KidZone Learning Center

Parent Handbook

KIDZONE I

1101 112th St E

Tacoma WA 98445

(253) 535-5848

**KIDZONE II**

14804 148th Ave

Puyallup, WA 98375

(253) 845-1652

**KIDZONE III**

8304 Veterans Dr SW

Lakewood, WA 98498

(253) 584-2996

**KIDZONE IV**

11206 89th Ave Ct E

Puyallup, WA 98373

(253) 841-1006

***Please Read This Handbook Thoroughly***

Hello and welcome to our KidZone family! Thank you for your interest in our childcare program. Your trust in our program is never taken for granted. We are committed to provide your child with a safe, positive learning environment so that he/she may receive the physical activity and emotional stability they need to maintain a healthy mind and body. After all, how children are nurtured, spoken to, played with, responded to, allowed to explore, and encouraged to express themselves is formative for developmental growth and character.

Of course, every parent will be a child’s first teacher. We are simply here to support you by giving your child access to high quality care and learning. It is important for our teacher to work in collaboration with each family, and to establish a positive and open relationship to ensure our program fits the needs of you and your child for a successful outcome.

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# Our Training and Experience

The State of Washington requires that the director, staff, aids and volunteers take annual training on topics related to caring for young children and leadership practices. Feel free to ask about our training. We will frequently share interesting things we learned with the families in our program. For a list of trainings our staff are required to take, please ask your center’s director.

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

Developing nurturing relationships between caregivers and each child in our care is a valuable and important component of learning. Our staff of trained on our curriculum philosophy which is implemented into our weekly lesson plans. Lesson plans are posted in each classroom, as well as the planned daily activity schedule. These are developed to serve the children in our care emotionally, socially, cognitively, and physically, according to each child’s age and needs, and through the guidance of our caring staff.

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

Your site’s director will provide you with a business card with the center’s phone number. If you need to reach your director through email, please do so at [KidZone253@gmail.com](mailto:KidZone253@gmail.com). You can contact the facility in person, by phone, or through email anytime you have questions or concerns.

Drop off and pick up times are very busy times for us. If you would like to share with us important information about your child, please feel free to do so. If you would like to have a longer conversation, please schedule a time with us so that we can focus on your concerns.

Twice yearly, we 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 we can support you in your parenting as you support us in 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.

It is important for us to provide the best program for your child. We will provide a developmental screening for each child from 12 months through age five. KidZone’s goal is to work closely with families as a strong support system, helping to prepare your child for success in school.

# Trial Period

Your child’s first two weeks of attendance will be considered a Trial Period. This period is used to observe your child’s adjustment to care and to communicate with you daily any concerns we may have. After this trial period is complete, we will determine if our center is a satisfactory fit for your child’s needs. If there are any issues that we are unable to resolve, care will be terminated and we will give you referrals to other centers in the area.

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

Your director will explain to you what is required upon enrollment, and give you all of the required paperwork needed for your child’s file. The enrollment packet must complete before your child may attend care. You will be the amount of your weekly tuition rate or your monthly co-pay, and given the various options of how to make a payment.

# Registration Fee

# Registration Fee: We require a non-refundable registration fee of $60 to cover administrative costs.

Other applicable fees: Late pick-up fee, extended care fee (shown in enrollment packet)

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

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)

# 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 twice a year.

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

# 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. All children must be current on their immunizations. If there is a signed Certificate of exemption (COE) from a licensed physician for a specific vaccination, the child will be excluded from 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, or has a written plan to update the immunizations within a short period of time.

Children exempted from immunization by their parent or guardian will not be accepted into care unless that exemption is due to an illness protected by the ADA or WLAD or completed and signed by a COE.

# Confidentiality Policy Including When Information May be Shared (WAC 110-300-0465)

Children’s records will include all admission forms, medication information, injury and incident reports, attendance records, payment history 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 center.

The Department may also access your children’s files.

Children’s records are kept in the office of the director. Parental access to these records will require an appointment with the site’s director.

# 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. We do not discriminate in 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)

Any staff who violate these policies, or participate in bullying tactics, or display anti bias behavior will be terminated from KidZone immediately.

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

As a childcare provider, we will protect children from all forms of child abuse or neglect. We have a duty to report and are 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 our local law enforcement agency immediately (without prior notification to the parents involved). We will also inform our licenser. All staff or volunteers in this program, 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 all licensed areas that are used 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), DEL inspection checklist(s), and Facility Licensing Compliance Agreements. Please schedule time in advance if you would like to have a meeting with the director, program supervisor, teacher or other staff, so we can arrange to speak away from the children and can focus on your concerns.

# Definitions of Care

Full Time: 5-10 hours of care a day

Part Time: Less than 5 hours of care a day

# For Parents Utilizing DSHS & Working Connections Subsidy

Full Time: 5-10 hours of care a day

Part Time: Less than 5 hours of care a day

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

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

It is a state requirement for all children to be signed in when the child arrives and departs the facility.

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, guardian, or authorized person must sign the child *out* using signature of full name, the date and time.
* Your site’s director will show you where your child’s sign-in/sign out form is located. If you receive subsidy care through Working Connections, your director will show you how to sign in and out using the Electronic Attendance System.

1. Please identify on the Emergency Card who is authorized to pick up your child. We will not release your child to any person without your written permission. This form should be kept current. The person picking up your child must have identification, as we may ask for verification of identity before releasing a child.
2. Anyone who appears to be under the influence of drugs or alcohol upon arrival 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.
3. Your center’s director will show you the process for signing your child in and out. There is a $75 fine for each time your child is not signed in or out, and will be due on your next billing cycle.

# Cost of Care Rates

Rates are evaluated and may be raised every year in January. Three weeks’ notice will be given to families for rate increases.

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

The program rates are attached to your enrollment packet.

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 Mondays. Special payment terms are negotiable on occasion and will be defined in the contract.

*Holiday Pay:*Fees are not reduced during weeks that have holidays. Your weekly tuition rate will remain the same.

*Family Discount:* When more than one child from the same family is enrolled, a $20 reduction is given per week. We accept check, cash, and debit cards (at KidZone I and IV).

# Payment Penalties

1. The fee for late payment is $20 per week. If fees remain unpaid after a period of three days, your child will not be admitted until *ALL* fees are paid in full. If you are on Working Connection Child Care this late fee will be reported.

2. The penalty for NSF checks is $35 plus any bank costs incurred. 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 listed on your site’s rate form.

# Receipts and Taxes

Upon request we will give you a payment receipt when you pay for childcare. You will receive a statement in January for the full amount paid out in childcare tuition for the previous year.

# 

# 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.

|  |  |
| --- | --- |
| **Day** | **Hours** |
| Monday | 6:00 am to 6:00 pm |
| Tuesday | 6:00 am to 6:00 pm |
| Wednesday | 6:00 am to 6:00 pm |
| Thursday | 6:00 am to 6:00 pm |
| Friday | 6:00 am to 6:00 pm |
| Saturday | Closed |
| Sunday | Closed |

# Holidays

KidZone is closed for the following holidays:

|  |  |
| --- | --- |
| **Holiday** | **Date, Comments** |
| New Year’s Day | Wednesday 1/01/20 |
| President’s Day | Monday 2/17/20 |
| Memorial Day | Monday 5/25/20 |
| Independence Day | Friday 7/03/20 |
| Labor Day | Monday 9/07/20 |
| Thanksgiving | Thursday and Friday 11/26-27 |
| Christmas | Friday 12/25/20 |
| Staff In-Service Day | To be determined |

# Family/Parent/Guardian Vacations and Absences

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

# Emergency Closure Policy

Parents will be notified of any emergency closures due to snow or other natural disasters by your site’s KidZone Facebook page.

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

We recommend that you have access to an alternate childcare arrangement. You may need care for school closure days or emergencies such as no electricity. If there is an emergency or reason that the center needs to be closed 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 110-300-0015,0495)

We will maintain the State required staff to child ratios at all times. For consistency of care 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 due to a staff member being 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 need to be absent for an extended period of time, you will be notified in writing or electronically. If the director, assistant director, and program supervisor are simultaneously absent the program will remain open for the care of children. We will have a fully qualified staff member that meets the Departments qualifications covering during our absents. We will notify all parents in writing with the name of the staff member who will be in charge and we will also notify the Department.

If the director, assistant director, and program supervisor are simultaneously absent for more than ten consecutive operating days, we will have a fully qualified staff member covering. We will notify all parents in writing at least one week before the absent of the name of the temporary staff member and we will also notify the Department.

Our staff to child ratios are 1 to 10 preschoolers and 1 to 7 toddlers. We offer separate toddler and preschool classroom settings.

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

1. You are required to give 2 weeks’ notice of your intent to terminate care.

2. The following are conditions that may cause childcare to be immediately terminated:

1. Non-receipt of co-pay
2. Family members or other adults not meeting the programs requirements, inappropriate or unsafe behavior in or near the facility, disrespecting the childcare facility, staff or policies
3. Continual late payments or unpaid bills
4. 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. For example: on-going biting beyond toddler age, throwing objects at others, hitting with objects, leaving the facility, hitting, kicking, or any other aggressive acts that may cause harm or an unsafe environment to your child, to another child, or staff, etc.

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.

1. 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.
2. We will give the parents or guardians referrals to community-based programs/settings

The Department will be notified of the expulsion.

# Posting Requirement (WAC 110-300-0505)

Please set up an appointment with your site’s director in order to review any of the following: relevant policies, Health Policy, menus, liability insurance status, inspection reports, enforcement actions and resources for families.

# Checklist of Child Care Supplies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***We***  ***Provide*** | ***You***  ***Provide*** | ***Item*** | ***Comments*** |
| 1. |  | \* | Diapers |  |
| 2. |  | \* | Pull-Ups |  |
| 3. |  | \* | Wipes |  |
| 4. |  | \* | Pacifiers with a container for storage |  |
| 5. |  | \* | Teething devices |  |
| 6. |  | \* | Toilet training diapers |  |
| 7. |  | \* | Change of clothes |  |
| 8. |  | \* | Cold and rainy weather clothes |  |
| 9. | \* |  | Blanket and sleeping necessities | A blanket may be provided from home as well |
| 10. |  | \* | Toothbrush |  |
| 11. | \* |  | Sunscreen (must have written permission) |  |
| 12. |  | \* | Three-day supply of medication |  |
| 13. |  | \* | Special Dietary Milk |  |

## Outside toys and electronic devices are not allowed in the center. KidZone will not be held responsible for lost, stolen or broken devices. If your child’s class participates in Show and Share day, please do not bring in anything of value.

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

Our program will help children who are learning more than one language, and we are introducing children to other languages as well.

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

Daily schedules are posted in each classroom.

# 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)** Screen time is used on a limited basis of once per week, for educational reasons only.

\*

# 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.

Your center director will give you a tour of your child’s playground and describe the activities the children do.

# Napping/Sleeping (WAC 110-300-0265)

A rest period will be offered for all children under five years of age, who remain in care for more than six hours or show a need to rest. Alternative quiet activities will be available for those children who are unable to nap or who no longer need a nap. No child will be forced to sleep/nap. We will work with you to discuss your child’s sleep patterns and needs. We must allow toddlers to follow individual sleep schedules. We provide blankets. If you would like to bring one from home, please write your child’s name on it.

**Mixed Age Groups (WAC 110-300-0357, 0450)**

Toddlers and preschoolers are mixed during the first hour of the morning and the last hour the center is open in the evening.

# 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**](https://app.leg.wa.gov/wac/default.aspx?cite=110-300&full=true#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:

1. Physician or physician's assistant;
2. Mental health professional;
3. 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).

# Religious and Cultural Activities

KidZone does not participate in any religious activities and does not celebrate holidays. We celebrate cultural diversity through culture nights, various cultural activities and by learning about other countries.

# 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.

A child may be removed from the classroom and brought to a less stimulating environment by the lead teacher or director. The child will be held as gently as possible to accomplish restraint and kept separated from the other children until becoming calm enough to return. Using physical restraint will only be used to remove a child from an unsafe situation. Staff receive DCYF Module 14 training to learn Safe Responses for Challenging behavior.

Staff will redirect a child’s behavior by using positive reinforcement techniques.

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

# 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, we will discuss with the parent or guardian their views on toilet training. For toilet training we use positive reinforcement, culturally sensitive and developmentally appropriate methods, as well as a routine developed in agreement with the parents or guardians. Please refer to enrollment packet for toilet training procedures.

# 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 toddlers at each step of this process. All toddlers will eat when hungry according to their nutritional and developmental needs, unless medically directed. We will not allow toddlers to have propped bottles or be 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 add food, medication, or sweeteners to the contents of a bottle unless a health care provider gives written consent. We will allow older infants or toddlers to self-feed soft foods from developmentally appropriate eating equipment. We will place toddlers who can sit up on their own at an appropriate child-size table and chairs when feeding solid foods or liquids from a cup, and will have an early learning provider sit with and observe each child eating. Toddlers will not be served food from polystyrene (Styrofoam) cups, bowls, and/or plates

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

Toddlers will follow their own individual sleep patterns and never be forced to sleep. They 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 without tears or holes. Toddlers’ will be placed head-to-toe while napping.

# Toddler Safe Sleep Practices (WAC 110-300-0291)

To reduce the risk of Sudden Infant Death Syndrome (SIDS) all staff have completed yearly safe sleep training. We will actively supervise toddlers by visibly checking often and being within sight and hearing range, including when a toddler goes to sleep, is sleeping, or is waking up. We will follow the current standard of American Academy of Pediatrics concerning safe sleep practices including SIDS/SUIDS risk reduction. We will place an infant to sleep on his or her back or follow the current standard of American Academy of Pediatrics. We will have sufficient lighting in the room in which a toddler is sleeping to observe skin color. We will monitor breathing patterns of a toddler and allow them to follow their own sleep patterns;

We 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. We will prevent 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. Each toddler is provided with a cot to sleep on and will nap in their primary classroom.

**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. Resource materials can be provided by making a request with the director. This information can be found on-line by OSPI, the department, or other equivalent organizations. This material will cover transition activities, developmentally appropriate local school and school district activities designed to engage families.

# Meal and Snack Schedule (WAC 110-300-0180)

We do not participate in the USDA Food Program

We 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 us 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.

# Sample Menu and Description of How Foods are Served

*Breakfast*

Cornflakes, Banana Slices, Milk

*Lunch*

Breaded Chicken with Whole Wheat Bun, Diced Carrots, Peaches, Milk

*Snacks*

Green Salad, Milk

### **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**](https://app.leg.wa.gov/wac/default.aspx?cite=110-300&full=true#110-300-0300) must include the following:

(a) Identify foods that must not be consumed by the child and steps to take in the case of an unintended allergic reaction;

(b) Identify foods that can be substitute for allergenic foods; and

(c) Provide a specific treatment plan for the early learning provider to follow in response to an allergic reaction. The specific treatment plan must include the:

(i) Names of all medication to be administered;

(ii) Directions for how to administer the medication;

(iii) Directions related to medication dosage amounts; and

(iv) Description of allergic reactions and symptoms associated with the child's particular allergies.

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

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

(a) Administer medication pursuant to the instructions in that child's individual care plan;

(b) Contact 911 whenever epinephrine or another lifesaving medication has been administered; and

(c) Notify the parents or guardians of a child if it is suspected or appears that any of the following occurred, or is occurring:

(i) The child is having an allergic reaction; or

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

We are aware that families and children have food preferences that are not allergies. Our program may be able to accommodate these food preferences, but they would need to be discussed with the director 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.

# Dishwashing Practices (WAC 110-300-0198)

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

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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)

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

# Water Activities (WAC 110-300-0175)

KidZone provides waterplay in the form of sprinklers when weather appropriate.

# Transportation To/From School (KidZone IV):

|  |  |
| --- | --- |
| School | Transportation Method |
| Woodland Elementary | Van |

# Dental Hygiene Practices and Education (WAC 110-300-0180(2))

Upon enrollment, you will be required to give the name of your child’s dentist and the date of their last dental exam. Good dental hygiene is important for children of all ages. Your site’s director will provide you with information regarding when tooth brushing time is provided. If you would prefer to opt out of tooth brushing, please do so in your child’s Enrollment Application.

# 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 in the director’s office.

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

You will find our programs evacuation plan posted in each classroom. 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 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. We continually check our facility for potential hazards on a regular basis.

Should this facility become inhabitable in a disaster, we will be located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if possible.

Our 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)**

An emergency disaster kit is located in the director’s office. It contains a battery-operated flashlight and a first aid kit.

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# 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.
* The director will deem whether or not the facility is safe to go back into.
* Earthquake drills are practiced quarterly.
* The name and phone number of the out of state emergency contact is Dawn Goins (253) 254-4030

# Evacuation Plan (WAC 110-300-0470)

**When On-site:**

* All children will be gathered and escorted to the designated meeting spot located: On the part of the playground located furthest from the building.
* 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 facility 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.
* Children of all ages in our care participate in monthly evacuation drills.

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# 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 leaving 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
* Fire drills are performed once a month and the information is kept posted at the director’s desk.
* 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.

# 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, we have prepared our facility 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. We will keep the children at our facility until the parents are able to safely arrive to pick up their children after a disaster, and will not leave your child unsupervised.

# Injury or Medical Emergency Response and Reporting (WAC 110-300-0475)

1. All staff 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. In the event of a head injury, severe bleeding, or other serious injury, we will contact the parent immediately and write an injury report.

4. In the event of a serious injury or emergency, we will call 911 and administer first aid or CPR if needed. We will notify you as soon as safely possible.

5. If injury results in medical treatment or hospitalization, we are required to immediately call and submit an "Injury/Incident Report" to our 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)

1. **Reasonable accommodations:**  We will make reasonable accommodations for children requiring medications for disabilities and other documented 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 our administration, 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.

1. **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.
2. **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.
3. **Oral medication:** Any medicine taken by mouth for children under two will need written permission from your doctor and stored separate from topical medications.
4. **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). Please check with your center director regarding what nonprescription medications are not allowed to be used.
5. **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).
6. **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 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. A child with head lice may return with the absence of nits. A child with scabies or ringwork may return after the first treatment, as long as the area is kept fully covered.

**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 Washington Pesticide Application Act chapter [17.21](http://app.leg.wa.gov/RCW/default.aspx?cite=17.21) RCW. We will emphasize prevention and natural, nonchemical, low-toxicity methods where pesticides or herbicides are used only as our last resort.

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

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

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

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

(a) When arriving at the early learning premises;

(b) After using the toilet;

(c) After diapering;

(d) After outdoor play;

(e) After gardening activities;

(f) After playing with animals;

(g) After touching body fluids such as blood or after nose blowing or

sneezing;

(h) Before and after eating or participating in food activities including table setting; and

(i) As needed or required by the circumstances.

Staff will wash their hands

(a) When arriving at work;

(b) After toileting a child;

(c) Before and after diapering a child (use a wet wipe in place of handwashing during the middle of diapering if needed);

(d) After personal toileting;

(e) After attending to an ill child;

(f) Before and after preparing, serving, or eating food;

(g) Before preparing bottles;

(h) After handling raw or undercooked meat, poultry, or fish;

(i) Before and after giving medication or applying topical ointment;

(j) After handling or feeding animals, handling an animal's toys or equipment, or cleaning up after animals;

(k) After handling bodily fluids;

(l) After using tobacco or vapor products;

(m) After being outdoors;

(n) After gardening activities;

(o) After handling garbage and garbage receptacles; and

(p) As needed or required by the circumstances

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

Hand sanitizer will be used in accordance with **WAC 110-300-3650** and will not be substituted when regular hand washing procedures can be practiced, and can only be used by children over twenty-four months and for whom the parent has signed parent permission form and it is 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 child

care and similar environments.

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

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

# Injury Prevention (WAC 110-300-0475)

We 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)

We do not have pets

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

We do take pictures of the children for facility use only

\*

We do take pictures of the children for social media post

\*

We do have surveillance video

\*

Surveillance cameras are reviewed by the site’s director, and in certain cases, by the center’s licenser or CPS. Further explanation is located in the Enrollment Packet. Due to the privacy of the other children in our care, families may not review video footage.

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

The use and visual possession of tobacco, vaping, alcohol, cannabis and illegal drugs, in any form and associated paraphernalia are prohibited on our property, 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, alcohol, vaping and Cannabis are allowed on the premises. Prescribed medications for staff will be locked up. Our staff will not consume, or be under the influence of cannabis, alcohol or illegal drugs in any form while working at our facility. The licensee, staff, assistants or volunteers will 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.
* There will be no alcohol, including closed and open containers on the premises.
* Cannabis and/or Cannabis products are not allowed on the premises.
* We will not have tobacco and cannabis products, cigarettes, containers holding cigarette butts, lighters, pipes, cigar butts, ashes and residue in the licensed facility.
* All vaping devises will be stored inaccessible to children and out of the view of children.
* Our staff will not have smoking or vaping tobacco within the reach or view of children. All products that are used during business hours will not be used in a "public place" or "place of employment," as defined in RCW [**70.160.020**](http://app.leg.wa.gov/RCW/default.aspx?cite=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**](http://app.leg.wa.gov/RCW/default.aspx?cite=70.160.075).

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

We do not have firearms, guns, weapons, or ammunition on the premises and do not allow anyone to bring a weapon on the premises.

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

We carry liability insurance through Chris Willhite and Associates

# Safe Water Sources (WAC 170-300-0235)

We have a copy of the water testing results on the premises. Each sink

\*

has hot and cold running water.

# Retaining Facility and Program Records (WAC 170-300-0465)

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 are immediately available for review. The records are to be confidential and may be accessed through the director.

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

Parent/Guardian Signature Date

Licensee Signature Date

Program Name

Program Address

Please sign and return to program