

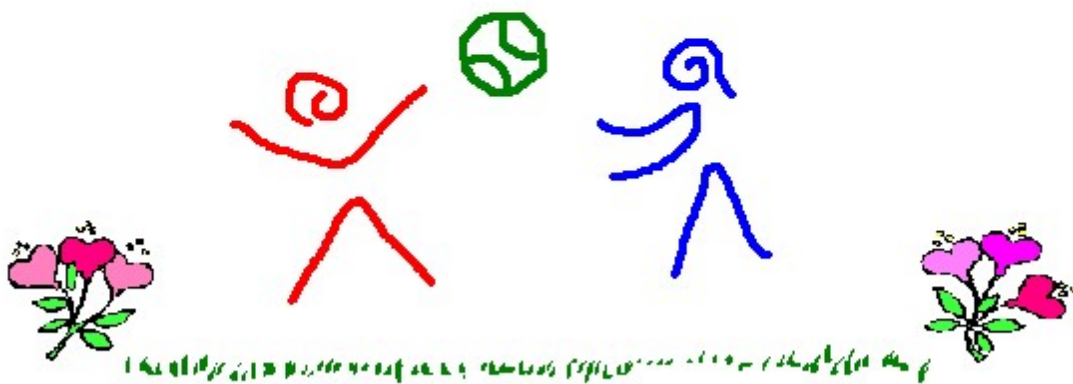
Crystal Care

Child Care and Preschool

6902 125th Avenue NE Kirkland, WA 98033

425-442-5683

email: crystalcare@outlook.com



Lovin' for a Livin'

Parent Handbook

Program Name:
Purchased On:

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Program Name:
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Please read this handbook thoroughly.

"I look forward to our very important relationship as parent, child and care provider. My home has been inspected by a state licensor and meets the minimum licensing requirements as required by Washington State law".

This handbook was updated on 4/16/2019

This handbook has been approved in partnership with the Department of Children, Youth and Families Child Care Licensors **insert date here**

This handbook template was prepared for [WAC Chapter 170-300](#) in effect 08/01/2019

My Training and Experience

The State of Washington requires that I take annual training on topics related to caring for young children and leadership practices. Feel free to ask me about my training. I will frequently share interesting things I learn with the families in my program. I belong to a child care association that holds monthly trainings that I attend, as well as my staff members.

My Family and Background

I started my career working in a Montessori program but wanted to be home with my daughters. I opened my in-home child care 22 years ago and love each day. The connections I have with the families and the children are the reason I continue. I enjoy watching a child grow from infancy to being ready for Kindergarten. I care for children birth through five years old learning from each child as they develop their personality, learning style and temperament.

Curriculum Philosophy, Implementation and Program Description (WAC 110-300-0305)

Having a planned schedule and a routine for the children is important. Just like brushing our teeth every morning, following a routine allows us to foster habits that match our goals and aspirations. A routine helps us develop good habits and helps us reach our full potential. A routine helps us to eliminate bad habits that do not serve us well and reduces times that are unproductive and unhealthy. As part of our daily routine we have a curriculum called Mother Goose time (<https://www.mothergoosetime.com/>). Mother Goose Time uniquely weaves 33 research-based skills into playful games and discovery projects. The cross-disciplinary model supports a child's ongoing social-emotional, physical, language and cognitive development. Our activities introduce and supports learning in social and emotional development, physical development, language and literacy development, mathematics and reasoning development, social studies development, science development, creative development and second language acquisition development. I help children learn and develop at their own rate. I am able to support children with special needs, children who are second language learners and those that may need a program designed specifically for them.

My curriculum is designed for children birth through five years old and supports them as they play and learn. It is important for children to feel success and this curriculum and my program gives them opportunities to be successful every day. I believe that consistency of care givers and routine are very important. Myself and Shanna Barth will be your child's primary caregivers.

I have posted our daily schedule on the bulletin board in the main child care room and there is a copy in this policy.

Family engagement and partnership communication plan (WAC 110-300-0305)

Communication between you and me is the most important way we can support your child. Please contact me in person, by phone, or email anytime you have a question or concern about your child or our child care program. I will share with you your child's accomplishments, their struggles, their joys and sadness. I will share with you their milestones and concerns. I would like you to share with me as well.

Drop off and pick up times are very busy times for us, children and parents are arriving and leaving and I realize this is a very busy time for you as well; But take the time to share if there is something about your child that would be helpful for us to know. If you would like to have a longer conversation please schedule a time with us so that we can focus on your concerns.

Twice yearly, I will schedule a regular time to meet with you to discuss your child in a more formal way through a family/provider conference. In these conferences we will communicate with each other about goals, strengths and challenges for your child, and how I can support you in your parenting as you support me in my care-giving.

At the time of registration and each year thereafter we will ask about your child's development, behavioral, health, linguistic, cultural, social and other relevant information to accommodate each child's individual characteristics, strengths and needs.

It is important for us to provide the best program for your child. We will provide a developmental screening for each child from birth through age five. I use the CDC

Milestones. My belief is that early intervention is the best support for children and have resources for you if the need arises. I have names and numbers for places that will do a more comprehensive screening and places that children birth on can go to get the support that they may need. I will keep you informed when I do the screening and what the results of the screening are.

Introductory Visit

I require all parents and children to visit my home at least once before enrolling. Please call me in advance to schedule an appointment. During this visit we will discuss the policies, the cost of care, the daily routine and the house rules. We will talk about both your and my expectations and the daily routine. We will look at your schedule and the openings I have available. We will allow your child time to become familiar with my home and talk about your child's other child care experiences.

Trial Period

There will be a two-week trial period for you and your child at the child care. During this trial period your child will learn the rules of the house, the schedule and be able to interact with the other children. We will observe your child's adjustment to care and talk with you about concerns and excitements. I will talk with you daily about your child's day. Please tell me if you have any concerns. At the end of the two-week trial period, I will determine if the child care services are satisfactory to everyone. If any problems cannot be resolved, the care is terminated. At the end of the trial period and everyone is satisfied your child will be enrolled in child care.

Admission Requirements and Enrollment Procedures (WAC 110-300-0460)

We will meet at least once to review all the required forms for your child's enrollment, before the trial period begins. All forms must be completed with the most current information. We will discuss how you will be paying, such as check or cash and the fees for late and insufficient funds. We will discuss our program, parent handbook and other policies and our house rules for the children. This will be a time for you to share if your child has

special needs, food preferences and allergies; and your hopes and fears. Please also share with us about your other child care experiences.

Deposits and Registration Fees

Deposit: Your child's position is reserved upon receipt of \$100.00 deposit.

Cost of Care: Your cost of care is due at the first of the month and prior to your child's first day of care. Unless other arrangements are made between the parent and the provider.

Registration Fee: I require a yearly non-refundable registration fee of \$100.00 to cover administrative costs.

Admission Forms [WAC 110-300-0085, 0106\(9\)](#)

There are several forms you are required to complete prior to your child's attendance:

1. Child Care Registration
2. Permission Authorization for field trips, transportation, bathing, water activities, photo, video and surveillance activity.
3. Child Care fee Agreement
4. Certificate of Immunization Status (CIS) or Certificate of Exemption (COE)
5. Completed USDA food program enrollment (if applicable)
6. A plan for special or individual needs of a child, including allergies (if applicable)
7. An approved plan for physical restraint, which includes holding a child as gently as possible to accomplish restraint (if applicable)
8. Medication authorization and medical procedure training (if Applicable)
9. A form describing your child's developmental, behavioral, health, linguistic, cultural, social, and other relevant information.

These forms must be completed before your child can be enrolled in care. Make sure to fill out both sides of the forms when applicable and sign the forms. Please keep these records updated as they will be important in a medical emergency and

many other times.

How children's records, including immunization records, are kept current (WAC 110-300-0460 and WAC 110-300-0210)

A record for your child is very important to us. The records will be used to plan your child's curriculum, classroom setting, daily activities and in emergency situations. All children's files, including immunization records, must be updated by parents as personal and contact information changes, including job changes and telephone numbers change. Your child's records must be current at the time of registration. Children that are over 15 months records will be updated every September and when information changes such as address, job change, phone numbers and updated immunizations. Children under 15 months will have their records updated within 24 hours of an immunization and when information changes.

Certificate of Immunization Status (CIS) (WAC 110-300-0210)

A CIS form or similar form supplied by a health professional must be used, and be current and updated yearly (more frequently for infants). All children must be current on their immunizations. If there is a signed Certificate of exemption (COE) from a licensed physician, the child will be excluded from child care if there is an outbreak of a vaccine preventable disease that the child has not been immunized for.

We accept homeless or foster children into care without the records listed in this section if the child's family, case worker, or health care provider offers written proof that he or she is in the process of obtaining the child's immunization records and the process is followed. Children exempted from immunization by their parent or guardian will not be accepted into care unless that exemption is due to an illness protected by the American Disability Act (ADA) or Washington Law Against Discrimination (WLAD) and documented by a licensed physician or by a completed and signed COE.

Confidentiality policy including when information may be shared (WAC 110-300-0465)

Children's records will include all admission forms, medication information, injury and incident reports, attendance records, payment history, individual care plan and other information obtain while caring for your children. This Information will remain confidential. You have the right to access your child's records any time. Anything of a sensitive nature will be shared outside of the presence of the children. On a need to know basis staff members may access your child's file to obtain contact information, medical information, classroom placement information and other information to support your child having the best experience while at this child care.

The Department may also access your children's files.

Staff training logs are kept current and are accessible to parents.

If you would like to review your child's records or see the training logs please ask and I would love to share them with you. Our training logs are kept in a red hanging folder in the main room by a door.

Non-discrimination Statement, Anti Bias and Bullying (WAC 110-300-0030, 0331, 0160)

Our program is defined by state and federal law as a place of public accommodation. I do not discriminate in my employment practices, client services or in the care of children based on race, color, creed, ethnicity, national origin, gender, marital status, veteran's status, class, sexual orientation, age, socio-economic status, religion, differing physical or mental abilities, use of a trained dog or service animal by a child or family member or communication and learning styles. We comply with the requirements of the Washington law against discrimination and the ADA (chapter 49.60 RCW). I will prevent anyone on the premises from bullying behaviors. If I become aware of someone bullying, I will identify the behavior, ask that the behavior stop and if it is one of the children, we will use the portion of our curriculum that talks about feelings and interactions. Our daily routine is anti-bias and we help structure are program to be inclusive. We look at each child as being unique and bringing with them different cultures,

traditions, language, family make up, religions, abilities, needs and many other things that provide a rich environment where we can all learn from each other. We support each child as they grow and learn at their own pace.

Abuse and Neglect-Protection and Training (WAC 110-300-0475)

As a child care provider, I will protect children from all forms of child abuse or neglect. I have a duty to report and am required by mandatory reporting laws to report any suspected physical, sexual or emotional child abuse, any suspected child neglect, child endangerment, or child exploitation, a child's disclosure of sexual or physical abuse and maltreatment to Child Protective Services (CPS) and my local law enforcement agency immediately (without prior notification to the parents involved). I will also inform my licenser. All staff or volunteers in this program, as well as my family members, are trained on prevention and reporting of child abuse, neglect, sexual abuse, maltreatment or exploitation.

Permission for Free Access (WAC 110-300-0085)

During business hours, you have the right to access any areas of my home licensed for child care. You are welcome to visit or drop-in unannounced to observe your child. You have the right to access your child's file, provider training log(s), DEL inspection checklist(s), and Facility Licensing Compliance Agreements. Please schedule time in advance if you would like to have a meeting with me or my staff, so we can arrange to speak away from the children.

Definitions of Care

- Full time- more than 5 hours per day
- Part Time- 4 hours or less per day
- Drop in. Only on a prearranged time as space is available and if all registration paper work is current and complete.

For parents utilizing DSHS & Working Connections Subsidy:

Full Time: 5-10 hours of care a day

Program Name:
Purchased On:

Part Time: less than 5 hours of care a day

Drop In: DSHS/Working Connections does not cover drop in/hourly care

Sign-in and Sign-out Procedures/ Attendance records (WAC 110-300-0455)

1. Arrival and pick-up instructions:

- Upon arrival; the parent, guardian or authorized person must sign the child in using signature of full name, the date and time.
- Upon departure; the parent, guarding or authorized person must sign the child *out* using signature of full name, the date and time.
- The sign-in/sign out is electronic and is located on the shelf as you come in the front door. You are required to sign in/out using your full name, the date, and time.

Signing in and out is subject to a civil penalty fine by the State of Washington. If I am fined due to you not signing your child in and out the amount of that fine will be on your next billing statement and must be paid within 48 hours of that bill.

2. Please identify on the Child Care Registration form, who is authorized to pick up your child. I will not release your child to any person without your written permission. This form should be kept current. The person picking up your child must have identification, as we may ask for verification of identity before releasing a child.
3. Anyone who appears to be under the influence of drugs or alcohol arriving at child care to pick up a child will be asked to call someone else to pick up that child. If a person leaves with a child while they appear to be under the influence, 911 will be called.

Cost of Care Rates

Rates are evaluated and may be raised every year on January first.
Two weeks' notice will be given to families for rate increases.

If other adjustments are needed, four weeks notice will be given.

The program rates are:

Age	Full time/month	Part-time/day	Drop-in/hour
Birth-12 years	\$1400.00	\$95.00	\$15.00
2 days per week	\$1050.00		
3 days per week	\$1150.00		

Your contract will specify your child's days and hours of care.

Payment Plan, Holiday charges and Discounts

Payment Plan: Parents are required to pay for the time their children are scheduled to be in care. In other words, parents are paying for a space whether their child is there or not. Payment for care is due before the first day of the month. Special payment terms are negotiable on occasion and will be defined in the contract. I accept cash or checks only at this time.

Holiday Pay: Fees are not reduced during months/weeks that have holidays, emergency closures or vacations.

Family Discount: When more than one child from the same family is enrolled, a \$100.00 reduction is given for a second child enrolled.

Payment Penalties:

1. The fee for late payment is \$5.00 per day. If fees remain unpaid after a period of three days, your childcare will be terminated until ALL fees are paid in full. If you are on Working Connection Child Care this late fee will be reported.
2. The penalty for NSF checks is \$20.00 plus any bank costs incurred by me. Cash payment is required for returned checks. You may be put on a cash only basis after the second NSF check.
3. Late pick-up fees are \$10.00 per minute after 5:30 PM.

Extra Charges:

Field Trip Fees: Field trips are not a regular part of our monthly schedule. You will be notified if we are going to take a field trip and extra fees two weeks in advance. Parent volunteers, transportation, car seats and booster seats will be discussed in the notification.

Receipts and Taxes:

1. Upon request I will give you a payment receipt when you pay for child care.
2. I Will provide a statement at the end of year if needed for tax purposes.

Hours and Days of Operation

The child care program is open the following hours, except holidays. Parents are welcome to visit their children at any time during the day.

Day	Hours
Monday	7:00 AM 5:30 PM
Tuesday	7:00 AM 5:30 PM
Wednesday	7:00 AM 5:30 PM
Thursday	7:00 AM 5:30 PM
Friday	7:00 AM 5:30 PM
Saturday	CLOSED
Sunday	CLOSED

Holidays

Crystal Care, Child Care and Preschool will be closed on the following legal holidays with pay. If the holiday falls on a Saturday we will be closed the Friday before the holiday and if the holiday falls on a Sunday, we will be closed the following Monday. The following schedule are days that the child care is closed each year.

Holiday	Date, Comments
New Year's Day	January 1 st
Martin Luther King Day (observed)	January 20 th
Presidents Day (observed)	Third Monday of February
Memorial Day (observed)	Fourth Monday in May
Labor Day (observed)	First Monday in September
July 4 th	July 4 th
Veterans Day (observed)	November 11 th or the following Monday
Thanksgiving Day and Friday (the day after)	Fourth Thursday and Friday of November
Christmas Eve - Christmas Day	December 24 th and 25 th

Family/Parent/Guardian Vacations and Absences

- Clients are required to give two weeks' notice for any extended absence or Vacation.
- Child care will close in inclement weather conditions. Crystal Care, Child Care and Preschool will follow Lake Washington School District closures.
- Please call to inform me if your child will not be attending due to illness or some other event.
- Please advise me upon enrollment if you plan on removing your child from childcare for any length of time. (summers for school teachers, maternity leave, illness in family).
- You will be required to pay when your child is sick, school closure dates or on vacation.

Provider Vacation/Emergency Closure Policy

I will give you at least four week(s) advance notice of my vacation schedule. I will take three weeks' vacation per year. Payment will not be reduced during my vacation.

Back-up Child Care (WAC 110-300-0495)

I recommend that you have access to an alternate child care arrangement. You may need care if I am ill, school closure days or when I am on vacation. If I am ill you will be notified as soon as possible so that you can make other arrangements. It is always your responsibility to find backup child care. For a child care referral, please call:

*Child Care Aware of Washington
(206) 329-5544
1-800-446-1114*

Staffing Plan, Classroom types, Ratios and Consistent care policy (WAC 110-300-0495)

We will maintain the State required staff to child ratios at all times. For consistency of care Shanna Barth and I will be assigned to care for your child with a goal of building a long-term trusting relationship. You may ask for access to our staff training and professional development records.

If we have any staffing changes, or I need to be absent for an extended period of time, you will be notified in writing or by electronically. Any Staff who covers for me in my absence will meet all State requirements to care for the children, and be fully trained according to State requirements and will be trained on the policies and procedures of our program.

Our staff to child ratios is six children per adult for a total of 12 children. We offer mixed age type of classroom settings, children are able to mix with children both younger and older than they are, so that we can all learn from each other. We care for children that are birth through age five years old. We provide support for children that are dual language learners, children that are typically developing

and for children that may need extra support due to disabilities.

Termination of Services (WAC 110-300-0485)

Parents MUST inform me four (4) weeks' in advance when removing their child from Crystal Care, Child Care and Preschool. This will enable me to seek a replacement for your child/children, without interrupting my family income. Parents who do not give proper notice will be charged two (2) weeks' severance pay in lieu of proper notification. I will ask you to fill out an exit questionnaire.

The following are conditions that may cause your child care to be immediately terminated:

- A. Non-receipt of co-pay
- B. Family members or other adults not meeting the programs requirements, inappropriate or unsafe behavior in or near the facility, disrespecting the child care facility, staff or policies.
- C. Continual late payments or unpaid bills
- D. Continual late arrivals or pick-ups
- E. Failure of the parents to participate in resolution of behavioral or other problem concerning your child

Expulsion Policy (WAC 110-300-0486, 0340)

At our facility we will work with each individual child promoting consistent care and maximize opportunities for child development and learning. When a Child exhibits behavior that presents serious safety concern for the child or others and the program is not able to reduce or eliminate the safety concern through reasonable modifications the child's care will be terminated. Examples of this may include biting beyond the toddler age, throwing objects at others, throwing objects inside the facility, hitting or harming others, leaving the facility and other behaviors that put the child or others in harm.

Prior to expulsion of services due to child's behavior we will provide the following supports:

1. We will have a parent or guardian meeting weekly or sooner as needed.
2. We will review the expulsion policy with the parents or guardians.

3. We will record the incidents that led up to the expulsion, include the date, time, staff involved and details of the incidents.
4. We will give the parents or guardians a copy of the steps that were taken to avoid expulsion.
5. We will give the parents or guardians a description of the environmental change, staff change and other reasonable modifications that were made.
6. We will have a behavior plan developed with the parents. A copy of this plan will be given to all teachers, support staff and parents or guardians involved. No information about a child will be shared with other parents.
7. We will have the parent come to the child care with the child for brief periods of time.
8. We will have the parent spend the day with the child.
9. We will give the parents or guardians referrals to community-based programs/settings

The Department will be notified of the expulsion.

Posting requirements: (WAC 110-300-0505)

Our menus, liability insurance, inspection reports, enforcement action, emergency drill log, floor plan and all other postings can be found on a bulletin board in the main room of the childcare and program policy, health policy, staff policy, and all other policies and training logs can be found in a red hanging folder in the main room by a door. We update these policies and postings when needed and will inform you when they have been updated.

Items Brought from Home

Please do not allow your child to bring any toys, food, electronics or other personal items to child care. I will not be responsible for broken, stolen or lost toys and electronics. These items will be put away as soon as I become aware of them. You will be informed on days that your child has a sharing day where they can bring one item to share with the rest of children.

Please make sure the item is of an appropriate size so that it is not a choking hazard, that it is not fragile and can be held by many little hands and that the object is appropriate for sharing.

There may be children with specific allergies in our child care. Please do not allow your child to bring in food items unless you have informed me. Candy and gum are not allowed.

Dual language Learning (WAC 110-300-0305)

I work with all children helping them to develop and learn language. If your child is a dual language learner, we will support your child to learn English in both the written and spoken form. You are encouraged to bring in books, music and other items that represent your child's other language so that we can incorporate the language into our program.

Checklist of Child Care Supplies

	<i>You Provide</i>	<i>Item</i>	<i>Comments</i>
1.	At least two that are BPA free	Bottles	Labeled with your child's name
2.	If needed	Bottle Liners	
3.	You will need to supply for the babies first year of life	Formula, breast milk and baby food	Breast milk must be labeled with the date and the child's name.
4.	That are free from cracks and are in good repair	Nipples	Each nipple has to have a cover
5.	The size that fits your child.	Diapers	You will need to supply at least one weeks supply each Monday
6.	That does not have any attachments, string or blanket hooked to it.	Pacifiers	You must also supply a device or container that prevents contamination for each pacifier
7.	If you have a preference that your child uses his own	Teething devices	
8.	When appropriate	Toilet training diapers or pants	

9.	Ones that are the child size and will keep the child's feet dry	Rubber boots	
10.	Several changes of clothing including socks and shoes, hats	Change of clothes	
11.	Rain coats and winter jackets	Cold and rainy weather clothes	
12.	No blankets for children under one year old.	Sleep Sac and sleeping necessities	At least one Sleep Sack for infants
14.	Enough for each week	Diaper wipes	
15.	Please make sure the medication form comes with the medication	Three-day supply of medication. If the child has prescription medication	I prefer to have parents give their child medication at home when possible
16.	Please make sure the medication form comes with the medication	Diaper cream	I would like parents to apply sunscreen to the child prior to arrival

I have bedding for the children.

Typical Daily Activity Schedule **(WAC 110-300-0360, 0295, 0296)**

Time	Activities
7:00am-8:45am	Arrival, Free choice play
8:45am-9:00am	Wash hands, Breakfast
9:00am-10:00am	Free choice through-out our many play stations
10:00am-10:15am	Wash hands, AM snack
10:15am-10:35am	Circle time, music and preschool activities

Program Name:
Purchased On:

10:35am-11:30am	Outside play, free choice play
11:30am-12:00pm	Wash hands, Lunch time
12:00pm-2:30pm	Nap/Rest/Quiet time
2:30pm-2:45pm	Wash hands, PM Snack time
2:45pm-5:00pm	Free choice through-out our many play stations
5:00pm-5:30pm	Children departure/Parent pickup

WAC's 110-300-0295 and 0296.

Screen Time Usage (WAC 110-300-0155)

Children do use screen time (television, videos, or computers) for educational purposes at our program in accordance with (WAC 110-300-0155)

Outdoor activities (WAC 110-300-0147)

Our facility offers an outdoor programming daily for all children enrolled, except during the following conditions (a) Heat in excess of 100 degrees Fahrenheit or pursuant to advice of the local authority;(b) Cold less than 20 degrees Fahrenheit, or pursuant to advice of the local authority;(c) Lightning storm, tornado, hurricane, or flooding if there is immediate or likely danger;(d) Earthquake;(e) Air quality emergency ordered by a local or state authority on air quality or public health;(f) Lockdown notification ordered by a public safety authority; and(g) Other similar incidents. Children must have appropriate clothing for outdoor activities during days that may be hot, rainy and cold. Our yard is fully fenced with a self-closing gate. It is designed to meet the needs of the children that are in care. We inspect the yard to make sure it is safe and in good repair daily. Since we go outside daily you are required to bring appropriate clothing including coats, shoes and boots.

Napping/sleeping (WAC 110-300-0265)

A rest period will be offered for all children under five years of age, who remain in care for more than six hours or show a need to rest. Alternative quiet activities will be available for those children who are unable to nap or who no longer need a nap. No child will be forced to sleep/nap. I will work with you to discuss your child's sleep patterns and needs. I must allow infants and toddlers to follow

individual sleep schedules. If children have special items that they typically sleep with, like a blanket, stuffed animal or pacifier please discuss this with me at the time of registration.

Mixed Age groups: (WAC 110-300-0345, 0450)

Our child care has a mixed age grouping, during the day the children will be participation in learning, play, eating and sleeping with children from different age groups. We will set up programs and curriculum for the age of your child/children. The age group ranges from infants to Five years old

Individual care plan, Special needs accommodation (WAC 110-300-0300)

Each child has their own uniqueness and develops at a different rate. At Crystal Care Daycare and Preschool, we work hard to set up a program for each child. We will provide a program specifically for your child's special needs. We will ask all parents and guardians to have a written individual care plan for each child with special needs including allergies. The individual care plan must be signed by the parent or guardian and must contain the following:

1. The child's diagnosis, if known;
2. Contact information for the primary health care provider or other relevant specialist;
3. A list of medications to be administered at scheduled times, or during an emergency along with descriptions of symptoms that would trigger emergency medication;
4. Directions on how to administer medication;
5. Allergies;
6. Food allergy and dietary needs, pursuant to WAC [110-300-0186](#);
7. Activity, behavioral, or environmental modifications for the child;
8. Known symptoms and triggers;
9. Emergency response plans and what procedures to perform; and
10. Suggested special skills training, and education for early learning program staff, including specific pediatric first aid and CPR for special health care needs.

Accompanying the individual care plan, we must have supporting documentation of the child's special needs provided by the child's licensed or certified:

- a. Physician or physician's assistant;
 - b. Mental health professional;
 - c. Education professional;
 - d. Social worker with a bachelor's degree or higher with a specialization in the individual child's needs; or
 - e. Registered nurse or advanced registered nurse practitioner.
11. If the child has one of the following it must accompany the child's service plan.

- (a) Individual education plan (IEP);
- (b) Individual health plan (IHP);
- (c) 504 Plan; or
- (d) Individualized family service plan (IFSP).

Plan together. Parents, consultants, and caregivers will set goals together. I will ask to be a part of the team that develops and tracks your child's Individualized Education Plan (IEP) so we can discuss activities, exercises, and supports needed to reach goals. We will set goals that are simple and match the abilities of the child. We will always discuss our ideas and plans with the family.

Modify toys and equipment. Simple changes often can be made to regular toys. For example, we will help a child who has difficulty with stacking rings by simply removing every other ring. For a child who has difficulty holding a bottle, we may cover the bottle with a cloth sock so little hands can grasp it better.

Make small changes in your child care environment. Slight adjustments in our child care environment may make the time that a child with special needs spends with us easier and more enjoyable for everyone. A quiet, private space for play may help an overactive child. A child with poor vision may benefit from an extra lamp in the play area. Removing a rug that slips will help a child who has trouble walking. We will adjust our environment when necessary to accommodate your child.

Model appropriate behaviors. Children with special needs are sometimes timid about playing with others. We will show them how by being a play partner ourselves. We might play a game with the child or pre-

tend to go shopping together. As the child becomes more comfortable, we will invite other children to join our play activity.

Teach specific words and skills that will show how to find a playmate and how to be a playmate. We will help your child learning how to look directly at another child when speaking or to say “May I play?” These are big steps for some children. We will help your child communicate with other children. For children that cannot talk we will help them with other means of communication.

Teach typically developing children how to talk and play with children who have a disability. We will help other to be able to appropriately interact with your child. We will talk to the children about what to do. For instance, gently touching the shoulder of a child with a hearing impairment or looking directly at him while talking are effective ways of getting that child’s attention.

Look for strengths as well as needs. We will avoid becoming too focused on a child’s disability. We will treat each child as a whole person. Provide activities that will support your child’s strong points. Every child needs to feel successful and capable and we will help your child with successes in our program.

Consult with parents, health care professionals, and early childhood specialists. Parents and specialists can provide specific information and suggestions for working with a child who has a disability. We will continually ask you many questions about your child, if you feel there is information that we need or that you would like us to have please share it with us, don’t take for granted we know.

Religious and Cultural Activities

My religious activities include:

Holiday	How recognized in the program
Easter	Egg hunt in child care, dyeing Easter eggs and putting decorations up.
Halloween	Pumpkin/Halloween decorations up.
Thank-giving	Decorations and art projects
Christmas	Decorations, art and songs

Program Name:
Purchased On:

Birthdays	Decorations, art and songs
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We will sing songs, do art projects, put up decorations, read stories and do other activities while celebrating both religious and non-religious holidays.

If a parent or child does not wish to participate in these activities, the following alternatives will be provided:

- Read books.
- Play in block area
- Create a non-religious art project

I will address your family’s religious preferences by talking with you and your child about your beliefs, by reading books and ask that you share your traditions so we all have a better understanding. I will invite you to come share with us customs, traditions and foods that are a part of your child’s life. Before serving other children any foods brought from home I will obtain written permission from the parents.

Child Guidance plan, Physical Restraint policy and Corporal punishment (WAC 110-300-0331, 0335, 0490)

We will use consistent, fair, positive methods of managing children’s behavior. Methods used will be appropriate to the child’s abilities, developmental level, and culture.

Spanking or any form of corporal punishment, physical or mechanical restraint, the withholding of food, or any form of emotional abuse is prohibited by anyone on the premises including parents. No corporal punishment will be used in our program. This includes biting, jerking, shaking, slapping, spanking, hitting, kicking or any other means of inflicting physical pain.

My behavior management practices are:

- Redirect the child to a new activity
- Remove the child to another play area
- Model appropriate behavior
- Prevent situations by anticipating areas of stress and conflict
- Creating a physical environment that provides adequate space and equipment for each level and their needs.

If a child's behavior becomes an ongoing issue, I will confer with the parents using the following steps.

- Set up a time with the parent to go over child's behavior, create a plan with the plan on how to re-direct behavior.
- Discuss the expulsion policy with the parent.

All staff and volunteers will be trained on the guidance and discipline policy and practices.

Specialized Care for Infants & Toddlers:

Diapering Procedure (WAC 110-300-0221)

Children will be attended to at all times during the diapering procedure. Diaper changing is handled on individual basis. Different ages require different times therefore we care for each child's need as they present themselves. Diapers are changed at regular times and as needed between scheduled times. Diapers are checked at least every two hours and changed at least every four hours and always as needed. Parents provide disposable diapers and wipes. Proper hand washing is practiced, washing child's hands also with soap and water.

Diaper changing area will be sanitized daily and air dried. Dirty diapers will be disposed by provider in garbage bin with a tight-fitting lid. The following steps will be used during all diaper changes:

1. Have access to necessary materials.
2. Wash hands both the child's and the staff.
3. Put on gloves.
4. Remove soiled diaper
5. Clean diaper area with wipes, using only one wipe per swipe, wipe front to back.
6. Place diaper, wipes and soiled gloves in a plastic bag and place in garbage can with a tight-fitting lid.

7. Using a diaper wipe to clean hands.
8. Diaper child and dress child.
9. Wash child's hands and your hands at sink with soap and water, small infant's hands will be washed with a diaper wipe.
10. Clean and disinfect the diaper-changing table. Let air-dry.
11. Disposable diapers are disposed in lidded garbage; cloth diapers are placed in plastic bag and sent home with the child

Toilet Learning (WAC 110-300-0220)

Before a child is ready to start toilet training, I will discuss with the parent or guardian their views on toilet training. Please talk to me ahead of time about what your techniques are at home so I can use the same in my home. For toilet training I use positive reinforcement, culturally sensitive and developmentally appropriate methods, as well as a routine developed in agreement with the parents or guardians.

Training will be discussed and coordinated with parents when the child shows an interest. We will not begin toilet training until parents are ready to follow through at home. Toddlers will never be allowed in the bathroom alone. We will assist in teaching proper training and hand washing. Children will need to remain in "Pull Ups" or diapers until they are no longer having accidents. Children need to wear appropriate clothing which is easy for them to remove. Parents are required to supply the needed supplies and plenty of extra clothing. All soiled clothes will be placed in a plastic bag and sent home with parents to launder. When we work together as a team your child will be more comfortable and have great success.

Infant and Toddler nutrition and Feeding (WAC 110-300-0285)

I support families as their children transition from formula and breast milk to eating solid foods at the table. I will consult with the parent or guardian to implement a feeding plan for infants and toddlers at each step of this process. I will provide educational materials and resources to support breastfeeding mothers and nutritional information on infant formulas and

the introduction of solid foods. Nursing and bottle-feeding mothers may sit on the couch to feed their infants or can use any portion of the licensed child care that is most comfortable. All infants and toddlers will eat when hungry according to their nutritional and developmental needs, unless medically directed. I will serve only breast milk or infant formula to an infant, unless the child's health care provider offers a written order stating otherwise. I will transition a child to a cup and solid foods only when developmentally appropriate and with the permission of the parent or guardian. In consultation with the parent or guardian I will begin introducing solid foods. Parents will introduce all new solid foods to infants first. I will watch the child to see if a reaction happens to any new food introduced. I will feed all infants using separate dish and utensil and test for safe temperature before serving. Parents will supply baby food for the first year.

I will not introducing solid foods sooner than four months of age, and it will be based on an infant's ability to sit with support, hold his or her head steady, close his or her lips over a spoon, and show signs of hunger and being full, unless identified in written food plan pursuant to WAC [110-300-0190](#) or written medical approval. I will not add food, medication, or sweeteners to the contents of a bottle unless a health care provider gives written consent. I will not serve juice or any sweetened beverages (for example, juice drinks, sports drinks, or tea) to infants less than twelve months old, unless a health care provider gives written consent, and to help prevent tooth decay I will only offer 100% juice to children older than twelve months from a cup. In consultation with the parents or guardians I will increase the texture of the food from strained, to mashed, to soft table foods as a child's development and skills progress between six and twelve months of age. Soft foods offered to older infants will be cut into pieces one-quarter inch or smaller to prevent choking. I will allow older infants or toddlers to self-feed soft foods from developmentally appropriate eating equipment. Placing infants or toddlers who can sit up on their own in high chairs or at an appropriate child-size table and chairs when feeding solid foods or liquids from a cup, and having an early learning provider sit with and observe each child eating. See policy for storing and serving breast milk. Infants and toddlers will not be served food from polystyrene (Styrofoam) cups, bowls, and/or plates. I will introduce silverware when a

child has the ability to hold the silverware and move the silverware to his/her mouth.

Bottle preparation and Feeding (WAC 110-300-0280, 0285)

Parents or guardians are responsible to supply all bottles, formula or breast milk. The bottles must be label with the child first and last name and the date the bottle was filled. The bottles and nipples must be in good repair be glass or stainless-steel bottles, or use plastic bottles labeled with "1," "2," "4," or "5" on the bottle. A plastic bottle must not contain the chemical bisphenol-A or phthalates. Infants are fed on demand or based on parents/guardians recommended feeding schedule. Bottles must have a cap to cover the nipple when not in use to reduce the risk of cross-contamination. Infants will stop being fed when the child shows signs of fullness. Bottles will be emptied when a child is done feeding. We will throw away contents of any formula bottle not fully consumed within one hour (partially consumed bottles will not be put back into the refrigerator). Infants and toddlers will be held at all times when bottle feeding, I do not prop bottles up or let children feed themselves while lying down, children sitting up in a high chair or at a table may feed themselves their bottles if that is their preference. Bottles will be checked to ensure temperature is safe before feeding. Medications, cereal supplements, or sweeteners will not be added to the contents of bottles unless prescribed by a health care professional and the medication management procedure has been followed. Bottles will be stored in the refrigerator or freezer until needed. Mothers are welcome to come and breast feed at any time. Bottles or Sippy cups will not be given to any child in a prone position. Infants will not be allowed to share bottles or sippy cups. Children will not be allowed to walk around with a bottle or sippy cup. Bottles will be heated in warm water never in microwaves. Breast milk or formula will be thrown away if it has been sitting at room temperature for more than one hour. I will wash and sanitize the bottles. All bottles must be given directly to me when you arrive.

Breast Milk (WAC 110-300-0281)

We encourage families to breast feed their children. We welcome parents to come in to nurse their child or bring breast milk. When a parent or guardian provides breast milk, we will immediately refrigerate or freeze the breast milk. The breast milk must be in a closed container, labeled with the child's first and last name and the date received. We will keep frozen breast milk for no more than thirty days upon receipt and then any unused frozen breast milk will be returned to the parent after thirty days. We will keep unfrozen breast milk for up to twenty-four hours. Thawed breast milk or breast milk that has not been previously frozen and has not been served within twenty-four hours will be returned to the parent or guardian at the end of each day. We will throw away contents of any bottle not fully consumed within one hour. We will obtain parental consent prior to feeding infant formula or solid foods to an otherwise breastfed infant.

Naps, Rest Periods and Infant Sleep Patterns (WAC 110-300-0290)

Infant and toddlers will follow their own individual sleep patterns and never be forced to sleep. We will offer a quiet rest time for all children. Infants and toddlers will use napping equipment approved by the U.S. Consumer Products Safety Commission or ASTM international Safety Standards. Napping equipment will be clean and firm with a snug-fitting mattress that does not have tears or holes. Children will be removed from car seats, swings, rockers, or other similar equipment if they have fallen asleep. When children are able to climb out of a crib or it is no longer developmentally appropriate for the child to sleep in an infant crib we will consult with the parent and develop a transition plan to a mat or other approved sleeping equipment.

Infant and toddler safe sleep practices. (WAC 110-300-0291)

To reduce the risk of Sudden Infant Death Syndrome (SIDS) I have completed yearly safe sleep training. I will actively supervise infants and toddlers by visibly checking often and being within sight and hearing range, including when an infant or toddler goes to sleep, is sleeping, or is waking up. I will follow the current standard of American Academy of Pediatrics concerning safe sleep practices

including SIDS/SUIDS risk reduction. I will place an infant to sleep on his or her back or follow the current standard of American Academy of Pediatrics. If an infant turns over while sleeping, I will return the infant to his or her back until the infant is able to independently roll from back to front and front to back. I will not use a sleep positioning device unless directed to do so by an infant's or toddler's health care provider. The directive must be in writing and kept in the infant's or toddler's file. I will have sufficient lighting in the room in which an infant or toddler is sleeping to observe skin color. I will monitor breathing patterns of an infant or toddler and allow infants and toddlers to follow their own sleep patterns;

I will not allow loose blankets, stuffed toys, pillows, crib bumpers, and similar items inside an occupied crib, bassinet, or other equipment where infants commonly sleep. I will not allow a blanket or any other item to cover or drape over an occupied crib, bassinet, or other equipment where infants commonly sleep. I will not allow a blanket, bedding, or clothing to cover any portion of an infant's or toddler's head or face while sleeping, and will readjust these items when necessary. I will prevent infants or toddlers from getting too warm while sleeping, which may be exhibited by indicators that include, but are not limited to, sweating; flushed, pale, or hot and dry skin, warm to the touch; a sudden rise in temperature; vomiting; refusing to drink, a depressed fontanelle; or irritability. Pacifiers must not have anything attached to them and must have a device or container to store the pacifier in when not in use that prevents contamination.

Special Care For Children Entering Kindergarten transition plan (WAC 110-300-0065)

Children turning five years old or six months before the child is ready to attend a Kindergarten program, we will meet with the family to provider resources and write a transition plan with the parents. I have several resources for you as you begin to think and talk about your child's transition. My resources cover transition activities, a list of schools that are in the area, and when to begin registering your child. Talk with me about this and I will give you the resources that I have available and you can also go on-line at The Office of the Superintendent of Public Instruction (OSPI) at <http://www.k12.wa.us/EarlyLearning/Resources.aspx> to see resources that are available to parents.

Meal and snack schedule (WAC 110-300-0180)

I participate in the USDA Food Program, but at this time I am not getting reimbursed for the food that I serve. All meals and snacks are prepared and served in accordance with the most current edition of the USDA Child and Adult Care Food Program (CACFP) standards or the USDA National School Lunch and School Breakfast Program standards. It is your responsibility to notify me of any allergies or adverse reactions your child may have with certain foods or beverages.

It is your responsibility to notify me of any allergies or adverse reactions your child may have with certain foods or beverages. If you choose to provide alternative food for your child, I will need a written and signed plan.

Home canned foods are not allowed to be served.

Safe drinking water will be served.

Whole milk will be served to children 12-24 months.

*See information about infant feeding, bottles and breast milk in the **Infant and Toddler Nutrition and feeding** section of this handbook.*

Sample Menu and Description of How Foods Are Served

Breakfast

- Cereal with milk, Oatmeal, Wheat Toast, Eggs, applesauce
- Fruit slices, bananas, apples, oranges.
- Pancakes, Waffles

Lunch

- Meat, or cheese sandwiches, soup, peanut butter and jelly
- Vegetables sticks, carrots, celery, broccoli.
- Noodles, Chicken, Wheat bread
- Bananas, apples, oranges, watermelon, kiwis

- Milk

Snacks

- Crackers with or without peanut butter, cheese, slices of meat
- Cottage cheese, Peaches, Bananas, Yogurt

Food allergies and special dietary needs (WAC 110-300-0186)

We must obtain written instructions (individual care plan) from the child's health care provider and parent or guardian when caring for a child with a known food allergy or special dietary requirement due to a health condition. The individual care plan pursuant to WAC 110-300-0300 must include the following:

- (a) Identify foods that must not be consumed by the child and steps to take in the case of an unintended allergic reaction;
- (b) Identify foods that can be substitute for allergenic foods; and
- (c) Provide a specific treatment plan for the early learning provider to follow in response to an allergic reaction. The specific treatment plan must include the:
 - (i) Names of all medication to be administered;
 - (ii) Directions for how to administer the medication;
 - (iii) Directions related to medication dosage amounts; and
 - (iv) Description of allergic reactions and symptoms associated with the child's particular allergies.

We require that the parents or guardians of a child in care ensure that the program has the necessary medication, training, and equipment to properly manage your child's food allergies.

If your child suffers from an allergic reaction, we must immediately:

- (a) Administer medication pursuant to the instructions in that child's individual care plan;
- (b) Contact 911 whenever epinephrine or another lifesaving medication has been administered; and
- (c) Notify the parents or guardians of a child if it is suspected or appears that any of the following occurred, or is occurring:
 - (i) The child is having an allergic reaction; or

(ii) The child consumed or came in contact with a food identified by the parents or guardians that must not be consumed by the child, even if the child is not having or did not have an allergic reaction.

We are aware that families and children have food preferences that are not allergies. At our child care we really help children broaden their food taste palette and will give the children a variety of different taste, textures and flavors. Please discuss your family and child's food preference and be open to having your child experiment with different foods, while at child care.

Food Handling Practices (WAC 110-300-0195)

Anyone preparing or serving food for the children will be required to maintain a current and valid Food Handlers Permit and will follow all procedures. Proper hand washing procedures will be followed during food handling. See below under handwashing for the times and procedures for handwashing.

Safe food, bottle and formula storage, preparation, cooking, proper holding temperature, and serving guidelines will be consistent with current department of health Washington State Food and Beverage Workers' manual and current foundational Quality Standards WAC 110-300. We serve all foods family style and sit with the children as they eat to help model and learn skills such as passing food, serving themselves, pouring milk, sharing and learning manners.

Dishwashing Practices (WAC110-300-0198)

Dishes and utensils are washed in an automatic dishwasher using the sanitizing cycle after each use.

Safety of Food Containers and Preparation Area (WAC 110-300-0197)

Food preparation and eating surfaces will be cleaned and sanitized before and after use. Food preparation surfaces must be free of cracks and crevices with a floor area that is resistant to moisture. Pets are not allowed in the food

preparation area while food is being prepared or served.

Food will not be cooked or reheated in a microwave unless the container is labeled by the manufacturer as “microwave use”, “microwave safe”, or other similar labeling. Disposable serving containers may be used if they are sturdy and thrown away after one use. All sharp utensils that may cause serious injury or pose a choking hazard will be kept inaccessible to children at all times.

Policies for Food Brought from Home (WAC 110-300-0190)

If discussed and agreed upon, a parent or guardian may provide alternative food for their child if a written food plan is completed and signed by the parent or guardian and the licensee. All food and drink items brought from home must be labeled with child’s first and last name and the date it was prepared. If you choose to provide alternative food for your child, I will need a written plan that shows the child’s full day diet includes all the components of the USDA requirements. Any meal or snack brought from home that does not meet USDA CACFP requirements will not be served to your child. If items are brought from home to share such as birthday cakes or cupcakes a written permission must be obtained by all parents of children who will consume the item.

Water activities (WAC 110-300-0175)

We do not have a swimming pool and will only have sprinklers and water tables for water play. We do not take children off-site for water activities.

Transportation and Off-Site Field Trips (WAC 110-300-0480)

We do not have Field trips as part of our program. We have a written plan if in the future we would make a decision to have a field trip. The following would be our plan.

1. Parents are responsible for transportation to and from my home.
2. If we take a field trip off site, you will be notified and asked to sign a permission slip. If there is a fee for a field trip, you will be notified in advance.

3. Transportation for field trips will be provided by private cars, vans, busses or walking.
4. I have four seat belts in the back seat of my car. Everyone over 8 years old is buckled at all times. If your child is under 8 years old, you will need to provide a car seat/booster seat on planned field trip days.
5. Children's emergency contact and medical release forms and medical/immunization records, a first aid kit my first aid/CPR certification, and any medications needed by individual children will be taken on all field trips. Any medication administered will be recorded.
6. Parents who volunteer on field trips will not have unsupervised access to the children (excluding their own child) unless they have been pre-qualified with a criminal background check.

Dental hygiene practices and education (WAC 110-300-0180(2))

We understand the importance of tooth brushing, flossing and regular dental exams. We will provide tooth brushing at least once per day and help the children learn developmentally appropriate tooth brushing activities. Our activities are safe, sanitary, and educational. Our toothbrushes are stored in a manner that prevents cross contamination. If you would like to opt out of the daily tooth brushing activities please sign our written form. We will ask you for your dentist name, address and phone number so that in a dental emergency we can make contact with the child's dentist. If you don't have this information, we will ask you to write a written plan for what we are to do in a dental emergency. The state requires this information even for infants.

Health Care Practices (WAC 110-300-0500)

The health of our children and staff is of utmost importance to us. We have established policies for caring for children with special needs or health needs, including allergies, food brought from home, dental hygiene practic-

es and education. We have written policies that cover contagious disease notification, medical emergencies, injury treatment and reporting as well as Immunization tracking, and medication management, storage, administration and documentation. We have established handwashing and hand sanitizer use, the observation of children and staff for signs of illness daily, an exclusion and return policy for both children and staff. We have established plans for the prevention of exposure to blood and body fluids. Our health policy includes general cleaning guidelines and how areas such as food contact surfaces, kitchen equipment, toys, toileting equipment, and laundry will be cleaned, sanitized and disinfected. Our policy includes hand washing and hand sanitizers. We have a pest control policy, the care for pets and animals that have access to licensed space policy and the health risks of interacting with pets and animals documented.

Our health policy is reviewed and approved by the department and can be found in the red hanging file by a door in the main room.

Emergency preparedness and Evacuation Plan (WAC 110-300-0470, 0166)

You will find our programs evacuation floor plan posted on the bulletin board in the main child care room and our plan in the red hanging file by a door in the main room. We practice and document monthly fire drills, quarterly emergency/disaster drills, and an annual lock down drill. Please refer to my posted evacuation plan for a full list of details, floor plan, and gathering place outside of my home so you are aware of our emergency and natural and unnatural disasters /evacuation procedures.

I have practiced turning off water, power and gas. Shelving, furniture and heavy objects on high shelves have been secured to protect against falling. I continually check my home for potential hazards on a regular basis. We practice drills fire drills monthly and a combination of other drills such as earthquake and lock down drills quarterly.

Should my home become inhabitable in a disaster, the children and I will be located at Holy Family catholic church located at 7045 120th Ave NE Kirkland, WA

98033 if possible. During emergencies there are times when it is important to have an emergency contact person out of state. I have asked my friend Frances Pilg 805-748-3080 to be this contact. Please put this number in your phone or somewhere that you can find it during an emergency. I will contact Frances if possible and update her on our location and the condition of the home, the children and myself.

My emergency preparedness includes developmentally appropriate training with the children on how to respond in an emergency such as calling 911 and when it is appropriate to evacuate **WAC 110-300-0470(1)(c)**. Please see my complete emergency preparedness plan in the red hanging file.

My disaster kit includes:

[Water](#), one gallon of water per person per day for at least three days, for drinking and sanitation

[Food](#), at least a three-day supply of non-perishable food

Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both

Flashlight and extra batteries

First aid kit

Whistle to signal for help

Dust mask to help filter contaminated air and plastic sheeting and duct tape to [shelter-in-place](#)

Moist towelettes, garbage bags and plastic ties for personal sanitation

Wrench or pliers to [turn off utilities](#)

Manual can opener for food

Local maps

Cell phone with chargers, inverter or solar charger

Earthquake Plan **WAC 110-300-0470**

When Indoors:

- Move away from windows, tall furniture, and heavy appliances
- Everyone in the program will be instructed to:
 - **DROP** to floor

- **COVER** head and neck with arms and take cover under heavy furniture or against internal wall
- **HOLD ON** to furniture if under it until shaking stops
- A head count of the children will be taken to ensure all children are present and adults will talk to children in a calm reassuring tone until it is safe and the earthquake is over

When Outside:

- Move to clear area, as far as possible from glass, brick, and power lines.
- **DROP & COVER.**
- Adults will talk to children in a calm reassuring tone until it is safe and the earthquake is over
- A head count of the children will be taken to ensure all children are present

After earthquake:

- Account for all children, staff, and visitors
- Check for injuries and administer first aid as necessary. Call 911 for life-threatening emergency
- Determine if evacuation is necessary and if outside areas are safe. If so, we will evacuate building calmly and quickly to our designated meeting spot located:

If gas is smelled; the main gas valve will be immediately turned off

- We will monitor our portable radio or cell phone for information and emergency instructions
- Our designated out-of-area contact will be notified of our status when possible and if needed.
- We will remain outside of building until it has been inspected for re-entry and determined safe.

Evacuation Plan: (WAC 110-300-0470)

When On-site:

All children will be gathered and escorted to the designated meeting spot

located: 6920 125th Ave NE Kirkland, WA 98033 This is two homes north of our home on the same side of the street.

- A head count of the children will be taken to ensure all children are present and adults will talk to children in a calm reassuring tone
- If safe to do so, the whole home will be checked, to ensure that all children have left the building safely.

When Off-site:

- All children will be gathered and escorted to the designated meeting spot with the grab and go bag and our daily attendance log
- A head count of the children will be taken to ensure all children are present and adults will talk to children in a calm reassuring tone
- All areas will be searched (including bathrooms, playground structures, etc.), to ensure that all children are safe and accounted for
- Once out of danger, families will be contacted. If we are unable to make contact by phone, we will then call the identified out-of-area emergency contact or 911 to let them know of our location
- If an earthquake takes place while transporting children, we will remain in the car until it is deemed safe to get out.

Fire Evacuation Plan: (WAC 110-300-0470)

- We will activate our fire alarm or alert staff that there is a fire (yell, whistle, etc.).
- We will evacuate the building quickly and calmly:
 - If anyone's clothes catch on fire they will be instructed to STOP, DROP, & ROLL until the fire is out
- We will take our grab and go bag including attendance sheets and emergency forms as we are exiting the building
- A designated staff member will check areas where children may be located before they leave the building
- Once everyone has evacuated the building safely a head count of the children will be taken to ensure all children are present and adults will talk to children in a calm reassuring tone

- We will call 911 from outside of the building and will not re-enter the building until it has been cleared by the fire department.

You can see our fire and disaster drill log on the bulletin board. The log will tell when we did the drill, what adults were involved in the drill, how long it took and other information.

Lockdown Plan: (WAC 110-300-0470)

- We will lock outside doors and windows, close and secure interior doors, all windows will be covered or made to not be able to be seen through, and all lights will be turned off;
- We will keep everyone away from doors and windows. Stay out of sight, preferably sitting on floor;
- When possible, we will bring attendance sheets, first aid kits, pacifiers and other comforting items, my cell phone and books to our safe lockdown area;
- To maintain a calm atmosphere in the room we will read or talk quietly to children;
- If a phone is available, we will call 911 to ensure emergency personnel have been notified;
- We will remain under lockdown until the situation is resolved or we are notified that it is safe to resume the daily routine;
- We will notify parents and guardians about any lockdown, whether practice or real. If real we will notify parents and guardians when it is safe to do so.

In the case of a disaster of any kind, I have prepared my home for evacuating the children and have a three day/72-hour supply of food and water for each child and staff. Please bring a three-day supply of any required medications for your child/children. We will keep the children at our facility until the parents are able to safely arrive to pick up their children after a disaster, and will not leave your child unsupervised.

Injury or medical emergency response and reporting (WAC 110-300-0475)

1. My staff and I have First Aid, Child CPR, and HIV/Aids/Blood Borne Pathogens Prevention training.
2. Minor cuts, bruises, and scrapes will be treated. Parents will be notified with an injury report. With some minor injury's parents may be called to help decide whether the child should go home.
3. Head injuries, sever bleeding or other serious injuries we will contact the parent immediately and write an injury report.
4. In the event of a serious injury or emergency, I will call 911 and administer first aid or CPR if needed. I will notify you as soon as safely possible.
5. If injury results in medical treatment or hospitalization, I am required to immediately call and submit an "Injury/Incident Report" to my Department's Licensor and child's social worker, if any. You will be given a copy.
6. All injuries that the child arrives with or happens on site will be documented and an injury report will be written. These reports are available.

Medicine Management and policy (WAC 110-300-0215)

1. **Reasonable accommodations:** We will make reasonable accommodations for children requiring medications for disabilities and other medical conditions.
2. **Nonprescription medication** including over-the-counter oral medication, will be given to children on a case by case bases. If the medication, ointments or creams can be used or given at home we recommend doing this. If the medication has been approved by myself the parents or guardians must bring the medication in the original packaging. The medication will need to be labeled with child's first and last name and accompanied with a medication authorization form that has the start date, the expiration date, medical need, dosage amount, age, and length of time to give the medication. We will follow the instructions on the label or the parent must provide a medical professional's note. The Medication must be labeled by the manufacture for the use that it is intended for and will not be used for any other symptom or reason.
3. **Prescription medication.** Prescription medication must only be given to the child named on the prescription. Prescription medication must be prescribed by a health care professional with prescriptive authority for a

specific child. Prescription medication must be accompanied with medication authorization form that has the medical need and the possible side effects of the medication. Prescription medication must be labeled with:

The child's first and last name; the date the prescription was filled; the name and contact information of the prescribing health professional; the expiration date, dosage amount, and length of time to give the medication; and instructions for administration and storage.

4. **A detailed medication log**, inclusive of documentation of when a medication is given or not given as prescribed, or as indicated on the permission form will be kept with all medicines given out at our child care facility.
5. **Storage:** Medications must be stored in the original container. The container must have the patient's name, instructions and date of expiration. It will be stored out of the reach of the children. Medication will be stored according to its label including medication that states it must be refrigerated. Controlled substances will be locked up.
6. **Oral medication:** Any medicine taken by mouth for children under two will need written permission from your doctor and stored separate from topical medications.
7. **Permissions:** Doctor's permission is required for all prescription medication and is not required for non-prescription drugs (parent permission is required for all medication, both prescription and non-prescription).
8. **Training:** a child's parents or guardian (or an appointed designee) will need to provide training for special medical procedures that are part of a child's individual care plan. This training must be documented and signed by the provider and the child's parent or guardian (or designee).
9. **Unused medication:** All unused medication must be taken home by the parent or guardian.
10. **Nonmedical items.** A parent or guardian must annually authorize me in writing to administer the following nonmedical items: such as Diaper ointments (used as needed and according to manufacturer's instructions); Sunscreen and Lip balm or lotion.

Exclusion/Removal Policy of Ill Persons (WAC 110-300-0500)

1. Each child will be observed daily for signs of illness.
2. Children who are contagious must stay at home. All parents of children in my care, will be notified by phone within 24 hours of communicable diseases or food poisoning. The health Department will be notified of food poisoning and of all reportable diseases at the facility.
3. Please call me if your child will not attend due to illness. If you are unsure if your child should come or not, please call.
4. If a child should become ill during the day, you will be notified immediately and will be expected to pick up the child as soon as possible. In such event, we will reasonably prevent contact between the ill child and other children until you arrive.
5. The parent is responsible for finding substitute care in case of the child's illness.
6. Children and staff who are exhibiting the following symptoms will be excluded from child care per instruction of the Department of Public Health. A doctor's letter may be required to return to child care.

Diarrhea: where stool frequency exceeds two stools above normal per twenty-four hours for that child or whose stool contains more than a drop of blood or mucus;

Vomiting: Vomiting on two or more occasions within the past 24 hours.

Rash: Body rash not associated with diapering, heat or allergic reactions.

Eyes: Thick mucus or pus draining from the eye, or pink eye.

Appearance/Behavior: A child who appears severely ill, which may include lethargy, persistent crying, difficulty breathing, or a significant change in behavior or activity level indicative of illness. unusually tired, pale, lack of appetite, difficult to wake, confused or irritable.

Sore Throat: Especially if associated with fever or swollen glands in the neck.

Open sores or wounds: discharging bodily fluids that cannot be adequately covered with a waterproof dressing or mouth sores with drooling;:

Fever: A fever 100 degrees Fahrenheit for children over two months (or 100.4 degrees Fahrenheit for an infant younger than two months) by any method, and behavior change or other signs and symptoms of illness (including sore throat, earache, headache, rash, vomiting, diarrhea); And child must be fever free for 24 hours before returning to childcare.

Lice, ringworm, or scabies: Individuals with head lice, ringworm, or scabies must be excluded from the child care premises beginning from the end of the day the head lice or scabies was discovered. A child may not return to child care until all live lice and nits are removed.

Whooping Cough: Prolonged cough that may cause a child to vomit, turn red or blue or inhale with a whooping sound

Chicken Pox: Children may return when the blisters have dried and formed scabs.

An illness or condition: that prevents your child from participating in normal activities such as outdoor play.

Reporting and Notifying Conditions to Public Health (WAC 246-110-010)

I am required to notify the Department of Health, my licensor, and all families of children in my care within 24 hours in the event a licensee, staff person, volunteer, household member, or child in care is diagnosed with a notifiable condition (as defined in chapter WAC 246-110-010(3)).

Pesticide policy (WAC 110-300-0255)

We will take appropriate steps to safely prevent or control pests that pose a risk to the health and safety of adults and children in and around the licensed space. Our pest control steps include: Taking steps to prevent attracting pests including, but not limited to, identifying and removing food and water sources that attract pests; inspecting both the Indoor and outdoor areas in and around the licensed space; documenting and identifying the pests found in the licensed space so the pest may be properly removed or exterminated with the date and location if evidence is found; we will document all steps taken to remove or exterminate the

pests; and provide notification to all parents or guardians of enrolled children what pesticide will be applied and where it will be applied no less than forty-eight hours before application, unless in cases of emergency (such as a wasp nest). Pesticide will only be applied when children are not present. We will always comply with the pesticide manufacturer's instructions. We will emphasize prevention and natural, nonchemical, low-toxicity methods where pesticides or herbicides are used only as our last resort.

Hand Washing Practices and Hand Sanitizers (WAC 110-300-0200)

To reduce the spread of germs and infections we will help direct, assist, teach, and coach, your children to wash their hands. We will use the following steps

Wet hands with warm water, apply soap to the hands, rub hands together to wash for at least twenty seconds, thoroughly rinse hands with water, dry hands with a paper towel, single-use cloth towel, or air hand dryer, turn water faucet off using a paper towel or single-use cloth towel unless it turns off automatically; and properly discard paper single-use cloth towels after each use.

We will have all children wash their hands at the following times:

- (a) When arriving at the early learning premises;
- (b) After using the toilet;
- (c) After diapering;
- (d) After outdoor play;
- (e) After gardening activities;
- (f) After playing with animals;
- (g) After touching body fluids such as blood or after nose blowing or sneezing;
- (h) Before and after eating or participating in food activities including table setting; and
- (i) As needed or required by the circumstances.

Staff will wash their hands

- (a) When arriving at work;
- (b) After toileting a child;

- (c) Before and after diapering a child (use a wet wipe in place of handwashing during the middle of diapering if needed);
- (d) After personal toileting;
- (e) After attending to an ill child;
- (f) Before and after preparing, serving, or eating food;
- (g) Before preparing bottles;
- (h) After handling raw or undercooked meat, poultry, or fish;
- (i) Before and after giving medication or applying topical ointment;
- (j) After handling or feeding animals, handling an animal's toys or equipment, or cleaning up after animals;
- (k) After handling bodily fluids;
- (l) After using tobacco or vapor products;
- (m) After being outdoors;
- (n) After gardening activities;
- (o) After handling garbage and garbage receptacles; and
- (p) As needed or required by the circumstances

Please set a good example for your child and help them to wash their hands with the steps above.

Hand sanitizer will only be used in accordance with WAC 110-300-3650 and will not be substituted when regular hand washing procedures can be practiced, and can only be used by children over twenty-four months and for whom I have a signed parent permission on file. Hand sanitizers will not be within reach of the children.

Cleaning, Sanitizing, and Disinfecting Procedures (WAC 110-300-0240,0241)

Cleaning, sanitizing and disinfecting practices include sanitizing all toys and eating utensils that are mouthed by children daily. Tables, kitchen equipment and all food contact surfaces are cleaned and sanitized before and after each meal, snack or other messy play activity. Carpets within the child care space are vacuumed daily and undergo a deep clean at least once a year. Bedding, blankets and other laundry will be cleaned, sanitized and disinfected weekly or more often if soiled. If a bleach solution is used for sanitizing or disinfecting, our facility will use one that is fragrance-free and follow department of health's current guidelines for mixing bleach solutions for child care and similar environments.

Blood Borne Pathogen Plan WAC110-300-0400

All staff caring for children in my program have completed the Blood Borne Pathogen training. When staff comes in direct contact with bodily fluids, we will wear disposable gloves, follow proper cleaning procedures and disinfect the items and surfaces that are contaminated. We will properly dispose of all waste and send soiled clothes home in double plastic bags. All persons exposed will wash hands before returning to care. Please review our blood borne pathogen plan, which can be found in the health plan and also as a separate document.

Injury Prevention WAC 110-300-0475

I will check daily to make certain that both the indoor and outdoor play areas are safe for children and families – free from broken glass, toys and equipment are safe and the area is free from hazards. All cleaning products, chemicals, and personal hygiene products will be inaccessible to the children and stored. We will provide close supervision and have a program that is developmentally appropriate for your child to reduce injuries while your child is in our care.

Pets (WAC 110-300-0225)

All of our pets are current on all their vaccinations and current on their vet visits. They are in good health, show no evidence of disease and are not aggressive. There are several health risks associated with dogs such as allergies, Campylobacter, Tapeworm, hookworm, roundworm and Rabies, if these symptoms appear, our pet will be removed from the licensed space until appropriately treated for the condition. I will always be present when children play with pets, and the children and I will wash our hands after handling pets. I have a separate area, other than the children's play space for pets to relieve themselves.

We have a complete file on the pets, if you would like to see it please ask me.

Photography, Videotaping and Surveillance (WAC 110-300-0450)

I use pictures and videos in our art work, as display pictures on our walls and to give to parents so that they can see what their child is doing. I will have you sign a document stating that you know that we take both pictures and videos of your child and give approval for this. You can observe all videos and pictures if you would like.

Prohibited Substances: Tobacco, Vaping, Cannabis, Alcohol and Illegal drugs (WAC 110-300-0420)

The use and visual possession of tobacco, vaping, cannabis and illegal drugs, in any form and associated paraphernalia are prohibited on our property during business hours, including, but not limited to:

- Indoor and outdoor licensed space.
- Within twenty-five feet from any entrance, exit, window, or ventilation intake of the facility, or within view of the children.
- In motor vehicles while transporting children, on field trips, to and from school or other child care related activities.

This policy applies to all persons on the premises, regardless of their purpose for being there. Scientific evidence has linked respiratory health risks to secondhand smoke.

No illegal drugs are allowed on the premises. Alcohol, vaping and Cannabis may not be consumed during business hours. The licensee, staff, volunteers, or household members must not, or allow others to:

- Have or use illegal drugs on the premises.
- Consume alcohol or cannabis during operating hours.
- Be under the influence of alcohol, cannabis in any form, illegal drugs, or misused prescription drugs when working with or in the presence of children in care.
- Be impaired as to not be able to respond promptly and care for children.
- The licensee must keep and store all alcohol, including closed and open containers, inaccessible to children and out of the view of children.
- Cannabis and/or Cannabis products in a family child care home will be

stored out of the licensed space and inaccessible to the children.

- The licensee must keep tobacco and cannabis products, cigarettes, containers holding cigarette butts, lighters, pipes, cigar butts, ashes and residue and all paraphernalia inaccessible to the children.
- All vaping devices will be stored inaccessible to children and out of the view of children.
- Smoking or vaping tobacco products that are used during business hours must not be in a "public place" or "place of employment," as defined in RCW [70.160.020](#)., in a motor vehicles used to transport enrolled children. Used by any provider who is supervising children, including during field trips, and cannot be within twenty-five feet from entrances, exits, operable windows, and vents, pursuant to RCW [70.160.075](#).

Guns or Weapons [\(WAC 110-300-0165\)](#)

I do not have any guns, weapons or ammunition in my home

Insurance Coverage [\(RCW.43.215.535 WAC 110-300-0410\)](#)

I carry liability insurance through Taylor-Thomason insurance company

Safe water sources [\(WAC 170-300-0235\)](#)

I have hot and cold running water at my program and bottled water for emergencies. Our water has been tested and the results of this testing is available for you to see.

Retaining facility and program records [\(WAC 170-300-0465\)](#)

I retain all child care records for at least five years after your child is no longer enrolled and for all staff members including myself. The current records for your child are immediately available for review and if you would like to review previous records please discuss this with me and we can set up a time to review them. These records are also available to the

Department and other governmental agencies upon request. The records are held in a confidential manner, with the current records in the licensed space of the child care.

I, _____ (print name), have received and read the Parent Handbook and by signing I agree to adhere to all the policies stated within.

Parent/Guardian Signature

Date

Licensee Signature

Date

Program Name

Program Address

Please sign and return to program

Program Name:
Purchased On: