

PARENT HANDBOOK 2021

SHARING AND CARING HOME

CHILDCARE



FARIDO JEBRIL
24409 183RD AVE SE., COVINGTON, WA 98042
206-501-5460

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Please read this handbook thoroughly.

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

This handbook was updated on JULY 1, 2021

This handbook has been approved in partnership with the Department of Children, Youth and Families Child Care Licensors **August 1, 2019**

This handbook template was prepared for [WAC Chapter 110-300](#) in effect 08/01/2019



WELCOME to SHARING AND CARING HOME CHILDCARE this handbook has been created so that there are no misunderstandings and that everyone involved is aware of the requirements and expectation for SHARING AND CARING HOME CHILDCARE and the parents/guardians.

THANK YOU FOR TAKING INTEREST IN PLACING YOUR CHILD(REN) IN OUR SAFE, LOVING, CARING AND SECURE ENVIRONMENT. SHARING AND CARING HOME CHILDCARE PROVIDES ENRICHMENT OPPORTUNITIES FOR CHILDREN FROM ALL DIVERSE BACKGROUNDS BY MEETING THE CHILD(REN) WHERE HE/SHE IS AT AND BEING AWARE OF DEVELOPMENTAL AND AGE APPROPRIATE PRACTICES.

PLEASE TAKE THE TIME TO READ THROUGH ALL OUR PARENT POLICY AND PROCEDURE HANDBOOK FOR THIS PROGRAM. IT IS IMPORTANT TO KEEP IN MIND THAT MANY THINGS MAY HAVE CHANGED AND AT ANY TIME. YOU WILL BE NOTIFIED WHEN CHANGES OCCUR. BELOW YOU WILL FIND THE CONTACT INFORMATION FOR THE OWNER OF THE PROGRAM.

FARIDO JEBRIL

24409 183RD AVE SE., COVINGTON, WA 98042

206-501-5460

My Training and Experience

State of Washington requires that I take 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. The entrance places my portfolio. You can view all my training and certificates. My training consists of the following:

- CPR, FIRST- AID
- ADULT AED, HIV
- HIV AWARENESS TRAINING
- FOOD HANDLER'S PERMIT
- GUIDE BOOK BASED TRAINING FOR FAMILY CHILDCARE 20 STARS HOURS COURSE
- BLOOD BORNE PATHOGEN TRAINING
- COMPLETED MANDATORY SUBSIDY BILLING TRAINING LICENSED FAMILY CHILDCARE AND SEASONAL PROVIDERS IF APPLICABLE
- ELECTRONIC ATTENDANCE TRAINING
- SAFE SLEEP TRAINING
- MANDATORY REPORTING: CHILD ABUSE AND NEGLECT
- MEDICATION MANAGEMENT
- IMMUNIZATION
- ABUSIVE HEAD TRAUMA
- DISASTER & EMERGENCY PREPAREDNESS
- FAMILIES EXPERIENCING HOMELESSNESS

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

1. My program planned daily activities related to early childhood or child development. I use WAC's 110-300-0305, 0310, 0315, 0320, 0325 and 0330 for guidance.

I believe that children grow and develop at different rates. I have two young children of my own, which is why I quit my current job to start a childcare. I have a place to care for children in a loving environment. I want to make sure the children are safe, secure, loved, happy and cared for. I will work with every child and help them to be the best they can. I will boost their confidence in order to enhance their self-esteem. I will help them to be independent and creative. I recognize that children learn and develop through play. I have established an environment in my home that provides a learning experience to meet children's needs, abilities and interest. I will work and communicate with each family giving them the best of what is needed for the children. At Sharing and Caring Home Childcare, I will do my best to make my home a place that the children look forward to coming to each day. I will teach them many developmental skills while trying to meet the needs of both the parents and children. We will never embarrass or humiliate the child and under no circumstance will I tolerate profanity. I will nurture and educate each child with positive encouragement.

2. I will address all age groups being served in the following categories:
 - a) How children develop emotionally, socially, cognitively, physically and how my program will support this development;
 - b) The early learning areas of focus for each age group being served are arts & crafts, manipulative, dramatic play, napping, eating, outside play and etc.
 - c) I will meet the cultural, dual language learner and special needs of the children in my care.
 - d) I will geode learning and social interactions;
 - e) It is important for a child to play because that is how children learn processing and
 - f) I do take infants and toddler, it is important for them to have a consistent development, nurturing relationships with the caregivers as a component of learning.
3. I have trained all staff on my curriculum philosophy.
4. I have discussed how this curriculum philosophy will be implemented.
5. My program activity includes: Outside play, dramatic play, arts & crafts, manipulative, table activities, library, homework help, free choice and etc.

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 childcare 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 fill free to do so. If you would like to have a longer conversation, please schedule a time with us so that we can focus on your concerns.

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

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. To obtain this information you can complete a document introducing you and your child, for example: WA Kids "Introducing Me" prior to enrolling into my childcare.

It is important for us to provide the best program for your child. We will provide a developmental screening for each child from birth through age five. At the moment I will not be providing screening but at the end of my parent handbook there are resources where you can obtain screening for your child/children. The list can also be found on the DCYF website.

*Best Practice suggestions for facilitating ongoing communication with families:

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.

Family members are encouraged to visit and spend time with their child at care.

Regularly scheduled family meetings encourage discussion of relevant developmental information and how I can best support your child.

Ongoing individual child feedback and information is shared with each family.

I will share resources with families on how they can best support their children just ask.

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. Please when you visit come after business hours or you may bring your child during business hours, so the child can join in and see the environment. This also helps to reduce

separation anxiety and see how your child will fit in with the established group. We provide full time care for children ages 3 month to school age. There will be no discrimination due to sex, race, religion, or special needs. Parents are always welcome and encouraged to visit their child. Children feel special when parents get involved. All registration forms, including a complete certificate of immunization form must be filled out and daycare fees paid prior to care. Please send an extra outfit for your child in case they require a change of clothing.

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 childcare services are satisfactory to everyone. If any problems cannot be resolved, the care is terminated.

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

Deposits and Registration Fees

Deposit: Your child's position is reserved upon receipt of 2 week's tuition deposit. This deposit of \$50.00 will be applied to the last 2 week(s) of care.

Registration Fee: I require a onetime non-refundable registration fee of \$100.00 to cover administrative costs, this is an annual fee on the child's anniversary date and it is per child.. Others fee may apply.

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)

There will be other forms to fill out when necessary such as: child's developmental, behavioral health, linguistic, cultural, and social/emotional and other relevant information need to support your child in our care, as all other forms that you will be required to complete before your child/children can attend my facility. We have a child restraint policy see in the parent handbook.

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:

As frequently as needed or twice a year or more frequently for infants and toddler per year.

Immunization records will be updated at the time of registration and on the following day after the child/children receives an immunization or the next day the child attends the childcare. Changes such as job change, address and phone numbers will be updated on the day of the change or the next business day that the child/children attends the childcare.

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. As an early learning provider I have a written policy stating that children exempted from immunization by their parent/guardian will be accepted into care due to an illness protected by the ADA or WLAD or by a completed and signed COE and children will be exempted from childcare during an outbreak and field trips outside my facility.

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. 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 childcare.

The Department may also access your children's files. The staff training logs are available for review, and the trainings are taken prior to access to the children and it is an on-going training at my facility on an annual basis.

The children's file and the staff training logs are located in my childcare in the main activity area.

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

Our program is defined by state and federal law as a place of public accommodation. I do not discriminate in my employment practices, client services or in the care of children based on race, color, creed, ethnicity, national origin, gender, marital status, veteran's status, class, sexual orientation, age, socio-economic status, religion, differing physical or mental abilities, use of a trained dog or service animal by a child or family member or communication and learning styles. We comply with the requirements of the Washington law against discrimination and the ADA (chapter 49.60 RCW).

In my facility there is no bullying tolerated for children and staff. Our policy for Anti-bias education is an approach by teaching and learning designed to increase understanding of differences and the value to a respectful and civil society and to actively challenge bias, stereotyping and all forms of discrimination in our childcare. We incorporate inclusive curriculum that reflects diverse experiences and perspectives, instructional methods that advance all students' learning, and strategies to create and sustain safe, inclusive and respectful learning communities in our childcare.

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

As a childcare 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 childcare. 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), DCYF inspection checklist(s), and Facility Licensing Compliance Agreements. Please schedule time in advance if you would like to have a meeting with me or my staff, so we can arrange to speak away from the children. It is important of parents and guardians to participate in their child/children's activities and we encourage parents to volunteer to come participate in our field trips or to visit our classroom environment.

Definitions of Care

Full Time: is 5 hours of care or more a day

Part Time: is less than 5 hours of care a day

Drop In: is whenever there is an emergency in the family price are negotiable

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

Please ask for resources for programs that will financially help you pay for childcare.

****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)

1. Arrival and pick-up instructions:

- Upon arrival; the parent, guardian or authorized person must sign the child in using signature of full name, the date and time.

- Upon departure; the parent, guarding or authorized person must sign the child *out* using signature of full name, the date and time.
- The sign-in/sign out form is located by the bulletin board in the main childcare room or the electronic sign in and out and the procedures for that system. You are required to sign in/out using your full name, the date, and time.

The consequences of not sign-in and sign-out your children each time of drop off and pick up. This is subject to civil penalty fine, if I am fined due to you not signing your child in or out the amount of that fine will on your next billing statement.

2. Please identify on the Child Care Registration form, which is authorized to pick up your child. I will not release your child to any person without your written permission. This form should be kept current. The person picking up your child must have identification, as we may ask for verification of identity before releasing a child.

3. Anyone who appears to be under the influence of drugs or alcohol arriving at childcare 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.

Parents can sign in on the paper attendance sheet or on an electronic device through the Electronic Attendance System supplied by the State of Washington. You must find your child’s name, tap on the child’s name, put in your five-digit pin number, click on your child/children, sign at the bottom of that page and then click submit after signing.

Cost of Care Rates

Rates are evaluated and may be raised every year on (notice will be sent home)

Two weeks’ notice will be given to families for rate increases.

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

The program rates are:

Rates are:

<i>Ages</i>	<i>Full Day</i>	<i>Half Day</i>	<i>Drop In</i>
<i>Infant (birth – 12 months)</i>	<i>\$ 91.00 per day</i>	<i>\$ 45.50 per day</i>	<i>Negotiable</i>
<i>Enhanced Toddler (12 months – 18 months)</i>	<i>\$ 88.00 per day</i>	<i>\$ 44.00 per day</i>	<i>Negotiable</i>

<i>Toddler</i>	<i>\$ 84.00 per day</i>	<i>\$ 42.00 per day</i>	<i>Negotiable</i>
<i>Preschool</i>	<i>\$ 80.00 per day</i>	<i>\$ 40.00 per day</i>	<i>Negotiable</i>
<i>School Age</i>	<i>\$ 75.00 per day</i>	<i>\$37.50 per day</i>	<i>Negotiable</i>

Your contract will specify your child’s days and hours of care. I accept DSHS subsidies.

Department of Social and Health Services (DSHS)

If I agree to take DSHS paid childcare all paperwork must be filled out and signed before childcare begins. All DSHS information can be verified on-line. Care will be for the hours paid for by DSHS. Anything over contract hours will be the responsibility of the parent payable in advance. If for some reason DSHS does not pay, the payment for childcare then becomes the sole responsibility of the parent. All Co-Pays must be paid on the first of each month.

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

Payment Plan, Holiday charges and Discounts

Payment Plan: Parents are required to pay for the time their children are scheduled to be in care. In other words, parents are paying for a space whether their child is there or not. Payment for care is due in advance on 1st 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. If childcare is provided during National Holidays, it will be at the same rate or high if my facility is open.

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

I accept cash, cashier check, money order and check. There is a way to pay for services electronically through Cash App or other apps by phone.

Payment Penalties:

1. The fee for late payment is not received by 5:00p.m. there will be a \$10.00 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 \$50 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 \$1.50 per minute after past scheduled pick-up time. Overtime is \$90.00 per child and late drop of is \$50.00 per child.

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 2 weeks in advance

You will be notified of extra field trip fees 1 months in advance and there may be other fees that I may charge such as swimming lessons and etc.

Receipts and Taxes:

Upon request I will give you a payment receipt when you pay for childcare. I have an EIN number and will be giving them your Social Security number for you to file taxes. I will be giving you a year end statement.

Hours and Days of Operation

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

My Hours of Operation, Closures and Vacations

Hours and Days of Operation

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

Day	Hours
Monday	6:00A.M.-6:00A.M.
Tuesday	6:00A.M.-6:00A.M.
Wednesday	6:00A.M.-6:00A.M.
Thursday	6:00A.M.-6:00A.M.
Friday	6:00A.M.-6:00A.M.
Saturday	6:00A.M.-6:00A.M.
Sunday	6:00A.M.-6:00A.M.

Holidays

Childcare is closed for the following holidays:

Holiday	Date, Comments
New Year Day	(CLOSED) January 1 st
Martin Luther King Jr. Day	(CLOSED) January 3 rd Monday of the Month
Presidents Day	(CLOSED) February 3 rd Monday of the Month
Memorial Day	(CLOSED) May Last Monday of the Month
Juneteenth	June 19 (Varies)
Independence Day	(CLOSED) July 4 th
Labor Day	(CLOSED) September 1 st Monday of the Month
Veterans Day	(CLOSED) November 2 nd week of the Month
Day before Thanksgiving & Thanksgiving Day	(CLOSED) November 24 th & 25 th MAY VARY
Christmas Eve & Christmas Day	(CLOSED) December 24 th & 25 th MAY VARY
Muslim Holiday (Parents will be notified) and the day after	Changes according to the cycle of the moon (Closed)
Muslim Holiday (Parents will be notified) and the day after	Changes according to the cycle of the moon (Closed)

SHARING AND CARING HOME CHILDCARE does not celebrate holidays in the facility AT THIS TIME but will discuss it with children at appropriate time and activities.

If a parent or child does not wish to participate in a religious activity there an alternative activity, they can participate in. I will do my best to address the family's religious preferences

Family/Parent/Guardian Vacations and Absences

1. You are required to give 2 weeks advance notice for vacation.
2. Please call and inform me when your child will not attend due to illness or some other event at **206-501-5460**.
3. Payment will not be reduced during your vacation days.
4. Please advise me upon enrollment if you plan to remove your child from childcare for any length of time (i.e., the summers for schoolteachers, or when you are on maternity leave with another child, etc.).

Provider Vacation/Emergency Closure Policy

I will give you at least 2 week(s) advance notice of my vacation schedule. I will take 2 weeks' vacation per year. Payment will not be reduced during my vacation.

SHARING AND CARING HOME CHILDCARE is committed to having our programs open 7 days a week from 6:00a.m. to 6:00a.m. 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 **SHARING AND CARING HOME CHILDCARE** staff when making decisions regarding full day closures or early closures due to emergency conditions. In the event that **SHARING AND CARING HOME CHILDCARE** needs to close the center due to any emergency condition the staff will call families for an early pick up. If **SHARING AND CARING HOME 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 childcare 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 childcare. For a childcare 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 staff to child ratios is 1:5 and we offer age appropriate 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 child/children. My ratios are lower than the state requirement; I have trainings to care for special needs children in the classroom and special programs such as language classroom.

Termination of Services (WAC 110-300-0485)

We will not terminate services but family may be subject to referrals to resources for support.

1. You are required to give me 2 weeks' notice of your intent to terminate

care. Your deposit will cover your child's slot fee of \$50.00, if you should terminate your child's care without notice, the deposit will not be refunded.

2. The following are conditions that may cause childcare 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 concern for the child or others and the program is not able to reduce or eliminate the safety concern through reasonable modifications the child's care will be terminated. Examples such as on-going biting beyond the toddler age, throwing objects at others include staff, hitting with an object, 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 DCYF will be notified of the expulsion.

Posting requirements: (WAC 110-300-0505)

Parents can locate all relevant policies such as the Program policy, Health policy, staff policy (if applicable), Consistent care policy, menus, liability insurance status, inspection reports, enforcement actions and resources for families and are frequently updated.

Items Brought from Home

The check list is below to list all items that need to be brought from home and all items that I will be supplying. The list of items that are allowed in my childcare, I will allow electronics to be brought from home or school is a tablet to do homework only. I will not be liable for any damages or lost or stolen if they are brought to my childcare. The electronics must be stored in the child's backpack. The children can bring items from home if we have sharing day.

Dual language Learning (WAC 110-300-0305)

My program will help children who are learning more than one language, and I will introduce children to other languages throughout the year.

Checklist of Child Care Supplies

	<i>I Provide</i>	<i>You Provide</i>	<i>Item</i>	<i>Comments</i>
1.		*	Bottles	
2.		*	Bottle Liners	
3.		*	Formula	
4.		*	Nipples	
5.		*	Diapers	
6.		*	Pacifiers	
7.		*	Teething devices	
8.		*	Toilet training diapers	
9.		*	Car seat/Booster seat (appropriate for your child's size/age)	
10.		*	Change of clothes	
11.		*	Cold and rainy weather clothes	
12.	*		Blanket and sleeping necessities	

13.		*	Toothbrush	
14.		*	Sunscreen (must have written permission)	
15.		*	Three-day supply of medication (Dr.'s prescriptions ONLY)	
16.				

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

DAILY ACTIVITIES SCHEDULE FOR **SHARING AND CARING HOME CHILDCARE**

<i>Time</i>	<i>Activities</i>
6:00A.M.-7:00A.M.	WELCOMING MORNING ARRIVALS/QUIET PERIOD
7:00A.M.-7:30A.M.	BREAKFAST
7:30A.M.-8:30A.M.	TAKE CHILDREN TO SCHOOL/FREE CHOICE
8:30A.M.-9:00A.M.	CLEAN UP/CIRCLE TIME/POTTY BREAK
9:00A.M.-10:00A.M.	GUIDED GROUP ACTIVITY: COUNTING & ALPHABET SONGS
10:00A.M.-10:15A.M.	AM SNACK
10:15A.M.-11:00A.M.	FREE CHOICE: KID'S CHOICE
11:00A.M.-11:30P.M.	OUTDOOR ACTIVITY: LARGE MOTOR SKILLS
11:30P.M.-12:30P.M.	LUNCH TIME
12:30P.M.-3:30P.M.	NAP TIME
3:30P.M.-4:30P.M.	BATHROOM BREAK/PM SNACK
4:30P.M.-5:30P.M.	MOVEMENT: DANCE AND EXERCISE
5:30P.M.-6:30P.M.	HOMEWORKHELP
6:30P.M.-7:00P.M.	SUPERVISED TABLE ACTIVITY
7:00P.M.-7:30P.M.	LIGHT DINNER/FREE CHOICE
7:30P.M.-8:00P.M.	RANDOM PICK UP/END OF DAY SHIFT
8:00P.M-8:30P.M.	OVERNIGHT CARE SNACK/TEETH BRUSING/PAJAMA TIME/NIGHTTIME STORY/END OF DAY SHIFT
8:30P.M.-9:00P.M.	GETTING READY FOR BED/TEETH BRUSHING
9:00P.M.-5:00A.M.	CLEANING/SANITIZING/DISINFECTION/RANDOM PICK UP/CLOSING OF OVERNIGHT CARE

I accept DSHS Subsidy. We do not celebrate holidays ONLY birthdays in our facility.

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)**
Electronics cannot be used during activity time only during homework time if required by the school.

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;

My outdoor play area is in the back of my childcare and some of the activities the children will do such as: playing tags, jump rope, push and pull toys, and etc. The outdoor play areas for non-walkers are in a walker device and watched closely. The equipment is state approved and the clothing that the children will need to bring for inclement weathers for outdoor play.

Napping/sleeping (WAC 110-300-0265)

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

The parents are to bring a blanket, pacifier or other items for sleeping that will make your child/children feel more comfortable.

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

During the day the children will be participating in learning activities such as: playing, eating and sleeping with children from different age groups. We will set up our programs and curriculum for age appropriate 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).

I will help the children to obtain the needed requirements and that my goal is to help your child succeed and have a great learning experience while they are at my facility. I will need permission from you as a parent/guardian that a visiting health

professional may provide services to the child/children at the early learning program, if applicable.

Religious and Cultural Activities

The religious and cultural activities that the children will be participating in are none at this time. Parents and guardians can bring items that represent their religion and culture. We don't celebrate any holidays in our childcare currently but will discuss it with the children during circle time at the appropriate time. The cultural activities that the children will be participating, there is none at this time. The parents and guardians can bring items that present their religion and culture. There are no holidays that are celebrated in my facility. The art and posting that are in my home that is related to religion and culture is Muslim. I will celebrate my Muslim holidays and customs; it will be in the visual and auditory range of the children.

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. My guidance and discipline policy is in our handbook and I will be the one who will be redirecting and disciplining the child/children because I have the appropriate training.

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.

I and qualified staff can remove a child to a less stimulating environment, I will hold a child as gently as possible to accomplish restraint and my separation from the group policy is to have another staff to sit with the other child while I am attending to the other child. Please read the regulations in regard to physical restraint and I will not be using physical restraints and I will only use the method of removing the child from unsafe situations and other incidents, I am well trained and will train my staff to do the same. Example of redirecting, positive behavior supports, no time out will be used in my childcare but there will be other behavior management practices that I will use. 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 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.

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.

The equipment used is a toilet training seat for toddlers, the support given is encouraging words every day and for the toddler to try at least once every day to be consistent and the ages I usually begin toilet training is around 19 months.

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. Parents are to bring their own types of formula, bottles and nipples that their child is used to using at home, I do not supply any of those items mentioned before. I will notify the parents when I introduce silverware.

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 biphenyl-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.

We will retrieve an infant's bottle from the parents in a sanitized plastic bag in their individual diaper bag. The infant's bottle will not be handled until it is feeding time. Parents are to supply the bottle and formula and other equipment every two weeks or as often as needed.

Breast Milk (WAC 110-300-0281)

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

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

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.

The Sleeping arrangement are when it comes to naptime the children will have their own blanket, pillow, mattress that are approved by the department and toddlers and infants are but to rest in a crib/play pin that has not been re-called by the manufacturers.

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 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 fontanel; or irritability. Naptime will take place following lunchtime daily. Each child will have their own mat, which will be laid out in their own space in the classroom during this time. Before naptime, children will have the opportunity to use the restroom, and then they are expected to lay still and be quiet for the duration of the naptime. 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. 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. Please consistently provide a blanket, pillow, a crib or bed sheets for your child's mat and a pillowcase to store your child's sheet, and blanket.

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. The resource materials can be found in the main childcare activity room in my facility. This information can be found online by OSPI, the department or other equivalent organizations. The materials

should cover transition activities, developmentally appropriate local schools and school district activities designed to engaged families.

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 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.

**Meals Served/Sample Menu and Description of How Foods Are Served
WAC 110-300-0185**

Meal	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast	Granola Bar Banana Milk	Whole Grain Corn Flakes Orange Juice Milk	Whole Wheat Toast Cheese Apples Milk	Raisin Bread Oranges Milk	Cold Cereal Apple Sauce Milk	Kid's Choice	Kid's Choice
A.M. Snack	Greek Yogurt Pineapple Water	Vanilla Wafer Fresh Fruit Water	Whole Grain Graham Crackers Peaches Water	Sting Cheese Fruit Salad Water	Whole Grain Cracker Oranges Water	Kid's Choice	Kid's Choice
Lunch	Ground Turkey Whole Grain Tortillas Lettuce/Tomato Pineapple	Chicken Pasta Spaghetti Sauce Broccoli Milk	Fish Breaded Whole Wheat Rolls Baked Potatoes Peas/Corn Milk	Chicken Breast Brown Rice Mixed Vegetables Kiwi Milk	Ground Beef Whole Grain Spaghetti Tomato Sauce Pears Milk	Kid's Choice	Kid's Choice
P.M. Snack	Blueberry Muffins Milk	Peanut Butter Celery Water	Apple Fig Newton Water	Banana Bread Apple Juice	Greek Yogurt Carrots Water	Kid's Choice	Kid's Choice
Dinner	Fish Breaded Whole Wheat Rolls Baked Potatoes Peas/Corn Milk	Chicken Breast Brown Rice Mixed Vegetables Kiwi Milk	Ground Beef Whole Grain Spaghetti Tomato Sauce Pears Milk	Fish Breaded Whole Wheat Rolls Baked Potatoes Peas/Corn Milk	Chicken Pasta Spaghetti Sauce Broccoli Milk	Kid's Choice	Kid's Choice

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

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

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

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

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

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

parents or guardians that must not be consumed by the child, even if the child is not having or did not have an allergic reaction.

We are aware that families and children have their own food preferences that are not allergies. My program may be able to accommodate these food preferences, but the parents needs to be able to be discussed with the provider before enrolling their children.

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.

The food is prepared in the kitchen and it will be kept warm until it is served to the children during mealtime. I serve food family style and the staff will be sitting with the children during mealtimes to help the children

The foods are prepared in the kitchen and kept warm until it is served. I serve food family style and that staff will be 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.

Dishwashing Practices (WAC110-300-0198)

- Dishes are washed in an automatic dishwasher using the sanitizing cycle (if available)
My facility 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.

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

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

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

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

If toys, food and items are brought from home they must have a name tag and will be stored in their cabins. Parents or guardians-provided food. Parent or

guardian may provide alternative food for their children if a written food plan is completed and signed by the parent or guardian and the licensee. A written food plan is not required for infant formula breast milk or baby food supplied by the child's parent or guardian. A written food plan may include accommodations for the child's medical needs, special diets religious or cultural preference or family preference. I must supplement the food provided by the parent or guardian with food s listed in the USDA CACFP requirements if the food provided by the parent or guardian does not meet the nutritional needs of the child.

Home canned foods brought from home. **I will not serve home canned foods due to the risk of botulism poisoning.**

Water activities (WAC 110-300-0175)

To prevent injury or drowning and ensure the health and safety of children, an early learning provider must comply with the requirements described in this section.

(1) The following bodies of water must be inaccessible to children in care by using a physical barrier with a locking mechanism in compliance with WAC [246-260-031](#)(4):

- (a) Swimming pools when not being used as part of the early learning program, hot tubs, spas and jet tubs;
- (b) Ponds, lakes, storm retention ponds, ditches, fountains, fishponds, landscape pools or similar bodies of water; and
- (c) Uncovered wells, septic tanks, wastewater, wastewater tanks, below grade storage tanks, farm manure ponds or other similar hazards.

(2) An early learning provider must comply with the following requirements when using a swimming pool as part of the early learning program:

- (a) Comply with the supervision requirements of WAC [110-300-0350](#);
- (b) Audible alarms must be on all doors, screens, and gates in licensed areas that lead to a swimming pool. The alarm must be sufficient to warn staff when children enter the outdoor area and could access the swimming pool;
- (c) Swimming pools must be maintained according to manufacturer specifications;
- (d) Swimming pools must be cleaned and sanitized according to manufacturer instructions, chapter [246-260](#) WAC, and department of health or local health jurisdiction guidelines;
- (e) A swimming pool must not be used if the main drain cover is missing; and
- (f) Children in diapers or toilet training must wear swim pants to lower the risk of contaminating the water.

(3) Filtered wading pools must be inaccessible to children when not in use. Wading pools that do not have a filtering system are not permitted in the early learning program space.

- (4) For bodies of water not located in early learning program space, but that are in close proximity, a physical barrier on the property must make such bodies of water inaccessible to children in care.
- (5) Five-gallon buckets or other similar containers must not be used for infant or toddler water play.
- (6) If an early learning provider uses water tables or similar containers, the tables or containers must be emptied and sanitized daily, or more often if necessary.

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

I will be transporting children to and from school or pick and drop of from their home, but no field trips provided.

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 5 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. Parents are to provide booster seats for their child.
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: Via school bus from their school to my childcare.

Field trips are: Parks & Recreation Facility; Aquarium; Zoo; Museums and other planned activities. There is no smoking, Vaping or using any form of cannabis while on the field trips by parents, staff or other accompanying adults. The ration is 1:5 on field trip and 1:3 while at the childcare.

Transportation to/from School:

School	Transportation Method
--------	-----------------------

*Wing Luke Elementary School	Via Bus
* Dearborn Park International	Via Bus

Staff will be present while waiting for the children to be dropped off by the school bus.

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

I DO offer any nighttime care at this time.

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.

- (1) An early learning provider must be approved by the department to provide overnight care between nine o'clock at night and five o'clock in the morning when any enrolled child sleeps for three or more hours at the program.
- (2) If approved by the department to provide overnight care, an early learning provider must supply every child an individual bed or other sleep equipment that:
 - (a) Is safe and in good working condition;
 - (b) Is made of moisture resistant material that can be cleaned and sanitized;
 - (c) Meets the child's developmental needs; and
 - (d) Is stored so sleeping surfaces are not touching each other unless cleaned and sanitized after each use.
- (3) Each child's bedding must:
 - (a) Have a clean sheet or blanket to cover the sleeping surface and a clean cover for the child except for infants;
 - (b) Be laundered weekly or more often if soiled. Bedding must be laundered daily if used by different children; and
 - (c) Be stored separately from bedding used by another child, unless it is cleaned and sanitized after each use.
- (4) An early learning provider must:
 - (a) Supervise children until they are asleep, except where children demonstrate the need for privacy to change clothes and can safely do so; and
 - (b) Have department approval prior to using night latches, deadbolts, or security chains.
- (5) An early learning provider who sleeps while children are in overnight care must:
 - (a) Have written permission and documentation that parents are aware that the provider is sleeping while their children are in care and have read the facilities policies and procedures for overnight care;
 - (b) Stay awake until all children are asleep or returning to sleep;
 - (c) Remain on the same floor level as sleeping children at all times;
 - (d) Sleep in the same room with infants and toddlers;
 - (e) Be physically available and responsive, available to immediately respond to a child's needs;
 - (f) Have alarms to alert them if a child should leave the room;

- (g) Have monitoring devices to assist in hearing and visibly checking on children in each room used for sleeping; and
- (h) Be awake for the arrival and departure of each child in overnight care.
- (6) An early learning provider who accepts infants for overnight care must comply with all safe sleep rules pursuant to WAC 110-300-0291 for at least the first fifteen nights a new infant is enrolled in that program. A provider may sleep while the infant sleeps during overnight care if:
 - (a) The provider continues to comply with WAC 110-300-0291 (1)(b), (c), (f), (g), (h), (i) and (2);
 - (b) Once that provider has become familiar with the sleep routines and patterns of that infant; and
 - (c) The provider has observed no apparent health or safety risks while the infant sleeps.

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. One qualified staff person will remain awake until all children are asleep. The children will sleep in approved department mattresses that are waterproof and in good condition, one for each child will be provided and the staff on duty will be providing and guiding the children during naptime.

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

We at SHARING AND CARING HOME CHILDCARE educate children on when and how to brush their teeth:

When the children eat a meal or snacks, they are required to use the bathroom to wash their hands and brush their teeth. Each child has their own toothbrush and has their own small tube of toothpaste. The children are to first wash their hands and then brush their teeth in order to do this they are to take their own toothbrush and wet it under running water and then put a pea size toothpaste. Put it to their teeth and begin brushing in a circular motion for at least 2 minutes, rinse their toothbrush and put it up to dry and then get a glass of water and swish it around in their mouth at least three times. The children will take a single towel and dry their mouth and their hands and return to the day care area for activities. It is important to have dental hygiene for all ages including infants, so that it can prevent teeth decay and other dental issues. There is a form for parents to fill out if they want opt out of having their child's teeth brushed during the time at the childcare is call a Dental Waiver Form.

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 hand washing and hand sanitizer use, the observation of children and staff for signs of illness daily, an exclusion and return policy for both children and staff. We have established plans for the prevention of exposure to blood and body fluids. Our health policy includes general cleaning guidelines and how areas such as food contact surfaces, kitchen equipment, toys, toileting equipment, and laundry will be cleaned, sanitized and disinfected. Our policy includes hand washing and hand sanitizers. We have a pest control policy, the care for pets and animals that have access to licensed space policy and the health risks of interacting with pets and animals documented.

Our health policy is reviewed and approved by the department and can be found in my health care policy can be found in the facility file in my main activity room.

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

You will find our programs evacuation plan posted will be posted in our main childcare activity room on the bulletin 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 2820 S MYRTLE ST., SEATTLE, WA 98108 (VAN ASSELT COMMUNITY CENTER) and their number is 206-386-1921. Evacuating Diagram of the Childcare is attached on the last page of my parent handbook in my facility.**

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).**

- My emergency disaster kit is in a grab and go bag and it is located in the childcare activity area.

The contents of the grab and go bag are a small first aid kit, water, snack bars, battery operated flashlight and radio and one of the staff will have the supply kit.

Earthquake Plan (WAC 110-300-0470)

When Indoors:

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

When Outside:

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

After earthquake:

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

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

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

I will go in first while the other staff will be attending the children, I will assess the facility is safe to go back into, the parents can contact my out of state emergency contact. My out of state emergency contact name is SAYNAB HAYBE and the phone number is 669-204-8698 We will practice the earthquake drills at least every three months and the information is posted on the bulletin board in my main activity daycare area.

Evacuation Plan: (WAC 110-300-0470)

When On-site:

- All children will be gathered and escorted to the designated meeting spot located: My meeting location in case of a real emergency is **At 2820 S MYRTLE ST., SEATTLE, WA 98108 (VAN ASSELT COMMUNITY CENTER) and their number is 206-386-1921. Evacuating Diagram of the Childcare is attached on the last page of my parent handbook in my facility.**
- 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.

My facility does practice evacuation drills and all the children, and all the staff are included in all the emergency drills that we perform.

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.

In my facility we (Children & Staff do the fire drills once a month and the information are kept on the bulletin board in my facility in the main daycare activity area.

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.

- 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

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

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

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

At my facility I will not be administering medication ONLY if it is prescribed by a doctor.

1. **Reasonable accommodations:** We will make reasonable accommodations for children requiring medications for disabilities and other medical conditions.
2. **Nonprescription medication** including over-the-counter oral medication, will be given to children on a case by case bases. If the medication, ointments or creams can be used or given at home we recommend doing this. If the

medication has been approved by me, the parents or guardians must bring the medication in the original packaging. The medication will need to be labeled with child's first and last name and accompanied with a medication authorization form that has the start date, the expiration date, medical need, dosage amount, age, and length of time to give the medication. We will follow the instructions on the label or the parent must provide a medical professional's note. The Medication must be labeled by the manufacture for the use that it is intended for and will not be used for any other symptom or reason.

3. **Prescription medication.** Prescription medication must only be given to the child named on the prescription. Prescription medication must be prescribed by a health care professional with prescriptive authority for a specific child. Prescription medication must be accompanied with medication authorization form that has the medical need and the possible side effects of the medication. Prescription medication must be labeled with:
The child's first and last name; the date the prescription was filled; the name and contact information of the prescribing health professional; the expiration date, dosage amount, and length of time to give the medication; and instructions for administration and storage.
4. **A detailed medication log,** inclusive of documentation of when a medication is given or not given as prescribed, or as indicated on the permission form will be kept with all medicines given out at our childcare 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).

A list of nonprescription medications that I will not be using at my childcare facility, if the medication is not due to a medical condition or disability. Such Antihistamines, non-

aspirin pain relievers and fever reducers, cough medicine, decongestants, anti-itching creams, diaper ointments and powders and sunscreen, cough syrup, lotions and herbal remedies..... WAC 110-300-0215(3)(iii).

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 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 childcare per instruction of the Department of Public Health. A doctor's letter may be required to return to childcare.

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 childcare premises beginning from the end of the day the head lice or scabies was discovered.

As a provider I may allow an individual with head lice or scabies to return to the premises after receiving the first treatment with a doctor's note.

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 110-300-0200 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 childcare 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 childcare and similar environments.

Blood Borne Pathogen Plan WAC110-300-0400

All staff caring for children in my program has 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. I

have a Blood borne pathogen policy plan, I will train all staff on the plan, I will review it yearly and have all staff sign the training agreement form. It can be found in the facility file folder in my childcare.

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**

I do not have pets

I do have pets. All pets are current on immunizations and in good health. Childcare staff will always be present when children interact with pets. Children and staff will always follow proper hand washing after interaction with pets. List the health risks of interacting with the pet or animal, such as allergies_____. Our file on our pets can be found_____ Our pets have an area separate from our outdoor play area to relieve themselves, located:

_____ do not have and will not have any types of pets or animals.

Photography, Videotaping and Surveillance **WAC 110-300-0450**

- I do take pictures of the children for facility use only
- I do take pictures of the children for social media post
- I do not take pictures of the children

- I do take videos of the children for facility use only
- I do take pictures of the children for social media post
- I do not take videos of the children

I do have surveillance video

I do not have surveillance video

The use of videos, pictures and surveillance and if the families can observe them and the requirement for signing a release of information.

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 childcare 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
- I do have guns, weapons or ammunition in my home. Guns, weapons and/or ammunition [\(WAC 110-300-0165\(2\)\(e\)\)](#) are safely stored in:
- Locked gun safe
-
- Locked room; each gun must be stored unloaded and with a trigger lock or other disabling feature
- I do not have a weapon of ammunition of any kind in my facility.

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

- I do not carry liability insurance
- I do carry liability insurance. Please see notice posted:
-

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. My water was tested, and the result of the testing is sent to the licensing department and a copy is kept in the facility file.

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

All records are kept for a minimum of five years unless otherwise indicated and current records from the previous twelve months are kept in the licensed space and be immediately available for review. The parents and licensors can access the records and the records are kept confidential.

DURING THE PANDEMIC OUTBREAK: COVID 19 POLICY & PROCEDURE

During the precedent time in our lives as a business owner I am staying open to be able to support parents who are working or going back to work. I will be sending out a letter letting parents know that I am supporting their family during this time. Then I will follow up with a 2nd letter stating the procedure how I will keep the children in my daycare safe. I will be taking daily temperature reading for each child in my childcare to monitor.

Samples of these documents are below:

1st Letter to Parent (SAMPLE)

DAYCARE NAME _____
Started _____
ADDRESS: _____, CDA E-Mail _____
Cell Number _____

Hello Parents and Families,

DATE: _____

- With all the excitement of COVID19 I thought it was best for us to all be on the same page on what my expectations are.
- We have plenty of conversations however I thought it best to put it in writing so there were no questions.
- At this time, I plan to keep my doors open and childcare running business as usual. I am lucky to have so many great parents, who also must continue working. I want to be able to continue provide a safe clean environment so we can all continue to make an income.
- In the next week or two we will be adding baby....., &..... sister. The children I have now with the addition to baby are the only children that will be coming. I will not be adding any new families at this time.
- IF you, your child, or someone in your household has a fever, cough, shortness of breath or any respiratory symptoms your child must stay home. With my age and my weakened immune system, I am at high risk to contract COVID19. I also do not want to put any of your children at risk.

- I want to take this time to thank each of you for making your payments on time.
- All days are paid always.
- If you lose your job (COVID19 related or not) and plan to pull your child from care you are required to give a two week notice and payment in full for those two weeks.
- If you were asked to not go to work and plan to keep your child home with you, then you will still be expected to pay for those days that your child is regularly scheduled.
- If you have any questions please do not hesitate to ask.

THANKS,

2nd Letter to Parent (SAMPLE)

DAYCARE NAME

Started _____

_____, CDA E-Mail _____

ADDRESS: _____

Cell Number _____

Hello,

It has been suggested that as a childcare that is still open and having parents come with their children that there should be a plan in place to protect all of us (children, families and myself) from the spread of COVID-19

As so many have state we are in uncharted territories and extraordinary measures are being taken to protect everyone, so be careful who you are around and where they have been. (You are only to be around the people you live with, or for your children their child care).

This virus can live on hard surfaces and stay on clothing.

I want to stay open for you, you are my family.

TO STAY OPEN I need each of you to be vigil on even a minor illness and keep your child home if they get sick (so as not to expose the other children, or myself and eventually the other child care parents).

As I stated before I am staying open but if you choose to keep your child home for “social distancing” or because your job has shut down. If you’re getting paid then your payment is due as normal. If you are NOT getting paid during your employer’s closure, I will offer a hardship plan where you can make partial payment to me to cover your spot. (Let’s talk about it)

If you do not plan to have your child in my care please let me know when you are planning this and for how.

If you lose your job (COVID19 related or not) and plan to pull your child from care please remember a two week notice and payment in full for those two weeks is still expected.

Again as a reminder if you, your child, or someone in your household has a fever, cough, shortness of breath. Please stay home (I am at high risk to contract COVID19 (because I do work with vulnerable population which are children and infants). I also do not want any of us at risk.

Child cares have been told to take each child’s temperatures as they come into childcare. In lieu of this please take your child’s temperatures at home before leaving to come here.

You will find a new checklist in the sign-in book stating you have done this.

If your child has a cough or a temperature of 100 please do not bring them, isolate them at your home, and call me.

If your child becomes sick while here with a cough or a temperature they will be isolated and a call place to you to come and pick them up.

Again....Children can have the virus with just minor symptoms and be a carrier to adults. If parents are ill...child stays home.

If you are not tested and get sick your child cannot come to child care for at least 7 days form when your symptoms first appeared.

If (Heaven forbid) you are tested and do have the virus your child needs to be gone for 14days, and only return if he/she did not get sick.

Thank you for your cooperation, we are in this together.

Thanks,

DAILY TEMPERATURE CHART(SAMPLE)

For _____

Please Initial each day that you took your child's temperature, or you know they are not sick because they are not around anyone other than family they live with.

Please write temperature down daily

Add # for the date

Monday	Tuesday	Wednesday	Thursday	Friday

FAMILY RESOURCES INFORMATION:

Children with Special Health Care Needs (CSHNCN) Programs
401 Fifth Ave., Suite 1000
Seattle, WA 98104
Phone: 206-296-4610
Fax: 206-296-4679

CHILD DEVELOPMENT PROGRAMS & SERVICES

Boyer Children’s Clinic www.boyercc.org phone: 206-325-8477	Experimental Education Unit Infant Toddler Program http://www.haringcenter.washington.edu/eeu phone: 206-543-4011
NW Center Child Development Program www.nwcenter.org/hame.asp phone: 206-286-2322	Swedish Hospital/Pediatric Therapy Unit www.swedish.org phone: 206-386-3592
Learning Disabilities Association of WA www.ldawa.org Phone: 206-428-882-0820	

MEDICAL SERVICES

Center for Human Development & Disabilities http://depts.washington.edu/chdd Phone: 206-543-7701	Children’s Hospital www.seattlechildrens.org Children’s Specialty Clinic phone: 206-987-2000
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HEARING IMPAIRED/DEAF PROGRAMS

Birth to Three

Listen and Talk www.listentalk.org Phone: 206-985-6646	Family Conversations Children’s Hospital birth-to-three & Sign Language classes www.seattlechildrens.org/ Phone: 206-425-4185
Hearing, Speech & Deafness Center	

www.hsdc.org

Phone: 206-323-5770/ 1800-761-2821

HEALTH INSURANCE & FINANCIAL ASSISTANCE

Division of Development Disabilities
<http://www.kingcounty.gov/healthservices/DDD/eligibility.aspx>

Phone: 206-568-5700

Fax: 206-568-5724

Supplemental Security Income (SSI)

www.ssa.gov

Phone: 1-800-772-1213

Health Insurance

www.wahealthfinder.org

Phone: 1-855-923-4633

Housing Resources

Seattle Housing Authority
Low Income Housing
190 Queen Anne Ave N
Seattle, WA 98109
Phone: 206-615-3300

King County Housing
600 Andover Park W
Seattle, WA 98188
Phone: 206-574-1100

Rainier Vista
4570 MLK JR WAY S
Seattle, WA 98108
Phone: 206-721-2980

Archdiocesan Housing Authority
100 23rd Ave. S.
Seattle, WA 98144
Phone: 206-323-6336

FOOD BANK

St Mary's Food Bank
611 20th Ave. S.
Seattle, WA 98144
Phone: 206324-7100

West Seattle Food Bank
3419 SW Morgan St.
Seattle, WA 98126
Phone: 206-932-9023

Bryd Barr Place Food Bank
722 18th Ave.
Seattle, WA 98122
Phone: 206-812-4940

Rainier Valley Food Bank
4205 Rainier Ave. S.
Seattle, WA 98118
Phone: 206-723-4105

Asian Counseling & Referral Services
3639 MLK JR WAY S
Seattle, WA 98144
Phone: 206-695-7600

St. Vincent De Paul George Town
5972 4th Ave. S
Seattle, WA 98108
Phone: 206-767-9975

Kent Food Bank
515 W Harrison St.
Kent, WA 98032
Phone: 253-520-3550

West Seattle Food Bank
3419 SW Morgan St.
Seattle, WA 98126
Phone: 206-932-9023

NW Harvest Kent 22220 68th Ave. S. Kent, WA 98032 Phone: 206-285-0237	Kent Food Bank at Springwood 12961 SE 275th St. Kent, WA 98030 Phone: 253-638-8690
Auburn Food Bank 930 18th Pl. NE Auburn, WA 98002 Phone: 253-833-8925	St. Vincent De Paul 5972 4th Ave. S Seattle, WA 98108 Phone: 206-767-9975

PUBLIC SCHOOLS

Totem Elementary School 26630 40th Ave. S Kent, WA 98032 253-945-5100	Star Lake Elementary School 4014 S 270th St. Kent, WA 98032 253-945-4000
East Hill Elementary 9825 S 240th St. Kent, WA 98031 253-373-7455	Montessori Plus School 23807 98th Ave S. Kent, WA 98031 253-859-2262
Kent School District 12033 SE 256th St. Kent, WA 98030 253-373-7000	Kent Elementary School 24700 64th Ave. S Kent, WA 98032 253-373-7497
Madrona Elementary School 3030 S 204th St. SeaTac, WA 98198 206-631-4100	Bow Lake Elementary School 18237 42nd Ave S SeaTac, WA 98198 206-631-3500
Maple Elementary School 4925 Corson Ave S. Seattle, WA 98108 206-252-8310	Dearborn Park International School 2820 S Orcas St. Seattle, WA 98108 206-252-6930
Graham Hill Elementary School 5149 S Graham St. Seattle, WA 98118 206-252-7140	Rising Star Elementary 8311 Beacon Ave S. Seattle, WA 98118 206-2525-7500

PARENT CONTRACT AGREEMENT

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

SHARING AND CARING HOME CHILDCARE

Program Name

2925 S WILLOW ST., SEATTLE, WA 98108

Program Address