication to the Outside World

The use of a telephone is mentioned in almost all of the disaster procedures. To ensure that there is a working telephone; make sure that at least one telephone in the center will work in a power outage. Many telephones and telephone answering devices will not work when the power goes out (check your telephone by unplugging it and making a test call). If you rely on a cellular phone as your emergency telephone, remember that if the batteries are not fully charged it will not operate for very long.

In a widespread disaster, being able to make a telephone call successfully may be impossible. Many people in the affected area will be trying to make calls, and the telephone network will quickly become overloaded. In addition, some disasters may damage the telephone lines and cellular telephone towers. If you are able to complete a call to 911, they may not have emergency people able to help you.

> ***Note:*** *You should be prepared to cope with a disaster without outside assistance for up to 72 hours.*

Communication with Parents

Trying to communicate with the parents of children in your care during a disaster will be difficult if the telephone system is overloaded. If you need to evacuate the center, you should leave written notification of your destination at the center so that parents who are able to get to the center will be able to follow you and the children. This should always be done even though you have sent a list of the alternate locations home via a parent letter.

Creating a crisis/disaster plan for your center

A disaster plan is required by licensing to cover all possible emergencies in a child care center. A Crisis/ Disaster Plan should cover a wide spectrum of emergencies that are most common to the location of your center. It is important to check with your local emergency agency and/or your school district to coordinate your plan with theirs. Centers may follow the community or school procedures in developing their plans.

Examples of disasters or crisis events that should be described in detail in your disaster plan include:

- Earthquake
- Fire Alarm/Emergency
- Gas Leak
- Flooding
- Building and Site Evacuation
- Field Trip Incident
- Power Outage
- Storms and Snow
- Hazardous Materials Accident
- Bomb Threat
- Emergency Lockdown/Intruder Alert Procedure
- Missing Child
- Kidnapping
- Child Abuse
- Assault on Child or Staff

For each possible disaster or crisis event you should clearly state what emergency procedures to follow, who to call or notify (and in what order), who is in charge, and what follow-up procedures must be completed after the event. Below is an example of what you might include for a Missing Child Incident:

1. Call 911 immediately and provide the following information:
   - Child's name and age
   - Address
   - Physical and clothing description of the child, including any distinguishing marks such as visible scars or birthmarks
   - Medical status, if appropriate
   - Time and location child was last seen, and
   - Person with whom the child was last seen.
2. Notify Director immediately and search the facility again.
3. Have child's information, including picture, if possible, available for the police upon their arrival.
4. Director will notify parents of missing child and attempt confirmation that child is with family; if not, inform parents of situation and steps taken.
5. Director will report incident to licensor and Child Protective Services.
6. Director will complete a written incident report at the earliest opportunity.

Supplies

Include a list of supplies in your Disaster Plan that you have collected at your center for disasters. Your Child Care Disaster Supply Kit should include:

- Water: 1 gallon per person per day (minimum 3 gallons per person)
- Food: Non-perishable and easily prepared foods that don't require cooking
- A radio and extra batteries
- A flashlight for each classroom and extra batteries
- A well-stocked first aid kit
- A fire extinguisher
- A wrench (to turn off the utilities if needed)
- A manual can opener
- Some way to keep children and staff warm and dry (space blankets, tents)
- Garbage bags (for keeping things dry, keeping garbage together, toileting)
- Diapers and formula
- An updated class list, contact information and emergency release forms
- A pencil/pen and a log to track who children get released to
- Any special medication a child may need (at least a 3 day supply)
- Paper/plastic products to eat/drink from, and
- Comfort kits (one per child, in gallon-size re-sealable plastic bag). Items might include warm clothes, a blanket, a photo of child's family, a toy, etc.

Training

You are required to provide yearly disaster/crisis training for your staff. You, your health consultant, or other qualified professionals can provide this training. It is important to document any training that takes place. Quarterly disaster drills and monthly fire drills must be held and documented. Documentation of the drills must be on file for the current year plus the previous calendar year.

Sample Disaster/Crisis Plan

A sample Disaster/Crisis Plan is included in Appendix B. The model plan was developed by the Snohomish County Health District Partners in Child Care. Its purpose is to give child care center personnel step-by-step procedures for responding to emergency situations during the first 30 minutes of the disaster. If staff are able to follow the instructions in the order they are written, it will help them to know what to do in each type of disaster or crisis. Check with your licensor for more information about developing a Disaster Plan. Additional resources include the American Red Cross, the Federal Emergency Management Agency (FEMA), and your local public health department.

Note: *Licensing requires you to train your staff annually on your disaster plan. You are also required to have written documentation that parents have read and reviewed your disaster plan upon enrollment.*

WAC

WAC 170-295-5040

How do I maintain a clean and sanitized environment?

- Surfaces must be easily cleanable. A cleanable surface is one that is:
  - Designed to be cleaned frequently
  - Moisture-resistant, and
  - Free from cracks, chips or tears.
- Examples of cleanable surfaces include linoleum, tile, sealed wood, and plastic.
- You must maintain the building, equipment and premises in a clean and sanitary manner that protects the children from illness including but not limited to:
  - Ensure that floors around sinks, toilets, diaper change areas and potty chairs are moisture resistant and easily cleanable for at least twenty-four inches surrounding the surfaces, and
  - Take measures to control rodents, fleas, cockroaches, and other pests in and around the center premises such as:
    - Keep all trash and garbage cans tightly sealed
    - Screen open windows and doors
    - Seal and store food properly, and
    - Keep floors and other areas free from crumbs and food debris.
- Surfaces can be cleaned:
  - With any cleaning solution such as soap and water, cleanser or cleaning spray
  - With a concentration according to label directions, and
  - Rinsed as needed per label directions.
- You may use a bleach solution to sanitize the following areas:
  - Diapering areas
  - Surfaces exposed to body fluids
  - Bathrooms and bathroom equipment
  - Table tops
  - High chairs
  - Toys
  - Dishes
  - Floors, and
  - Sleeping mats.

- You may use a bleach solution or another solution intended for sanitizing if the department approves it. When you use a product other than bleach to sanitize, you must:
  - Follow the label directions for use including concentration, contact time and rinsing, and
  - Be sure that if you use the product on food contact surfaces and items that children might put into their mouths, the label states the product is safe for food contact surfaces.
- The following are surfaces that need to be cleaned and sanitized and a minimum schedule for that cleaning:
  - Tables and counters used for food serving and high chairs are cleaned and sanitized before and after each meal or snack
  - Sinks, counters and floors are cleaned and sanitized daily or more often if necessary
  - Refrigerators are cleaned and sanitized monthly or more often as needed
  - Bathroom (including sinks, toilets, counters and floors) are cleaned and sanitized daily and more often if necessary
  - Floors are swept, cleaned and sanitized daily.
  - Carpet is vacuumed at least daily and shampooed as needed but at least every six months
  - Toys that children place in their mouth are cleaned between use by different children
  - Infant and toddler toys are cleaned daily
  - Sleeping mats, cribs and other forms of bedding are cleaned between use by different children and at least weekly.
- Your health policies and procedures must describe your frequency for general cleaning, dusting, cleaning toys, toy shelves, and equipment.

WAC

Cleaning and sanitizing equipment and toys

Cleaning and sanitizing are important steps in ensuring a healthy environment and in preventing the spread of illness. You need to have policies and routines for maintaining sanitary conditions at the center, and you need to train staff to follow your guidelines.

The younger the children in care, the more likely an object will go into their mouths. This means you clean and sanitize their objects and surfaces often. All mouthed toys must be cleaned and sanitized between uses. One method is to put mouthed toys in a plastic tub until they can be cleaned and sanitized as required as well as having sufficient mouthing toys for replacement and use.

It is important that you clean before you sanitize. Cleaning means washing with soap and water, then rinsing with clear water prior to applying a bleach solution. Do not apply a bleach solution to a soiled surface or a surface that has soap residue on it. If you do, it will not adequately sanitize the surface.

Formulas for Bleach Solutions

Disinfecting solution is a more concentrated solution and is used for diapering areas, bathrooms, kitchens, handwashing sinks, floors, and surfaces contaminated by body fluids: Use one-quarter (1/4) cup of bleach per gallon of water (or one tablespoon per quart). This solution is strong enough to kill germs quickly, but it still needs time to work. You must let the surface air-dry for a minimum of two minutes. Using a towel or sponge to dry the surface increases the chances of putting germs back on the cleaned surface. Bleach evaporates quickly, leaving no toxic residue.

Sanitizing solution is a less concentrated solution and is used for submerging dishware that has been cleaned, table tops, classroom counters and doorknobs, and toys that are mouthed by children. Use one tablespoon of bleach per gallon of water. For this less concentrated solution to do its job of killing germs, totally submerge objects in the solution for at least two full minutes. Allow the items to air dry.

You can make a quantity of a bleach solution ahead of time. Store it in a dated, labeled, airtight container. Empty out and refill spray bottles daily because chlorine bleach exposed to air loses its strength.

Floors

To clean and disinfect floors you can use a phenol-based product (such as Lysol, Pine Power, etc.). They are effective disinfectants, but they are more expensive and leave a residue that needs to be rinsed off. The more concentrated bleach solution is just as effective at disinfecting floors. It evaporates in air, leaving no residue. If you use a commercial disinfecting product, make sure to follow the directions about proper dilution and the length of time to leave on the surface.

> ***Note:*** *All sanitizers and disinfectants and their methods of use must be listed in your Health Policy and approved by your health consultant.*

Floor Covering

Children enjoy having both hard and soft floor surfaces on which to walk, sit, and play. Messy play and activities that lead to soiling of floors is developmentally appropriate in all age groups, but especially among young children (the same age group that is most susceptible to infectious disease). A smooth, moisture-resistant floor is easier to clean and sanitize and therefore, helps prevent the spread of communicable disease. Cracked and porous floors cannot be kept clean and sanitary. Dampness promotes the growth of mold. If carpets remain damp for a period of time mold and mildew will develop. Although carpeted floors may be more comfortable to walk and play on, smooth floor surfaces provide a better environment for children with allergies. Also, facilities should exercise caution when using carpeting in child care areas because the fibers, adhesive, and formaldehyde associated with the presence of carpeting can pose health problems. Areas that must have moisture-proof flooring include:

- Bathrooms
- Diaper changing areas (underneath and 2 feet around all sides)
- Laundry areas
- Kitchens
- Area around sinks
- Eating areas
- Art areas
- Area around drinking fountains, and
- Janitorial areas.

Examples of moisture-proof (moisture impervious) flooring include:

- Wood sealed with varnish, shellac, or paint
- Linoleum
- Tiles, and
- Vinyl.

The edges of carpets that do not extend all the way to the wall present a common tripping hazard. Inspect your carpets regularly for rips, holes, and exposed seams. Secure edges in walking areas to the floor with a metal or plastic carpet strip or cover with a rubber mat.

Using small throw rugs on linoleum or polished wood floors is not a good idea unless they have a non-skid backing.

Make sure any spills on carpeting are cleaned up and dried as quickly as possible.

Not all carpet-deodorizing products are good to use around children. Chemicals that remain in the carpet can get on children's skin or in their eyes or lungs. Some children may have an allergic reaction. You might try sprinkling baking soda on the carpet to absorb odors. Vacuum the carpet afterwards. Regular use of a carpet deodorizer is NOT a substitute for adequate cleaning.

If you have an infant and young toddler room, it is advisable to have a no-shoes policy. Infants and young toddlers spend a lot of time on the floor. Help keep them from ingesting all the bad things that can end up on the floor from the bottom of shoes by not allowing shoes to be worn in these rooms. To keep your child care center cleaner you may want

to institute an indoor and outdoor shoe policy for both parents and children. Parents could provide a pair of easy slip on or hard -soled shoes to keep at the center. Providing covers for shoes for parents that you can wash or requesting that they take off their shoes before they come in will help keep your center cleaner and less work to maintain. You should definitely consider this an option in those areas that the Department of Ecology has identified as having possible elevated lead and arsenic levels in the soil. Staff may choose to have a pair of indoor-only shoes that they keep at the center.

Separating Personal Care Items

Children should not share hats, combs, hairbrushes, or hair ornaments. Doing so can spread infection or parasites such as lice. Children can have their own hairbrushes and store them in their personal cubby or in another area.

If you have an outbreak of lice at your center, immediately clean and disinfect the space near and around the area of parasitic contamination. The dress up area clothing in the role-playing area should also be cleaned and disinfected. You will want to limit the use of hats during the outbreak. Check with your DEL health specialist or public health department for useful suggestions. You might also want to re-examine your procedures for storing bedding, hanging coats and keeping extra clothes. Make sure these are not contributing to the spread of parasites.

Having the children brush their teeth at the center is a valuable activity, but it must be done in a sanitary fashion. Each child needs to have his/her own clearly labeled toothpaste tube or pump. Toothbrushes should:

- Have clear labels for each child
- Not touch one another, and
- Be in holders so they are open to the air.

If you store toothbrushes in a drilled board, stagger the holes so the toothbrushes do not touch or drip onto each other.

Toothbrushes do not last forever. You should replace the children's toothbrushes every few months or if dropped on the floor or other unsanitary areas. You can either buy toothbrushes in bulk and replace them yourself or remind the parents to bring in a new one.

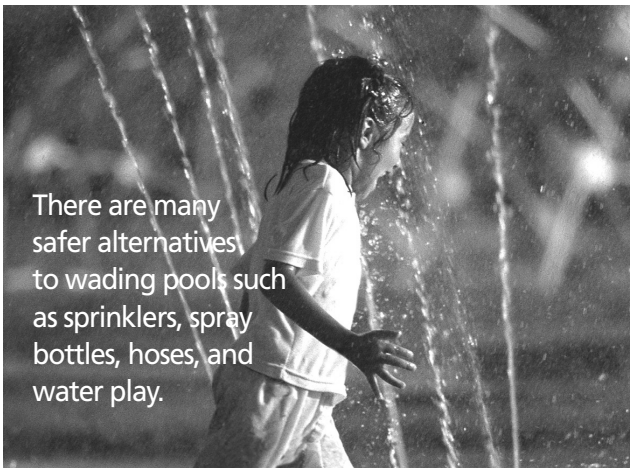
Note: *Toothbrushing should never be done in a diaper-changing sink or a food prep sink. If you use a handwashing sink in the bathroom, you must clean the sink with the 3-step process (wash with soapy water, rinse, and disinfect).*

WAC

WAC 170-295-5050
How can I make sure water activities are as safe and sanitary as possible?

- To ensure that the children are safe with a swimming pool on the premises, you must:
  - Ensure that pools are inaccessible to children when not in use
  - Provide a certified lifeguard at all times in addition to required staff when children use a swimming pool, and
  - Follow any guidelines established by your local health jurisdiction or the state department of health.
- You must prohibit children from using or having access to a hot tub spa, small portable wading pools, whirlpool, or other similar equipment.
- If you have a water table you must empty and sanitize water tables or similar water play containers after each use and more often if necessary.

WAC



Water safety

Children love water, and there is no better way to cool off on a hot summer day than engaging in water play. However, many children die each year from water accidents. Diarrhea illnesses can also spread very easily through water. It is necessary for centers to take proper precautions when the children are in or around water.

Safety Barriers

All water hazards, such as swimming pools, ditches, fountains, and fish ponds must be enclosed. Fence heights are a matter of local ordinance but it is recommended that around water, fences should be at least 5 feet high and come within 3 ½ inches off the ground [AAP, 2002]. Openings in the fence should be no greater than 3 ½ inches. The fence must be constructed to discourage children from climbing. For a chain link fence, the mesh size should not exceed 1¼ inches square. Exit and entrance points must have a self-closing, self-latching latch that is at least 55 inches from the ground. Another option is to lock with a key and store it in a place inaccessible to children. Also an exterior wall can constitute one side of the fence if the wall has no openings providing direct access to the pool. An effective fence is one that prevents children from getting over, under, or through it and keeps the child from gaining access to the pool or body of water except when supervising adults are present. Fences are not childproof, but they provide a layer of protection for a child who strays from supervision.

Spas, hot tubs, and whirlpools etc. require similar barriers. You must supply a solid cover that is locked at all times when children are in care. Caregivers must never allow children in care to use these types of equipment.

If your center has a swimming pool, you should contact the Department of Health or your local health authority regarding current regulations.

Proper Supervision

If children are in a swimming pool, lake, stream, etc., you must have present either a certified lifeguard or staff with current water lifesaving certification. The person with water life-saving certification must be in addition to staff meeting staff to child ratios.

Wading Pools

Wading pools are not allowed to be used in child care centers. Diarrhea illnesses have been spread among children using wading pools. Portable wading pool water cannot be effectively sanitized to prevent the spread of germs. There are many safer alternatives such as sprinklers, spray bottles, hoses, and water play tables.

Keeping Water Tables Sanitary

Children must wash their hands prior to and after playing in a water play table. This reduces the number of germs in the water. Licensing requires that you empty the water table after each use (or more often if necessary). For example, if the children use the water table during the morning play/activity period, you would empty it out after that activity time was over. If you choose to have the children use the water table again during the afternoon play/activity period, you would need to refill it and empty it out at the end of that play/activity period. The equipment must be washed, rinsed, and sanitized after each play/activity period, with a general-purpose bleach solution (1/4 teaspoon of bleach per quart of water).