



Parent Handbook

Please read this handbook thoroughly.

Mission Statement

At Busy Kidz Early Learning, my mission is to provide the highest quality care and education in a child-centered environment that nurtures the whole child. I am committed to creating a caring, inclusive space that encourages meaningful social play and supports development in all areas cognitive, emotional, social, physical, and academic, including early literacy and numeracy skills.

I value a strong partnership between parent, child, and care provider, and believe that close, respectful relationships are key to each child's success. My home has been thoroughly inspected by a state licensor and meets all minimum licensing requirements as outlined by Washington State law.

This handbook was updated on June 23, 2025.

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

This handbook template was prepared for [WAC Chapter 170-300](#) in effect 08/01/2019

My Training and Experience

Ongoing Training and Professional Development

As required by the State of Washington, I participate in annual training focused on child development, early learning best practices, and leadership in early childhood education. These trainings help me stay informed, grow as an educator, and continuously improve the care I provide.

Please feel free to ask me about the training I'm currently completing I'm always happy to share what I'm learning! I also enjoy passing along helpful tips and new insights with families as part of our shared journey in supporting your child's development.

My Family and Background

Meet the Owner

Hello! My name is Maribel Chavez, and I'm a proud mother of four wonderful children. I graduated from Yakima Valley Community College in 2014 with an Associate's Degree in General Studies and am currently pursuing my Bachelor's Degree in Early Childhood Education at North Seattle College.

My journey into childcare began with a deep passion for working with children. Before opening my own center, I spent four years as a school bus driver for the Yakima School District. When I first started that job, I had no idea how much I would come to love it. The close bonds I formed with the 84 students on my route truly opened my heart to the joy of working with children every day.

In April 2020, my family and I relocated to Pasco, Washington during the pandemic. It was then that I made the decision to shift from school transportation to early childhood education. As a working mother myself, I understand the struggle of finding quality childcare with flexible hours. My goal is to provide families with a nurturing, reliable, and enriching environment where children feel safe, supported, and excited to learn and grow through play.

Thank you for trusting me with your little ones. If you ever need to reach me, please don't hesitate to call or text at (509) 594-3518.

Hours of Operation

Busy Kidz Early Learning is open Monday through Friday from 6:30 AM to 6:30 PM.

Please note that arrival time ends at 8:30 AM. Children must arrive no later than this time unless prior arrangements have been made. This allows for a smooth transition into our daily routine and helps children fully engage in learning activities.

While we are open for 12 hours each day, families using state subsidy are limited to a maximum of 10 hours of care per day. The state allows 30 minutes before and after a parent or guardian's scheduled work shift. Please plan accordingly and avoid using child care time for running personal errands.

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

My Philosophy

I believe that every child deserves access to quality early childhood education, as the early years lay the foundation for a lifetime of learning and development. When children are given a safe, nurturing, and engaging environment, they naturally develop a love for learning.

At Busy Kidz Early Learning, my goal is to spark curiosity and build confidence by providing experiences that are both educational and fun. I believe that by instilling the joy of learning at a young age, we give children the tools they need for a brighter future.

Some of the enriching activities you'll see in my program include arts and crafts, hands-on games, social-emotional learning through expressing our feelings, as well as foundational academic skills like learning the ABCs and basic counting.

Family engagement and partnership communication plan (WAC 110-300-0085)

I welcome open communication and encourage you to reach out to me anytime whether in person, by phone, or email if you have questions or concerns about your child or our childcare program. In addition to daily conversations, I also schedule regular family/provider conferences. These meetings give us the opportunity to talk more in-depth about your child's progress, strengths, challenges, and goals. Together, we'll explore how I can support your parenting, just as you support my role in caregiving.

During the enrollment process, I will gather information about your child's development, behavior, health, language, culture, and social background to better understand their unique needs and personality. You'll also receive an "All About Me" form so I can learn more about your child's likes, dislikes, and interests. I believe that strong communication both with families and with the children themselves is essential to creating a nurturing and welcoming environment.

To help your child feel comfortable and ensure a smooth transition, I strongly encourage parents to attend an orientation before their child begins care.

Trial Period Policy

All new enrollments include an 8-week trial period. This time allows us to observe how your child adjusts to the childcare environment and address any concerns that may arise. I will communicate with you daily about your child's experience, and I encourage you to share any questions or feedback with me as well.

At the end of the 8 weeks, we will review how things are going to ensure the arrangement is a good fit for both your family and the program. If concerns cannot be resolved or if the placement does not meet everyone's needs, childcare services may be discontinued at that time.

Admission Requirements and Enrollment Procedures

State pay, and private pay accepted.

We use the Wave App to send all invoices monthly to the email address we have on file.

Methods of payment:

- Cash
- Check
- Cashapp,
- Venmo
- Apple Pay.

Registration Fees

Registration Fee: I require a non-refundable registration fee of \$55.00 to cover administrative costs.

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

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

- Child Care Registration
- Permission Authorization for field trips, transportation, bathing, water activities, photo, video and surveillance activity.
- Child Care fee Agreement
- Liability Insurance Notice for Family Home Child Care
- 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)
- Lillio App Permission form
- BKEL Key Points
- Developmental Screening Consent
- Emergency Medical Authorization

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

Maintaining an up-to-date record for your child is essential for providing quality care, planning curriculum, setting up the classroom environment, organizing daily activities, and ensuring safety in case of emergencies.

All child files—including immunization records, emergency contact information, and health details—must be completed and submitted **before the child's first day of attendance**.

Parents are responsible for keeping their child's records current. Updates must be provided to the childcare provider **any time changes occur** (e.g., new phone number, address, emergency contacts). Additionally, all files will be **reviewed and updated at least twice a year** to ensure accuracy and compliance with licensing requirements.

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

A current **Certificate of Immunization Status (CIS)** or an equivalent form provided by a licensed health professional is required for each child enrolled in our program. This documentation must be updated **annually—and more frequently for infants**, as needed—to ensure all immunizations are up to date.

Children must be current on all required immunizations. If a **Certificate of Exemption (COE)** is provided and signed by a licensed physician, the child may remain enrolled; however, **in the event of an outbreak of a vaccine-preventable disease** for which the child is not immunized, **they will be temporarily excluded from care** to protect their health and the health of others.

We welcome **homeless and foster children** into our care without complete immunization records if the child's family, caseworker, or health care provider provides **written verification** that the records are being obtained.

Confidentiality policy including when information may be shared (WAC 110-300-0460)

Each child enrolled in our program will have an individual file that includes all **admission forms, medication authorizations, injury and incident reports, attendance logs, payment records**, and other relevant documentation gathered during their time in care.

All information contained in your child's file is considered **confidential** and will be securely stored in a **locked filing cabinet** to ensure privacy. Parents and legal guardians have the right

to **access their child's records at any time upon request.**

Sensitive or private matters will always be discussed **in a confidential setting, away from children and non-authorized individuals.** Staff members may access a child's file **only on a need-to-know basis** to retrieve information necessary to provide safe, responsive, and high-quality care (e.g., emergency contact information, medical needs, or classroom placement).

In compliance with licensing regulations, the **Washington State Department of Children, Youth, and Families (DCYF)** may also access children's files during inspections or investigations.

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

Busy Kidz Early Learning is committed to providing an inclusive, respectful, and welcoming environment for all children, families, and staff. As defined by state and federal law, our program is a place of public accommodation. We do not discriminate in employment practices, enrollment, or the care of children based on **race, color, creed, ethnicity, national origin, gender identity, marital status, veteran status, socio-economic background, sexual orientation, age, religion, physical or mental abilities, communication or learning styles,** or the use of a **service animal** by a child or family member.

We fully comply with the **Washington Law Against Discrimination** and the **Americans with Disabilities Act (ADA)** (Chapter 49.60 RCW).

Bullying, harassment, or any form of discriminatory behavior is strictly prohibited—whether directed at children, families, or staff. We are committed to creating a safe, supportive environment for everyone. If you witness or experience any concerning behavior, please notify us immediately so appropriate steps can be taken.

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

the safety and well-being of every child is our top priority. As a licensed childcare provider, I am committed to protecting all children in my care from **abuse, neglect, exploitation, and maltreatment** in any form.

Under **Washington State mandatory reporting laws**, I am legally required to report any **suspected**:

- Physical, emotional, or sexual abuse
- Neglect or endangerment
- Exploitation or maltreatment
- Disclosures made by a child regarding abuse or neglect

Reports are made **immediately and without prior notification to the parent(s)** to both **Child Protective Services (CPS)** and **local law enforcement**. I will also notify my **licensor** of any such reports.

In addition, **all staff, volunteers, and household members** involved in the program are **trained in the prevention, recognition, and reporting** of child abuse, neglect, and exploitation.

We are committed to maintaining a safe and supportive environment for every child in our care.

Permission for Free Access (WAC 110-300-0085)

we value transparency and open communication with families. During business hours, **you have the right to access any area of the home licensed for childcare**. You are always welcome to **drop in unannounced** to observe your child and their daily routine.

You also have the right to request and review the following documents at any time:

- Your child's personal file
- Provider training logs
- Department of Children, Youth, and Families (DCYF) inspection checklists
- Facility Licensing Compliance Agreements
-

If you would like to schedule a **private meeting** with me or a member of our staff, we kindly ask that you arrange it in advance so we can ensure appropriate coverage and privacy away from the children.

We encourage and welcome **parent involvement**, especially during **field trips, outdoor play, or special events**. Your participation helps strengthen our community and enriches the experiences we provide.

Definitions of Care

Full Time: Full time care means at least 5 hours, but not more than 11 hours, of childcare or early learning childhood education services with in a 24 hour period

Part Time: a childcare arrangement where children attend on a regular schedule but less than full time.

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)

1. Arrival and pick-up instructions:
 - Upon arrival; the parent, guardian or authorized person must sign the child in using signature of full name, the date and time.
 - Upon departure; the parent, guarding or authorized person must sign the child *out* using signature of full name, the date and time.
 - All parents, guardians, or authorized pick-up persons are **required to sign children in and out each day** using the Lillio App system. You must use your **full legal name**, and the app will automatically record the **date and time** of each entry.
 - This process ensures the safety of all children in our care and helps us maintain accurate attendance records as required by state licensing.
 - Failure to consistently sign in and out may result in a warning or potential termination of care.
2. 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 or verbal permission. This form should be kept current. The person picking up your child must have identification, as we may ask for verification of identity before releasing a child.
3. Anyone who appears to be under the influence of drugs or alcohol arriving at 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 evaluated and may be raised every year on February 1st. 4 weeks' notice will be given to families for rate increases. If other adjustments are needed, 4 weeks' notice will be given.

The program rates are:

Age	Full time/Monthly	Part-time/Daily	Drop-in/hour
2 years – 2 ½ years	\$1300	\$690	N/A
2 ½ years -5 years	\$1250	\$625	N/A

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 5th of every month. Special payment terms are negotiable on occasion and will be defined in the contract.

Holiday Pay: Fees are not reduced during months/weeks that have holidays or vacations. If child care is provided during National holidays payment will be at the same rate if the child care facility is open.

Payment Penalties:

1. The fee for late payment is \$10 per month. 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 \$25 plus any bank costs incurred by me. Cash payment is required for returned checks. You may be put on a cash only basis after the second NSF check.
3. Late pick-up fees are \$2.00 per minute late.

Receipts and Taxes:

Upon request I will give you a payment receipt when you pay for childcare. At around the time

to file taxes I can Provide an EIN number towards the beginning of January.

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	06:30 am – 5:30pm
Tuesday	06:30 am – 5:30pm
Wednesday	06:30 am – 5:30pm
Thursday	06:30 am – 5:30pm
Friday	06:30 am – 5:30pm
Saturday	CLOSED
Sunday	CLOSED

Holidays

Childcare is closed for the following holidays:

Holiday	Date, Comments
Memorial Day	
Independence Day	
Labor Day	
Veterans day	
Thanksgiving	
Christmas	
New years day	

Family/Parent/Guardian Vacations and Absences

1. You are required to give one week's advance notice for vacation.
2. Please call and inform me when your child will not attend due to illness or some other event.
3. Payment will not be reduced during your vacation days.
4. Please advise me upon enrollment if you plan to remove your child from childcare

for any length of time (i.e., the summers for school teachers, or when you are on maternity leave with another child, etc.).

Provider Vacation/Emergency Closure Policy

I will give you at least 4 week(s) advance notice of my vacation schedule. I will take 2 weeks' vacation per year. **Payment will not be reduced during my vacation.**

Emergency Closure policy: I will be following all local School delays/closures.

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

I recommend that you have access to an alternate childcare arrangement. You may need care if I am ill, school closure days or when I am on vacation. If I am ill you will be notified as soon as possible so that you can make other arrangements. **It is always your responsibility to find backup childcare.**

For a childcare referral, please call:

Child Care Aware of Washington
(206) 329-5544
1-800-446-1114

Staffing Plan, Classroom types and Ratios (WAC 110-300-0356)

We will maintain the State required staff to child ratios at all times. For consistency of care I or a permanent staff member will be assigned to care for your child with a goal of building a long-term trusting relationship. Any Staff who covers for me in my absence will meet all State requirements to care for the children and be fully trained according to State requirements and will be trained on the policies and procedures of our program. You may ask for access to our staff training and professional development records.

If we have any staffing changes, or I need to be absent for an extended period of time, you will be notified in writing or electronically.

Our staff to child ratios are 1:6 and we offer 2-5 years old age group classroom type of classroom settings.

Termination of Services (WAC 110-300-0485)

1. You are required to give me 2 weeks' notice of your intent to terminate care.
2. The following are conditions that may cause childcare to be immediately terminated:
 - A. Non-receipt of co-pay

- B. Family members or other adults not meeting the programs requirements, inappropriate or unsafe behavior in or near the facility, disrespecting the childcare facility, staff or policies
- C. Continual late payments or unpaid bills
- D. Continual late arrivals or pick-ups

Expulsion Policy (WAC 110-300-0486, 0340)

At our facility we will work with each individual child promoting consistent care and maximize opportunities for child development and learning. When a Child exhibits behavior that presents serious safety concern for the child or others and the program is not able to reduce or eliminate the safety concern through reasonable modifications the child's care will be terminated. Examples include ongoing biting beyond toddler age, throwing objects at other, hitting with objects, inappropriate language.

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

1. We will have a parent or guardian meeting weekly or sooner as needed.
 2. We will review the expulsion policy with the parents or guardians.
 3. We will record the incidents that led up to the expulsion, include the date, time, staff involved and details of the incidents
 4. We will give the parents or guardians a copy of the steps that were taken to avoid expulsion
 5. We will give the parents or guardians a description of the environmental change, staff change and other reasonable modifications that were made.
 6. We will have a behavior plan developed with the parents. A copy of this plan will be given to all teachers, support staff and parents or guardians.
 7. We will give the parents or guardians referrals to community-based programs/settings
- The Department will be notified of the expulsion.

Posting requirements: (WAC 110-300-0505)

All policies, procedures, reports, and resources will be located at the sign in station located at the front entrance of the building in a binder.

Items Brought from Home

We will not be allowing Electronic Devices from home. Unless it is for school use only. If brought to daycare, they will only be able to participate in school activities, once done I will place the electronic device in a secure location.

We will have show in tell, so your child can bring an item of their choice to share with friends and tell us a story of what they brought and why it is special to them.

Checklist of Child Care Supplies

	<i>I Provide</i>	<i>You Provide</i>	<i>Item</i>	<i>Comments</i>
1.		x	Bottles	
2.		x	Bottle Liners	
3.		x	Formula	
4.		x	Nipples	
5.		x	Diapers	
6.		x	Pacifiers	
7.		x	Teething devices	
8.		x	Toilet training diapers	
9.		x	Car seat/Booster seat (appropriate for your child's size/age)	
10.		x	Change of clothes	
11.		x	Cold and rainy weather clothes	
12.		x	Blanket and sleeping necessities	Recommended to bring blanket of their choice.
13.	x		Toothbrush	
14.	x	x	Sunscreen (must have written permission)	
15.			Three-day supply of medication	
16.				

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

Time	Activities
6:30-8:00am	Arrivals/quiet time
8:00-8:30am	School drop off
8:30-9:00am	Breakfast
09:30-10:00am	Free play
10:00-10:15am	Am snack
10:15-10:45am	Guided activity (play doh, coloring ect.)
10:45-11:30am	Outside play
11:30-12:00pm	Lunch
12:00-12:30pm	Free Play
12:30-12:45pm	Story time (story aloud, sing songs)
12:45-2:00pm	Nap time quiet time
2:00-2:30pm	School pick up
2:30-3:00pm	Outside activity or guided activity
3:00-3:15pm	Snack time
3:15-4:30pm	Free play
4:30-5:30pm	Time to wind down/ pick ups and clean ups
	Pick ups and clean ups

WAC's 110-300-0295 and 0296

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)

Outdoor activities (WAC 110-300-0146,0147,0148)

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;

Napping/sleeping (WAC 110-300-0265)

A rest period will be offered for all children under five years of age, who remain in care for more than six hours or show a need to rest. Alternative quiet activities will be available for those children who are unable to nap or who no longer need a nap. No child will be forced to sleep/nap. I will work with you to discuss your child's sleep patterns and needs. I must allow infants and toddlers to follow individual sleep schedules. Children will be assigned a sleeping cot, it is recommended that your child bring a blanket of their own, or any item that would help them sleep.

Mixed Age groups: (WAC 110-300-0357)

During the day the children will be participating in learning, play, eating and sleeping with children from different age groups. We will set up programs and curriculum for the age of your child/children.

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

We will ask all parents and guardians to have a written individual care plan for each child with special needs including allergies.

The individual care plan must be signed by the parent or guardian and must contain the following:

1. The child's diagnosis, if known.
 2. Contact information for the primary health care provider or other relevant specialist.
 3. A list of medications to be administered at scheduled times, or during an emergency along with descriptions of symptoms that would trigger emergency medication.
 4. Directions on how to administer medication.
 5. Allergies.
 6. Food allergy and dietary needs, pursuant to WAC 110-300-0186;
 7. Activity, behavioral, or environmental modifications for the child;
 8. Known symptoms and triggers.
 9. Emergency response plans and what procedures to perform; and
 10. Suggested special skills training, and education for early learning program staff, including specific pediatric first aid and CPR for special health care needs.
- Accompanying the individual care plan, we must have supporting documentation of the child's special needs provided by the child's licensed or certified:
- a. Physician or physician's assistant.
 - b. Mental health professional.
 - c. Education professional.
 - d. social worker with a bachelor's degree or higher with a specialization in the individual child's needs; or
 - e. Registered nurse or advanced registered nurse practitioner.
11. If the child has one of the following it must accompany the child's service plan.

- (a) Individual education plan (IEP);
- (b) Individual health plan (IHP);
- (c) 504 Plan; or
- (d) Individualized family service plan (IFSP).

I am willing to help to obtain the needed requirements and my goal is to help your child to succeed and have a great learning experience while at my facility. If need be if any professional is to come and stop by for a visit such as a Speech therapist, behavior therapist or ect. I would require parents inform me before hand so we can fill out required forms.

Religious and Cultural Activities

Holidays that we will be celebrating here at the daycare include; Valentine's Day, Dr. Seuss Day, St. Patrick's Day, Easter, Mother's Day, Fathers Day, Halloween, Thanksgiving, and Christmas.

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.

Busy Kidz Early Learning creates an environment where every child feels respected, nurtured and successful on a daily basis. While we allow the children to discover, explore and learn through play, we have a responsibility to provide them with support using positive guidance techniques and the implementation of appropriate limits. Children become more successful and confident as they develop internal control of their own behaviors, which means they don't have to constantly rely on teachers or other adults to remind them what is appropriate and what is not appropriate.

The goal of positive guidance is to build self-discipline and self-control in children. we strive to help children understand that they are responsible for their own behavior and that their behavior affects other people.

Positive guidance techniques that BKELE encourages include Clarification of Expectations, setting limits, positive phrasing of instructions, providing realistic choices, recognition of positive behaviors, encouragement, helping children identify and talk about feelings, redirecting into appropriate activities or behaviors and engaging in problem-solving strategies to identify possible solutions to a conflict.

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

Specialized Care for Infants & Toddlers:

Diapering Procedure (WAC 110-300-0221)

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

Toilet Learning (WAC 110-300-0220)

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

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

We support families as their children transition from formula and breast milk to eating solid foods at the table. We will consult with the parent or guardian to implement a feeding plan for infants and toddlers at each step of this process. We will provide educational materials and resources to support breastfeeding mothers and nutritional information on infant formulas. We will have a designated area for nursing and bottle-feeding mothers. All infants and toddlers will eat when hungry according to their nutritional and developmental needs, unless medically directed. We will serve only breast milk or infant formula to an infant, unless the child's health care provider offers a written order stating otherwise. We will hold infants and toddlers while making eye contact with them. We will stop feeding the infant or toddler when he or she shows signs of fullness. We will not allow infants or toddlers to have propped bottles or given a bottle or cup when lying down. We will transition a child to a cup only when developmentally appropriate and with the permission of the parent or guardian. In consultation with the parent or guardian we will begin introducing solid foods. We will not Introducing solid foods sooner than four months of age, and it will be based on an infant's ability to sit with support, hold his or her head steady, close his or her lips over a spoon, and show signs of hunger and being full, unless identified in written food plan pursuant to WAC [110-300-0190](#) or written medical approval. We will not add food, medication, or sweeteners to the contents of a bottle unless a health care provider gives written consent. We will not serve juice or any sweetened beverages (for example, juice drinks,

sports drinks, or tea) to infants less than twelve months old, unless a health care provider gives written consent, and to help prevent tooth decay we will only offer juice to children older than twelve months from a cup. In consultation with the parents or guardians we will increase the texture of the food from strained, to mashed, to soft table foods as a child's development and skills progress between six and twelve months of age. Soft foods offered to older infants will be cut into pieces one-quarter inch or smaller to prevent choking. We will allow older infants or toddlers to self-feed soft foods from developmentally appropriate eating equipment. Placing infants or toddlers who can sit up on their own in high chairs or at an appropriate child-size table and chairs when feeding solid foods or liquids from a cup, and having an early learning provider sit with and observe each child eating. See policy for storing and serving breast milk. Infants and toddlers will not be served food from polystyrene (Styrofoam) cups, bowls, and/or plates.

Bottle preparation (WAC 110-300-0280)

Parents or guardians who bring bottles must label the bottle with the child first and last name and the date. The bottles and nipples must be in good repair be glass or stainless-steel bottles, or use plastic bottles labeled with "1," "2," "4," or "5" on the bottle. A plastic bottle must not contain the chemical bisphenol-A or phthalates. Infants are fed on demand or based on parents/guardians recommended feeding schedule. Infants will stop being fed when the child shows signs of fullness. Bottles will be emptied when a child is done feeding. We will throw away contents of any formula bottle not fully consumed within one hour (partially consumed bottles will not be put back into the refrigerator). Infants and toddlers will be held at all times when bottle feeding, I do not prop bottles up or let children feed themselves while lying down, children sitting up in a highchair or at a table may feed themselves their bottles if that is their preference. Bottles will be checked to ensure temperature is safe before feeding. Medications, cereal supplements, or sweeteners will not be added to the contents of bottles unless prescribed by a health care professional and the medication management procedure has been followed.

If a child does require formula parents are to provide formula for the child, BKEI will notify parents 2 days in advance if formula is needed.

Breast Milk (WAC 110-300-0281)

We encourage families to breast feed their children. We welcome parents to come in to nurse their child or bring breast milk. When a parent or guardian provides breast milk, we will immediately refrigerate or freeze the breast milk. The breast milk must be in a closed container, labeled with the child's first and last name and the date received. We will keep frozen breast milk for no more than thirty days upon receipt and then any unused frozen breast milk will be returned to the parent after thirty days. We will keep unfrozen breast milk for up to twenty-four hours. Thawed breast milk or breast milk that

has not been previously frozen and has not been served within twenty-four hours will be returned to the parent or guardian at the end of each day. We will throw away contents of any bottle not fully consumed within one hour. We will obtain parental consent prior to feeding infant formula or solid foods to an otherwise breastfed infant.

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

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

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

To reduce the risk of Sudden Infant Death Syndrome (SIDS) I and all my staff have completed yearly safe sleep training. I will actively supervise infants and toddlers by visibly checking often and being within sight and hearing range, including when an infant or toddler goes to sleep, is sleeping, or is waking up. I will follow the current standard of American Academy of Pediatrics concerning safe sleep practices including SIDS/SUIDS risk reduction. I will place an infant to sleep on his or her back or follow the current standard of American Academy of Pediatrics. If an infant turns over while sleeping, I will return the infant to his or her back until the infant is able to independently roll from back to front and front to back. I will not use a sleep positioning device unless directed to do so by an infant's or toddler's health care provider. The directive must be in writing and kept in the infant's or toddler's file. I will have sufficient lighting in the room in which an infant or toddler is sleeping to observe skin color. I will monitor breathing patterns of an infant or toddler and allow infants and toddlers to follow their own sleep patterns;

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

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.

Our transitioning plan will consist of focusing and preparing your child for kindergarten areas we will focus on will be Social-Emotional, Physical, Language, cognitive, literacy, and mathematics.

Social-Emotional:

- Look at situations differently or delay gratification. Example, when all the puzzles are being used, your child might look for another activity.
- Being able to manage classroom rules, routines, and transition with occasional reminders.
- Demonstrating confidence in meeting his/her own needs. For example, he/she might wash hands before eating.
- Interact with classmates
- Sharing
- Suggest solutions to social problems

Physical:

- Better movement skills, such as jumping, running and climbing
- Holding writing utensils properly and connecting blocks and puzzles.
- Use writing tools such as holding pencils, pens, crayons or other drawing and writing tools, but he/she may hold them too close to one end.

Language:

- Being able to respond appropriately to specific vocabulary and simple statements, questions and stories.
- Following directions of two or more steps that relate to familiar objects and experiences. For example your child may wash and dry his/her hands after being reminded about the hand washing routine.
- Engaging in short conversation.

Cognitive:

- Beginning to sustain his/her attention on an interesting task, ignoring most distractions and interruptions.
- Beginning to plan and pursue a variety of challenging tasks, for example working with others to solve a puzzle.

- Remembering and naming at least one or two objects that are taken away while playing “what’s Missing” and may be able to remember and name more.
- Grouping objects by using a single characteristic such as shape, size, or color. Example placing all blue objects together.
- Grouping objects by shapes, size and color.

Literacy:

- Showing awareness of language sounds examples; rhyming and hearing the beginning and ending sounds of words.
- Identifying short word sounds.
- Recognizing and naming a few letters in his/her name and learning how to recognize and name as many as 10 letters.
- Identifying sounds of letters
- Writing letters correctly and some letters in unconventional order.

Mathematics:

- Able to count to 10, and count up to five objects to understand how many objects there are.

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

☒ I **do not** participate in the USDA Food Program

☐ I **do** participate in the USDA Food Program.

All meals and snacks are prepared and served in accordance with the most current edition of the USDA Child and Adult Care Food Program (CACFP) standards or the USDA National School Lunch and School Breakfast Program standards. It is your responsibility to notify me of any allergies or adverse reactions your child may have with certain foods or beverages.

Home canned foods are not allowed to be served.

Safe drinking water will be served.

Whole milk will be served to children 12-24 months.

*See information about infant feeding, bottles and breast milk in the **Infant and Toddler Nutrition and feeding** section of this handbook.*

Sample Menu and Description of How Foods Are Served

Breakfast

Ex. French toast, milk, and strawberries

Lunch

Ex. Milk, broccoli, banana, chicken nuggets, tacos, spaghetti ect.

Snacks

_Pretzles, apples, grapes, yogurt, crackers ect.

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

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

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

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

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

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

Food Handling Practices (WAC 110-300-0195,0197)

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.

Children will be served fresh family style food daily staff will be sitting with children during mealtimes to help the children learn skills such as dishing out their own foods, asking for food to be passed and pouring their own milk.

Dishwashing Practices (WAC110-300-0198)

- ☒ Dishes are washed in an automatic dishwasher using the sanitizing cycle (if available)
- ☐ 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, I will need a written plan. Any meal or snack brought from home that does not meet USDA CACFP requirements will not be served to your child. If items are brought from home to share such as birthday cakes or cupcakes a written permission must be obtained by all parents of children who will consume the item.

Water activities (WAC 110-300-0175)

Water activities will be held outside during acceptable weather include, water wall, floating boats, toy fishing,

During summer, we will have outdoor field days that will include the children to get wet outdoors, children should bring swim wear.

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

1. Parents are responsible for transportation to and from my home.
2. If we take a field trip off site, you will be notified and asked to sign a permission slip. If there is a fee for a field trip, you will be notified in advance.
3. Transportation for field trips will be provided by private cars, vans, busses or

walking.

4. I have ___5___ seat belts in the back seat(s) of my car. Everyone over 8 years old is buckled at all times. If your child is under 8 years old, please provide a car seat/booster seat on planned field trip days.
5. Children's emergency contact and medical release forms and medical/immunization records, a first aid kit my first aid/CPR certification, and any medications needed by individual children will be taken on all field trips. Any medication administered will be recorded.
6. Parents who volunteer on field trips will not have unsupervised access to the children (excluding their own child) unless they have been pre-qualified with a criminal background check.
7. School age children will be transported to and from school in the following manner: _by car._____

Field Trips:

- Local park splash pads
- Movies (appropriate age requirements)
- Roller rink (appropriate age requirements)

Ratios per staff 1:6

NO SMOKING WILL BE TOLLERATED IN WHICH INCLUDES, VAPING, OR USING ANY FORM OF CANNABIS WHILE ON FIELD TRIPS BY PARENTS, STAFF AND OR OTHER ADULTS.

Transportation to/from School:

School	Transportation Method
Whittier Elementary School	By Car
Marie Curie STEM Elementary	By Car
Robinson Elementary School	By Car
All Students will be required to wait in a designated area arranged with their school	

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

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

I will maintain the same required adult to child ratios during nighttime care as during the daytime hours with the primary staff person remaining on the same floor as the children. One qualified staff person will remain awake until all children are asleep. All Children are assigned their own Sleeping Cot. Families are encouraged to provide a blanket for each child, if family is not able to please inform provider so provider and plan accordingly.

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

Good oral hygiene is as important for a six month old child with one tooth as it is for a six year old with many teeth. Each child will be provided a toothbrush, we will practice oral hygiene by washing our hands with soap and water before and after brushing each child's teeth. Our childcare staff shall wear a new pair of gloves for brushing each child's teeth.

Health Care Practices (WAC 110-300-0500)

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

Our health policy is reviewed and approved by the department and can be found at the entrance of the facility.

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

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

I have practiced turning off water, power and gas. Shelving, furniture and heavy objects on high shelves have been secured to protect against falling. I continually check my home for potential hazards on a regular basis.

Should my home become inhabitable in a disaster, the children and I will be located at _
Highland Park 500 N Wehe ave Pasco, Wa 99301 if possible.

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

Our facility has created an Emergency Disaster Kit which includes: a battery operated flash light, glow in the dark sticks, extra batteries, portable charger, radio, first aid kit, gloves, whistle, tarp, water, and dry perishable food such as juices, dried fruit, dried Cereal/granola, protein/fruit bars.

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.

Evacuation Plan: (WAC 110-300-0470)**When On-site:**

- All children will be gathered and escorted to the designated meeting spot located: evacuation plan will be located at the entrance of our facility, meeting location is near the side gate entrance.
- If possible, the attendance sheet will be brought outside and a name to face check will be done.
- 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. The grab and go bag will include, a first aid kit, gloves, flashlight, tarp, batteries, water and perishable foods like granola bars/fruit bars, cereal and dry fruit.
- A head count of the children will be taken to ensure all children are present and adults will talk to children in a calm reassuring tone
- All areas will be searched (including bathrooms, playground structures, etc.), to ensure that all children are safe and accounted for
- Once out of danger, families will be contacted. If we are unable to make contact by phone, we will then call the identified out-of-area emergency contact or 911 to let them know of our location
- If an earthquake takes place while transporting children, we will remain in the car until it is deemed safe to get out.

- We will practice evacuation drills 3 times a year. One verbal and 2 with an actual drill.
- Children who are not able to evacuate alone, will be accompanied by lead instructor/volunteers and or assistance. We will assure they are out safely and will practice during drills.

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.
- Fire drills will be done once a month.

Lockdown Plan: (WAC 110-300-0470)

- We will lock outside doors and windows, close and secure interior doors, all windows will be covered or made to not be able to be seen through, and all lights will be turned off;
- We will keep everyone away from doors and windows. Stay out of sight, preferably sitting on floor;
- When possible, we will bring attendance sheets, first aid kits, pacifiers and other comforting items, and books to our safe lockdown area;
- To maintain a calm atmosphere in the room we will read or talk quietly to children;
- If a phone is available, we will call 911 to ensure emergency personnel have been notified;
- We will remain under lockdown until the situation is resolved or we are notified that it is safe to resume the daily routine;
- We will notify parents and guardians about any lockdown, whether practice or real. If real we will notify parents and guardians when it is safe to do so.

In the case of a disaster of any kind, I have prepared my home for evacuating the children and have a three day/72-hour supply of food and water for each child and staff. Please bring a three-day supply of any required medications for your child/children. We will keep the children

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

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

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

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

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

dosage amount, and length of time to give the medication; and instructions for administration and storage.

4. **A detailed medication log**, inclusive of documentation of when a medication is given or not given as prescribed, or as indicated on the permission form will be kept with all medicines given out at our child care facility.
5. **Storage:** Medications must be stored in the original container. The container must have the patient's name, instructions and date of expiration. It will be stored out of the reach of the children. Medication will be stored according to it's label including medication that states it must be refrigerated. Controlled substances will be locked up.
6. **Oral medication:** Any medicine taken by mouth for children under two will need written permission from your doctor and stored separate from topical medications.
7. **Permissions:** Doctor's permission is required for all prescription medication and is not required for non-prescription drugs (parent permission is required for all medication, both prescription and non-prescription).
8. **Training:** a child's parents or guardian (or an appointed designee) will need to provide training for special medical procedures that are part of a child's individual care plan. This training must be documented and signed by the provider and the child's parent or guardian (or designee).
9. **Unused medication:** All unused medication must be taken home by the parent or guardian.

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

1. Each child will be observed daily for signs of illness.
2. Children who are contagious must stay at home. All parents of children in my care, will be notified by phone within 24 hours of communicable diseases or food poisoning. The health Department will be notified of food poisoning and of all reportable diseases at the facility.
3. Please call me if your child will not attend due to illness. If you are unsure if your child should come or not, please call.
4. If a child should become ill during the day, you will be notified immediately and will be expected to pick up the child as soon as possible. In such event, we will reasonably prevent contact between the ill child and other children until you arrive.
5. The parent is responsible for finding substitute care in case of the child's illness.
6. Children and staff who are exhibiting the following symptoms will be excluded from 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.

Whooping Cough: Prolonged cough that may cause a child to vomit, turn red or blue or inhale with a whooping sound

Chicken Pox: Children may return when the blisters have dried and formed scabs.

An illness or condition: that prevents your child from participating in normal activities such as outdoor play.

Reporting and Notifying Conditions to Public Health (WAC 246-110-010)

I am required to notify the Department of Health, my licensor, and all families of children in my care within 24 hours in the event a licensee, staff person, volunteer, household member, or child in care is diagnosed with a notifiable condition (as defined in chapter WAC 246-110-010(3)).

Pesticide policy (WAC 110-300-0255)

We will take appropriate steps to safely prevent or control pests that pose a risk to the health and safety of adults and children in and around the licensed space. Our pest control steps include: Taking steps to prevent attracting pests including, but not limited to, identifying and removing food and water sources that attract pests; inspecting both the Indoor and outdoor areas in and around the licensed space; documenting and identifying the pests found in the licensed space so the pest may be properly removed or exterminated with the date and location if evidence is found; we will document all steps taken to remove or exterminate the pests; and provide notification to all parents or guardians of enrolled children what pesticide will be applied and where it will be applied

no less than forty-eight hours before application, unless in cases of emergency (such as a wasp nest). Pesticide will only be applied when children are not present. We will always comply with the pesticide manufacturer's instructions. We will emphasize prevention and natural, nonchemical, low-toxicity methods where pesticides or herbicides are used only as our last resort.

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

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

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

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

- (a) When arriving at the early learning premises;
- (b) After using the toilet;
- (c) After diapering;
- (d) After outdoor play;
- (e) After gardening activities;
- (f) After playing with animals;
- (g) After touching body fluids such as blood or after nose blowing or sneezing;
- (h) Before and after eating or participating in food activities including table setting; and
- (i) As needed or required by the circumstances.

Staff will wash their hands

- (a) When arriving at work;
- (b) After toileting a child;
- (c) Before and after diapering a child (use a wet wipe in place of handwashing during the middle of diapering if needed);
- (d) After personal toileting;
- (e) After attending to an ill child;
- (f) Before and after preparing, serving, or eating food;
- (g) Before preparing bottles;
- (h) After handling raw or undercooked meat, poultry, or fish;
- (i) Before and after giving medication or applying topical ointment;
- (j) After handling or feeding animals, handling an animal's toys or equipment, or cleaning up after animals;
- (k) After handling bodily fluids;
- (l) After using tobacco or vapor products;
- (m) After being outdoors;
- (n) After gardening activities;
- (o) After handling garbage and garbage receptacles; and
- (p) As needed or required by the circumstances

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

Hand sanitizer will be used in accordance with WAC 110-300-3650 and will not be substituted when regular hand washing procedures can be practiced, and can only be used by children over twenty-four months and for whom I have a signed parent permission on file. Hand sanitizers will not be within reach of the children.

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

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

Injury Prevention (WAC 110-300-0475)

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

Pets (WAC 110-300-0225)

☒ I do not have pets

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

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

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

☒ I do have surveillance video

☐ I do not have surveillance video

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

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

☐

I do have guns, weapons or ammunition in my home. Guns, weapons and/or ammunition [\(WAC 110-300-0165\(2\)\(e\)\)](#) are safely stored in:

☐

Locked gun safe

☐

Locked room; each gun must be stored unloaded and with a trigger lock or other disabling feature

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

☒

I do not carry liability insurance

☐

I do carry liability insurance. Please see notice posted:

Safe water sources [\(WAC 170-300-0235\)](#)

☒

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

☒

I have a copy of the water testing results on the premises.

Water has been tested for Copper and Lead through Energy Northwest

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

☒

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

☒

I will keep records from the previous twelve months in the licensed space and they will be immediately available for the Department or other state agency's review

All records are confidential if parents are needing to see any records that pertain to their child, Busy Kidz Early Learning will supply records for the child requested.

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