

Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants Policy

| Name of Program: | (License/Registration/CC Numb | (License/Registration/CC Number): | |
|--|---------------------------------------|-----------------------------------|--|
| Program Type (Choose One): □Child Care Center □License Exempt Program □Family/Group Child Care □Head Start | Director/Administrator/Owner Name: | Contact Phone Number: | |
| Address: City/Zip Code: | | | |

Toxic Substances and Hazardous Materials are as follows:

- Toxic substances or hazardous materials include but are not limited to:
 - \circ Chemicals
 - Cleaning products
 - Disinfectant sprays
 - Insecticides
 - Gasoline products
 - Odor controlling chemicals include but are not limited to:
 - Moth balls
 - o Air fresheners
 - $\circ \quad \text{Essential oils} \quad$
 - Toilet/urinal deodorizer blocks

Policy:

The use of toxic substances is not used in our program when children are present. Toxic substances are stored out of the reach of children in a locked cabinet. Toxic substances/hazards are stored away from food and medication. Flammable materials are inaccessible to children and are stored in a separate building or away from high temperatures and ignition sources. No poisonous plants are allowed. Staff take appropriate measures to protect themselves against bodily fluids and other biological contaminants. Materials that come in contact with bodily fluids and/or any other biological contaminant are disposed of appropriately.

Where are toxic substances and hazardous materials stored in your facility?



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What is the procedure for when staff come into contact with bodily fluids resulting from a child injury or illness?

What are the procedures for disposal of biological contaminants?

______, staff have been informed, read, understand, and agree to implement/abide by the Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants policy as written. We understand that non-compliance with this policy can result in adverse actions.

| Print Name of Authorized Personnel: | |
|-------------------------------------|-------|
| Signature of Authorized Personnel: | Date: |