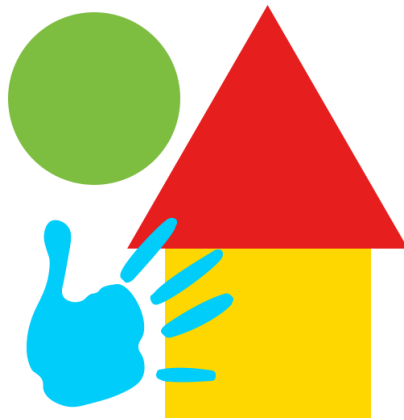


# Hidaya Family Child Care



Est. : 2008

## Parent Policy Handbook

Updated: July 9, 2025

(206) 362-1585  
12015 Roosevelt Way NE, unit C. Seattle, WA 98125

# Table of Contents

Checklist of Child Care Supplies	
Welcome to Hidaya Family Child Care	
My Training And Experience	
Background	
Curriculum Philosophy, Implementation and Program Description (WAC 110-300-0305)	
Typical Daily Activity Schedule	
Family Engagement And Partnership Communication Plan (WAC 110-300-0305)	
Resources	
Best Practice Suggestions For Facilitating Ongoing Communication With Families:	
Introductory Visit	
Trial Period	
Admission Requirements and Enrollment Procedures (WAC 110-300-0460)	
Deposits and Registration Fees	
Admission Forms WAC 110-300-0085, 0106(9)	
How children's records, including immunization records, are kept current (WAC 110-300-0460 and WAC 110-300-0210)	
Certificate of Immunization Status (CIS) (WAC 110-300-0210)	
Confidentiality policy including when information may be shared (WAC 110-300-0465)	
Non-discrimination Statement, Anti Bias and Bullying (WAC 110-300-0030, 0331, 0160)	
Abuse and Neglect-Protection and Training (WAC 110-300-0475)	
Definitions of Care for Private Pay	
For parents utilizing DSHS & Working Connections Subsidy:	
Sign-in and Sign-out Procedures/ Attendance records (WAC 110-300-0455)	
Cost of Care Rates	
Payment Plan, Holiday charges and Discounts	
Holidays	
Religious Activities	
Family/Parent/Guardian Vacations and Absences	
Provider Vacation/Emergency Closure Policy	
Back-up Child Care and Consistent care policy (WAC 110-300-0495)	
Staffing Plan, Classroom types and Ratios (WAC 110-300-0495)	
Termination of Services (WAC 110-300-0485)	
Expulsion Policy (WAC 110-300-0486, 0340)	
Posting requirements: (WAC 110-300-0505)	
Items Brought from Home	
Multi language Learning (WAC 110-300-0305)	
Typical Daily Activity Schedule (WAC 110-300-0360, 0295, 0296)	
Screen Time Usage (WAC 110-300-0155)	
Outdoor activities (WAC 110-300-0147)	
Napping/sleeping (WAC 110-300-0265)	
Mixed Age groups: (WAC 110-300-0345, 0450)	
Individual care plan, Special needs accommodation (WAC 110-300-0300)	
Cultural Activities	
Child Guidance plan, Physical Restraint policy and Corporal punishment (WAC 110-300-0331, 0335, 0490)	
Specialized Care for Infants & Toddlers: Diapering Procedure (WAC 110-300-0221)	
Toilet Learning (WAC 110-300-0220)	
Infant and Toddler nutrition and Feeding (WAC 110-300-0285)	
Bottle preparation (WAC 110-300-0280)	
Breast Milk (WAC 110-300-0281)	
Naps, Rest Periods and Infant Sleep Patterns (WAC 110-300-0290)	
Infant and toddler safe sleep practices. (WAC 110-300-0291)	
Special Care for Children Entering Kindergarten transition plan (WAC 110-300-0065)	
Meal and snack schedule (WAC 110-300-0180)	
Sample Menu and Description of How Foods Are Served	
Food Allergies And Special Dietary Needs (WAC 110-300-0186)	
Food Handling Practices (WAC 110-300-0195)	
Dishwashing Practices (WAC 110-300-0198)	
Safety of Food Containers and Preparation Area (WAC 110-300-0197)	
Policies for Food Brought from Home (WAC 110-300-0190)	

Water activities (WAC 110-300-0175)  
Transportation and Off-Site Field Trips (WAC 110-300-0480)  
Dental hygiene practices and education (WAC 110-300-0180(2))  
Health Care Practices (WAC 110-300-0500)  
Emergency preparedness and Evacuation Plan (WAC 110-300-0470, 0166)  
Earthquake (WAC 110-300-0470)  
Evacuation Plan: (WAC 110-300-0470)  
Fire Evacuation Plan: (WAC 110-300-0470)  
Lockdown Plan: (WAC 110-300-0470)  
Injury or medical emergency response and reporting (WAC 110-300-0475)  
Medicine Management and policy (WAC 110-300-0215)  
Exclusion/Removal Policy of Ill Persons (WAC 110-300-0500)  
Reporting and Notifying Conditions to Public Health (WAC 246-110-010)  
Pesticide policy (WAC 110-300-0255)  
Hand Washing Practices and Hand Sanitizers (WAC 110-300-0200)  
We will have all children wash their hands at the following times:  
Cleaning, Sanitizing, and Disinfecting Procedures (WAC 110-300-0240,0241)  
Blood Borne Pathogen Plan WAC110-300-0400  
Injury Prevention WAC 110-300-0475  
Photography, Videotaping and Surveillance (WAC 110-300-0450)  
Prohibited Substances: Tobacco, Vaping, Cannabis, Alcohol and Illegal drugs (WAC 110-300-0420)  
Guns or Weapons (WAC 110-300-0165)  
Insurance Coverage (RCW.43.215.535 WAC 110-300-0410)  
Safe water sources (WAC 170-300-0235)  
Retaining facility and program records (WAC 170-300-0465)

## Read This Document Thoroughly.

Hidaya Family Childcare is licensed by Department of Early Learning. Finding a quality childcare provider for your child is one of the most important decisions you will ever make for your child. Our mission and philosophy are to provide the highest quality of childcare for all children. We look forward to our very important relationship as parent, child and care provider. Our establishment has been inspected by a state licensor and meets the licensing requirements as required by Washington State law.

This document has been approved in partnership with the Department of Children, Youth and Families Child Care Licensors on August 01, 2019

**This document was prepared for WAC Chapter 170-300 in effect August 01, 2019**

## Checklist of Child Care Supplies

### We Provide

1. Blanket and sleeping necessities

### You Provide

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. Toothbrush
13. Sunscreen (must have written permission)
14. Three-day supply of medication

## Welcome to Hidaya Family Child Care

Within the following handbook, it serves as an informative guide for parents to understand both the policies and expectations established. If any questions or concerns occur throughout any point while reading the policy handbook, please let me know in order to resolve these concerns! Hidaya Family Childcare is both a learning place filled with vast opportunities while also being a place with security being placed at the forefront, where trust is valued, and children grow emotionally, intellectually, socially, and physically through all stages of development.

## My Training And Experience

The State of Washington requires that I take annual training topics in relation to caring for young children. I currently have 30 hours of basic training certification within early childhood education and have my current CPR/First Aid and HIV awareness training certification. I will continue to take training in order to stay informative for the children that I care for and their specific needs.

## Background

My name is Mohamed Abdel-Aziz, and I have a bachelor's degree in Geology. I love to care for your children and strive to educate them in order to help see them grow with a positive self-identity.

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

Our goal at Hidaya is providing the utmost care at all times. We want parents to have a worry-free experience and feel reassured that their child is in good hands. We provide a safe, loving, and secure environment that leads to the comfortability of the child. Our curriculum philosophy is one that teaches activities that support children's developmental stages, learning styles, and abilities. All in which are taught through a variety of techniques and teaching strategies based on a fundamental foundation that

focuses on the child. We also observe and respond to teachable moments, in order to help the child learn from mistakes. At Hidaya, we also implement the scaffolding method in order to gradually move children towards stronger comprehension and greater independence levels in the learning process.

Within our program, care for children ranges from newborn to Preschool, and up to school ages. We have created a learning environment that suits and adjusts for children in all age groups. Our program promotes the healthy development of infants, toddlers, and preschool children in a caring, nurturing environment. We believe it is important to instill in children the enjoyment of learning through creative play. We focus on promoting stages of development on the basis of intellectual, social, and behavioral learning.

We also have the goal of actively engaging the child through offering various choices of activities that help the child learn. Our program includes emotional skills such as recognizing feelings, expressing them appropriately, accepting others feelings, and by controlling impulses. As well as our program consisting of the support of diversity found in our community, which includes, gender, age, language, and abilities, while being respectful of cultural traditions, values, religion and beliefs of enrolled families.

## Typical Daily Activity Schedule

Time		Activities
Begin	End	
6:00am	8:00am	Welcoming and free play
8:00am	8:40am	Breakfast
8:40am	9:50am	Free choice (Art, Blocks, Dramatic play, Fine motor and etc.)
9:50am	10:00am	Wash Hands
10:00am	10:20am	AM Snack
10:20am	10:30am	Wash Hands
10:30am	10:45am	Book reading / free play
10:45am	11:15am	Outdoor activities / free play
11:15am	11:30am	Wash Hands
11:30am	12:15pm	Lunch time
12:15pm	12:30pm	Wash Hands
12:30pm	3:00pm	Naptime / Quiet time
3:00pm	3:30pm	Cleaning Mats /Changing Diaper/Toileting / Hand Washing
3:30pm	4:00pm	PM Snack
4:00pm	4:10pm	Wash Hands
4:10pm	4:40pm	Outdoor, free play, TV & Computer activities (see handbook page 6 for farther details)
4:40pm	5:10pm	Changing Diaper/Toileting / Hand Washing
5:10pm	5:50pm	Dinner
4:40pm	5:10pm	Changing Diapers/Toileting/Hand Washing
5:10pm	6:00pm	Dinner/Freeplay

## Family Engagement And Partnership Communication Plan (WAC 110-300-0305)

Please contact me in person, by phone, or through email anytime you have a question or any concern about your child or about our child care program. Drop off and pick up times do not give a sufficient amount of time to discuss concerns. Scheduling a time to discuss any concerns through a longer conversation is highly encouraged. If you would also like to share any piece of important information about your child, please feel free to do so.

At the time of registration and each year thereafter we will ask about your child's development, behavioral, health, linguistic, cultural, social, as well as other relevant information in order to accommodate to each child's individual needs, and strengths. In order to obtain this information you will need to complete a document that introduces both yourself and your child prior to enrolling.

It is highly important at Hidaya to continuously provide the best program for your child. We also provide a developmental screening for each child from birth up until age 5. If you would like to know more information about screening, check out the information provided below.

## Resources

Category	
Health Resource	<a href="#">King County COVID-19 information</a> <a href="#">U.S. Centers for Disease Control and Prevention</a>
Children developmental screening	<a href="#">Ages &amp; Stages</a> <a href="#">Easterseals</a>
School age resources	<a href="#">Starfall</a> <a href="#">K-12's Online School Programs</a> <a href="#">Khan Academy</a>
Parents' resources	<a href="#">Help Me Grow WA</a> <a href="#">No Kid Hungry</a> <a href="#">Seattle Food Committee (Food Bank Map)</a> <a href="#">Working WA</a> <a href="#">Washington Connection</a> <a href="#">Work Source WA</a>

## Best Practice Suggestions For Facilitating Ongoing Communication With Families:

- Our program has an orientation meeting with new families prior to child's enrollment
- Newly enrolled children are encouraged to visit for a half-day prior to beginning care and are encouraged to gradually transition into all day care, if their parents desires.
- Regularly scheduled meetings with parents encourage discussion of relevant developmental information and updates about the program.
- Ongoing individual child assessment information is shared with each family.

Our focus is to continuously help and support both parents and their children. We encourage parents to contact us for any concerns about their child or about the child care program.

## Introductory Visit

Each new family needs to visit our facility at least 1 time prior to enrollment. We offer an introductory visit, which is an orientation of where the children will be cared for, the materials we have for the children to learn and play, and outdoor activities that will be shown to new families prior to their child's enrollment. We encourage all families to book a tour who are interested in enrolling their child into our program.

## Trial Period

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

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

Prior to starting care for your child, we must have all the completed forms signed and returned to us. If the forms are not completed, we cannot provide care for your child.

## Deposits and Registration Fees

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

**Registration Fee:** I require a non-refundable registration fee of \$150.00 per child to cover administrative costs.

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

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

- Child Care Registration
- Permission Authorization for field trips, transportation, water activities, photo, video and surveillance activity.
- Child Care Fee Agreement

- Certificate of Immunization Status (CIS) or Certificate of Exemption (COE)
- Completed USDA food program enrollment (if applicable)
- A plan for special or individual needs of a child, including allergies (if applicable)
- An approved plan for physical restraint, which includes holding a child as gently as possible to accomplish restraint (if applicable)
- Medication authorization and medical procedure training (if Applicable)

## 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 plans for 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.

We also require that the Immunization records must be updated at the time of registration and on the following child care day after the child receives an immunization. Changes such as job changes, address and phone numbers must be updated on the day of the change or the next day that the child attends child care.

## 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 annually (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.

Our program policy in regard to children who are exempted from immunization by their parent or guardian will not be accepted into care unless that exemption is due to an illness protected by the ADA or WLAD or by a completed and signed COE.

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

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

The Department of Nutrition, as well as the State Licensure may also access your children's files. Our staff training and logs are available for review, what types of training's are taken and how often training's are offered at our facility for the staff. All the records are kept in locked cabinets. Upon the request of the parents we will be able to provide these forms for parents to view.

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

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

At Hidaya Family Childcare, we are committed to having a positive learning environment for the children, staff and parents. Everyone has the right to enjoy, play and learn free from all forms of conduct that can be considered biased, and bullying.

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

As a child care provider, I will protect children from all forms of child abuse or neglect. I have a duty to report and am required by mandatory reporting laws to report any suspected physical, sexual or emotional child abuse, any suspected child neglect, child endangerment, or child exploitation, a child's disclosure of sexual or physical abuse and maltreatment to Child Protective

Services (CPS) and my local law enforcement agency immediately (without prior notification to the parents involved). I will also inform my licenser. All staff or volunteers in this program, as well as my family members, are trained on prevention and reporting of child abuse, neglect, sexual abuse, maltreatment or exploitation.

## Definitions of Care for Private Pay

Program Category	
Full Time:	5-10 hours of care a day
Part Time:	1-5 hours of care a day

## For parents utilizing DSHS & Working Connections Subsidy:

Program Category	
Full Time:	over 5 hours maximum 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

If you need help for childcare there are programs that might help you pay for the childcare. If you are using a different type of subsidy please contact them for information on their definitions of care, such as the homeless program, foster care or City of Seattle reimbursement program.

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

### Arrival and pick-up instructions:

- Upon arrival; the parent, guardian or authorized person must sign the child in using the electronic attendance sign in on the IPAD.
- Upon departure; the parent, guardian or authorized person must sign the child out using the electronic attendance sign out on the IPAD
- The electronic sign in /sign out IPAD is attached to the wall as you enter from the door. You are required to sign in/out using your full name, the date, and time.
- It's very important that every parent and guardian sign in their child as they drop them off and sign out as they pick them up. This is subjected to a civil penalty fine.
- Please identify on the Child Care Registration form, who is authorized to pick up your child. I will not release your child to any person without your written permission. This form should be kept updated at all times. The person picking up your child must have identification, as we may ask for verification of identity before releasing a child.
- Anyone who appears to be under the influence of drugs or alcohol arriving at child care to pick up a child will be asked to call someone else to pick up that child. If a person leaves with a child while they appear to be under the influence, 911 will be called.

## Cost of Care Rates

Rates are re-evaluated annually and may be raised on the start of the new contract.

A two-weeks notice will be given to families for rate increases.

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

Program Category		
Full Time: <i>Day, Evening, And Saturdays Care 5-10 Hours Per Day.</i>	0 months to 18 months	\$2300 / month
	18 months to 5 years	\$2100 / month
	5 years to 13 Years	\$1700 / month
Part Time: <i>1-5 Hours Per Day Care. Before and/or After School.</i>	Before <b>and</b> after school	\$1600 / month
	Before <b>or</b> after school only	\$1400 / month

10% Discount for other children from same family.



## Evening Care less than 5 hours or over 5 hours

Age Category	5+ Hrs Full-time Daily	5+ Hrs Full-time Monthly
<b>Infant</b> Birth – 18 months	\$105	\$2300
<b>Toddler</b> 18 - 35 months	\$96	\$2100
<b>Preschool</b> 36 months - 5 years	\$96	\$2100
<b>School</b> Age 5 - 13 years	\$78	\$1700

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 Day of Service. Special payment plan 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. We follow the DCYF state holidays. We are closed during all of the state holidays.

**Private Family Discount:** When more than one child from the same family is enrolled, a 10% reduction is given for more than one child. We accept payment either Cash or Cashier Check or Direct Deposit.

**We accept personal checks.**

### Payment Penalties:

- The fee for late tuition payment is \$20 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 DSHS Working Connection Child Care this late fee will be reported.
- The penalty for NSF checks is \$35 plus any bank costs incurred by me. Cash payment is required for returned checks. You may be put on a cash only basis after the second NSF check.
- Late pick-up fees are \$1 per minute.
- Late pick up Fee after 10 hours maximum of care will be \$1 per every minute.

### Extra Charges:

**Field Trip Fees:** \$30 Field trip fees will be charged when necessary. You will receive a notice in advance of any changes. You will be notified of extra field trip fees 1-months in advance.

### Receipts and Taxes:

We will supply you with a year-end summary of all daycare fees paid during the year for tax purposes. This will be given to you on January 31<sup>st</sup> each year, or in cases where services are terminated. You may request a statement at any time. Also you will be given a receipt for each payment that is paid.

### Hours Of Operation

Our hours of operation are from 6am - 6pm. Your specific hours will be outlined in your Contract, Rate and Positions Agreement.

I require a two-week's notice if you need to change your enrollment hours. I also reserve the right to terminate if the new hours will not work well for my childcare business.

I offer full-time and full-time positions will generally be preferred over part-time positions. I reserve the right to terminate a part-time position, if the position can be filled with a full-time family. You may opt to pay for a full-time slot in order to keep your part-time position. If you tell me that you will not be bringing your child, I then require you to give me a minimum of a 24-hour notice in case you change your mind and need to bring your child on the day of.

You are still responsible for paying all fees for all contracted days regardless of whether attending or not.

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

Mon - Fri	6am - 6pm
Sat, Sun	Closed

## Holidays

Child care is closed for the following holidays:

Holiday	Date, Comments
New Year's Day	January
President Day,	February
Memorial Day, Child Care Provider Day (Friday before Mother's Day)	May
Independence Day	July
Labor Day	September
Veterans Day, Thanksgiving	November
Christmas Day	December
Other Two Muslim holidays Annually	Varies

## Religious Activities

Religious activities include: There will not be any form of religious activities going on in the family childcare.

## Family/Parent/Guardian Vacations and Absences

- In case of family vacations, I will give you 4-weeks advance notice for vacation.
- Please call and inform me when your child will not attend due to illness or some other event.
- Payment will not be reduced during your vacation days.
- Please advise me upon enrollment if you plan to remove your child from child care for any length of time (i.e., the summers for school teachers, or when you are on maternity leave with another child, etc.)

## Provider Vacation/Emergency Closure Policy

During an emergency closures such as snow days, power outage and other natural disasters. I will notify the parents by phone call and text message. I will also follow the local emergency closure days.

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

I recommend that you have access to an alternate child care arrangement. You may need care if I am ill, school closure days or when I am on vacation. If I am ill, you will be notified as soon as possible so that you can make other arrangements. It is always your responsibility to find backup child care. For a child care referral, please call: *Child Care Aware of Washington* (206) 329-5544 [1 800 446 1114](tel:8004461114)

## Staffing Plan, Classroom types and Ratios (WAC 110-300-0495)

We will always maintain the State required staff to child ratio. 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. If we have any staffing changes, or I need to be absent for an extended period, you will be notified in writing or by electronically.

Our staff to child ratios is 1:6 and 2:8, we offer mixed age group classroom setting of birth through preschool age in the morning and birth through school age after 3 pm.

Sometimes our ratios are lower than the state requirement.

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

You are required to give me 2 weeks' notice of your intent to terminate care. Your deposit will cover the last week of care. If you should terminate your child's care without notice, the deposit will not be refunded.

The following are conditions that will cause child care to be terminated:

- I reserve the right to terminate for the following reasons (but not limited to):
- Failure to pay, Failure to complete the required forms,
- Lack of parental cooperation
- Failure of child to adjust to the childcare after a reasonable amount of time
- Failure to respect me, my house, my neighborhood.
- Behavior of the child, which is harmful to the physical or emotional well-being of the other children.
- Physical or verbal abuse of any person or property
- Failure to abide by the contract and policies
- My inability to meet the child's needs

- Lack of compliance with handbook regulations
- Serious illness of child or provider
- False information given by parent either verbally or in writing

Failure to pay will result in myself contacting a credit agency and you will be responsible for all payments accrued for legal and court cost for me as well as yourself. Hidaya Family Child Care is a business.

## 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. We follow two weeks trials period of adaptation in our environment. 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. For example, if child has on-going biting beyond the toddler age, throwing objects at others, hitting with objects, leaving the facility and other concern behaviors.

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

- We will have a parent or guardian meeting weekly or sooner as needed.
- We will review the expulsion policy with the parents or guardians.
- We will record the incidents that led up to the expulsion, include the date, time, staff involved and details of the incidents
- We will give the parents or guardians a copy of the steps that were taken to avoid expulsion
- We will give the parents or guardians a description of the environmental change, staff change and other reasonable modifications that were made.
- 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.
- We will give the parents or guardians referrals to community-based programs/settings
- The Department will be notified of the expulsion.

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

Most of the policies of our program such as, Program policy, Health policy, staff policy, Consistent care policy, liability insurance status, inspection reports, enforcement actions are kept in the file cabinet. Other resources for families, daily activities report is posted in the bulletin board. These policies are updated once a year.

## Items Brought from Home

Parents and guardians are required to provide the following items listed below in the table. In our program we allowed children to bring their own electronics devices from home or school and then they will take it home with them at the end of the day.

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

Most of our staff speaks more than one language. They are proficient in English, Arabic, and Somali.

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

Time		Activities
Begin	End	
06:00am	08:00am	Welcoming/quiet free time
08:00am	09:00am	Breakfast
09:00am	10:00am	Free Play
10:00am	10:15am	Snack
10:15am	11:00am	Group Time/Art/Drawing
11:00am	11:30am	Reading Books
11:30am	12:30pm	Lunch
12:30pm	03:00pm	Nap time/Quiet time
03:00pm	03:30pm	Snack
03:30pm	04:30pm	Indoor Activities
04:30pm	05:30pm	Outdoor Activities
05:30pm	06:00pm	Dinner/Free Play



In our programs we do help the school age children with their homework and school work. infants and toddlers if you do this type of care see WAC's 110-300-0295 and 0296.

## Screen Time Usage (WAC 110-300-0155)

We do 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)

We allow the children to use electronics during free time and free play. We only use the television for encouraging the children to move and exercise. Laptop are provided for overnight and school age children for homework or study related and for use in educational program. Children under 2 years old no screen time. Children over 2 – 5 years old Computer screening 15 min/ day and TV screening 30 min / week.

## Outdoor activities (WAC 110-300-0147)

Children must have appropriate clothing for outdoor activities during days that may be hot, rainy and cold.

- Heat in excess of 100 degrees Fahrenheit or pursuant to advice of the local authority
- Cold less than 20 degrees Fahrenheit, or pursuant to advice of the local authority
- Lightning storm, tornado, hurricane, or flooding if there is immediate or likely danger
- Earthquake
- Air quality emergency ordered by a local or state authority on air quality or public health
- Lockdown notification ordered by a public safety authority

Children must have appropriate clothing for outdoor activities during days that may be hot, rainy and cold.

My outdoor play area is a gated area with fake grass covering on top of the soil. Children activities consist of the play house, see saw, climb & slide, play kitchen, water and sand activity. We ask parents to provide raincoats and boots during the rainy season for outdoor activities. We will put children who do not yet walk in the stroller or they will be carried by the staff during outdoor activities to experience water and sand activities. Since our house is close to the public playground, from time to time we will take the children to the public playground.

## 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 5 hours. 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. All parents are encouraged to bring comfort items for their children including children favorite pillow, blanket, and pacifier from home to promote better sleep for their child.

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

During the day the children will be participating in learning, play, eating and sleeping with children from different age groups. We will set up programs and curriculum that is appropriate for the child's age.

## 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:

- The child's diagnosis, if known.
- Contact information for the primary health care provider or other relevant specialist.
- A list of medications to be administered at scheduled times, or during an emergency along with descriptions of symptoms that would trigger emergency medication;
- Directions on how to administer medication.
- Allergies.
- Food allergy and dietary needs, pursuant to WAC 110-300-0186.
- Activity, behavioral, or environmental modifications for the child.
- Known symptoms and triggers.
- Emergency response plans and what procedures to perform.

- 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:

- Physician or physician's assistant.
- Mental health professional.
- Education professional.
- Social worker holding a master's degree with a specialization in the individual child's needs; or a Registered Nurse, or an Advanced Registered Nurse Practitioner.
- If the child has one of the following it must accompany the child's service plan.
- Individual education plan (IEP).
- Individual health plan (IHP).
- 504 Plan, or Individualized family service plan (IFSP).

Our entire staff are here for all of the children that are enrolled in our program in order to witness them succeed and have a great learning experience. We will need the parent or guardian's permission when we have visiting health professionals who may provide services to the child at the early learning program. We will let all the parents and the guardian know in advance the type of program that your child will be participating in.

## Cultural Activities

In our program we welcome all cultural activities that the children will be participating in. Parents and Guardians are welcome to bring items that represent their child culture.

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

We will use consistent, fair, positive methods of managing children's behavior. Methods used will be appropriate to the child's abilities, developmental level, and culture. Spanking or any form of corporal punishment, physical or mechanical restraint, the withholding of food, or any form of emotional abuse is prohibited by anyone on the premises including parents. No corporal punishment will be used in our program. This includes biting, jerking, shaking, slapping, spanking, hitting, kicking or any other means of inflicting physical pain.

All the staffs and the volunteers will be trained on the guidance and discipline policy and practices. They will be trained before starting to care for the children the following policy and practices are using positive methods of guidance. This will promote self-control, self-direction and cooperation. If a child's behavior becomes an ongoing issue, I will confer with the parents using the following steps: Inform the parent about child's behavior and steps we can take to help the child and second will be to set a parent/teacher conference.

## Specialized Care for Infants & Toddlers: Diapering Procedure (WAC 110-300-0221)

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

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

Before a child is ready to start toilet training, 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. In addition, I will ask the parents about when they think it's necessary to toilet train their child, I will not toilet train if the parent is not ready.

## 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 start 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. Infants and toddlers will not be served food from polystyrene (Styrofoam) cups, bowls, and/or plates.

Parents are responsible to bring the breast milk, labeled with name and expiry date and we will freeze it. Parents are also responsible to bring the iron fortified formula, two bottles with two nipples. All WIC approved formulas are accepted. We will need a physician letter for all other types of formula, milk such as goat milk and almond milk, and nutrition rich milk such as Pediasure and Ensure brand.

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

Parents or guardians who bring bottles must label the bottle with the child first and last name and the date. The bottles and nipples must be in good repair be glass or stainless-steel bottles, or use plastic bottles labeled with "1," "2," "4," or "5" on the bottle. A plastic bottle must not contain the chemical bisphenol-A or phthalates. Infants are fed on demand or based on parents/guardians recommended feeding schedule. Infants will stop being fed when the child shows signs of fullness. Bottles will be emptied when a child is done feeding. We will throw away the contents of any formula bottle not fully consumed within one hour (partially consumed bottles will not be put back into the refrigerator). Infants and toddlers will always be held when bottle feeding, I do not prop bottles up or let children feed themselves while lying down, if a child's fine motor skills are developmentally able, they may feed themselves their bottle while sitting. Bottles will be checked to ensure the 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.

## 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.

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

## 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 can 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. Sleeping is an important routine in children live. In our program most children infants, and toddlers will take regular naps while they are in our care. We will setup comfortable spaces for children to sleep.

## 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 enough lighting in the room in which an infant or toddler is sleeping to observe skin color. I will monitor breathing patterns of an infant or toddler and allow infants and toddlers to follow their own sleep patterns;

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

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

Children turning five years old or six months before the child is ready to attend a Kindergarten program, we will meet with the family to provide resources and write a transition plan with the parents. The resource materials can be found online by OSPI, the department or other equivalent organizations. The materials should cover transition activities, developmentally appropriate local school and school district activities designed to engage families.

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

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.*

## Sample Menu and Description of How Foods Are Served Breakfast

- quinoa porridge
- 1% milk or fat free milk (older than 24 mo.) / whole milk (12-24 mo. old)
- cut apple, grapes, orange

### Lunch

- chicken in teriyaki sauce
- brown rice
- tangerine orange
- stir-fry vegetable in light soy sauce\_\_
- 1% milk or fat free milk (older than 24 mo.) / whole milk (12-24 mo. old)

### Snacks

- whole wheat crackers
- 1% milk or fat free milk (older than 24 mo.) / whole milk (12-24 mo. old) 3.pineapple



## 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:

- Identify foods that must not be consumed by the child and steps to take in the case of an unintended allergic reaction;
- Identify foods that can be substitute for allergenic foods; and
- 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:
  - Names of all medication to be administered;
  - Directions for how to administer the medication;
  - Directions related to medication dosage amounts; and
  - Description of allergic reactions and symptoms associated with the child's 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:

- Administer medication pursuant to the instructions in that child's individual care plan;
- Contact 911 whenever epinephrine or another lifesaving medication has been administered; and
- Notify the parents or guardians of a child if it is suspected or appears that any of the following occurred, or is occurring:
  - The child is having an allergic reaction; or
  - The child consumed or met a food identified by the parents or guardians that must not be consumed by the child, even if the child is not having or did not have an allergic reaction.

We are aware that families and children have food preferences that are not allergies. If you have any food preferences please let us know we will do our best to accommodate these food preferences, but that they need to be discussed with administration before enrolling your child.

## 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.

All the foods we serve to the children are homemade. We prepare meals three times a day for breakfast in the morning, lunch in the afternoon, and dinner in the evening. We prepare the food thirty minutes before serving. When we serve food we ensure that the staff will be sitting with the children during the mealtime in order to help children further develop their fine motor skills. Staff will be sitting with the children while eating to ensure that every child eats.

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

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

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.

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 always be kept inaccessible to children.

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

A parent or guardian may provide alternative food for their child if a written food plan is completed and signed by the parent or guardian and the licensee. All food and drink items brought from home must be labeled with the child's first and last name and the date it was prepared. If you choose to provide alternative food for your child, I will need a written plan. Any meal or snack brought from home that does not meet USDA CACFP requirements will not be served to your child.



## Water activities (WAC 110-300-0175)

We encourage children to play with water and sand for their sensory development in the water-sand table. During the summer we will take children to a nearby park with water fountain play. We will not take children to a park that has a swimming area.

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

- Parents are responsible for transportation to and from my home.
- 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.
- Hidayah Family Child Care is not transporting your children's field trips, Home and schools.
- 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.
- 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.
- School age children will be transported to and from school in the following manner: By Walking near school Hazel Wolf K8 Seattle Schools.

Our policy for the field there is no smoking, vaping or using any form of cannabis while on field trips by parents, staff or other adults. 1:6 ratio while on the field trip.

## Transportation to/from School:

- Parents are responsible for providing their child's transportation to and from school
- Parents are responsible for transportation to and from my home.
- 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.
- Hidayah Family Child Care is not transporting your children's field trips, Home and schools.
- 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.
- 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.
- School age children will be transported to and from school in the following manner: By Walking near school Hazel Wolf K8 Seattle Schools.

Examples Of Field Trips Include:

- To the park
- Library
- Fire Station
- Neighborhood walks
- Seattle Science Center
- Woodland Park Zoo

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

It's part of our policy that all children have dental checkups with their dentist. It's very important that all children who are enrolled in our program have proper dental hygiene and uphold the requirement for having the name of a dentist or dental plan.

## Health Care Practices (WAC 110-300-0500)

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

Our health policy is reviewed and approved by the department and can be found on our bulletin board.

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

You will find our program's evacuation plan posted on our bulletin board. We will practice and document monthly fire drills, quarterly emergency/disaster drills, and an annual lock down drill. Please refer to our posted evacuation plan for a full list of details, floor plan, and gathering place outside of our facility so you are aware of our emergency and natural and unnatural disasters /evacuation procedures.

We have practiced turning off water, power and gas. Shelving, furniture and heavy objects on high shelves have been secured to protect against falling. There will be continuous checks of the facility for potential hazards on a regular basis.

Should our facility become inhabitable in a disaster, the children and I will be located at our childcare parking lot.

My emergency preparedness includes developmentally appropriate training with the children on how to respond in an emergency such as calling 911 and when it is appropriate to evacuate WAC 110-300-0470(1)(c).

I have prepared an emergency disaster kit, with all the necessary supplies for an emergency which includes a battery-operated flashlight, canned foods, and emergency contacts.

## Earthquake (WAC 110-300-0470)

Everyone in the program will be instructed to:

### When Indoors:

- Move away from windows, tall furniture, and heavy appliances.
- 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 Outdoors:

- 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.

After the facility is determined safe or cleared for re-entry by the department in charge, I will notify the parent through text message and by phone and leave voice mail and email. If I can't reach the parent, I will notify the emergency contact in their registration form through the phone, text and email. We will do practice earthquake drills every 6 month and all the information is posted on the bulletin board.

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

### When On-site:

- All children will be gathered and escorted to the designated meeting spot located: at Basketball area of John Little Sr Park, our evacuation plan can be found in our bulletin board.
- A head count of the children will be taken to ensure all children are present and adults will talk to children in a calm reassuring tone
- If safe to do so, the whole home will be checked, to ensure that all children have left the building safely.

### When Off-site:

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

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

- We will activate our fire alarm or alert staff that there is a fire (yell, whistle, etc.).
- We will evacuate the building quickly and calmly.
- If anyone's clothes catch on fire they will be instructed to STOP, DROP, & ROLL until the fire is out
- We will take our grab and go bag including attendance sheets and emergency forms as we are exiting the building
- A designated staff member will check areas where children may be located before, they leave the building
- Once everyone has evacuated the building safely a head count of the children will be taken to ensure all children are present and adults will talk to children in a calm reassuring tone.
- We will call 911 from outside of the building and will not re-enter the building until it has been cleared by the fire department.
- You will find our programs evacuation plan posted on the wall by the sign in sheet. We practice and document quarterly fire drills, quarterly emergency/disaster drills, and an annual lock down drills.

## 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.

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

- My staff and I have First Aid, Child CPR, and HIV/Aids/Blood Borne Pathogens Prevention training.
- 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.
- Head injuries sever bleeding or other serious injuries we will contact the parent immediately and write an injury report.
- 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.
- 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.
- 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)

### Reasonable accommodations:

We will make reasonable accommodations for children requiring medications for disabilities and other medical conditions.

### Nonprescription medication:

Including over-the-counter oral medication, will be given to children on a case by case basis. If the medication, ointments or creams can be used or given at home we recommend doing this. If the medication has been approved by 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.

## 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.
- A detailed medication log, inclusive of documentation of when a medication is given or not given as prescribed, or as indicated on the permission form will be kept with all medicines given out at our child care facility.
- 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.
- Oral medication: Any medicine taken by mouth for children under two will need written permission from your doctor and stored separate from topical medications.
- 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). In our facility we will not allow nonprescription medications, if the medication is not due to a medical condition or disability. (such as diaper cream, cough syrup, lotions and herbal remedies WAC: 170-300-0215(3)(iii))
- 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).
- Unused medication: All unused medication must be taken home by the parent or guardian.

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

- Each child will be observed daily for signs of illness.
- 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.
- 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.
- 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.
- The parent is responsible for finding substitute care in case of the child's illness.
- Children and staff who are exhibiting the following symptoms will be excluded from child care per instruction of the Department of Public Health. A doctor's letter may be required to return to child care.

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

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

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

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

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

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

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

Fever: A fever 101 degrees Fahrenheit for children over two months (or 100.4 degrees Fahrenheit for an infant younger than two months) by any method, and behavior change or other signs and symptoms of illness (including sore throat, earache, headache, rash, vomiting, diarrhea);

Lice, ringworm, or scabies: Individuals with head lice, ringworm, or scabies must be excluded from the child care premises beginning from the end of the day the head lice or scabies was discovered.

We will not allow the children with head lice or scabies to return on the child care until the physician has done body checkup and written permission to return to the daycare.

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)

We are required to notify the Department of Health, the licensor, and all families of children in our 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, non-chemical, 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:

- When arriving at the early learning premises.
- After using the toilet.
- After diapering.
- After outdoor play.
- After gardening activities.
- After playing with animals.
- After touching body fluids such as blood or after nose blowing or sneezing.
- Before and after eating or participating in food activities including table setting.
- As needed or required by the circumstances.

## Staff will wash their hands.

- When arriving at work.
- After toileting a child.
- Before and after diapering a child (use a wet wipe in place of handwashing during the middle of diapering if needed).
- After personal toileting.
- After attending to an ill child.
- Before and after preparing, serving, or eating food.
- Before preparing bottles.
- After handling raw or undercooked meat, poultry, or fish.
- Before and after giving medication or applying topical ointment.
- After handling or feeding animals, handling an animal's toys or equipment, or cleaning up after animals.
- After handling bodily fluids.
- After being outdoors.
- After gardening activities.

- After handling garbage and garbage receptacles.
- As needed or required by the circumstances.

Please set a good example for your child and help them to wash their hands with the steps above. Hand sanitizer will be used in accordance with WAC 110-300-3650 and will not be substituted when regular hand washing procedures can be practiced and can only be used by children over twenty-four months and for whom I have a signed parent permission on file. Hand sanitizers will not be within reach of the children.

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

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

## Blood Borne Pathogen Plan WAC110-300-0400

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

## 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.

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

We take pictures of the children for facility use only.

We take videos of the children for facility use only.

The pictures and videos we take are only used internally, for the purpose of learning and encouragement, to demonstrate and to show the parents how their children are learning, developing, and interacting with each from time to time.

We utilize security cameras inside and outside our facility for the children's safety.

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

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

- Indoor and outdoor licensed space.
- Within twenty-five feet from any entrance, exit, window, or ventilation intake of the facility, or within view of the children.
- In motor vehicles while transporting children, on field trips, to and from school or other child care related activities.
- This policy applies to all persons on the premises, regardless of their purpose for being there. Scientific evidence has linked respiratory health risks to secondhand smoke.
- No illegal drugs are allowed on the premises. Alcohol, vaping and Cannabis may not be consumed during business hours. The licensee, staff, volunteers, or household members must not, or allow others to:
  - Have or use illegal drugs on the premises.
  - Consume alcohol or cannabis during operating hours.
  - Be under the influence of alcohol, cannabis in any form, illegal drugs, or misused prescription drugs when working with or in the presence of children in care.
  - Be impaired as to not be able to respond promptly and care for children.
- The licensee must keep and store all alcohol, including closed and open containers, inaccessible to children and out of the view of children.
- Cannabis and/or Cannabis products in a family child care home will be stored out of the licensed space and inaccessible to the children.

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

## Guns or Weapons (WAC 110-300-0165)

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

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

I 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.

The water in our facility have been tested and it is safe for consumption.

## 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.

We will keep all the records 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. All the records are kept in a safe place upon the request of the parent, the record will be made available. All the records are kept confidential no one has access to these records except the staffs.

## Please sign and return to program

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: