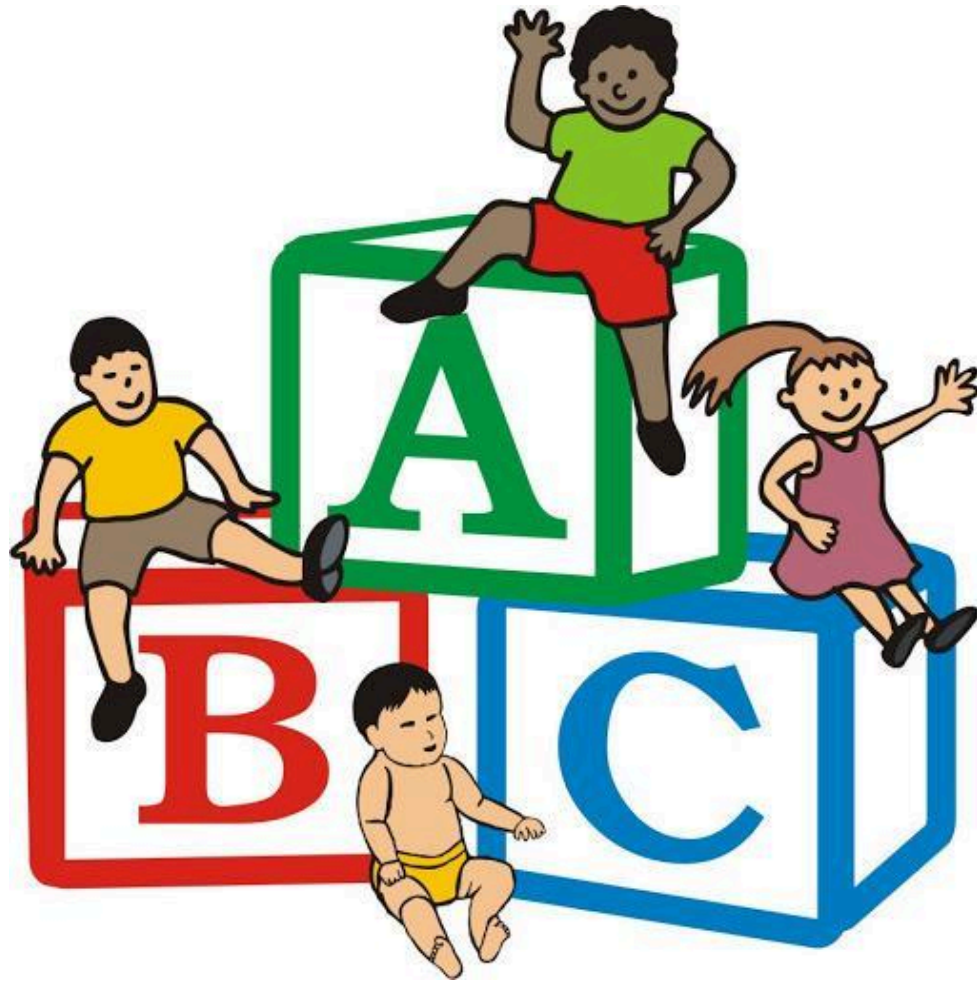


Parent Handbook



Suad Home Daycare

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Please read this handbook thoroughly.

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

This handbook was updated on 1/2026

My Training and Experience

The State of Washington requires that I take annual training on topics related to caring for young children and leadership practices. I will frequently share interesting things I learn with the families in my program.

My Family and Background

I have been working in the childcare industry for over 20 years now. I have nine children of my own and it has always been a pleasure for me to work with kids and help them throughout their stages in growing up. My name is Suad Ismail, and Email: Yusufsud@yahoo.com

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

At my childcare I will help children learn and grow and enhance self-esteem. I will do activities with them that will help them develop and increase knowledge. And I will provide many opportunities for children to express themselves and be creative.

Family engagement and partnership communication plan (WAC 110-300-0305)

Please contact me in person, or email anytime you have a question or concern about your child or our child care program.

Drop off and pick up times are very busy times for us. If you would like to share with us important information about your child please 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.

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

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

It is important for us to provide the best program for your child. We will provide a developmental screening for each child from birth through age five. This can be found on the department website.

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

Requirements for enrollment only include filling out the needed forms. Parents can either pay through the DSHS subsidy or submit monthly checks/cash on the 1st of the month or bimonthly, depending on what is agreed upon between the family and the provider.

Deposits and Registration Fees

For those paying out of pocket, there is a deposit that is set up between the family and the provider depending on the type of care that is being provided.

Registration Fee: I require a non-refundable registration fee of \$50 to cover administrative costs.

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

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

1. Child Care Registration
2. Permission Authorization for field trips, transportation, bathing, water activities, photo, video and surveillance activity. (if applicable)
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. 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 childcare. Changes such as job changes, 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 (more frequently for infants). All children must be current on their immunizations. If there is a signed Certificate of exemption (COE) from a licensed physician, the child will be excluded from child care if there is an outbreak of a vaccine preventable disease that the child has not been immunized for.

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

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

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

The Department may also access your children's files.

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

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

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

As a child care provider, I will protect children from all forms of child abuse or neglect. I have a duty to report and am required by mandatory reporting laws to report any suspected physical, sexual or emotional child abuse, any suspected child neglect, child endangerment, or child exploitation, a child's disclosure of sexual or physical abuse and maltreatment to Child Protective Services (CPS) and my local law enforcement agency immediately (without prior notification to the parents involved). I will also inform my licenser. All staff or volunteers in this program, as well as my family members, are trained on prevention and reporting of child abuse, neglect, sexual abuse, maltreatment or exploitation.

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

During business hours, you have the right to access any areas of my home licensed for child care. You are welcome to visit or drop-in unannounced to observe your child. You have the right to access your child's file, provider training log(s), DEL inspection checklist(s), and Facility Licensing Compliance Agreements. Please schedule time in advance if you would like to have a meeting with me or my staff, so we can arrange to speak away from the children.

Definitions of Care:

Also used 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 in the child using their signature of full name, the date and time.
 - Upon departure; the parent, guardian or authorized person must sign the child *out* using their signature of full name, the date and time.
 - The sign-in/sign out form is located at the front door wall. If you use the electronic sign in and out and the procedures for that system. You are required to sign in/out using your full name, the date, and time using the electronic tablet
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 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 . A two weeks' notice will be given to

families for rate increases.

If other adjustments are needed, 3 weeks' notice will be given.

The program rates are:

Age	Full time/Month	Part-time/Month	Drop-in/hour
0-12 MONTHS	\$1800-2200	\$900-1600	\$35
12-29 MONTHS	\$1600-1700	\$700-1250	\$30
30 Mons-5 YEARS	\$1500-1600	\$850-1000	\$25
6-12 YEARS	\$900-1500	\$600-1050	\$20

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 the first of the 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. We will be open almost all holidays except for the ones stated below.

Family Discount: When more than one child from the same family is enrolled, a reduction is given. We accept checks and will provide a receipt afterwards for your keeping.

Payment Penalties:

1. The fee for late payment is \$40 per day. If fees remain unpaid after a period of three days, your child will not be admitted until ALL fees are paid in full. If you are on Working Connection Child Care this late fee will be reported.
2. The penalty for NSF checks is \$30 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 \$30/day.

Extra Charges:

Field Trip Fees: Field trip fees will be charged when necessary. You will receive advance notice of any charges.

You will be notified of extra field trip fees 2 weeks in advance

Receipts and Taxes:

Upon request I will give you a payment receipt when you pay for child care.

Hours and Days of Operation

The child care program is open the following hours, except holidays. I will give parents a reminder when these holidays are coming up so they can make necessary arrangements for their child(ren). Parents are welcome to visit their children at any time during the day.

Day	Hours
Monday	6:00A.M-8:00P.M
Tuesday	6:00A.M-8:00P.M
Wednesday	6:00A.M-8:00P.M
Thursday	6:00A.M-8:00P.M
Friday	6:00A.M-8:00P.M
Saturday	6:00A.M-8:00P.M
Sunday	6:00A.M-8:00P.M

Holidays

Child care is closed for the following holidays:

Holiday	Date, Comments
New Year's Day	January 1 st
Memorial Day	Varies
Labor Day	Varies

Thanksgiving Day	Varies
Christmas Day	December 25 th
Other Islam Holy-days (Eid)	Varies
Independence Day	July 4th
Presidents Day	Varies
Thanksgivings Day	Varies
Martin Luther King Jr. Day	Varies
Vetern's Day	November 11

Family/Parent/Guardian Vacations and Absences

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

Provider Vacation/Emergency Closure Policy

I will give you at least 4 week(s) advance notice of my vacation schedule. Staff may cover childcare when I am on vacation. Payment will not be reduced during my vacation.

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

I recommend that you have access to an alternate child care arrangement. You may need care if I am ill, school closure days or when I am on vacation. If there is an emergency or staff is ill/call outs you will be notified as soon as possible so that you can make other arrangements. It is always your responsibility to find backup child care. For a child care referral, please call:

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

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

We will maintain the State required staff to child ratios. 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, you will be notified in writing or by electronically.

Our staff to child ratios are 2 for every 5 children

Termination of Services (WAC 110-300-0485)

1. You are required to give me 2 weeks' notice of your intent to terminate care. Your deposit will cover 2 weeks. If you should terminate your child's care without notice, the deposit will not be refunded.
2. The following are conditions that may cause child care to be immediately terminated:
 - A. Non-receipt of co-pay
 - B. Family members or other adults not meeting the programs requirements, inappropriate or unsafe behavior in or near the facility, disrespecting the child care facility, staff or policies
 - C. Continual late payments or unpaid bills
 - D. Continual late arrivals or pick-ups

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

At our facility we will work with each individual child promoting consistent care and maximize opportunities for child development and learning. When a child exhibits behavior that presents serious safety concerns 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.

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)

You can locate all relevant policies such as my program policy, Health policy, staff policy (if applicable) , consistent care policy, menus, enforcement actions and resources for families on the wall of the main classroom. They will be updated frequently as needed.

Items Brought from Home

Use the check list below to list all items that you may need to bring from home. There is also a list of items that will not be allowed in the childcare. I or my staff are not liable if electronics or items brought from home are lost or stolen.

Dual language Learning (WAC 110-300-0305)

We welcome diversity to our program and are happy to work with children from different backgrounds. Help with languages and different cultural learnings will be taught during the appropriate time and be discussed with the parents as well.

Checklist of Child Care Supplies

	<i>I Provide</i>	<i>You Provide</i>	<i>Item</i>	<i>Comments</i>
1.		*	Bottles	
2.		*	Bottle Liners	
3.		*	Formula	
4.		*	Wipes	
5.		*	Diapers	
6.		*	Pacifiers	
7.		*	Teething devices	
8.		*	Toilet training diapers	
9.	*	*	Car seat/Booster seat (appropriate for your child's size/age)	
10.		*	Change of clothes	
11.		*	Cold and rainy weather clothes	
12.	*	*	Blanket and sleeping necessities	
13.		*	Toothbrush	
14.		*	Sunscreen (must have written permission)	
15.		*	Three-day supply of medication (if needed, must fill out form before medication can be given)	
16.		*		

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

Time	Activities
6:00-7:00A.M	Welcome and free play
7:30-8:30A.M	Breakfast
8:30-9:30A.M	Outdoor activities
9:30-10:00A.M	Group Time
10:00-10:15A.M	Snack
10:15-11:00A.M	Free Choice Activities
11:30-12:30P.M	Lunch Time
12:30-3:00P.M	Nap Time/Quiet Time
3:00-3:30P.M	Snack Time
3:30-4:30P.M	Exercise and Books
4:30-5:30P.M	Homework
5:30-6:00P.M	Table Activities
6:00-6:30P.M	Dinner time
6:30-7:30P.M	Free choice and play
7:30-8:00P.M	Parent Random pick up child time for Day End

Screen Time Usage (WAC 110-300-0155)

We do not use television, videos, or computers for educational purposes at our program for children under three.

- ✓ With the permission of parents, children of three do have the option to use screen time (television, videos, or computers) for educational purposes at our program in accordance with (WAC 110-300-0155)

Screen time will be

(1) educational, developmentally and age appropriate, nonviolent, and culturally sensitive; and

(b) Should be interactive with staff.

(2) Children will not be required to participate in screen time activities.

Alternative activities must be provided to children in care when screen time is offered.

(3) Screen time will not occur during scheduled meals or snacks.

(4) Total screen time will not exceed two and one-half hours per week for each child over three through preschool in full-day care (one and one-quarter hours per child in half-day care).

(5) For school-age children, screen time must be limited to two and one-half hours per week for each child unless computer use is required for homework or a part of curriculum.

(6) There will not be intentional screen time for children under three. An infant or toddler will be redirected from an area where screen time is displayed.

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;

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. I will provide blankets, but you can also bring your own for me to keep in the wardrobe.

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

During the day the children will be participating in learning, playing, eating, and sleeping 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 will need permission from a child's parent or guardian stating that a visiting health professional may provide services to the child at the early learning program, if applicable.

Religious and Cultural Activities

There will be no religious or cultural-centered activities. We respect and value all religious beliefs. I will not incorporate any religious activities into the days. Due to my religious obligations, I will be praying in the licensed area.

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

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

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

Physical restraint must only be used if a child's safety or the safety of others is threatened, and must be:

- (a) Limited to holding a child as gently as possible to accomplish restraint;
- (b) Limited to the minimum amount of time necessary to control the situation;
- (c) Developmentally appropriate; and
- (d) Only performed by early learning providers trained in a restraint technique.

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 including disposable or cloth diapers and diaper wipes. All staff, parents or guardians will wash their hands immediately before and after diapering. The child's hands will also be washed immediately after diapering.

Toilet Learning (WAC 110-300-0220)

Before a child is ready to start toilet training, I will discuss with the parent or guardian their views on toilet training. For toilet training I use positive reinforcement, culturally sensitive and developmentally appropriate methods, as well as a routine developed in agreement with the parents or guardians. I will talk to parents when they think its necessary. Please dress them in easy to take off clothes and bring them extra clothes.

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

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 the 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. Parents can breast feed their children by the crib where the infant sleeps.

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

Infants 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.

Nap time will take place following lunchtime daily. Each child will have their own mat, which will be laid out in their own space in the classroom during this time. Two stories will be read before naptime, children will have the opportunity to use the restroom, and then they are expected to sleep/rest/lay down for the duration of nap time. In most cases children will be able to fall asleep. 1-2 hours will be set aside for naptime and children will be allowed to sleep for as much of this time as they need to. I will provide blankets, cribs or bed sheets for your child's mat and a pillowcase to store.

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 the 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.

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

- (1) Place an infant to sleep on his or her back.
- (2) Place an infant in sleeping equipment that has a clean, firm, and snug fitting mattress and a tight-fitting sheet.
- (3) Not allow soft fluffy bedding, stuffed toys, pillows, crib bumpers and similar items in the infant sleeping equipment or allow a blanket to cover or drape over the sleeping equipment.
- (4) Not cover an infant's head and face during sleep

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. At least once a year I will provide kindergarten students with readiness material when developmentally appropriate.

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

✓ I do participate in the USDA Food Program.

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

Home canned foods are not allowed to be served.

Safe drinking water will be served.

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

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

Sample Menu and Description of How Foods Are Served

Breakfast

Cereal, Milk, Banana, or Pancake, Scrambled eggs

Lunch

Pasta, Tuna, Broccoli, Tomato Source, Potato, Chicken, Milk, One serving of Protein, One serving of fruit and vegetable, and one serving of Grains and Milk/Juice.

Snacks

Graham crackers and 100% fruit juice

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

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

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

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

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

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

Food Handling Practices (WAC 110-300-0195)

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.

Food is prepared in the kitchen located in the facility. Only staff with food handler permits may prepare food for children.

Dishwashing Practices (WAC110-300-0198)

- ✓ 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 the child's first and last name and the date it was prepared. If you choose to provide alternative food for your child, I will need a written plan. Any meal or snack brought from home that does not meet USDA CACFP requirements will not be served to your child. 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)

There are no water activities

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, buses or walking.
4. I have 2 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: Being walked to the bus stop and being supervised at all times.

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.

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

- (a) Tooth brushing activities must be safe, sanitary, and educational.
- (b) Toothbrushes used in an early learning program must be stored in a manner that prevents cross contamination.
- (c) The parent or guardian of a child may opt out of the daily tooth brushing activities by signing a written form.

Health Care Practices (WAC 110-300-0500)

The health of our children and staff is of utmost importance to us. We have established policies for caring for children with special needs or health needs, including allergies, food brought from home, dental hygiene practices and education. We have written policies that cover contagious disease notification, medical emergencies, injury treatment and reporting as well as Immunization tracking, and medication management, storage, administration and documentation. We have established 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.

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

You will find our program's evacuation plan posted on the wall. 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.

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)).

The provider will have emergency supplies such as:

- Drinking water
- Non perishable foods
- First aid supplies
- Cell phone
- Flashlights and extra battery
- Diapers and formula for infants
- Emergency documents for infants
- Garbage bags

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 a 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 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 the home until it has been inspected for re-entry and determined safe.
- While outside we can call parents for emergencies and get a head count of everyone outside. Once that has finished and the area has been determined safe to enter we will go back in.

Evacuation Plan: (WAC 110-300-0470)

When On-site:

- All children will be gathered and escorted to the designated meeting spot located by the front door.
- A head count of the children will be taken to ensure all children are present and adults will talk to children in a calm reassuring tone
- If safe to do so, the whole home will be checked, to ensure that all children have left the building safely.

When Off-site:

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

- Evacuation drills we will be practiced monthly be sure to check the plan for evacuation 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.
- I have a fire evacuation plan posted and we will practice fire evacuation drills every month. Please take a look at the plan so you are aware of your fire evacuation procedures.

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 supply of food and water for each child and staff. Please bring a three-day supply of any required medications for your child/children in case of emergency. 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, severe bleeding or other serious injuries we will contact the parent immediately and write an injury report.
4. In the event of a serious injury or emergency, I will call 911 and administer first aid or CPR if needed. I will notify you as soon as safely possible.
5. If injury results in medical treatment or hospitalization, I am required to immediately call and submit an "Injury/Incident Report" to my Department's Licensor and child's social worker, if any. You will be given a copy.
6. All injuries that the child arrives with will be documented and an injury report will be written.

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

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 basis. If the medication, ointments or creams can be used or given at home we recommend doing this. If the medication has been approved by myself the parents or guardians must bring the medication in the original packaging. The medication will need to be labeled with the 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 manufacturer 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 a 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 its label including medication that states it must be refrigerated. Controlled substances will be locked up.
6. **Oral medication:** Any medicine taken by mouth for children under two will need written permission from your doctor and stored separate from topical medications.
7. **Permissions:** Doctor's permission is required for all prescription medication and is

not required for non-prescription drugs (parent permission is required for all medication, both prescription and non-prescription).

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 an event, we will reasonably prevent contact between the ill child and other children until you arrive.
5. The parent is responsible for finding substitute care in case of the child's illness.
6. Children and staff who are exhibiting the following symptoms will be excluded from child care per instruction of the Department of Public Health. A doctor's letter may be required to return to child care.

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

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

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

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

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

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

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

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

Lice, ringworm, or scabies: Individuals with head lice, ringworm, or scabies must be excluded from the child care premises beginning from the end of the day the head lice or scabies was discovered. Children may return when they have received a doctors note stating they are no longer having lice/ringworm or scabies.

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 the department of health's current guidelines for mixing bleach solutions for child care and similar environments.

Blood Borne Pathogen Plan **WAC110-300-0400**

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

This can be found in my files along with all the other plans. Some will be posted on the wall.

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 not take pictures of the children

I do not take pictures of the children for social media post

✓ I do not take videos of the children

✓ I do not have surveillance video

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

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

- Indoor and outdoor licensed space.
- Within twenty-five feet from any entrance, exit, window, or ventilation intake of the facility, or within view of the children.
- In motor vehicles while transporting children, on field trips, to and from school or other child care related activities.

This policy applies to all persons on the premises, regardless of their purpose for being there. Scientific evidence has linked respiratory health risks to secondhand smoke.

No illegal drugs are allowed on the premises. Alcohol, vaping and Cannabis may not be consumed during business hours. The licensee, staff, volunteers, or household members must not, or allow others to:

- Have or use illegal drugs on the premises.
- Consume alcohol or cannabis during operating hours.
- Be under the influence of alcohol, cannabis in any form, illegal drugs, or misused prescription drugs when working with or in the presence of children in care.
- Be impaired as to not be able to respond promptly and care for children.
- The licensee must keep and store all alcohol, including closed and open containers, inaccessible to children and out of the view of children.
- Cannabis and/or Cannabis products in a family child care home will be stored out of the licensed space and inaccessible to the children.
- The licensee must keep tobacco and cannabis products, cigarettes, containers holding cigarette butts, lighters, pipes, cigar butts, ashes and residue and all paraphernalia inaccessible to the children.
- All vaping devices will be stored inaccessible to children and out of the view of children.

- Smoking or vaping tobacco products that are used during business hours must not be in a "public place" or "place of employment," as defined in RCW [70.160.020](#)., in a motor vehicles used to transport enrolled children. Used by any provider who is supervising children, including during field trips, and cannot be within twenty-five feet from entrances, exits, operable windows, and vents, pursuant to RCW [70.160.075](#).

Guns or Weapons [\(WAC 110-300-0165\)](#)

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

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

- ✓ I do not carry liability insurance
-

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

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

I have had my water testing done and it can be found in my files.

Retaining facility and program records [\(WAC 170-300-0465\)](#)

- I keep all required records for a minimum of five years.
- I will keep records from the previous twelve months in the licensed space and they will be immediately available for the Department or other state agency's review

All records are kept confidential and for a minimum of five years unless otherwise indicated and current records from the previous twelve months are kept in the licensed space.

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