

***THE UNIVERSITY CHILDCARE***

# Parent Handbook & PROGRAM POLICIES



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**Please read this handbook thoroughly.**

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

**This handbook was updated 2023**

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

***This handbook was prepared for WAC Chapter 110-300 in effect 08/01/2019***

Understand that each rule in our handbook is in accordance to WAC chapter sections, full details of each sections can be found on <https://app.leg.wa.gov/wac/>

## 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 am Required to have a 20-hour S.T.A.R.S. Building Block class within the first 6 months of becoming licensed. Every year once becoming licensed I will be required to take an additional 10 hours of S.T.A.R.S. training. I will continue to take these trainings keeping in mind the children I care for and their specific needs. I and my staff also have current 20 Hours Stars, Food Handling, CPR First Aid and HIV awareness certifications. Prevention of Exposure to Blood and Body Fluids and permits

## My Family and Background

As an in home childcare provider with a passion for working with young children and helping them learn and grow. I believe that every child deserves a safe and nurturing environment in which they learn and grow. I find great joy in working with young children and watching them learn and develop new skills. As an in-home childcare I am committed to providing a warm, supportive, and engaging environment where children can explore, play, and learn.

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

As a child care provider in Washington state, I take my responsibility to provide high-quality care and education to young children very seriously. Here is a description of my program's planned daily activities related to early childhood or child development:

Time	Activities
6:00 AM – 7:30 AM	Arrival & Free play
7:45 AM – 8:00 AM *	School kids brush teeth, get ready for bus
8:00 AM – 9:00 AM ☹	Breakfast
9:30 AM – 10:00 AM	Group & Circle time
10:00 AM – 11:00 AM *	Outside Time
11:00 AM – 11:30 AM ☹	AM Snack
11:30 AM – 12:00 PM	Clean up & prepare for lunch
12:00 PM – 1:00 PM ☹	Lunch
1:00 PM - 3:00 PM *	Naptime & quiet activities for those who are not sleeping <b>diaper changes / potty trips before nap</b>
3:00 PM – 3:30 PM *	Wake up time; diaper changes / potty trips
3:30 PM – 4:00 PM ☹	PM Snack

4:00 PM - 5:00 PM	Homework and free play
5:00 PM – 6:00 PM	Outdoor play
6:00 PM – 7:00 PM ☹	Dinner
7:00 PM - 8:00 PM *	Free play
7:30 PM - 8:00 PM ☹	Evening Snack
8:00 PM- 5:00 AM *	Sleep Time

☹ Food served

\* Potty Trips and diaper changes

### **Addressing all age groups:**

I understand that children develop in a holistic manner, and I aim to support their emotional, social, cognitive, and physical development through responsive and nurturing care. I provide a safe and supportive environment where children can explore and learn at their own pace. I use positive reinforcement to encourage social skills, problem-solving, and conflict resolution. I also encourage physical activity and outdoor play to support gross motor development.

### **What early learning looks like or areas of focus for each age group being served**

**Infants;** I focus on building secure attachments with caregivers and supporting their physical and sensory development.

**Toddlers;** I introduce early language and literacy skills through stories, songs, and rhymes, and provide opportunities for hands-on exploration and discovery

**School age;** I focus on academic skills such as letter and number recognition, as well as social and emotional skills such as self-regulation and empathy.

### **Meeting cultural, dual language learner, and special needs of children in care;**

I recognize and celebrate the diversity of our families and strive to create an inclusive environment that honors each child's cultural and linguistic background. I provide culturally responsive materials and activities, and seek input from families to ensure I'm meeting the unique needs of each child. For dual language learners, I use bilingual materials and provide language support as needed. For children with special needs, I work closely with families and outside professionals to create individualized plans and accommodations.

### **Guiding learning and social interactions**

I believe in a child-led approach to learning, where children are free to explore and learn through play. We scaffold learning by providing developmentally

appropriate materials and activities, and by modeling appropriate social interactions. I also use positive reinforcement and redirection to guide behavior and encourage prosocial interactions.

### **Importance of play to a child's learning process**

I believe that play is the foundation of learning for young children, and we prioritize free play and exploration in our daily activities. Play allows children to learn at their own pace, develop problem-solving skills, and build social relationships with peers and caregivers.

### **Importance of developing consistent, nurturing relationships with caregivers for infants and toddlers as a component of learning**

I recognize the importance of consistent, nurturing relationships between infants and toddlers and their caregivers, and I prioritize building strong relationships with the children in our care. I provide individualized care and attention, and work closely with families to ensure consistency between home and our program.

**Staff training:** I have trained all staff on our curriculum philosophy and guidelines, and I provide ongoing professional development opportunities to ensure our staff is up-to-date on the latest research and best practices in early childhood education.

**Implementation:** I implement our curriculum philosophy through careful planning and intentional use of materials and activities. I observe and assess each child's development to ensure I am meeting their unique needs and adjusting our approach as needed. I also regularly communicate with families to ensure consistency between home and our program.

At my program, I believe that the role of the educator is to facilitate children's learning and development by providing a safe, nurturing, and stimulating environment. By creating a positive learning environment that encourages exploration, discovery, and creativity thus allowing our staff to observe and assess children's learning and development.

At my program, the goal of the curriculum is to promote children's learning and development in all areas. I designed a curriculum that not only met the needs of each child, taking into account their individual interests, strengths, and learning styles. But, it is also flexible and adaptable to meet the changing needs and interests of children. Program activities you might see at my site include:

- Art activities, such as painting, drawing, and sculpture



- Music and movement activities, such as singing, dancing, and playing instruments
- Dramatic play, such as pretending to be doctors, firefighters, or chefs
- Block play, such as building structures with blocks or other materials
- Science activities, such as exploring natural materials, conducting experiments, or observing animals or insects
- Outdoor play, such as running, jumping, climbing, or playing games
- Language and literacy activities, such as reading books, telling stories, or playing word games

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

Please contact me in person, by phone, or email anytime you have a question or concern about your child or our child care program.

Drop off and pick up times are very busy times for us. If you would like to share with us important information about your child please feel free to do so. If you would like to have a longer conversation please schedule a time with us so that I 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 I 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 I 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. I will provide a developmental screening for each child from birth through age five

■ My program has an orientation meeting with new families prior to their child enrolling.

■ Newly enrolling children are encouraged to visit for a half-day prior to beginning care, and allowed to gradually transition into full-day care, if family desires.

■ Regularly scheduled family meetings encourage discussion of relevant developmental information and program news.

■ We provide newsletter as well as electronic correspondences.

■ Ongoing individual child assessment information is shared with each family.

As a childcare program, I believe that supporting parents is an essential part of our role. One way I do this is by maintaining open communication with parents. I

regularly share information about their child's day, including their progress, achievements, and any concerns that may arise. I support parents by offering parent-teacher conferences. These conferences provide an opportunity for parents to discuss their child's progress and any challenges they may be facing. I offer parenting workshops and classes. These workshops and classes provide information and resources on child development, behavior, and parenting strategies. Finally, I offer family events and activities that promote family engagement and connection. These events provide opportunities for parents to engage with their child in a supportive and nurturing environment. By creating a welcoming and inclusive atmosphere, I help parents feel connected to the program and their child's learning and development.

### **Introductory Visit**

Each new family needs to visit our childcare at least 1 time prior to enrollment. Please call in advance to schedule a visit

### **Trial Period**

The trial period will be 1 week. This period is used to observe the child's adjustment to care and to talk about concerns. We will talk to you daily about your child's day. Please tell me if you have any concerns. After a week trial period, we will determine if the child care services are satisfactory to everyone. If any problems cannot be resolved, the care is terminated.

Following the trial period, we will transition away from frequent pictures and daily updates, as our focus will be on the hands-on care that our children demand. All the captured moments will be thoughtfully curated into a compilation video, which we will share as a part of our annual ceremony.

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

During Enrollment a series of important forms needs to be completed please refer to page #11 for details on enrolling a child.

**Payment options: Check or Cash** is the only form of payment accepted!

Check Made to: The University Childcare LLC

### **Parent to Parent conflicts**

We Maintain a neutral stance in all family matters and conflicts. As such, our childcare facility has a strict policy of not participating in any parent-to-parent conflicts or taking sides in any dispute.

We recognize that conflicts may arise between parents or guardians, but we will not allow these conflicts to interfere with the quality of care we provide to the children. I will not make any decision regarding the custody of a child unless we are presented with court-written papers that authorize such decisions.

Our childcare facility values the safety and wellbeing of all the children in our care, and I strive to provide a positive environment for them. Therefore, I will not tolerate any behavior that could potentially harm a child, including any interference with their custody or visitation rights.

I ask that parents or guardians who have disputes or conflicts to not involve our childcare facility in these matters. I encourage them to seek the appropriate legal and counseling resources to resolve any issues that may arise.

### **Deposits and Registration Fees**

Because of high demand in our childcare deposits will be enforced for reservation of childcare if needed

Deposit: Your child's position is reserved upon receipt of one week's tuition deposit. This deposit will be applied to the last week(s) of care.

Registration Fee: I require a non-refundable registration fee of \$50 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. ASQ will be signed by parent and assessor upon completion

**Please refer to page #27 for our Child Guidance plan, Physical Restraint policy and Corporal punishment**

## **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 and they will be updated: 1 time a year or more frequently if there are changes in personal or contact information. It is important that parents keep us informed of any updates or changes to their child's records to ensure that I have the most current and accurate information. This information will be used to plan and provide the best care possible for each child in our facility.

### **Child Records Update Policy:**

Immunization records will be updated at the time of registration and on the following day after the child receives an immunization or the next day the child attends child care. Changes such as job changes, address, and phone numbers will be updated on the day of the change or the next day that the child attends child care. Any changes to a child's medical, developmental, or behavioral status will be documented and updated in the child's record immediately. I also request that parents and guardians inform us of any changes to their child's emergency contact information or authorized pick-up list as soon as possible. By keeping accurate and up-to-date records, I can ensure that I am providing the best possible care for every child in our program. I appreciate your cooperation in helping us to maintain these records and provide the best care possible for your child.

## **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.

## **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 and other information obtained 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.

At my facility, we keep a record of all the trainings that our staff members have taken, including first aid, CPR, blood borne pathogen training, child abuse prevention, and any other relevant training. Our staff members undergo these training regularly to ensure that they are up to date with the latest practices and procedures.

All children's and staff training logs are kept in a secure location at the facility. Parents can access these records by making a written request to the facility director or the designated staff member in charge of maintaining these records. We will respond to the request within a reasonable amount of time and will make the records available for review during regular business hours.

If parents have any questions about the training offered at our facility or how we maintain these records, they are welcome to ask our staff members or contact us directly for more information.

## **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. I comply with the requirements of the Washington law against discrimination and the ADA (chapter 49.60 RCW).

**Anti-Bias Policy:**

At our childcare program, I am committed to providing a safe, nurturing, and inclusive environment for all children and staff. I believe that every child deserves to be treated with respect and dignity, regardless of their race, ethnicity, culture, religion, gender, sexual orientation, ability, or family structure. I also recognize that

bias, prejudice, and discrimination can have a negative impact on a child's emotional well-being and development, and I'm committed to preventing and addressing these issues in our program.

To promote an anti-bias environment, we:

- Value diversity and promote inclusivity in all aspects of our program, including the curriculum, materials, and interactions with children and families.
- Provide opportunities for children to learn about and celebrate different cultures, traditions, and perspectives.
- Encourage positive and respectful communication among children and adults, and discourage derogatory or hurtful language or behavior.
- Intervene immediately if we observe any bias, prejudice, or discriminatory behavior from children or staff.
- Provide ongoing training and professional development for our staff on
- topics related to diversity, inclusion, and bias.

#### Bullying Policy:

At our childcare program, I have a zero-tolerance policy for bullying of any kind. I believe that every child deserves to be safe and respected, and I am committed to preventing and addressing bullying behavior in our program.

- Educate children and staff about what bullying is, and provide age-appropriate strategies for preventing and addressing it.
- Encourage children to report any incidents of bullying to a staff member immediately.
- Investigate all reports of bullying behavior thoroughly and promptly.
- Take appropriate disciplinary action against any child or staff member found to be engaging in bullying behavior.
- Work with parents and guardians to address any underlying issues or concerns that may contribute to bullying behavior.

I am committed to creating a safe and respectful environment for all children in our care, and I will not tolerate any form of bullying behavior in our program.

#### **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 I can arrange to speak away from the children.

### **Definitions of Care for private paying families**

Full Time: 4-10 hours of care a day

Part Time: Less than 4 hours of care a day

Drop In: As-needed basis (Paid daily)

### **For parents utilizing DSHS & Working Connections Subsidy:**

Full Time: 5-10 hours of care a day

Part Time: less than 5 hours of care a day

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

\* Note: if you are using a different type of subsidy please contact them for information on their definitions of care, such as the homeless program, foster care or City of Seattle reimbursement program.

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

- Arrival and pick-up instructions:
  - Upon arrival; the parent, guardian or authorized person must sign the child using the signature of full name, the date and time.
  - Upon departure; the parent, guardian or authorized person must sign the child *out* using the signature of full name, the date and time.



- The electronic sign in and out is located at the front desk entrance. You are required to sign in/out using your full name, the date, and time.

**Sign-Out Procedure: Once signed out, families must physically escort their child(ren) to the car or transportation.**

- **Responsibility Disclaimer:** Please note that once your child(ren) is outside of the building, we are not liable for any incidents that may occur.
- **Safety Reminder:** For the safety and well-being of your child(ren), we strongly encourage families to ensure their supervision until they are safely transported.

**Fraudulent sign in/out is subject to a civil penalty fine, if I am fined due to you not signing your child in or out the amount of that fine will be on your next billing statement.**

1. 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.
2. 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.

**We use a computer-based sign-in/sign-out system that makes the process quick and easy. Here are the steps for using our computer-based system:**

1. When you arrive at our program, approach the sign-in station located at the entrance.
2. Enter your unique login credentials provided by our program. This may be a username and password or a scan card.
3. Select the name of your child from the list of enrolled children.
4. the appropriate sign-in/out option for your child (morning drop-off, mid-day pickup, etc.) will be automatically assigned depending on the time of arrival.
5. Staff will confirm the accuracy of the sign-in/out time and other relevant information, such as who is authorized to pick up your child.
6. Click submit to complete the sign-in/out process.



## Cost of Care Rates

Rates are evaluated and may be raised every year on the anniversary date of a child's enrollment. 4 weeks' notice will be given to families for rate increases.

If other adjustments are needed, 2 weeks' notice will be given.

Our goal is to provide high-quality child care services at competitive rates while ensuring that I can meet our program's financial obligations. I understand the importance of transparent communication with families regarding our rates and will always provide ample notice of any changes to our rates.

The program rates are:

WA STATE SUBSIDY CLIENTS			
Age	Full time/Daily	Part-time/Daily	Drop-in/hour
Infant (0-11 months)	\$78.41	\$39.20	NOT COVERED BY WASHINGTON SUBSIDY
Enhanced Toddler (12-17 months)	\$78.41	\$39.20	
Toddler (18-29 months)	\$73.19	\$36.59	
Pre School (30-83 months)	\$67.95	\$33.98	
	<b>Summer (FT)</b>	<b>School Year (PT)</b>	
School Age	\$46.00	\$23.00	
PRIVATE CLIENT			
Age	Full time/Daily	Part-time/Daily	Drop-in/Daily
Infant (0-11 months)	\$85.41	\$50.00	\$85
Enhanced Toddler (12-17 months)	\$85.41	\$50.00	\$85
Toddler (18-29 months)	\$80.19	\$45.10	\$80
Pre School (30-83 months)	\$78.95	\$40.50	\$75
	<b>Summer (FT)</b>	<b>School Year (PT)</b>	
School Age	\$75.00	\$65.00	\$75

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

## Payment Plan & Holiday Charges

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 in advance on the 1<sup>st</sup> of every month. Special payment terms are negotiable on occasion and will be defined in the contract.

Holiday Pay: Fees are not reduced during months/weeks that have holidays or vacations. Child care is provided during National holidays by case and a higher care rate will be applied accordingly. Special payment terms will be negotiated if vacation is less than 5 days in one billing period/month

**\*Payments are defined as late after the first 3 days. In other words, if payment is not received after the 3<sup>rd</sup> of every month it will be considered as late payments and penalties will apply\* refer below for payment penalties fees**

### **Payment Penalties:**

1. The fee for late payment is \$ 10 per day. If fees remain unpaid after a period of three days, your child will not be admitted 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 \$ 35 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 \$1 per minute after the scheduled pick-up time. I understand that unforeseen circumstances may arise, and I will do our best to accommodate families if they are running late. However, if a late pick-up becomes a persistent issue, I may need to reassess the child's enrollment status in our program.

### **Extra Charges:**

Field Trip Fees: Field trip fees will be charged when necessary. You will receive advance notice of any charges.

You will be notified of extra field trip fees 4 weeks in advance

### **Receipts and Taxes:**

Upon request I will give you a payment receipt when you pay for child care. I do have an EIN (Employer Identification Number) that can be used for tax purposes. I will provide families with a year-end statement no later than January 31st of each year for tax reporting purposes. This statement will include the total amount paid for child care services during the previous year.

### **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.

<b>Day</b>	<b>Hours</b>
Monday	5:00 AM - 9:00 PM
Tuesday	5:00 AM - 9:00 PM
Wednesday	5:00 AM - 9:00 PM
Thursday	5:00 AM - 9:00 PM
Friday	5:00 AM - 9:00 PM
Saturday	5:00 AM - 9:00 PM
Sunday	5:00 AM - 9:00 PM

## **Holidays**

Child care is closed for the following holidays:

<b>Holiday</b>	<b>Date, Comments</b>
New Years Day	January 1 <sup>st</sup>
MLK	3 <sup>rd</sup> Monday of January
President's Day	3 <sup>rd</sup> Monday of February
Memorial Day	Last day of May
Juneteenth	June 19 <sup>th</sup>
Independence Day	July 4 <sup>th</sup>
Labor Day	1 <sup>st</sup> Monday of September
Columbus Day	October 9 <sup>th</sup>
Veterans Day	November 11 <sup>th</sup>
Thanks Giving Eve & Thanksgiving Day	4 <sup>th</sup> Thursday and Friday of November
Christmas Eve & Christmas Day	December 24 <sup>th</sup> & 25 <sup>th</sup>
Eid-AL-Fitr and Eid-AL-Adha	These two holidays follow the lunar calendar and their exact dates are not known. Updates will be given when near

## **Family/Parent/Guardian Vacations and Absences**

1. You are required to give 4 weeks' advance notice for vacation.
2. Please call and inform me when your child will not attend due to illness or some other event.
3. Payment will not be reduced during vacation days that exceed more than 5 days.
4. Please advise me upon enrollment if you plan to remove your child from child care for any length of time (i.e., the summers for school teachers, or when you are on maternity leave with another child, etc.).

### **Provider Vacation/Emergency Closure Policy**

I will give you at least 4 week(s) advance notice of my vacation schedule. I will take 2 weeks' vacation per year. Payment will not be reduced during my vacation. In the event of emergency closures such as snow days or other natural disasters, the safety and well-being of the children will always be our top priority. I will follow the guidance of local authorities and make the decision to close based on their recommendations. I will notify parents of emergency closures as soon as possible through multiple communication channels, including phone calls, emails, text messages, and/or social media updates. I encourage parents to keep their contact information up-to-date with us so that I can reach them in a timely manner. If local elementary schools are closed due to inclement weather or other emergencies, I will also be closed for the safety of the children and staff. I will make every effort to communicate this information to parents as soon as possible. In the event of a sudden emergency or evacuation, we will follow our emergency plan and work to ensure the safety and well-being of all children and staff in our care.

### **Back-up Child Care and Consistent care policy (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 and Ratios (WAC 110-300-0495)**

We will maintain the State required staff to child ratios at all times. For consistency of care I or a permanent staff member will be assigned to care for your child with a goal of building a long-term trusting relationship. 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. 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.

Our ratios are carefully monitored to ensure that each child receives individual attention and care. We offer a range of classroom settings to meet the diverse needs of our families, including a preschool classroom, mixed age group classroom, and a separate infant room.

### **Termination of Services (WAC 110-300-0485)**

1. You are required to give me 4 weeks' notice of your intent to terminate care. Your deposit will cover 2 weeks of care. If you should terminate your child's care without notice, the deposit will not be refunded.
2. The following are conditions that may cause 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

### **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 concerns 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. If a child exhibits behavior that presents a serious safety concern, and reasonable modifications are not able to reduce or eliminate the safety concern, we reserve the right to terminate the child's care. Examples of such behavior include, but are not limited to:

- Ongoing biting beyond the toddler age
- Throwing objects at others
- Hitting others with objects
- Leaving the facility without authorization
- Endangering themselves or others in any way
- Parent behavior

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.
7. We will give the parents or guardians referrals to community-based programs/settings

## **Policy on Expulsion Due to Parent Behavior**

### **Purpose:**

To ensure a safe, respectful, and positive environment for all children, staff, and families, this policy outlines the circumstances under which a child may be expelled from our childcare program due to the behavior of their parent or guardian.

### **Policy Statement:**

The behavior of parents and guardians is expected to align with the values and standards of our childcare program. Any conduct that disrupts the program, endangers the well-being of children or staff, or creates a hostile environment will not be tolerated. In such cases, the childcare program reserves the right to expel the child from the program.

### **Verbal Abuse:**

- Using inappropriate language, yelling, or making threats towards staff, children, or other parents.
- Repeatedly disrespecting staff members or undermining their authority.

### **Physical Aggression:**

- Physical intimidation, hitting, or any form of physical violence towards staff, children, or other parents.
- Damaging or attempting to damage property belonging to the childcare facility or others.

### **Failure to Comply with Policies:**

- Consistently refusing to follow the childcare program's policies, such as pick-up and drop-off procedures, payment agreements, or health and safety guidelines.
- Disregarding requests to address behavioral concerns with their child, leading to ongoing issues that impact the program.

### **Disruptive Behavior:**

- Engaging in behavior that disrupts the daily operations of the childcare program, including causing unnecessary disturbances during class times or meetings.
- Encouraging or participating in behavior that creates a hostile environment for staff, children, or other families.

### **Harassment or Bullying:**

- Engaging in or enabling any form of harassment or bullying, whether in person, online, or through other means.
- Making false allegations against staff members or other families with the intent to cause harm.

The Department will be notified of the expulsion. These policies are implemented to maintain a supportive and constructive environment for all involved in our childcare program. We value the partnership with our families and hope to work together in the best interest of the children.

### **Posting requirements: (WAC 110-300-0505)**

All relevant policies, including Program policy, Health policy, staff policy (if applicable), Consistent care policy, menus, liability insurance status, inspection reports, enforcement actions, and resources for families can be found on our website. Hard copies are located in our office and parent board. We update our policies and other relevant documents as needed and aim to keep them current and accurate. Parents are encouraged to check the website regularly for updates and to contact us if they have any questions or concerns.

### **Items Brought from Home**

We ask that children's toys stay at home, unless they are brought in for a pre-arranged sharing at group time. Toys from home are difficult to share at other times, and we cannot be responsible if they become lost or broken. We realize that

this is sometimes very hard --leaving a toy in the car during the day is a tactic that sometimes works if you can't leave the house without that special something. Comfort toys for nap are the only exception, and should be kept in the child's cubby, unless needed at "difficult" times.

\*Electronics will not be allowed at all\* and aren't liable for any electronics brought inside the childcare

Use the checklist below to list all items that need to be brought from home and all items that you will be supplying. A List all items that will not be allowed in the child care. Again items brought from home may be lost or misplaced!

### Dual language Learning (WAC 110-300-0305)

In addition to teaching your children Somali & English, we will support their language by

- Using visuals and gestures to help children understand new words and concepts in both languages
- Encouraging children to use both languages and providing opportunities for them to share and practice their language skills
- Providing books, songs, and other materials in both languages
- Engaging families in their child's language development and respecting their cultural and linguistic backgrounds.

### Checklist of Child Care Supplies

	<i>I Provide</i>	<i>You Provide</i>	<i>Item</i>	<i>Comments</i>
1.		x	Bottles	
2.		x	Bottle Liners	
3.		x	Formula	
4.		x	Nipples	
5.		x	Diapers	
6.		x	Pacifiers	
7.		x	Teething devices	
8.		x	Toilet training diapers	



9.		x	Car seat/Booster seat (appropriate for your child's size/age)	
10.		x	Change of clothes	
11.		x	Cold and rainy weather clothes	
12.	x	x	Blanket and sleeping necessities	We provide if needed
13.		x	Toothbrush	
14.		x	Sunscreen (must have written permission)	
15.		x	Three-day supply of medication	

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

Time	Activities
6:00 AM – 7:30 AM	Arrival & Free play
7:45 AM – 8:00 AM *	School kids brush teeth, get ready for bus
8:00 AM – 9:00 AM 😊	Breakfast
9:30 AM – 10:00 AM *	Group & Circle time
10:00 AM – 11:00 AM	Outside Time Free play
11:00 AM – 11:30 AM 😊	AM Snack
11:30 AM – 12:00 PM	Clean up & prepare for lunch
12:00 PM – 1:00 PM 😊	Lunch
1:00 PM - 3:00 PM	Naptime & quiet activities for those who are not sleeping
3:00 PM – 3:30 PM *	Wake up time; diaper changes / potty trips
3:30 PM – 4:00 PM 😊	PM Snack
4:00 PM - 5:00 PM	Homework and free play
5:00 PM – 6:00 PM	Outdoor play
6:00 PM – 7:00 PM 😊	Dinner
7:00 PM - 8:00 PM *	Free play

7:30 PM - 8:00 PM 😊	Evening Snack
8:00 PM- 9:00 PM *	Potty Trips/Diaper changes Pick-up/Dismissal

😊 Food served      \* Potty Trips and diaper changes

### **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 outdoor play area is designed in accordance with WAC 110-300-0147 to ensure that it meets the regulations set by the State of Washington.

Our outdoor play area is safe, clean, and free from hazards. We have a variety of equipment and materials that promote physical activity, creative play, and social interaction among children. We regularly inspect our equipment to ensure that it is in good repair and free from potential hazards.

For non-walkers, we have a designated area that is safe and appropriate for them to explore and play. They are supervised at all times and provided with toys and materials that are safe for their age and developmental stage.

We encourage parents and caregivers to communicate with us about any specific needs or requirements for outdoor play. We also provide sunscreen, hats, and protective clothing to children to protect them from the sun. All children should be appropriately dressed for outdoor play with weather-appropriate clothing and any necessary equipment, such as helmets for biking or scootering.

Our goal is to create an outdoor play area that is accessible to all children, including those with disabilities. We strive to create an environment that promotes learning, growth, and fun, while also prioritizing the safety and well-being of every child in our care.

### **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. We will work with you to discuss your child's sleep patterns and needs. We allow infants and toddlers to follow individual sleep schedules.

As a child care provider, I understand the importance of creating a comfortable and familiar sleeping environment for young children. Therefore, I would like to encourage parents to bring a blanket or other comfort item from home that their child is accustomed to using during naptime. This can help to create a sense of security and promote a more restful nap.

If a child uses a pacifier, parents are welcome to bring it as well. We would also like to work with parents to understand any special sleep needs or routines their child may have, such as a favorite lullaby or specific way of being put to sleep. By working together, we can ensure that each child feels safe, secure, and comfortable during naptime.

However, we understand that not all families may have access to these items or may prefer that their child not use them during naptime. In such cases, we will provide appropriate bedding and comfort items as needed to create a comfortable and safe sleeping environment for each child.

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

As a child care provider, we believe in creating a mixed age group setting where children from different age groups can learn, sleep, play and eat together. This can create a more inclusive and diverse environment for children, where they can learn from each other and develop important social skills.

We understand that different age groups have different developmental needs and learning styles. Therefore, we will set up programs and curriculum that are age-appropriate and tailored to the needs of each child. For example, we may offer activities such as sensory play, story time, arts and crafts, and outdoor exploration that are suitable for children of different ages.

Additionally, we will ensure that each child is provided with individualized attention and care, regardless of their age or developmental level. We will have enough staff members to supervise and engage with each child, and will work closely with parents to understand their child's needs and preferences.

Overall, our mixed age group setting will provide a fun, safe, and enriching environment for children to learn and grow together.

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

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).

We understand that as a parent or guardian, you want the best for your child. Our primary goal as a child care provider is to provide a safe, nurturing, and educational environment where your child can thrive. We are here to help you every step of the way to ensure that your child has the best possible experience while in our care.

We understand that there may be certain requirements that your child needs to meet in order to attend our program, such as immunization records or health assessments. We are here to assist you in obtaining these requirements and can provide guidance and resources to help you meet these obligations.

If your child requires services from a visiting health professional, we will need your permission to allow them to provide those services while your child is in our

care. We understand that your child's health is of the utmost importance, and we take every precaution necessary to ensure that they are safe and well cared for while in our program.

Our commitment to your child's success and well-being is paramount. We strive to provide a fun, engaging, and educational environment where your child can learn, grow, and develop new skills. Our team of caring and qualified professionals is dedicated to ensuring that your child receives the best possible care, and we are always available to answer any questions or concerns that you may have.

We believe that a strong partnership between parents and child care providers is essential in providing the best possible experience for your child. We welcome open communication and collaboration with parents to ensure that we are meeting the individual needs of your child and providing the best possible care.

### **Religious and Cultural Activities**

We also recognize the importance of accommodating children's diverse backgrounds, cultures, and religions. We will celebrate holidays and customs in a way that is respectful and inclusive of all children in our care. We will display art and other cultural items in our home that reflect the diversity of the children in our care.

If any celebrations or customs will be in the visual or auditory range of the children, we will work with parents to ensure that they are comfortable with these activities and that they align with their own beliefs and values. We also celebrate Ramadan which is the month of fasting, prayer, reflection and community. We will be open during that time and have activities highlighting the celebrations.

### **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.

At The University Childcare we believe in providing a safe, nurturing, and positive environment for all children in our care. We recognize that each child is unique and that appropriate guidance and discipline methods should be used based on their developmental level, abilities, and cultural background. Our goal is to encourage children's positive behavior, promote their self-esteem, and help them develop the skills they need to succeed in life.

Our child guidance and discipline policy include the following:

1. **Positive methods of managing children's behavior:** We use consistent, fair, and positive methods to manage children's behavior. We recognize and reinforce positive behavior, use redirection and problem-solving strategies to

address challenging behavior, and provide clear and consistent boundaries and expectations for behavior.

2. **Prevention of challenging behavior:** We develop a child guidance plan with input from parents that addresses strategies for preventing and addressing challenging behavior. Our plan includes the promotion of children's social and emotional development, the use of positive reinforcement, and the creation of a safe and supportive environment.
3. **Physical restraint:** We understand that in situations where a child's behavior poses an immediate danger to themselves or others, physical restraint may be necessary. We have written policies and procedures in place for the use of physical restraint, which include training for staff members who may need to use it. Physical restraint is only used as a last resort when all other methods of managing the child's behavior have been exhausted.
4. **Prohibition of corporal punishment:** At The University Childcare, we will not tolerate any form of corporal punishment, including physical or mechanical restraint, the withholding of food hitting, slapping, shaking, pinching, or any form of emotional abuse is prohibited by anyone on the premises including parents. No corporal punishment will be used in our program. We believe that positive and effective discipline strategies should be used, and we encourage parents and staff to work together to create a supportive and respectful environment for all children.

We believe that effective guidance and discipline policies help children develop social skills, emotional intelligence, and positive self-esteem. We are committed to providing a nurturing and supportive environment that helps children reach their full potential.

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. Diapers will be checked every two hours and changed when necessary and not less than every four hours. The parents or guardians will need to supply appropriate diapers including disposable or cloth diapers and diaper wipes. All staff, parents or guardians will wash their hands immediately before and after diapering. The child's hands will also be washed immediately after diapering.



## **Toilet Learning (WAC 110-300-0220)**

Before a child is ready to start toilet training, we will discuss with the parent or guardian their views on toilet training. For toilet training We use positive reinforcement, culturally sensitive and developmentally appropriate methods, as well as a routine developed in agreement with the parents or guardians.

When toilet training, we provide the child with a child-sized potty chair or a modified adult toilet seat with a built-in child seat. We also use step stools to help children climb up onto the toilet and wash their hands afterward. In addition, we have extra clothing and wipes on hand in case of accidents. The age at which we begin toilet training varies depending on the child's individual needs and readiness. Typically, we begin working on toilet training when the child is between 2 and 3 years old. However, we understand that every child is unique, and we work closely with parents or guardians to determine the best time to begin toilet training for each child. Please understand that we will begin toilet training when the child shows signs of readiness

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

We support families as their children transition from formula and breast milk to eating solid foods at the table. We will consult with the parent or guardian to implement a feeding plan for infants and toddlers at each step of this process. We will provide educational materials and resources to support breastfeeding mothers and nutritional information on infant formulas. We will have a designated area for nursing and bottle-feeding mothers. All infants and toddlers will eat when hungry according to their nutritional and developmental needs, unless medically directed. We will serve only breast milk or infant formula to an infant, unless the child's health care provider offers a written order stating otherwise. We will hold infants and toddlers while making eye contact with them. We will stop feeding the infant or toddler when he or she shows signs of fullness. We will not allow infants or toddlers to have propped bottles or given a bottle or cup when lying down. We will transition a child to a cup only when developmentally appropriate and with the permission of the parent or guardian. In consultation with the parent or guardian we will begin introducing solid foods. We 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. We will not add food, medication, or sweeteners to the contents of a bottle unless a health care provider gives written consent. We 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

we will only offer juice to children older than twelve months from a cup. In consultation with the parents or guardians we 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. We 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.

### **Bottle preparation (WAC 110-300-0280)**

Parents or guardians who bring bottles must label the bottle with the child first and last name and the date. 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. 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 the 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.

We have specific procedures for retrieving infant bottles from parents to ensure the safety and wellbeing of our infants. When parents bring in bottles for their infant, we ask that they clearly label each bottle with the child's name, the date it was prepared, and the type of milk or formula inside.

When it is time for a feeding, our staff retrieves the labeled bottle from the parent or guardian and checks to make sure that the milk or formula is at the appropriate temperature and has not expired. We then feed the infant according to their schedule, making sure to hold them in a safe and comfortable position.

We encourage parents or guardians to bring in enough bottles, formula, and other equipment for their child's entire day at the childcare center, plus an additional



bottle or two in case of unexpected delays. We also ask that they provide any specific instructions for preparing or handling the bottles or formula.

Parents or guardians are responsible for regularly bringing in fresh bottles, formula, and any other necessary equipment, such as breast pumps or storage containers. We recommend that they communicate with our staff on a regular basis to ensure that their child's needs are being met and that we have enough supplies on hand to provide high-quality care. If any equipment or supplies need to be replaced, we will communicate this to the parents or guardians as soon as possible so that they can bring in new items.

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### **Breast Milk (WAC 110-300-0281)**

We encourage families to breastfeed 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 the 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.

We recognize the importance of providing a welcoming and comfortable environment for parents to feed their child. We have designated areas within our facility where parents can breastfeed or bottle-feed their infant in privacy and comfort.

We have a private nursing room for parents who prefer to breastfeed, which is equipped with a comfortable chair, a side table, and a changing area. The room is well-lit and has an electrical outlet for parents who need to use a breast pump. We also have a comfortable rocking chair in the infant area that parents can use to feed their child if they prefer a more social setting.

In terms of resources on breastfeeding and infant formulas, we have a variety of materials available for parents to access. We have a library of books and pamphlets on breastfeeding and formula feeding that parents can check out or read while they are at the childcare center. We also have a list of local lactation consultants and support groups that parents can contact for additional assistance and information.

Our staff is knowledgeable and supportive of parents who choose to breastfeed or formula feed their child. We are happy to answer any questions and provide guidance on best practices for feeding and caring for their infant.

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

Infants and toddlers will follow their own individual sleep patterns and never be forced to sleep. 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.

We take the safety and comfort of our infants and toddlers very seriously, especially during naptime. Our sleeping arrangements are designed to promote safe sleep practices and ensure that each child has a comfortable and secure sleeping environment.

For infants, we provide separate cribs that meet safety standards set by the Consumer Product Safety Commission. The cribs are positioned in a quiet and separate area of the room, away from any potential disturbances. We provide age-appropriate bedding and ensure that the infant's head is positioned at the foot of the crib to reduce the risk of suffocation.

For toddlers, we provide cots or mats that are placed on the floor with a designated space for each child. Each child is given a sheet and blanket for added comfort, and we make sure that the sleeping area is free from any potential hazards or distractions.

During naptime, our staff closely monitors each child to ensure that they are sleeping comfortably and safely. We follow recommended safe sleep practices, such as placing infants on their backs to sleep and ensuring that toddlers are not given any pillows or stuffed animals that could pose a suffocation risk.

We also communicate with parents or guardians to ensure that they are aware of our sleeping arrangements and safe sleep practices. We encourage parents to provide any special instructions or comfort items for their child's naptime routine to help them feel secure and comfortable during their nap.

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

To reduce the risk of Sudden Infant Death Syndrome (SIDS) I and all my staff 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 the 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.

### **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 provide resources and write a transition plan with the parents. We recognize the importance of a smooth and successful transition from our program to Kindergarten for our children and families. For children turning five years old or six months before they are scheduled to attend a Kindergarten program, we will schedule a meeting with the family to discuss and plan for this transition.

During this meeting, we will provide resources and support to families to help them prepare their child for Kindergarten. We will write a transition plan with the parents that outlines specific goals and activities to support their child's readiness for Kindergarten. This plan may include things like practicing self-help skills, engaging in social interactions with peers, and participating in group activities. We provide a variety of resource materials at our facility that cover transition activities and developmentally appropriate local school and school district activities designed to engage families. These materials are available in our parent resource library and may include brochures, books, and online resources from

organizations such as OSPI, the Department of Education, and local school districts.

Our staff is also available to provide guidance and support to families throughout the transition process. We encourage open communication between families and our staff to ensure that we are working collaboratively to support each child's unique needs and readiness for Kindergarten.

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

We participate in the USDA Food Program.

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.

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**

- Scrambled eggs
- Whole wheat toast
- Sliced oranges
- Milk

#### **Lunch**

- Baked chicken drumsticks
- Brown rice pilaf
- Steamed green beans
- Sliced apples
- Milk

#### **Snacks**

- Cheese and whole grain crackers
- Carrot sticks with hummus dip
- Water / Juice

## **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 life saving 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.

While we strive to serve healthy and nutritious meals to all children in our care, we understand that families and children may have food preferences that are not related to allergies. If your child has a food preference that differs from our menu, please discuss it with our administration before enrolling your child. We will do our best to accommodate these requests, as long as they align with our program's nutrition goals and guidelines. Thank you for your understanding.

## **Food Handling Practices (WAC 110-300-0195)**

Anyone preparing 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.

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.

Food for the children is prepared in the on-site kitchen. We use warming trays and hot plates to keep food warm until it is served. We also use a food thermometer to ensure that food is kept at the appropriate temperature for safety.

We serve food family style, with staff sitting with the children during mealtimes to help the children learn skills such as dishing out their own foods, asking for food to be passed, and pouring their own milk. This also allows staff to monitor the children's food intake and provide assistance as needed.

Proper hand washing procedures are followed before, during, and after food handling, and all food is stored, prepared, cooked, held, and served according to current Department of Health Washington State Food and Beverage Workers' manual and current foundational Quality Standards WAC 110-300.

## **Dishwashing Practices (WAC 110-300-0198)**

Dishes are washed in an automatic dishwasher using the sanitizing cycle (if available)

Dishes are also hand washed by immersion in hot soapy water, rinsed, sanitized, and air dried.

## **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)**

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 the 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. 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)**

As a childcare provider, we have water activities at our facility, including a wading pool and sprinkler play during hot weather. We do not take children off-site for water activities, and children do not have access to unsupervised water play. To ensure the safety of all children during water activities, we have established policies and procedures that meet the requirements of the WAC 110-300-0175 regulations. These include but are not limited to:

- Providing constant, direct supervision during water activities
- Conducting a safety check of the water activity area before each use
- Requiring children to wear appropriate swimwear and life jackets during water activities as needed
- Ensuring that all children have access to drinking water to prevent dehydration
- Regularly sanitizing and maintaining any water play equipment
- Establishing clear procedures for responding to emergencies, including first aid and CPR training for staff members

We also communicate with parents and guardians about our water activities policies and procedures, and obtain their consent before allowing their children to participate in any water activities.

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

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, buses or walking.
4. I have 3 seat belts in the back seat(s) of my car. Everyone over 8 years old is

buckled at all times. If your child is under 8 years old, please 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.
7. School age children will be transported to and from school with approved and insured childcare vehicle

**\*Field Trip examples include nearby parks where there is no smoking, vaping or using any form of cannabis while on field trips by parents, staff or other adults. The ratio of children to adults will be maintained as per state regulations during field trips\*.**

### **Transportation to/from School:**

When transporting children to and from school, it is important to ensure that they are properly supervised at all times. The following measures can be taken:

- Trained childcare staff in safe transportation practices that are aware of the number and ages of the children in their care.
- Headcount will be taken of all children before and after each transportation trip to ensure that all children are accounted for.
- Ensure that all children are securely fastened in seat belts or age-appropriate car seats or booster seats during the ride.
- Educate children on safe behavior during transportation, such as staying seated, keeping hands and feet to themselves, and using quiet voices.
- Ensure that the driver is properly licensed and trained in safe transportation practices.

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

At our childcare program, we prioritize dental hygiene practices and education as a part of our overall commitment to the health and well-being of the children in our care. We believe that dental hygiene is important for all ages, including infants, and we encourage parents and guardians to participate in our efforts to promote good oral health.



**Requirement for Dentist or Dental Plan:** To ensure that children receive appropriate dental care, we require parents or guardians to provide the name of their child's dentist or dental plan. This information will be kept on file and updated as needed. In the event of a dental emergency, we will make every effort to contact the child's dentist or dental plan to obtain necessary information and permission for treatment.

**Need for Dental Hygiene:** Dental hygiene is essential for maintaining healthy teeth and gums, preventing cavities and gum disease, and promoting overall health and well-being. We recognize that children may need assistance with dental hygiene practices, such as brushing and flossing, and we work with parents and guardians to ensure that these practices are being followed at home and in our program.

**Form for Opting Out of Teeth Brushing:** We understand that some parents or guardians may have personal or religious beliefs that prevent them from allowing their child's teeth to be brushed at our program. To respect these beliefs, we provide an opt-out form for parents or guardians to fill out if they do not want their child's teeth brushed. This form will be kept on file and reviewed periodically to ensure that our records are up-to-date. We encourage parents and guardians to speak with us if they have any concerns or questions about our dental hygiene practices or policies.

### **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 practices 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 attached with our parent handbook and in our front office.

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

You will find our programs evacuation plan posted in the main entrance on the Parent board, back exit, kitchen area, bathroom, and children care area. We will 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.

As a team, we have established a plan for emergency preparedness and evacuation in case of a disaster. If our home becomes inhabitable, we will be located at a designated gathering place outside of the home, which is included in our posted evacuation plan. We will take every precaution to ensure the safety and well-being of the children in our care.

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).

As licensed child care providers, we understand the importance of being prepared for emergencies and natural disasters. One essential aspect of emergency preparedness is having an emergency disaster kit on hand, which should contain important supplies that can help ensure the safety and well-being of the children in our care.

Some items that we include in our emergency disaster kit are:

- Battery-operated flashlight and radio with extra batteries
- First aid kit
- Emergency food and water supplies
- Personal hygiene items (such as soap, toothbrushes, and towels)
- Blankets and warm clothing
- Emergency contact information
- Whistle or other signaling device

We also regularly check and update our emergency disaster kit to ensure that all of the items are in good condition and up-to-date. If any items are expired or have been used or damaged, we replace them promptly.

As childcare, we are responsible for supplying the emergency disaster kit. However, we may ask parents or guardians to contribute certain items, such as personal hygiene items or special equipment that their child may require. By being prepared with an emergency disaster kit, we can help to ensure the safety and well-being of the children in our care in the event of an emergency or natural disaster

## **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 a 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 the building until it has been inspected for re-entry and determined safe.

As a licensed child care provider, we take the safety of the children in our care very seriously, especially in the event of an earthquake. We have developed an earthquake plan to ensure that we are prepared to keep the children safe in the event of an earthquake.

After an earthquake, we will assess the facility to ensure that it is safe to re-enter. We will inspect the building, check for structural damage, and make sure that there are no hazards that could endanger the children. We will not allow the children to re-enter the building until we are confident that it is safe to do or told by an approved professional.

Parents can contact our out-of-state emergency contact by calling the phone number that we have provided to them. This information is posted in our facility, and we have also provided it to the parents in writing. We will also ensure that our out-of-state emergency contact is aware of the situation and is ready to assist us in any way possible.

We will practice earthquake drills with the children on a regular basis to ensure that they know what to do in the event of an earthquake. We will hold drills at least twice a year, and we will post information about the drills on the parent board, including the date and time of the drill, as well as what actions the children will be expected to take.

Additionally, we have posted earthquake safety tips in our facility to educate the children and their families about how to stay safe during an earthquake. We have also made sure that all of our staff members are trained in earthquake safety and know what to do in the event of an earthquake.

Overall, we are committed to ensuring the safety and well-being of the children in our care, and our earthquake plan is just one part of that commitment. We will continue to update and refine our plan to ensure that we are always prepared for any emergency situation.

#### **Evacuation Plan: (WAC 110-300-0470)**

##### **When On-site:**

- All children will be gathered and escorted to the designated meeting spot located: In case of an evacuation, our meeting location will be across the street on the sidewalk, children will line up. This information is posted on our evacuation plan which is located in the main entrance on the Parent board, back exit, kitchen area, bathroom, and children care area. It is important that parents familiarize themselves with this information and communicate it to their emergency contacts as well.

- 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.

We conduct monthly fire drills, quarterly emergency/disaster drills, and an annual lockdown drill, which includes all ages in our care. During these drills, we simulate different emergency situations and practice our evacuation procedures, including the designated meeting location. Practicing these drills regularly ensures that both the children and the caregivers are prepared to respond effectively in the event of an emergency or evacuation.

#### **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.

We conduct monthly fire drills, quarterly emergency/disaster drills, and an annual lockdown drill, which includes all ages in our care. During these drills, we simulate different emergency situations and practice our evacuation procedures, including the designated meeting location. Practicing these drills regularly ensures that both the children and the caregivers are prepared to respond effectively in the event of an emergency or evacuation.

#### **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, 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.

We also have emergency contact information and a list of important phone numbers readily available. Our emergency supplies are regularly checked and updated to ensure they are in good working condition and have not expired.

#### **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, severe 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 Licenser and child's social worker, if any. You will be given a copy.
6. All injuries that the child arrives with will be documented and an injury report will be written.

### **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 basis. 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 the 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 manufacturer 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 a 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).

As per WAC 170-300-0215(3)(iii), we will not be using the following non-prescription medications at my child care facility, unless they are required due to a medical condition or disability:

1. Cough syrup
2. Decongestants
3. Pain relievers such as aspirin, ibuprofen, and acetaminophen
4. Antihistamines
5. Laxatives
6. Anti-diarrhea
7. Herbal remedies
8. Essential oils

For minor skin irritations or diaper rash, we will use only FDA-approved diaper creams or ointments, and will obtain written permission from parents before applying any such products to their child. We will also ensure that all medications brought in by parents are labeled and stored properly, and are only administered as directed.

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.



## 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 an 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 101 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);

**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.

Further, our policy states that a child with head lice or scabies may return to the facility after receiving the first treatment and is nit-free or no longer contagious, as determined by a healthcare provider. The child must also be able to participate in all program activities and not pose a risk of transmission to other children or staff. We will work with families to ensure that the child receives the appropriate treatment and can return to the program as soon as possible. If a child is excluded from the program due to illness, they may return when they have been symptom-free for at least 24 hours without the use of fever-reducing medication, or as otherwise determined by a healthcare provider. We will follow all applicable health and safety guidelines to ensure the well-being of all children in our care.

**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 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 the department of health's current guidelines for mixing bleach solutions for child care and similar environments.

### **Blood Borne Pathogen Plan (WAC 110-300-0400)**

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. Our Blood borne Pathogen Plan is available for review and can be found in the staff handbook or training manual. All staff members have been trained on this plan and are required to review and sign it yearly to ensure that they understand and can follow the proper procedures in the event of exposure to bodily fluids. We take the health and safety of our staff and children very seriously, and we are committed to preventing the spread of blood borne pathogens in our facility.

### **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.

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### **Pets (WAC 110-300-0225)**

We do not have pets nor allow pets in childcare

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

we do take pictures of the children for facility, social media, and promotional use only. We will require signed forms from parents or guardians for any pictures or videos that we plan to use for social media posts or promotional materials, if parents don't want their child to be on social media please indicate that in the acknowledgement form given. We take the privacy and safety of our children very seriously, and we want to ensure that we have explicit consent before sharing any images publicly. The University Childcare participates in Early Achievers, a framework and statewide system for promoting quality early learning in Washington State. As part of the quality recognition cycle our program will be submitting short videos in the classroom and upload these videos to a secure website called Coaching Companion. These videos will only be accessed by our early learning program staff, our Early Achievers coach, and the Quality Recognition specialists at Cultivate Learning/UW. If you would not want your child to be videoed, you can opt out.

#### **We do have surveillance video**

Parents are not allowed to observe the surveillance footage as it's strictly for the purpose of ensuring the safety and well-being of the children. However, if a situation arises where a parent has a legitimate concern, we will review the footage with them in the presence of an authorized representative from the state.

### **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

We want to assure parents that the safety and security of all children in our care is our top priority. We want to inform you that we strictly follow the guidelines set by WAC 110-300-0165 regarding guns or weapons. As a licensed childcare provider, we do not allow any guns, weapons, or ammunition on our premises, including in our home. This is to ensure the safety of all children and adults present. We appreciate your cooperation in



maintaining a safe and secure environment for all.

**Insurance Coverage (RCW.43.215.535 WAC 110-300-0410)**

I do carry liability insurance. Please see notice posted at the entrance on the parent board

**Safe water sources (WAC 170-300-0235)**

Hot and cold running water will be available at my program.

We had our water tested and have a copy of the water testing results in the front entrance on the parent board

**Retaining facility and program records (WAC 170-300-0465)**

We keep all required records for a minimum of five years.

We will keep records from the previous twelve months' in the licensed space and they will be immediately available for the Department or other state agency's review. We keep all records for a minimum of five years, unless otherwise indicated by state or federal regulations. Current records from the previous twelve months are kept in the licensed space and are immediately available for review upon request.

Parents or legal guardians may request to review their child's records at any time during regular business hours. All records are kept confidential and are only accessible by authorized personnel.

If you would like to request access to your child's records, please make a written request and we will schedule a mutually agreed-upon time for you to review them. Please note that we may require identification and verification of your relationship to the child before granting access to the records.

**Children attending another program:** We will not in any circumstances accept children enrolled and attending another childcare

**Screenings ( WAC 110-300-0055 )**

Developmental screening and communication to parents or guardians.

We use Ages and Stages which is a screening tool that can be used to screen infants and young children for delays during the crucial first five years of life.

As a childcare we

- Conduct screening of child within 45 calendar days after attending program
- sit and ask parent to complete questionnaire given
- Conduct a separate assessment of child ourselves
- Compare both childcare and parent scores on questionnaire
- Discuss results with parents and determine next steps.
- Inform parents or guardians about the importance of developmental screenings for each child from birth through age five.
- share information with parents or guardians about organizations that conduct developmental screenings such as a local business, school district, health care provider, specialist, or resources listed on the department website. Caring adults involved in children's lives informally observe and monitor children day-to-day to see how they are growing, learning, moving, and behaving as they develop. Developmental screening looks more closely at this progress.
- Re-screening will occur annually

Developmental screening is used to determine if a child is at risk for cognitive, motor, communication and language or social and emotional delays. These delays may interfere with expected growth, learning and development, but there are opportunities for positive support.

### **Family support self-assessment. (WAC 110-300-0080)**

We will assess our program within one year of being licensed to identify ways to support the families of enrolled children. We complete the strengthening family's program self-assessment which aims to engage families, programs and communities in building five protective factors:

1. Parental resilience
2. Social connections
3. Knowledge of parenting and child development
4. Concrete support in times of need
5. Social and emotional competence of children

### **Family partnerships and communication. (WAC 110-300-0085)**

(1) We will communicate with families to identify individual children's developmental goals.

(2) We will attempt to obtain information from each child's family about that child's developmental, behavioral, health, linguistic, cultural, social, and other relevant information. we will make this attempt upon that child's enrollment and annually thereafter.



(3) We will determine how the program can best accommodate each child's individual characteristics, strengths, and needs. We will utilize the information in subsection (2) of this section and seek input from family members and staff familiar with a child's behavior, developmental, and learning patterns.

### **We will**

Attempt to discuss with parents or guardians' information including, but not limited to:

- (i) A child's strength in areas of development, health issues, special needs, and other concerns;
- (ii) Family routines or events, approaches to parenting, family beliefs, culture, language, and child rearing practices;
- (iii) Internal transitions within the early learning program and transitions to external services or programs, as necessary;
- (iv) Collaboration between the provider and the parent or guardian in behavior management;
- and
- (v) A child's progress, at least two times per year.
- (b) Communicate the importance of regular attendance for the child;
- (c) Give parents or guardians contact information for questions or concerns;
- (d) Give families opportunities to share their language and culture in the early learning program;
- (e) Arrange a confidential time and space for individual conversations regarding children, as needed;
- (f) Allow parents or guardians access to their child during normal hours of operation, except as excluded by a court order; and
- (g) Communicate verbally or in writing:
  - (i) Changes in drop-off and pickup arrangements as needed; and
  - (ii) Daily activities.

### **Nighttime Care, Overnight Care and Staffing (WAC 110-300-0270)**

All parents that would like to have overnight care must sign permission and documentation that you are aware that the provider is sleeping while their children are in care and have read the facilities policies and

procedures for overnight care. I will maintain the same required adult to child ratios during nighttime care as during the daytime hours with the primary staff person remaining on the same floor as the children and in the licensed designated sleeping daycare area. One qualified staff person will remain awake until all children are asleep. We strictly adhere to safe sleep guidelines, providing infants with age-appropriate sleeping arrangements that include firm mattresses and no loose bedding. Infants receive constant supervision, and we maintain a designated sleeping area to ensure their comfort and security throughout the night. Our commitment is to create a nurturing and secure environment for infants, allowing parents to have peace of mind during overnight care.

## **Handbook Update and Review Statement**

This handbook is regularly updated to reflect any changes in our policies, procedures, and childcare practices. It is the responsibility of each family to stay informed by reviewing the handbook periodically. We encourage families to regularly check for updates to ensure they are aware of the most current guidelines and expectations. By staying informed, you help us maintain a safe, supportive, and consistent environment for all children in our care.

# The University Childcare Photo Release Form

I, \_\_\_\_\_ (Parent) agree to the following

Child(ren)'s name: \_\_\_\_\_

- ☐ I will allow my child's photo to be taken and used for promotional purposes on the center website and/or social media.
- ☐ I will allow my child's photo to be taken and used for display **in the center only.**
- ☐ **I WILL NOT allow my child's photo to be taken.**

I understand that these photos and/or videos may be used for promotional materials, social media, and/or other marketing purposes related to The University Childcare. This includes, but is not limited to, the following:

- Posting photos and/or videos of my child on The University Childcare's website and social media pages.
- Displaying photos and/or videos of my child in brochures and other promotional materials.
- Using photos and/or videos of my child in advertising campaigns or other marketing initiatives.
- **Capture my child's image on surveillance video used at this child care facility**

I also understand that my child(ren) name may be used in connection with these photos and/or videos.

**I acknowledge that I will not receive any compensation for the use of my child's photos and/or videos by The University Childcare.**

By signing below, I confirm that I have read and understood this form, and I give my consent for The University Childcare to take photographs and/or videos of my child(ren)'s, and to use these photos and/or videos for promotional and marketing purposes, except for social media unless indicated

Parent/Guardian Name **Print:** \_\_\_\_\_

Parent/Guardian **Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

# THE UNIVERSITY CHILDCARE HANDBOOK ACKNOWLEDGEMENT FORM

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 Name **Print**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**The University Childcare**

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date

**25511 137th AVE SE Kent, WA 98042**

\_\_\_\_\_  
Program Address

Please sign and return to program

SCAN FOR HANDBOOK

