



Parent Handbook

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My Training and Experience

My Training and Experience the state of Washington requires that I take an annual training on topics related to caring for young children. Feel free to ask me about my training. I will share any interesting things I learn with the families in my program.

My Family and Background

Throughout my life I have had many experiences caring for children. I feel that I belong in a childcare setting because children are my passion. I have dealt with children in many situation in many parts of my life. I love being around them and knowing I'm appositve part of a child's life. Because I am a mother myself, I have taken many trainings and sessions, with my experience in childcare development it makes me a professional childcare provider. I enjoy watching a child grow from infancy to being ready for Kindergarten. I care for children birth through five years old learning from each child as they develop their personality, learning style and temperament.

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

At Kiki Family Childcare, I will help children to learn, grow, and enhance self-esteem. I will do activities with the children to develop and increase their knowledge. In our care we are serving infant, toddle, and school age. We are focusing on children's unique interests, and I will provide many opportunities for children to express their individuality and culture. We have talented educators work alongside children to support on their tomorrow's success.

Our activities introduce and supports learning in social and emotional development, physical development, language and literacy development, mathematics and reasoning development, social studies development, science development, creative development and second language acquisition development. I help children learn and develop at their own rate. I am able to support children with special needs, children who are second language learners and those that may need a program designed specifically for them. Our daily activities schedule posted on the bulletin board in the main child care room and there is a copy in this policy.

Family Engagement and Partnership Communication plan

The most important way I can support your child is if we communicate almost all the time. 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 opportunities for us to communicate on a daily basis anything important about your child so that we can support each other in providing the best care to help your child thrive. Be sure to share with me anything you think I should know, and I will do the same.

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

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

Introductory Visit

Each new family needs to visit my home at least 1 time prior to enrollment. Please call in advance to schedule a visit my number is 206-602-7916. During this visit we will discuss the policies, the cost of care, the daily routine and the house rules. We will allow your child time to become familiar with my home and talk about your child's other child care experiences.

Trial Period

The trial period will be 2 weeks. This period is used to observe the child's adjustment to care and to talk about concerns. I will talk to you daily about your child's day. Please tell me if you have any concerns. After a 2 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. We will observe your child's adjustment to care and talk with you about concerns and excitements. I will talk with you daily about your child's day. Please tell me if you have any concerns.

Admission Requirements and Enrollment Procedures (WAC 110-3000460)

Deposits and Registration Fees Deposit:

Your child's position is reserved upon receipt of (2) two week's tuition deposit. This deposit will be applied to the (2) two week(s) of care. Registration Fee: I require a non-refundable registration fee of \$50.00 to cover administrative costs.

Admission Forms WAC 110-300-0085, 0106(9)

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

1. Child Care Registration
2. Field Trip Permission Authorization
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. Attendance Sheet
10. Injury Report form

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

Information on how children's records are kept current, including immunization records We keep each child's record on file including: Immunization records, Childcare Agreement form, Registration Forms, Attendance Record, Permission Authorization, Injury Report, and so on. For more detail please see the admission Forms section. All files will be updated annually with the assistance of the parents of children enrolled in our program.

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

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

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

We accept homeless or foster children into care without the records listed in this section if the child's family, case worker, or health care provider offers written proof that he or she is in the process of obtaining the child's immunization records.

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 obtain while caring for your children. This Information will remain confidential and they will kept in the safe place. 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.

Non-discrimination Statement, Anti-Bias and Bullying (WAC 110-3000030, 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.

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 170-296A-2375)

Within our work hours, you have the right to access during business hours to any areas of my home used 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 regarding your child, so we can arrange to speak away from the children.

Definitions of Care

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

For parents utilizing DSHS & Working Connections Subsidy:

Full Time: 5-10 hours of care a day

Part Time: less than 5 hours of care a day

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

Sign-in and Sign-out Procedures/ Attendance records (WAC 110-3000455)

Arrival and pick-up instructions: When arriving; the parent, guardian or authorized person must sign the child in, and sign-out at pick up time. The sign-in/sign out form is located bulletin board. You are required to sign in/out using full name, date and time.

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. The person picking up your child must have identification, as we may ask for verification of identity before releasing a child.

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, I will call 911.

To log in and out follow the steps below:

For log in we are using tablet. I, or my staff member, will help you to create your own log in pin on the compute before you drop off your child. After you had your pin, use the following simple steps.

Open the log in app → Click on your child name → sign in/out → then signature

Cost of Care Rates

Rates are evaluated and may be raised every year in December. Two (2) weeks notice will be given for rate increases. If other adjustments are needed, three (4) weeks notice will be given.

Rates are:

Age	Full time /day	Half time/day	Partial time /day	Drop-in/hour
Infant (birth – 11 months)	\$81.82	\$40.91	\$61.37	\$10.00 / hour
Enhanced (12-17 months)	\$81.82	\$40.91	\$61.37	\$10.00 / hour
Toddler (18-29 months)	\$75.00	\$37.50	\$56.25	\$7.00 / hour
Preschool (30 months-5yrs)	\$68.95	\$34.48	\$51.71	\$6.50 / hour
School Age (5-12 years)	\$60.00	\$30.00	\$45.00	\$6.50 / hour

Payment Plan, Holiday charges and Discounts

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

Holidays charge: Fees are not reduced during months/weeks that have holidays.

Family Discount: When more than one child from the same family is enrolled, a 10 % reduction is given.

Payment Penalties:

1. The fee for late payment is \$15.00 per day. If fees remain unpaid after a period of three days, you child will not be admitted until ALL fees are paid in full.
2. The penalty for NSF checks is \$50.00 plus any bank costs incurred by me. Cash payment is required for returned checks. You may be put on a cash basis after the second NSF check.
3. Late pick-up fees are \$3.50 per hour.

Extra Charges:

Field Trip Fees: Field trip fees will be charged when necessary. You will receive advance notice of any charges. If you don't want you to participate in a field trip you will have to keep your child at home for that day or find alternative care for your child on the day of the field trip.

Receipts and Taxes:

1. I will give you a payment receipt when you pay for child care.
2. You will receive an Internal Revenue Service (IRS) W-10 Form reporting your annual child care expenditures for the applicable tax 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.

Day	Hours
Monday	7:00 am – 5:30pm
Tuesday	7:00 am – 5:00pm
Wednesday	7:00 am – 5:30pm
Thursday	7:00 am – 5:30pm
Friday	7:00 am – 5:30pm
Saturday	Closed
Sunday	Closed

Holidays

Kiki Family Childcare is closed for the following indicated holidays:

Holiday	Date, Comments
New Year Day	January 1 st
Martin Luther King	January 16
President day	February 20
Memorial day	May 30
Veternans day	November 11
Thanksgiving Day	November 24
Christmas Day	December 25 th

* KiKi Family Childcare does not celebrate holidays in the facility

Family/Parent/Guardian Vacations and Absences

Vacations and Absences

1. You are required to give (2) two weeks advance notice for vacation.
2. I will give you at least (6) six week(s) advance notice of my vacation schedule. I will take (2) two week vacation per year.
3. Please call and inform me when your child will not attend due to illness or any other event.
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

KiKi Family Childcare is committed to having our programs open 5 days a week from 7:00 am to 5:30 pm. We recognized that emergencies such as the breakdown of essential services (heat and/or

water) or inclement weather days can occur. We must consider the safety of all children under the KiKi Family Childcare staff when making decisions regarding full day closures or early closures due to emergency conditions. In the event that KiKi Family Childcare needs to close the center due to any emergency condition the staff will call families for an early pick up. If KiKi Family Childcare unable to open the center in the morning, a message will be left on the center's voice mail. Parents are asked to call in to the center on severe weather days to confirm that my childcare is open.

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. Our staff to child ratios are seven and we offer different age type of classroom settings such as a preschool classroom, mixed age group classroom, a separate infant room or a classroom that accommodates specific or special needs. We care for children that are birth through school age. 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. .

Termination of Services (WAC 110-300-0485)

Parents are required to give me (2) two weeks' notice of your intent to terminate care. I will ask you to fill out an exit questionnaire. Your deposit will cover (2) two weeks. If you should terminate your child's care without notice, the deposit will not be refunded.

The following are conditions that will cause child care to be 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 Kiki Family Childcare we will work with each individual child promoting consistent care and maximize opportunities for child development and learning. When a Child exhibits behavior that presents serious safety concern for the child or others and the program is not able to reduce or eliminate the safety concern through reasonable modifications the child's care will be terminated. Give examples such as on-going biting beyond the toddler age, throwing objects at others, hitting with objects, leaving the facility and other behaviors.

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 The Department will be notified of the expulsion.

Posting requirements: (WAC 110-300-0505)

All Kiki Family Childcare relevant policies listed below are posted on the board and some posted on the needed area:

- ✓ Liability insurance
- ✓ Inspection reports
- ✓ Enforcement action
- ✓ Emergency drill log
- ✓ Floor plan and all other postings can be found on a bulletin board in the main room of the childcare

Program policy, health policy, staff policy, and all other policies and training logs can be found in a red hanging folder in the main room by a door. We update these policies and postings when needed and will inform you when they have been updated.

Items Brought from Home

If toys, foods and items are brought from home they must have a name tag and will be stored in their cabins. Any electronics devices are **not allowed** in Kiki Family Childcare. Please do not

allow your child to bring in food items unless you have informed me. Candy and gum are not allowed.

Dual language Learning (WAC 110-300-0305)

In Kiki Family Childcare we introduce children to different languages. I have some educational posters and books with different language to help the child to develop other languages. If your child is a dual language learner, we will support your child to learn English in both the written and spoken form. You are encouraged to bring in books, music and other items that represent your child’s other language so that we can incorporate the language into our program. Alphabet posters with Spanish, Arabic, Amharic and Afan Oromo language.

Checklist of Child Care Supplies

Parents should bring the item listed below for their kids. I provide sleeping necessities and food. I also provide baby wipes.

Item	Parent Provide	Comments
Bottles and Liners	At least two bottles	
Formula and breast milk	You will need to supply for babies first year	
Diapers and wipers	The size that fits your child	
Nipples	That are free from cracks	
Pacifiers	That does not have any attachments (string or blanket	You must also supply a device or container that prevents contamination for each pacifier
Teething toys	If you have a preference that your child uses his own	
Toilet training diapers or pants	When appropriate	
Car seat/Booster seat	appropriate for your child’s age/size	
Change of clothes	Several changes of clothing including socks and shoes, hats	
Cold weather clothes	Rain coats and winter jackets	
Blanket and sleeping necessities	No blankets for child under one year	

Tooth brush and tooth past		
Sunscreen and Diaper cream	Please make sure the medication form comes with the medication	I would like parents to apply sunscreen to the child prior to arrival
Shoes	For outdoor activities	

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

Time	Activities
7:00 am – 8:00 am	Welcoming and free play. Breakfast (if not eat)
8:00 am – 9:00 am	Children’s free choice play (Art, Dramatic play...)
9:00 am – 9:30 am	Hand wash (Diaper change)
9:30 am – 10:00 am	Morning Snack then wash hand
10:00 am – 10:30 am	Circle time
10:30 am – 11:00 am	Outdoor Activities
11:00 am – 11:15 am	Hand wash and get ready for lunch
11:15 am – 12:00 pm	Lunch time
12:00 pm – 12.15 pm	Hand wash (Diaper change)
12:15 pm – 3:00 pm	Naptime / Quite time
3:00 pm – 3:30 pm	Cleaning Mats (Diaper change)
3:30 pm – 4:00 pm	Afternoon Snack and Hand wash
4:00 pm – 4:30 pm	Table Activities
4:30 pm – 4:45 pm	Exercise and Music time
4:45 pm – 5:00 pm	Clean up (Diaper Change)
5:00 pm – 5:30 pm	Pick up time

Screen Time Usage (WAC 110-300-0155)

- We do not use television, videos, or computers for educational purposes at our program
- Children do use screen time (television, videos, or computers) for educational purposes at our program in accordance with (WAC 110-300-0155) State when electronics can and cannot be used.

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;

The outdoor play area is in backyard. For outdoor activities, parent bring shoes and outdoor clothes for the cold weather, they don't have to bring outdoor equipment. We provide outdoor play and learning materials. I also provide some water resistance clothes to cover up while they are playing.

The activities equipment are:

- Basketball hoop and different balls
- Water and sand table
- Outdoor kitchen and equipment
- Car toys

Some of these outdoor activities can be enjoyed indoors too, but for the most part they are intended for use in the fresh outdoors (weather permitting, of course), where kids can breathe in fresh air,

Napping/sleeping (WAC 110-300-0265)

Before naptime, children will have the opportunity to use the restroom and diaper change for those need. 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. Naptime will take place following lunchtime daily. Each child will have their own mat, which will be laid out in their own space in our daycare during this time. Infants are sleeping in a crib provided. In most cases, all children will be able to fall asleep. For those children that choose to stay up they are to do quiet activities like reading a book quietly at their napping spot. No child will be forced to sleep/nap. Two hours will be set aside for naptime and the children will be allowed to sleep for as much of the time as they need to. I will

work with you to discuss your child’s sleep patterns and needs. I must allow infants and toddlers to follow individual sleep schedules.

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

Describe your child cares grouping of children. You may state something like “During the day the children will be participating in learning, play, eating and sleeping with children from different age groups. We will set up programs and curriculum for the age of your child/children”.

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).

Explain to parents that you can help them to obtain the needed requirements and that your goal is to help their child to succeed and have a great learning experience while at your facility.

Religious and Cultural Activities

There are many ways you can introduce cultural diversity into your daycare center and involve the children, staff, parents, potential customers and the public. Provide books and games about other countries, religions, races, beliefs and values. Introduce foods, music and clothing from other cultures. KiKi Family Childcare does not prohibit or promote religious activities in our facility. Sometimes I do pray in front of the children. We will teach the kids to give holiday wishes to one another at the time of holiday.

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

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

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

My behavior management practices are:

- ❖ Redirect the child to a new activity
- ❖ Remove the child to another play area
- ❖ Model appropriate behavior
- ❖ Prevent situations by anticipating areas of stress and conflict
- ❖ Creating a physical environment that provides adequate space and equipment for each level and their needs. ` 27 | P a g e Program Name: Purchased On: If a child's behavior becomes an ongoing issue, I will confer with the parents using the following steps.
- ❖ Set up a time with the parent to go over child's behavior, create a plan with the plan on how to re-direct behavior.
- ❖ Discuss the expulsion policy with the parent.

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

Specialized Care for Infants & Toddlers:

An infant will be fed every two (2) hours depending on the child. Infants are held when feeding and bottles are not propped.

Remove this section if you do not take infants and toddlers Page 24 through page 28:

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 include 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. I will also clean and sanitize the diaper changing area upon each use.

Toilet Learning (WAC 110-300-0220)

Before a child is ready to start toilet training, I will discuss with the parent or guardian their views on toilet training. For toilet training I use positive reinforcement, culturally sensitive and developmentally appropriate methods, as well as a routine developed in agreement with the parents or guardians. Describe the equipment used, the support given and the ages you usually begin toilet training.

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. An infant will be fed every (2) two hours depending on the child. Infants are held when feeding, and bottles are not propped.

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 contents of any formula bottle not fully consumed within one hour (partially consumed bottles will not be put back into the refrigerator). Infants and toddlers will be held at all times when bottle feeding, I do not prop bottles up or let children feed themselves while lying down, children sitting up in a high chair or at a table may feed themselves their bottles if that is their preference. Bottles will be checked to ensure temperature is safe before feeding. Medications, cereal supplements, or sweeteners will not be added to the contents of bottles unless prescribed by a health care professional and the medication management procedure has been followed. Bottles will be stored in the refrigerator or freezer until needed. Mothers are welcome to come and breast feed at any time. Bottles or Sippy cups will not be given to any child in a prone position. Infants will not be allowed to share bottles or sippy cups. Children will not be allowed to walk around with a bottle or sippy cup. Bottles will be heated in warm water never in microwaves. Breast milk or formula will be thrown away if it has been sitting at room temperature for more than one hour. I will wash and sanitize the bottles. All bottles must be given directly to me when you arrive.

Breast Milk (WAC 110-300-0281)

We encourage families to breast feed their children. We welcome parents to come in to nurse their child or bring breast milk. If parents would like to breast feed their child at our facility, we will have a private space for them to breast feed their child. Parents can find information and resources about on breast feeding and infant formula from the medical provider and at WIC.

When a parent or guardian provides breast milk, we will immediately refrigerate or freeze the breast milk. The breast milk must be in a closed container, labeled with the child's first and last

name and the date received. We will keep frozen breast milk for no more than thirty days upon receipt and then any unused frozen breast milk will be returned to the parent after thirty days. We will keep unfrozen breast milk for up to twenty-four hours. Thawed breast milk or breast milk that has not been previously frozen and has not been served within twenty-four hours will be returned to the parent or guardian at the end of each day. We will throw away contents of any bottle not fully consumed within one hour. We will obtain parental consent prior to feeding infant formula or solid foods to an otherwise breastfed infant.

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

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

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

To reduce the risk of Sudden Infant Death Syndrome (SIDS) I will:

1. Place an infant to sleep on his or her back. If the infant has turned over while sleeping, the infant does not need to be returned to his or her back;
2. Place an infant in sleeping equipment that has a clean, firm, and snugfitting mattress and a tight-fitting sheet;
3. Not allow soft fluffy bedding, stuffed toys, pillows, crib bumpers and similar items in the infant sleeping equipment, or allow a blanket to cover or drape over the sleeping equipment;
4. Not cover an infant's head and face during sleep;
5. Take steps so infants do not get too warm during sleep. If a blanket is used, it must be lightweight and be placed no higher than the infant's chest with the infant's arms free; and
6. Not place the infant in another sleeping position other than on their backs, or use a sleep positioning device unless required by a written directive or medical order from the infant's health care provider.

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 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 provider resources and write a transition plan with the parents. I have several resources for you as you begin to think and talk about your child's transition. My resources cover transition activities, a list of schools that are in the area, and when to begin registering your child. Talk with me about this and I will give you the resources that I have available.

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

- I do not participate in the USDA Food Program
- I do participate in the USDA Food Program

All meals and snacks are prepared and served in accordance with the U.S. Department of Agriculture guidelines. It is your responsibility to notify me of any allergies or adverse reactions your child may have with certain foods or beverages. If you choose to provide alternative food for your child, I will need a written and signed plan.

Home canned foods are not allowed to be served. Safe drinking water will be served. Whole milk will be served to children 12-24 months.

Meals Served/Sample Menu and Description of How Foods Are Served

Breakfast

Cereal, Milk, and Banana or pancake, scramble eggs

Lunch

Tuna fish sandwich, broccoli, orange slices, and milk, macaroni and cheese

One serving of Protein

One serving of Fruit

One serving of Vegetable

One serving of Grains and Milk or 100% fruit juice

Snacks

Graham cracker, and 100% fruit juice

Dinner

Pasta, tomato sauce, potato, chicken, milk

One serving of Protein

One serving of Fruit

One serving of Vegetables

One serving of Grains and Milk or 100% fruit 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 lifesaving medication has been administered; and
- c. Notify the parents or guardians of a child if it is suspected or appears that any of the following occurred, or is occurring:
 - (i) The child is having an allergic reaction; or
 - (ii) The child consumed or came in contact with a food identified by the parents or guardians that must not be consumed by the child, even if the child is not having or did not have an allergic reaction.

Food Handling Practices (WAC 110-300-0195)

KiKi Family Childcare has a mandatory policy to have a valid Food Handlers Permit and I also have a valid Food Handlers Permit. Anyone preparing food for the children must have a 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.

We serve all foods family style and sit with the children as they eat to help model and learn skills such as passing food, serving themselves, pouring milk, sharing and learning manners.

Dishwashing Practices (WAC 110-300-0198)

KiKi Family Childcare has a mandatory policy regarding washing dishes before and after each meal. Dishes are hand washed by immersion in hot soapy water, rinsed, sanitized, and air dried. Sometimes dishes are washed in an automatic dishwasher using the sanitizing cycle.

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

Meals at KiKi Family Childcare will meet the requirements as listed in WAC 170-296A-3160. A three week rotational menu is posted in the center for your review. At meal times, children are encouraged to eat at least one bite of each food item on their plate.

- Meals are provided by KiKi Family Childcare. If your child has specific dietary needs, such as allergies, please let KiKi Family Childcare know and we will work out a plan to

accommodate your child with a physician's note accompanying the dietary plan. Other than that, please refrain from bringing any food to KiKi Family Childcare. If you desire to treat your child to special food, please do this before your child arrives, or after he leaves. Special treats are encouraged for birthday, holiday, and farewell parties but these must be store bought as homemade treats are prohibited by licensing.

- KiKi Family Childcare will not be participating in the USDA food program for childcare centers, which may require information from you. You will be notified of any assistance you can provide.

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 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. **No pork products are allowed in KiKi Family Childcare**

Water activities (WAC 110-300-0175)

In the warm weather I set up some form of water play set up in our backyard play space almost every day.

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, busses 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 in the following manner:

Examples of field trips include:

- Parks and Recreation Facility
- Aquarium
- Zoo
- Museum

Transportation to/from School:

School	Transportation Method
*	Via School Bus

Plan for transporting children

- Provider will take attendance each time children enter and leave the vehicle.
- Children cannot be transported more than two (2) hours per day on a regular, consistent basis.
- The following items will be carried at all times for each child:
 - a. Enrollment forms
 - b. Emergency contact information including consent to treat in case of an emergency.
 - c. Information on allergies and medications
 - d. Medications and Medication permission forms
 - e. Fully stocked first aid kit, including medications.
- If using public transportation – all policies above apply, including maintaining ratios and adequate supervision.

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 State required staff to child ratios at all times. If I need to be absent for any amount of time, you will be notified. 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 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.

Staffing When Provider is Absence

If I am ever absent from the childcare, an assistant who has the same qualifications as I do will take my place. Your child will receive the same quality care as they do with me.

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

It's part of our policy that all children have dental checkup with their dentist. It's very important that all children who are enrolled in our program have dental hygiene and the requirement for having the name of a dentist or dental plan. The parent or guardian of a child may opt out of the daily tooth brushing activities by signing a written form.

At least once per day, an early learning provider must offer children an opportunity for developmentally appropriate tooth brushing activities. Tooth brushing activities must be safe, sanitary, and educational. Toothbrushes used in an early learning program must be stored in a manner that prevents cross contamination. Wash hands with soap and water before and after brushing each child's teeth. Child care program staff should wear a new pair of gloves for helping each child brush their teeth.

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.

Disease and illness can often be shared and easily spread in childcare centers due to the young age of the children in our care and the amount of hours spent in a group care settings. Even with appropriate hygiene practiced regularly, both at home and at the center, illness and disease can spread in group care environments. We have established a Health Care Policy to help us reduce/minimize the illnesses and disease exposure to the children, staff, and families. It is critical that the health policies and procedures in our center be respected and adhered to at all times. This will ensure a much healthier environment for children, parents, and caregiver. Please make plans for backup childcare in case of an illness.

If a child arrives at the center and there is reasonable cause to suspect an illness, the child may not be accepted for care on that day. After an illness, children must be symptom free for at least 24 hours before returning to daycare. Details about communicable illness, a report will be filled out for you to sign. A copy will be given to you and one will be kept in your child's file. You will be notified immediately if your child becomes ill or significantly hurt. In the event of a serious or life threatening emergency, 911 will be called and your child will be transported to the nearest hospital (please note the detailed health plan for KiKi Family Childcare located in my home).

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

You will find our programs evacuation plan posted on the information board. 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.

Should my home become inhabitable in a disaster, the children and I will be located at Hope place, women and children's shelter at 3802 S Othello St, Seattle, WA 98118 if possible.

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).

I have a fire evacuation plan posted and we will practice fire evacuation (Fire Drill) monthly. Please take a look at the plan so you are aware of our fire evacuation procedures. In the case of an emergency, my first responsibility is to evacuate the children to a safe place outside of the home and account for all children in attendance. After evacuating children, 911 will be notified. I will then contact all parents/guardians to arrange pick-up of children if needed. Please refer to my posted evacuation plan for a full list of details, floor plan, and gathering place outside of my home. We will practice earthquake drills quarterly, and a lock down drill annually.

In the case of a disaster of any kind, I have prepared my home for evacuating the children and have emergency supplies for up to seventy-two hours.

Emergency supplies include:

- Drinking water
- Non-perishable food

- First aid supplies
- Battery operated radio
- Flashlights and extra battery
- Fire Extinguisher
- Diapers and formula for infants
- Emergency documents and phone numbers
- Garbage bags

The childcare will practice emergency procedures and evacuation on a regular basis. 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.

In case of an Emergency please call 911, and then call 206-830-0355 and the name of my emergency contact person is Asha Huka.

If I am notified by law enforcement of a lockdown situation I will make sure that the blinds are pulled down and the window and doors are locked. We will resume our activities indoors for the duration of the lockdown situation. I will wait for an all clear from the law enforcement representative.

Should my home become inhabitable in a disaster, the children and **we will be on the corner of S. Myrtle St. & 38th Ave. S.** in the event if the home becomes inhabitable in a disaster to await the fire department.

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

When Outside:

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

After earthquake:

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

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

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

Evacuation Plan: (WAC 110-300-0470)

When On-site:

- All children will be gathered and escorted to the designated meeting spot located: State your meeting location or describe where this information can be found.
- A head count of the children will be taken to ensure all children are present and adults will talk to children in a calm reassuring tone
- If safe to do so, the whole home will be checked, to ensure that all children have left the building safely.

When Off-site:

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

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

- We will activate our fire alarm or alert staff that there is a fire (yell, whistle, etc.).

- We will evacuate the building quickly and calmly: o 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 will practice fire drills every month for five minutes, all the staff and the children included in this drill. The drills information is posted on the information board.

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.

Injury or medical emergency response and reporting (WAC 110-3000475)

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 some minor injuries parents will be called to help decide whether the child should go home.

3. Head injuries, sever bleeding or other serious injuries we will contact the parent immediately and write an injury report.
4. In the event of a serious injury or emergency, I will call 911 and administer first aid or CPR if needed. I will then notify you as soon as possible and tell you where your child is being treated.
5. If injury results in medical treatment or hospitalization, I am required to immediately call and submit an "Injury/Incident Report" to my Department of Social and Health Services 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)

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

- f. Oral medication: Any medicine taken by mouth for children under two will need written permission from your doctor and stored separate from topical medications.
- g. **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).
 - a. Anti-histamines
 - b. Non-aspirin pain relievers and fever reducers
 - c. Cough medicine
 - d. Decongestants
 - e. Anti-itching creams
 - f. Diaper ointments and powders
 - g. Sunscreen
- h. **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).
- i. **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 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. **Children who have lice may not return to daycare until they are louse and nit (egg) free.**

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 246-110010)

I am required to notify the Department of Health, my licenser, 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 110-3000240, 0241)

Cleaning, sanitizing and disinfecting practices include sanitizing all toys and eating utensils that are mouthed by children daily. Tables, kitchen equipment and all food contact surfaces are cleaned and sanitized before and after each meal, snack or other messy play activity. Carpets within the child care space are vacuumed daily and undergo a deep clean at least once a year. Bedding, blankets and other laundry will be cleaned, sanitized and disinfected weekly or more often if soiled. If a bleach solution is used for sanitizing or disinfecting, our facility will use one that is fragrance-free and follow department of health's current guidelines for mixing bleach solutions for child care and similar environments. The proper ratio of: ¾ teaspoon of chlorine bleach to one quart of cool water.

Blood Borne Pathogen Plan (WAC110-300-0400)

All staff caring for children in my program have completed the Blood Borne Pathogen training. When staff comes in direct contact with bodily fluids, we will wear disposable gloves, follow proper cleaning procedures and disinfect the items and surfaces that are contaminated. We will properly dispose of all waste and send soiled clothes home in double plastic bags. All persons exposed will wash hands before returning to care. All person that are potentially exposed to the blood borne pathogens is **Biftu Gelata Negari**.

Injury Prevention (WAC 110-300-0475)

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

Pets (WAC 110-300-0225)

- KiKi Family Childcare, have no pets

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

- I do take pictures of the children for facility use like putting on the wall and to show their parent what activities their child did.
- I **do not** take pictures of the children for social media
- I do take videos of the children to send their family
- I **do not** have surveillance video

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 of ammunition in my home.

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

- I do carry liability insurance
- I do carry liability insurance. Please see notice posted:

Professional liability insurance: Not at this time
 Accidental/medical insurance: Not at this time
 Supplemental auto insurance: Not at this time

Safe water sources (WAC 170-300-0235)

- Hot and cold running water will be available at my program.
- I have a copy of the water testing results on the premises.

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

- I keep all required records for a minimum of five years.
- I 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.

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

 Parent/Guardian Signature

 Date

 Licensee Signature

 Date

 Program Name

Program Address

Please sign and return to program

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

If parents would like to breast feed their child at our facility, we will have a private space for them to breast feed their child. Parents can find information and resources about on breast feeding and infant formula from the medical provider and at WIC.