

# Birchwood's Little Beachcombers

Parent Handbook

Updated: 1/15/2024

## A. Nondiscrimination Statement:

Birchwood's Little Beachcombers (BLB) strives to create an environment where all children and their families feel welcomed, included and accepted. BLB will not discriminate in employment practices or client services based on race, creed, color, national origin, sex, honorably discharged veteran or military status, marital status, gender, sexual orientation, age, religion, or ability in accordance with WAC 110-300-0030.

## B. Family Engagement and Partnership Communication Plan:

Active family participation is an important part of making BLB a successful childcare program. Family participation helps to build trust and communication with each other and helps me identify opportunities and areas for improvement.

### A. My goals are to:

- 1) Build trusting and respectful relationships with families.
- 2) Share information and feedback about the children's progress and needs.
- 3) Involve families in decision-making and planning.
- 4) Provide opportunities for families to visit, participate and or volunteer in our daycare activities.
- 5) Collaborate with families to address any issues or concerns.

### B. Strategies to reach my goals:

- 1) Frequent check-ins with families at pick-up/drop-off when possible.
- 2) Maintain an open-door policy for enrolled families to have access to their child at any time during business hours.
- 3) Reports, updates, and announcements via an app such as Brightwheel or Seesaw
- 4) Maintain open lines of communication with families via phone calls, texts, e-mails, etc. as necessary.
- 5) Bulletin board and flyers for up-to-date information.
- 6) Parent-teacher conferences and meetings: twice per year or more often if requested.
- 7) Create events and/or activities that involve families so children can share their experiences.
- 8) An annual review of my parent handbook with enrolled families.

### C. How I will evaluate my communication:

- 1) Seek feedback from families and partners on their satisfaction and preferences.
- 2) Reviewing the outcomes and impacts of our communication.
- 3) Identifying the strengths and areas for improvement of our communication.
- 4) Adjust and improve our communication plan as needed.

D. What I expect from families:

- 1) Always keep your child's information up to date (i.e. contact information, medical information, allergies, etc.)
- 2) Be familiar with and follow my parent handbook and all related policies.
- 3) Always communicate any absences or changes to drop off and pick up arrangements.
- 4) Share with me about your child's behavior, developmental, and learning patterns.
- 5) Collaborate with me when it comes to behavioral management regarding your child.
- 6) Share your ideas on how the program can best accommodate your child's individual characteristics, strengths, and needs.
- 7) Provide me with information about your family routines, family events, approaches to parenting, family beliefs, culture, language, any restricted activities, and child rearing practices.
- 8) Participate in BLB family events and activities when possible.

C. Videos and Photography:

BLB will not use your child's photo for advertising, social media, print outs, etc. without a signed photo release form. We will respect your rights and decision if a photography consent is refused. A photo release form will be signed by the family for each child enrolled prior to starting care at BLB.

D. Alcohol, tobacco, cannabis use and prohibition of illegal drugs:

BLB is a tobacco, drug, and weapon free environment. Tobacco (cigarettes, cigars, pipes, snuff, chew, vaping pens, etc.) is not permitted anywhere on the property- indoors or outdoors. The use of tobacco, drugs or the open or concealed carry of a weapon on BLB property is grounds for dismissal of enrolled families.

If I suspect a caregiver is impaired at pickup, I will not release the child to that adult. I will call the listed emergency contact. If no one is available to pick up the child one hour after closing, I will work with the appropriate authorities.

I will never be under the influence of any substance that will interfere with the proper care and attention of the children in my care. Drugs, alcohol, and weapons will always be kept secured and in areas inaccessible to children. We do not keep any guns on the property. I will always follow and enforce WAC 110-300-0420.

E. Curriculum and Philosophy:

Birchwood's Little Beachcombers believes that all children are unique, naturally curious, and capable learners. I strongly feel they learn best through child-led play in an environment that is safe, inclusive, and educationally fun. Our day is focused around fostering independence, self-confidence, a love of learning, and nurturing positive relationships with peers and adults. My philosophy is grounded in the idea that every child deserves to be valued and respected, and that all children can reach their full potential with the right support and encouragement.

I view my teaching role mainly as a facilitator and supporter for the children while they are in my care. I do this mainly by getting to know about them and their family; maintain a predictable schedule; provide easy access to age and developmentally appropriate materials that promote social, emotional, cognitive, and physical development.

When it comes to materials, I highly value open-ended toys, these toys can be used in a variety of ways, rather than serving only one specific purpose. Open-ended toys engage children in imaginative and creative play rather than dictating how they should play. These are offered free choice for a main portion of our indoor time and include items such as: Legos, Duplos, Magna Tiles, building blocks, a play kitchen, pattern blocks, various art supplies, play dough, dress up items, etc. This trends into our outdoor space as well as I enjoy seeing the children's imagination and games they create on their own.

I make a daily commitment to take the children outside for plenty of time outdoors. There are numerous studies showing the mental and physical benefits of being outside in nature and studies also show how fewer and fewer children these days are even getting outdoors, so I make it a priority in my program. Most of the time we play in the outdoor space here, but I feel getting to the nearby parks and beach is a huge added benefit of where we are located, and I can easily do that with our cargo bicycle that holds 4 children on the front and 2 in the back. With plenty of notice to parents, these will be regular occurrences in our program and require full participation to be enrolled. Being outside in nature not only promotes being physically active and exploration but it has less structure so they can direct their own activities and use their imagination to invent games which encourages independence, creativity, cooperation, and decision-making. Being in a natural environment teaches children more about the world and part of what I enjoy the most about being outside is gardening and experiencing the changes of the seasons. I share this with the children in our small postage-stamp sized garden in the springtime and we watch our plants grow throughout the Summer and Fall.

A big part of my curriculum encourages children to take on age-appropriate responsibilities that might include helping with cleaning up after mealtimes, cleaning out the paint brushes, setting the table, helping peers clean up a spill, folding our hand towels for the bathroom, serving someone at the table, etc. This helps them feel valued and empowered which is shown to increase confidence and motivate good behavior. I see this best implemented during planned table activities and at mealtimes.

At mealtimes we do family style, this involves all sitting at the same table or in small groups, with the children serving themselves when possible, and eating side by side with them while sharing pleasant conversations. This is to encourage language development and social skills by practicing our manners, how to use utensils, engage in conversation and provides a dedicated moment to ask them about what's on their mind. As lunchtime winds down and we wait for slower eaters to finish up, I see this as a good moment to sneak in some language and literacy skills with story time by reading to them age-appropriate books about topics that are relevant to what they are interested in or curious about.

Everyday I require all the children to participate in quiet time and this is to help facilitate a quiet space for our children who need to nap. I believe every child (and adult) can benefit from a nap, but just a 20–30-minute rest period is enough and then they can go about their chosen quiet activity while our younger friends finish their nap. Since I promote a screen-free environment, I have been known to play a kid-friendly audiobook or instrumental music for older kids to listen to if settling down seems to be tricky for them.

While I do incorporate preschool activities and academic activities that will help children get ready for kindergarten, I believe it is vastly more important that the children spend much of their time here focused on learning social and emotional skills. Such as cooperation, sharing, recognizing emotions, and listening to others. Studies show that preschoolers who acquire these skills early in life are better equipped to handle the social and emotional demands of life and school later.

Overall, my curriculum is meant to reflect and guide the children's interests and needs. I will provide continued support and encourage the children towards reaching their full potential. I am eager to see how my curriculum will change and grow over time to suit the children's uniqueness, their family's values, and our community's culture.

## F. Parent Program Access

We have an open-door policy which means parents of enrolled children can access their child at any time during operating hours. Parents are welcome to volunteer for field trips or on-site anytime during operating hours just gives us a heads up and be mindful of nap/quiet time hours from 12:30-2:30pm.

## G. Child Guidance and Discipline Policy:

The purpose of this policy is to ensure that all children in our early learning program are treated with respect, dignity, and care. We believe that discipline is a positive and constructive process that helps children learn self-control, responsibility, and appropriate behavior. We do not use any form of punishment, coercion, or humiliation that could harm the physical, emotional, or social development of children.

This policy applies to all parents/guardians, volunteers, and children in our early learning program. It also applies to any visitors or guests who interact with children in our program.

We follow the Washington Administrative Code section 110-300-0331, which prohibits the following behaviors and practices:

- Profanity, obscene language, "put downs," or cultural or racial slurs.
- Angry or hostile interactions
- Threats of physical harm or inappropriate discipline such as, but not limited to, spanking, biting, jerking, kicking, hitting, slapping, grabbing, shaking, pulling hair, pushing, shoving, throwing a child, or inflicting pain or humiliation as a punishment.
- Intimidation, gestures, or verbal abuse including sarcasm, name calling, shaming, humiliation, teasing, derogatory remarks about a child or the child's family.
- Emotional abuse including victimizing, bullying, rejecting, terrorizing, extensive ignoring, or corrupting a child.
- Preventing a child from or punishing a child for exercising religious rights.
- Restricting a child's breathing
- Binding or restricting a child's movement unless permitted under WAC 110-300-0335.
- Taping a child's nose, mouth, or other body part.
- Depriving a child of sleep, food, clothing, shelter, physical activity, first aid, or regular or emergency medical or dental care.
- Forcing a child to ingest something as punishment such as hot sauce or soap.
- Interfering with a child's ability to take care of his or her own hygiene and toileting needs.
- Using toilet learning or training methods that punish, demean, or humiliate a child.
- Withholding hygiene care, toileting care, or diaper changing from any child unable to provide such care for himself or herself.

- Exposing a child to extreme temperatures as punishment.
- Demanding excessive physical exercise or strenuous postures.
- Placing the separated child in a closet, bathroom, locked room, outside, or in an unlicensed space.
- Using highchairs, car seats, or other confining space or equipment to punish a child or restrict movement.

We also take steps to prevent and intervene when we become aware that a child or children are teasing, fighting, bullying, intimidating, or becoming physically aggressive.

We use the following positive and developmentally appropriate strategies to guide children's behavior and promote social and emotional skills:

- Setting clear and consistent rules and expectations that are appropriate for the age and abilities of the children.
- Modeling and reinforcing positive behavior and language.
- Providing choices and alternatives that allow children to express their preferences and opinions.
- Using natural and logical consequences that are related to the behavior and help children learn from their mistakes.
- Redirecting children to another activity or area when they are having difficulty or showing signs of frustration.
- Offering encouragement and praise for children's efforts and achievements.
- Using calm and respectful communication and listening skills.
- Helping children identify and express their feelings and needs.
- Teaching children how to solve problems and resolve conflicts peacefully.
- Providing opportunities for children to cooperate and collaborate with others.
- Respecting and valuing the diversity and individuality of each child and family.
- Involving parents or guardians in the behavior guidance process and seeking their input and support.

We may separate a child from other children when that child needs to regain control of him or herself. We follow the guidelines of WAC 110-300-0331, which state that:

- The separation must be brief and appropriate to the child's age and maturity.
- The child must remain under the appropriate level of supervision of a staff member.
- The child must be in a safe, lighted, and well-ventilated space.
- The child must be within the hearing and vision of a staff member.
- The child must be able to exit the space.
- The child must not be isolated from adult contact.
- The child must not be subjected to ridicule, unsupervised separation, or punishment.

We document and report any incidents of separation, injury, or behavior concerns to the parents or guardians. We also document and report any allegations or observations of prohibited behavior or practices to the appropriate authorities.

## H. Expulsion Policy:

I value the well-being and development of every child in my program, and I will strive to create a positive and supportive learning environment that fosters social-emotional and behavioral health. I fully understand that children may exhibit challenging behaviors at times, and I am committed to working with families and using community resources to address them.

However, in rare and extreme cases, we may have to expel a child from our program if the following conditions are met:

- The child exhibits behavior that presents a serious safety concern for themselves or others, such as physical aggression, self-harm, or destruction of property.
- The program is not able to reduce or eliminate the safety concern through reasonable modifications, such as adjusting the curriculum, environment, schedule, or staff-child ratio.
- The program has exhausted all available resources, such as consulting with mental and behavioral health professionals, and collaborating with parents and guardians.

Before expelling a child, we will follow these steps:

- Review our expulsion policy with the parents or guardians of the child and provide them with a written copy.
- Document the incidents that led to the expulsion decision, including the date, time, staff involved, and details of each situation.
- Provide the parents or guardians with a record of the expulsion and the steps that were taken to avoid it.
- Provide the parents or guardians with information and referrals to community-based resources that may benefit the child, such as other childcare programs, counseling services, or early intervention programs.
- Report the expulsion to the Department of Children, Youth, and Families (DCYF), as required by WAC 110-300-0340. The report will include the child's demographic data, the reason for the expulsion, and the resources that were provided to the family.

I hope that expelling a child will be a last resort and that we can work together to find the best solution for each child's needs.

## I. Staff to child Ratio:

Birchwood's Little Beachcombers is a licensed childcare provider, providing care for children ages 2-5 years of age and will maintain no more than a 6:1 child to teacher ratio to ensure each child in care receives enough care and attention. I will not exceed the total capacity or age range stated on my childcare license at any time. I am an in-home family childcare provider, and my own children count in my child to teacher ratio when they are at home. My children will share the licensed space; spend time with the children in my care and I will require them to follow the same rules and expectations set in my parent handbook to ensure an inclusive and safe environment. My children are Franklin (9), Rowynn (6) and Aldrin (3).

## J. Toddler Care

### A. Diapering

Families with children in diapers must provide their own diapers daily. One for every two hours of care plus one extra is a good idea of how many they will need for the day. Disposable or cloth diapers are both acceptable. Cloth diapers must be pre-folded, ready for use and arrive with a waterproof bag to go home in. Cloth diapers must be taken home daily and not be left at BLB. BLB will provide unscented disposable wipes for every child in diapers and/or potty training. Any ointment or creams needed must be provided by the parents and be clearly labeled with the child's name on it. I will always change or check a child's diaper every 2 hours or less and as soon as possible if I know they are soiled.

### B. Feeding

I will offer whole milk to children of 2 years of age at snacks and mealtimes. No child will go without nourishment for longer than 3 hours. If other reasonable accommodations need to be made we can cocreate an individualized care plan for your child.

### C. Toilet Training:

I will always encourage use of the potty if a child shows signs of being ready. Please keep in mind that a child's interest and signs of readiness can be very different at home than at daycare. There is just so much to do here and friends to play with it!

If you think your child is showing signs of readiness at home and would like to try at daycare, please talk with me so we are on the same page about the process, progression, and readiness. I will never force a child to sit on a toilet even if they willingly do it at home. The bulk of the potty training must be done by the parents at home, and I must also see signs of readiness while in my care. Potty training children must arrive in a diaper, pull-up, or vinyl/waterproof cover over underwear in the beginning stages of potty training due to sanitation and health related issues. Accidents happen so remember to pack lots of extra bottoms (sometimes extra socks and shoes are needed too!) 4-5 extra bottoms would be a good amount to start with and we can adjust as the process progresses.

### D. Sleep, Rest and Equipment

I will always allow children to follow their own sleep patterns and do my best to follow and maintain the families recommended sleep patterns for their child(ren) while in my care. I will watch for cues when children are showing signs of tiredness and help them transition to naptime.

I have a dedicated quiet room that is easily transitioned for children requiring naps. I provide clean and sanitized 1-inch-thick nap mats, fitted sheets and blankets that are suitable for the child's size and room temperature. When a child is not developmentally ready for a mat, I will provide a pack 'n play that meets CPSC or ASTM International Safety Standards that has clean fitted sheets or families are welcomed to provide their own if it meets CPSC or ASTM International Safety Standards to be used only by their child. When children can climb out of their sleeping equipment, I will transition them to developmentally appropriate sleeping equipment. When parents do not agree with transitioning, I will cocreate a transition plan with the parents.

While the children are napping, I make frequent check-ins to ensure safe sleep and that any awake children are not disturbing napping children. I will always follow and reference WAC 110-300-0290 and WAC 110-300-0265 for toddler/preschool sleep, rest, and equipment.

## K. Dual Language Learning:

I do not have a Dual Language Designation for my childcare program. If I care for children that are dual language learners, I will support them to the best of my ability and to seek out advice from their family and professionals when needed. I will support their home language and English language skills by using developmentally appropriate and effective strategies to support dual language learners.

Some of the strategies that I will use to support dual language learners are:

- Providing books, materials, and activities in the child's home language and English
- Encouraging the child to express themselves in their home language and English.
- Using gestures, pictures, and objects to help the child understand and communicate.
- Celebrating the child's culture and language diversity
- Collaborating with the child's family and community to learn about their language, cultural preferences and needs.

## L. Policy for Not Celebrating Dominant Culture Holidays:

At our daycare, we value the diversity and inclusion of all children and families. We respect the different beliefs, traditions, and cultures that each child brings to our program. We also recognize that holidays are not universal, and that they reflect specific historical and cultural perspectives. Therefore, we have adopted a policy for not celebrating dominant culture holidays in our program.

Our policy is to implement a "staying neutral" approach to holidays. This means that we will not celebrate or engage in any activities based on any holidays, religious or secular, in our program. This policy applies to all volunteers, children, and families in our program.

Instead, we will focus on the underlying values rather than on the holidays themselves. For example, I will explore themes such as gratitude, generosity, kindness, peace, and justice throughout the year, without linking them to specific holidays. This way, I can honor the different cultures and traditions of the children and families in my program and foster their sense of identity and belonging.

My hope is that this policy will help us create a more inclusive, respectful, and equitable environment for all children and families in our program. Please keep in mind that my program is in my home and my family minimally decorates for some Holidays, but I will always maintain my approach of not celebrating dominate culture holidays with the children in my care. If you have any questions or comments, please feel free to reach out to me.

## M. Birthdays:

At BLB we celebrate Birthdays! If your child has a birthday on or near their normal day at daycare, we will spend either an AM or PM snack time celebrating them. We will bake special fruit muffins together, make and decorate paper party hats and sing Happy Birthday. Please do not send any sweets, food, party favors, balloons, etc. This way everyone has an equally special celebration at BLB.

## N. Transportation to off-site field trips:

My mode of transporting all the children in my care to and from field trips is by cargo bicycle. I can fit four children in the front and two more on the back in a bike trailer. All children are required to have a



properly fitted helmet, restraint, and signed permission slip on file to participate. We usually keep our trips by bicycle within the Birchwood neighborhood, follow the rules of the road, keep to bike lanes and the trails as much as possible. I will always communicate our field trips and excursion plans with a minimum of 24 hours' notice that will include: the specific event or type of trip, date, and anticipated travel time. Our typical trips by bicycle include Squalicum Beach, Squalicum Park, Little Birchwood Park, and Birchwood Elementary. For our trips I will have the health history, appropriate medication (if applicable), emergency information, and emergency medical authorization forms accessible for each child being transported; have a phone to call for emergency help; have a complete first-aid kit; maintain the staff-to-child ratio and maintain the bicycle and trailer in good repair and safe operating condition.

## O. Water Activities:

Water activities are fun and educational, but they can pose a serious health and safety risk to children. To ensure the safety and well-being of the children in my care, we follow these guidelines:

- I only allow water activities that are appropriate for the age and developmental level of the children in my care. Our typical water play is limited to paint brush activities, a water table, watering plants with watering cans or the hose and/or sprinkler. We do not use 5-gallon buckets or any similar item for water play.
- I always supervise the children closely when they are playing with water, and I never leave them alone or out of sight, and I keep toddlers within arms reach.
- I always use water from a safe source (i.e. Bellingham City) and never use water from sources that are not properly maintained.
- I check the water temperature before letting the children use it, and make sure it is not too hot or too cold.
- I teach the children about water safety and hygiene, such as washing their hands before and after the water activities, not drinking the water, not putting anything in their mouth, not splashing or throwing water, etc.
- When in use, water tables and the toys associated will be emptied and sanitized daily, or more often, if necessary.

If we are off-site where there is an area with an accessible body of water more than four inches deep (for example, Squalicum beach or Squalicum Park) but children are not engaging in a water activity, I will have an additional volunteer or adult staff with us and I, myself am a confident swimmer.

## P. Overnight Care:

Currently, I do not provide any overnight care.

## Q. How Weapons on the premises are secured

We do not keep guns or any weapons on our property currently. If this changes, our policy will be updated, and parents notified of how they are properly secured and have no access to children in our care.

## R. Program Days and Hours of Operation:

We are open Monday-Friday from 7:00AM-5:30PM. We are closed for all federal holidays and take vacation time around Christmas and new year's, Bellingham School District's Spring break and at the end of July. Please see the attached full year calendar for exact closure dates. The calendar will always be posted on the notice board near cubbies; be available online and reminders sent out electronically about upcoming closures.

## S. Closures:

All holiday and vacation closures are communicated with an accessible yearly calendar. Parents are responsible for knowing this in advance before your child's schedule is set.

All enrolled families must have access to alternative or back up care in the event I cannot open due to illness, family emergency or unforeseen circumstances. Currently, I do not have staff to cover my absence. I will promptly communicate closures due to illness, family emergencies and unforeseen circumstances via phone call, text message and email as soon as I know that I cannot open. I will do my absolute best to communicate the evening before or no later than 6:30am the morning of. I will not close due to inclement weather. If you can get here safely, then I will be open.

## T. Location:

I'm located in the Birchwood neighborhood west of Birchwood elementary school. My address is 3016 Birchwood Ave. Bellingham, WA 98225.

## U. Our Daily Schedule:

- 7:00-Open
- 7:15- Breakfast
- 7:45- Indoor free play
- 9:15- AM snack
- 9:35- Outside playtime
- 11:00- Planned table activity (i.e. playdough, coloring, Etc.)
- 11:30- Lunchtime/Storytime
- 12:00- Nap/quiet activities
- 2:00- Free indoor playtime
- 2:30- PM snack
- 3:00-Outside playtime
- 5:29- Time to go home
- 5:30- Closed

## V. Snacks and Meals

I make omnivore meals and serve them family style to promote social skills, language, and vocabulary development. I follow USDA Child and Adult Care Food Program (CACFP) guidelines when planning meal and snack menus. I've chosen not to serve fruit juices to the children in my care to limit sugar consumption.

Weekly meal plans are posted in advance for parents and children to see on our notice board near cubbies. I will offer meals and snacks to all children in attendance at the times identified in the daily schedule that focuses on a variety of fruits, vegetables, whole grains, lean proteins and dairy. A sample menu is included at the back of the parent handbook.

## W. Enrollment and Disenrollment:

Our daycare enrollment policy outlines the steps and requirements for enrolling your child in our program, as well as the expectations and responsibilities of both parents and staff.

### A. Enrollment Process

To enroll your child into childcare, you need to follow these steps:

1. **Check availability.** Contact me to see if we have an opening for your child's and the schedule needed. We accept children from 2 to 5 years old, and we offer full-time and part-time options for 2-day, 3- day and 5- day a week care. We do not discriminate based on race, gender, religion, national origin, or special needs.
2. **Schedule a tour and interview.** I will show you around, answer your questions, meet my family, and discuss your child's needs and interests. I will also give you a copy of my parent handbook, which contains important information about our policies and procedures.
3. **Complete and submit enrollment forms.** Read, fill out and sign all the required forms, which include:
  - Enrollment application
  - Emergency contact and authorization form
  - Health and immunization record
  - Developmental history and questionnaire
  - Parent policy agreements and all consent forms
4. **Pay enrollment fee and deposit.** Pay a non-refundable enrollment fee of \$50 and a deposit equivalent to two weeks of care based on your child's schedule. The deposit will be applied towards your last 2 weeks of care upon termination of childcare. We accept cash, check, money order and Venmo.
5. **Orientation Visit:** Before your child's first day, I will schedule an orientation day with you to help your child transition into my care. You can visit together with your child for an hour or two before they start. This is sort of a meet and greet with the other kids in my care and to become familiar with the space. I will encourage you to look for familiar things with them during their visit that they might play with at home such as a favorite book and encourage them to join in with a group activity. This is meant to be as flexible as possible to accommodate every child's individual needs making this transition.

## X. Fees and Payments:

### A. Monthly Tuition Rates:

- Full time: 5 or 4 day \$1408; 3 day \$885; 2 day \$590

- **\*\*Part time\*\*:** 5 or 4 day \$565; 3 day \$337 2 day \$252

I do not offer 1 day a week care. I also currently do not offer 4 day a week care. If 4-day a week care is needed, your option is to choose 5 day a week care and this will allow you some flexibility of days. Families of 4 day schedules will still be required to communicate absences and days skipped. Drop-in days can be arranged on a case-by-case basis. Please contact me for approval, availability, and rates.

**\*\*Part time care is limited to 7:45am to 11:45am only. \*\***

B. Setting a schedule:

Before your child begins, we will set a weekly schedule together with start/end times that must remain consistent until further notice by myself or by the child's parents. Any schedule changes need to be approved by me in advance. Schedule changes after your child begins cannot be guaranteed due to availability.

C. Our policy is "pay to stay":

Payment is required in advance for the entire month's tuition and is due no later than the first day of care for the new month. No payment means no childcare. Without payment, I have the right to refuse childcare until payment has been made. You must pay for your child to stay, no exceptions.

D. You Always Pay for Your Days:

I require you pay for your scheduled days to hold your child's spot. If you refuse to pay for your child's scheduled days, you do not show up for, I have the right to terminate childcare immediately. Childcare is not discounted for multiple children enrolled, holiday closures, planned BLB closures, family vacations, illnesses, early pick-ups, etc. If BLB is closed on your child's scheduled day due to illness or a family emergency, your child's paid days will be prorated towards the balance of next month's bill.

E. Rate changes:

Rate changes will be adjusted every September and parents of enrolled children will receive prior written notice of the rate change in January of every year.

F. Payment Methods:

Cash, checks, money order or Venmo are all accepted. Nonsufficient funds (NSF) checks will result in a \$30 fee and will be billed immediately.

G. Disenrollment:

If families would like to terminate childcare services with BLB, a 2-week written notice must be provided to BLB to avoid additional fees.

H. Nonpayment

If you have missed 2 weeks of care due to non-payment, BLB has the right to terminate all contracts to provide care for your child and your child's spot will be offered to the next waiting family. Unpaid balances after termination may result in legal action.

I. Termination of Childcare

If BLB can no longer provide care for your child, BLB will provide a 30 day written notice before terminating all agreements to provide childcare services for your child.

## Y. Attendance:

### A. Sign-in/ sign-out:

All families are required to sign their child in and out daily located on the clip board above cubbies.

### B. Late Pickups:

Late pick-ups must be communicated or arranged in advance via phone call or text. All late pickups will be considered after-hours, and an hourly rate of \$80/hr. will begin at 5:30pm and be rounded up to the nearest 15-minute increment. (i.e. Pick up at 5:01-5:15 pm will incur a \$20 fee; pick up at 5:16-5:30 will incur a \$40 fee, etc.)

### C. Late arrivals/ Absences:

You must communicate late arrivals and absences to ensure as few interruptions to our daily schedule. Please call or text as soon as you know that your child will not be arriving near their usual drop-off time or will not be in our care for the day.

### D. Alternate Pick Up Person

Always communicate when an alternate person will be picking up for the day. If we weren't notified, and they are not listed as a person that can pick up in your child's record and we cannot get a hold of a parent to confirm the individual can pick up we will not release them with that individual.

## Z. Childcare Payment Subsidies

I do not accept subsidy payments currently. If this changes, this policy will be updated.

## AA. Consistent Care Policy

This policy outlines the expectations and procedures for providing consistent care to the children enrolled in our care. Consistent care means that we strive to maintain a stable and predictable environment for the children, where they can feel safe, secure, and supported.

### **I will provide consistent care by following these practices:**

1. I will be a primary caregiver, who is responsible for meeting the child's individual needs and building a strong relationship with the child and their family.
2. I will have a small group size of no more than six children in my care at a time to ensure that each child receives enough attention and supervision.
3. I will maintain a regular schedule and routine for the children, which includes daily activities, meals, snacks, naps, and transitions.
4. I will communicate with the parents regularly, and share information about the child's progress, needs, and preferences.
5. I will respect the child's culture, language, and identity, and incorporate them into the curriculum and the environment.
6. I will support the child's emotional and social development and help them to cope with challenges and conflicts.
7. I provide a variety of stimulating and developmentally appropriate materials and experiences for the child and encourage their curiosity and creativity.

### **What I Expect from Parents**

I expect parents to support our consistent care policy by following these guidelines:

1. Enroll the child for at least two consistent days per week and adhere to the agreed-upon hours and days of attendance.
2. Inform us in advance of any changes in the child's schedule, health, or family situation.
3. Drop off and pick up the child at the same time each day and avoid prolonged separations, reunions, or inconsistencies.
4. Provide me with the necessary supplies and information for the child, such as diapers, wipes, clothing, medication, allergies, etc.
5. Maintain an open line of communication and provide feedback, as needed.
6. Respect my policies and procedures.
7. Always be kind.

## BB. Health Policy

### A. Prevention of exposure to blood and bodily fluids

When I come in direct contact with bodily fluids, I will block off the area to prevent children encountering it. I will wear disposable gloves, follow proper cleaning procedures, and disinfect the items and surfaces that are contaminated. I will properly dispose of all waste and send soiled clothes home in a closed plastic bag. Anyone exposed will wash their hands before returning to normal activities. I have completed the state required Blood borne pathogen training and my certificate can be found in a notebook near the sign in sheets. I will keep a current, written incident log listing date of illness or injury, the child's name, names of who was involved, and a brief description of the incident. This log will be in a labeled notebook above cubbies for review.

### B. Injury or medical emergency response and reporting

1. I have First Aid and Child CPR and HIV/Aids/Blood Borne Pathogens Prevention training.
2. Minor cuts, bumps, bruises, and scrapes will be treated. Parents will be notified with an injury report. With some minor injuries 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 parents immediately to decide on medical treatment and write an injury report after the situation has been remedied.
4. In the event of a serious injury or emergency, I will call 911 and administer first aid or CPR if needed. I will call the child's parents and/or emergency contact as soon as possible. If I am the only adult available, and CPR is necessary, I will administer CPR for 2 minutes (for infants and children only) and then call 911.
5. If injury results in emergency response, 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 also be given a copy.
6. All injuries that the child arrives with will be documented and an injury report will be written.

C. Duty to report incidents

As an early learning provider, I have the duty to protect children and report incidents of abuse, neglect, injury, illness, or death that occur while children are in my care. I will report such incidents to the proper law enforcement agency, the Department of Children, Youth, and Families (DCYF), the local health jurisdiction, the Washington poison center, or the Department of Health, depending on the nature and severity of the incident. I will also inform the parents or guardians of the affected child as soon as possible. I will complete and submit a DCYF Childcare Injury/Incident Report within 24 hours of any incident that requires an emergency response or involves a risk to the child's safety or well-being.

D. Allergies and Food Substitutions

I will make reasonable meal accommodations and substitutions for children with allergies, religious, cultural, family preferences or other needs. Families seeking food accommodations must cocreate an individualized care plan with me for their child and both parties must sign and agree. If no agreement can be reached that satisfies both parties, (i.e. due to the increased cost or availability of substitutions) parents can opt to provide their child's meals or food substitutions.

I will post in a visible area of my kitchen a reminder of the food allergies and required food substitutions of the children in my care. Parents providing their own children's meals and snacks will be provided with information regarding CACFP nutritional requirements and I will supplement their meal if it does not meet CACFP requirements. I do not allow desserts, sugary treats, candy, fruit juices, fruit snacks, etc. in family-provided lunches. If you have questions, please contact me directly.

E. Handwashing and hand sanitizer use

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

i. We will use the following steps:

- a) *Wet hands with warm water*
- b) *Apply soap to the hands*
- c) *Rub hands together to scrub for at least twenty seconds*
- d) *Thoroughly rinse hands with water*
- e) *Dry hands with a single-use cloth towel*
- f) *Turn water faucet off using a single-use cloth towel*
- g) *Properly discard single-use cloth towels after each use*

- ii. 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 mucus.*
  - h) *Before and after eating or food activities such as table setting or serving*
  - i) *As needed or required by the circumstances.*
- iii. I will wash hands when:
- a) *At opening when children are scheduled to arrive.*
  - b) *After toileting a child.*
  - c) *Before and after diapering a child*
  - d) *After personal toileting.*
  - e) *After attending to an ill child.*
  - f) *Before and after preparing, serving, or eating food.*
  - g) *After handling raw or undercooked eggs, meat, poultry, or fish.*
  - h) *Before and after giving medication or applying topical ointment.*
  - i) *After handling or feeding animals, equipment, and their bodily fluids.*
  - j) *After handling bodily fluids.*
  - k) *After being outdoors.*
  - l) *After gardening activities.*
  - m) *After handling garbage and garbage receptacles.*
  - n) *As needed or required by the circumstances.*
- iv. 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 will only be used by children over twenty-four months old and only if I have a signed parent permission on file allowing them to use it. Hand sanitizers will not be within reach of the children.

#### F. GENERAL HEALTH PRACTICES

The following general health practices will take place:

- Children will sleep at least 18 inches apart at the sides and in a head to toe or toe to toe arrangement.
- Fresh air will be provided by opening windows less than 3 inches to allow air flow, but to prevent injury to children falling out of open windows.
- Weather and outdoor air quality conditions are monitored to ensure child health and safety during outdoor play. Children will be dressed appropriately for the weather.



- Shade is provided in the outdoor space from the surrounding trees and the roofed play structure.

#### G. Observing Children for Signs of Illness

When your child is sick, please keep them at home to prevent the spread of illness to Myself, my family and other children in our care. I will observe each child in my care and monitor for signs of illness at drop off and throughout the day.

If a child becomes sick during the day, I will separate the sick child as best as I can while still providing adequate supervision and call the parents to come and pick up their child as soon as possible. I will only take a child's temperature in my care using a forehead scan or under arm method.

#### H. Exclusion: They must be kept home when...

- They do not have their regular energy levels and require much more care and attention than normal or would prevent them from participating in normal activities.
- Compromises or puts at risk the health and safety of other children in care.
- There is a risk that the child's illness or condition will spread to other children or individuals.
- 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).
- Vomiting two or more times in the previous twenty-four hours.
- 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.
- A rash not associated with heat, diapering, or an allergic reaction.
- Open sores or wounds discharging bodily fluids that cannot be adequately covered with a waterproof dressing or mouth sores with drooling.
- Lice, ringworm, or scabies. Individuals with head lice, ringworm, or scabies must be excluded from the childcare premises beginning from the end of the day the head lice, ringworm, or scabies was discovered.
- 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.

#### I. Contagious Disease notification:

After learning that an enrolled child, staff member, volunteer, or household member has been diagnosed by a health care professional with a contagious disease pursuant to WAC 246-110-010(3), I will provide written notice to the local health department and the parents or guardians of the enrolled children.

A child can return to care with written permission from a health care provider or health jurisdiction stating the individual may safely return after being diagnosed with a contagious disease pursuant **WAC 246-110-010**.

J. Immunizations

- i. A CIS form or similar form supplied by a health professional must be provided before care begins.
- ii. As an early learning provider in Washington State, this child care facility does not accept children who have a Personal/Philosophical exemption. Only a medical, religious, or religious membership exemption is acceptable. Otherwise, children are expected to be fully immunized.
- iii. A child will be excluded from childcare if there is an outbreak of a vaccine preventable disease that the child has not been immunized for.
- iv. To accept a child who is not current with their immunizations, I must receive written notice from that child's parent or guardian stating the child may be accepted if the immunizations are completed consistent with chapter 246-105 WAC and:
  - a) *Prior to enrollment the parent or guardian provides written proof the child is scheduled to be immunized*
  - b) *Parents or guardians provides a signed and dated statement detailing when the child's immunizations will be brought up to date and stating they understand their child will be excluded from care if the immunizations are not completed within 30 calendar days of the specified due date.*
  - c) *For homeless or foster children, if the child's family, case worker, or health care provider provides written documentation that the records are in the process of being obtained.*
- v. I must maintain and update each child's records relating to immunizations or exemptions or plans to bring immunizations current. These records will be available in the licensed space or easily accessible for review by department licensors, health specialists, and health consultants.

K. Medication Management

- i. I will make reasonable accommodations for children requiring medications for disabilities and other medical conditions. I will administer medication ONLY if it is prescribed by a doctor.

- ii. Nonprescription medication, including over-the-counter medications, will be given to children only on a case-by-case basis. If the medication, ointments, or creams can be used or given at home that is my preferred method. If the medication has been approved by me, the parents or guardians must bring the medication in the original packaging. The medication will need to be labeled with 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. I will follow the instructions on the label and 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 unless a doctor's note is provided.
- iii. Prescription medication will 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.
- iv. 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 to your child while in my care.
- v. 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.
- vi. Oral medication: Any medicine taken by mouth for children under two will need written permission from your doctor and be stored separate from topical medications.
- vii. Permissions: Doctor's permission is required for all prescription medication and is not required for non-prescription drugs (parent permission is required for all medication, both prescription and non-prescription). A list of nonprescription medications that I will not be using at my childcare facility if the medication is not due to a medical condition or disability are: antihistamines, non-aspirin pain relievers and fever reducers, cough medicine, decongestants, anti-itching creams, diaper ointments and powders and sunscreen, cough syrup, lotions, and herbal remedies according to WAC 110-300-0215.

- viii. 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).
- ix. Unused medication: All unused medication must be taken home by the parent or guardian.
- x. MEDICATION ERRORS
  - In the event of a medication error, 911 will be called for any of the following:
    - 1. Incorrect administration of any medication.
    - 2. Overdose (giving too much) of any medication.
    - 3. Child receives another child's medication.
    - 4. Child appears in distress (e.g. problem breathing)
    - 5. Any other concerning event following a medication error.
    - 6. Poison control will be contacted at the instruction of 911 personnel.

If a medication that should have been given was not given, a written explanation will be kept in the child's file and the parent will be notified.

All errors and actions taken will be documented and kept in the child's records. The parent and licensor will be notified. I will review the cause of the error and develop a plan to prevent future errors.

L. Pets on Premises:

- i. We do have pets on the premises, and they have been carefully chosen in regard to care, temperament, health risks, and appropriateness for young children. We have a young dog named Radar who is a Rhodesian Ridgeback and a black house cat named Ruth. All pets are current and up to date on immunizations, flea, and tick prevention, licensed and kept in good health. The pets receive care from myself and my husband. I will always be present when they interact with the children, and I will never leave any child alone with my pets. The children and I will always follow proper hand washing after interaction with pets. The files on my pet can be found in a notebook near the sign in sheet to view at your convenience. Our dog has two separate areas to relieve himself, located outside of my licensed outdoor play space: behind the outdoor play space and in the front of my home. The area will be picked up daily, waste will be bagged and placed in garbage cans inaccessible to children. Our cat is litter box trained and her litter box is located upstairs out of the licensed space and remains inaccessible to children. Her litter box will be cleaned every other day and waste bagged and placed into garbage cans inaccessible to children.

M. General Cleaning

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

N. Pest Control

- i. I 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. I will always comply with the pesticide manufacturer's instructions. I will emphasize prevention and natural, nonchemical, low-toxicity methods where pesticides or herbicides are used only as a last resort.
- O. Caring for Children with special needs
  - i. I 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.
    - a) *The child's diagnosis, if known*
    - b) *Contact information for the primary health care provider or other relevant specialist*
    - c) *A list of medications to be administered at scheduled times, or during an emergency along with descriptions of symptoms that would trigger emergency medication.*
    - d) *Directions on how to administer medication.*
    - e) *Allergies*
    - f) *Food allergy and dietary needs, pursuant to WAC 110-300-0186*
    - g) *Activity, behavioral, or environmental modifications for the child*
    - h) *Known symptoms and triggers.*
    - i) *Emergency response plans and what procedures to perform.*
    - j) *Suggested special skills training, and education for early learning program staff, including specific pediatric first aid and CPR for special health care needs.*
  - ii. Accompanying the individual care plan, we must have supported 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*
  - e) *Registered nurse or advanced registered nurse practitioner.*
  - f) *If the child has one of the following it must accompany the child's service plan.*
  - g) *Individual education plan (IEP)*
  - h) *Individual health plan (IHP)*
  - i) *504 Plan*
  - j) *Individualized family service plan (IFSP)*
- iii. I will help the children to obtain the needed requirements and my goal is to help your child succeed and have a great experience while they are in my care. I will need permission from you as a parent/guardian for any visiting health professional that may provide services to the child/children in my program, if applicable.

P. Dental Hygiene

- i. I will educate children on when and how to brush their teeth: When the children eat a meal or snack, they are expected to use the bathroom to wash their hands and then brush their teeth. Each child will keep a personal toothbrush and their own small tube of toothpaste on the premises. I will supervise, direct, and teach proper technique. These items will be kept out of reach until the items are needed and stored out of reach when not in use. It is important to have dental hygiene education for all ages as to prevent can prevent tooth decay and other dental issues. If parents would like to opt out of having their child's teeth brushed at childcare, there must be a signed Dental Waiver Form in the child's file.

## CC. Information Required Your Child's Record

- i. As a licensed childcare provider, I am required to have current individualized enrollment and health records for all enrolled children. I will ask parents to review and update their child's information annually and parents are expected to notify me of any changes in their child's health, contact information, emergency contacts, etc. as soon as possible.
- B. Each child's enrollment record must include the following:
  - a) *The child's birth date*
  - b) *An enrolled child's parent or guardian's phone numbers, address, and contact information for reaching the family while the child is in care.*

- c) *Emergency contact information. If no emergency contact is available, a written and signed emergency contact plan may be accepted.*
  - d) *Names and phone numbers of persons authorized to pick up enrolled children.*
  - e) *A plan for special or individual needs of the child, if applicable, including parent or guardian signature.*
- C. Signed parent or guardian permission slips for:
  - a) *Field trips*
  - b) *Transportation*
  - c) *Water activities*
  - d) *Photo, video, or surveillance activity*
- D. Health Record
  - a) *An immunization record, pursuant to WAC 110-300-0210.*
  - b) *The child's health history including any known health conditions and the child's individual care plan, if applicable.*
  - c) *A medication authorization and administration log, pursuant to WAC 110-300-0215.*
  - d) *Medical and dental care provider names and contact information or what facility parents or guardians would prefer for treatment.*
  - e) *Dates of the child's last physical and dental exams, if available.*
  - f) *Consent to seek medical care and treatment of the child in the event of injury or illness, signed by the child's parent or guardian.*
- E. The importance of keeping it up to date:
  - i. The importance of keeping your child's record up to date and accurate allows me to make decisions that keep them safe and on a path of growth. I am another set of eyes and ears to help identify patterns of concerns at an early stage, provide resources for support if a child's situation needs professional intervention, and in an emergency, it will enable me to provide the best outcome possible for your child.
- F. Confidentiality:
  - i. Current records are kept easily accessible in the event of an emergency, but they are kept in a confidential manner that is inaccessible to other parents, children, and any adult visiting my home during and outside of business hours. All records are kept for a minimum of five years unless otherwise indicated.
- G. Who may legally access your child's record:
  - i. Parents /legal guardians of the children enrolled may access their child's record at any time and my state assigned licenser has access to review the children's records.



## DD. What to bring:

- A. There is no bad weather, only bad clothes.
  - i. We play outside in all types of weather and if the wind chill and air quality allow, as much as possible. Almost always our play involves something messy such as water, dirt, paint, clay, etc. Parents must dress their child(ren) appropriately for the daily weather and I also ask parents to provide clothes that they don't mind getting stained and dirty.
  - ii. What to always keep in their cubby:
    - (1) 1 full set of clothes (pants, socks, shirt, and underwear/diaper) in a waterproof bag or Ziploc
    - (2) 1 jacket that is weather appropriate and waterproof.
    - (3) 1 pair of Slippers or slipper socks with grips for indoor time
  - iii. What to bring daily, open top bags only (no backpacks or diaper bags, please):
    - (1) Second full set of clothes (pants, socks, shirt and underwear/diapers in a waterproof bag or Ziploc)
    - (2) Appropriate footwear for the weather.
    - (3) A water bottle with their name that they can use without help.
    - (4) Diapers or pull ups, if needed
    - (5) Ointments and/or sunscreen labeled with their name, if needed.
    - (6) A naptime helper is limited to a pacifier, 1 small stuffed animal, or a freshly laundered blanket.
  - iv. Seasonal extras:
    - a) *Summer*
      - (1) Sunscreen labeled with their name.
      - (2) Sun hat or baseball cap (highly recommend that they cover the back of their neck)
      - (3) Light-colored long-sleeved shirt or a long-sleeved UV shirt for extra sun protection
    - b) *Winter*

In the colder months, layering is a must. A base layer that is in contact with the skin is best made from a synthetic fabric. No 100% cotton or wool as a base layer, please. These hold moisture against the skin keeping them cold. Natural fabrics for outer layers are acceptable.

- (1) Mittens (no gloves. Mittens keeps little fingers warm the best)
- (2) Warm hat that covers their ears
- (3) Extra socks
- (4) Highly recommend a pair of waterproof rain pants.
- (5) Waterproof jacket with an extra warm layer
- (6) Waterproof snow boots or rain boots

v. Need to borrow some gear?

We do have extra rain and winter gear on hand to borrow, but not enough for everyone. So, please check in with me if you find that you need to borrow something for your child to meet the clothing requirements for the current weather.

vi. A note on clothing:

Please consider sending your child(ren) in easy to pull on pants and shirts to encourage toddlers and preschoolers to dress themselves. This is especially important during potty training. No tricky buttons, ties, or zippers please.

No jackets or hoodies with long drawstrings that can cause strangulation or entrapment. If there is not an appropriate alternative article of clothing to replace it with, I will remove or alter the drawstring on the child's clothing.

vii. Lost and Found:

We have a lost and found bin located where cubbies are. Please feel free to check this as needed.

viii. Toys from home:

All toys from home are recommended to stay at home. I will not be responsible for lost or broken toys that are not mine. Toys must be approved by me before they come to daycare.

ix. Jewelry:

Please leave jewelry at home. It can create risks to children in care. BLB reserves the right to remove jewelry from children in care that they see as a safety risk and store it in a safe manner until departure. I will not be responsible for lost or broken jewelry.

## EE. Termination of Services

If families would like to terminate childcare services with BLB, a 2-week written notice must be provided to BLB to avoid additional fees.

If you have missed 2 weeks of care due to non-payment, BLB has the right to terminate all contracts to provide care for your child and your child's spot will be offered to the next waiting family. Unpaid balances after termination may result in legal action.

If BLB can no longer provide care for your child, BLB will provide a 30-day written notice before terminating all agreements to provide childcare services for your child(ren).

## FF. Emergency Preparedness Plan

You will find my evacuation plan posted near the cubbies 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 details, floor plan, and gathering place outside of my home so you are aware of our emergency and disasters /evacuation procedures.

In preparation for an emergency, I have practiced turning off water, power, and gas. In all my licensed areas, I have anchored shelving, furniture, and heavy objects. I only keep light items on high shelves to protect against injuries from falling objects. 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 the corner of Birchwood Ave and Pinewood Ave in front of Birchwood Elementary School. For children who cannot walk that far easily, I will either use our cargo bike or my stroller that can hold 3 children for transport.

Evacuating Diagram of my home is attached on the last page of my parent handbook and on our main emergency exit door from the licensed indoor play space.

Being emergency prepared includes developmentally appropriate training with the children on how to respond in an emergency such as calling 911, practicing fire drills, earthquake drills inside and out and lock down procedures. We record our drills and practice monthly.

My emergency disaster kit is in a grab and go backpack and it is located on the closet door near the changing table.

The contents of the grab and go bag are a small first aid kit, emergency contact information, child medication records, individual child medications, water bottles, snack bars, battery-operated flashlight/radio, emergency blankets, solar charged back up battery for charging cell phones. When possible and safe to do so, the disaster kit will be grabbed by an adult during the evacuation.

### A. Earthquake Plan

#### i. When Indoors:

1. We move away from windows, tall furniture, and heavy appliances.
2. Everyone in the program will be instructed to:
3. DROP to the floor.
4. COVER head and neck with arms and take cover under heavy furniture or against internal wall.
5. HOLD ON to furniture if under it until shaking stops.
6. Do a head count of the children to ensure all children are present.
7. Adults will talk to children in a calm reassuring tone until it is safe, and the earthquake is over.

#### ii. When Outside:

1. Move to clear area, as far as possible from glass, brick, and power lines.
2. DROP & COVER.
3. Adults will talk to children in a calm reassuring tone until it is safe, and the earthquake is over.

4. A head count of the children will be taken to ensure all children are present.

iii. After earthquake:

1. Account for all children, staff, and visitors
2. Check for injuries and administer first aid as necessary. Call 911 for life a threatening emergency.
3. Determine if evacuation is necessary and if outside areas are safe. If so, we will evacuate the building calmly and quickly to our designated meeting spot located: in the grassy area of the licensed outdoor space.
4. If gas is smelled; the main gas valve will be immediately turned off.
5. We will monitor our portable radio or cell phone for information and emergency and instructions.
6. Our designated out-of-area contact will be notified of our status when possible and if needed. My out of area contact is Lynn Pattison and her number is 425-387-1989.

We will remain outside of the building until it has been inspected for re-entry and determined safe. My husband or a trusted neighbor will be called to inspect the home first while I attend to the children, they will assess that the home is safe to go back into, and I can contact parents to let them know we are safe.

We will practice the earthquake drills at least every three months and the information will be posted on the bulletin board above cubbies.

B. Evacuation Plan:

i. When On-site:

All children will be gathered and escorted to the designated meeting spot located: the grassy area of our licensed outdoor play space.

Evacuating Diagram of the Childcare is attached on the last page of my parent handbook.

1. 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.
2. If safe to do so, the whole home will be checked, to ensure that all children have left the building safely.

ii. When Off-site:

1. All children will be gathered and escorted to the designated meeting spot with the grab and go bag and our daily attendance log.
2. 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.
3. All areas will be searched (including bathrooms, playground structures, etc.), to ensure that all children are safe and accounted for

4. 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.
  5. If an earthquake takes place while transporting children, we will remain in the car until it is deemed safe to get out.
- iii. My program practices evacuation drills and all the children are included in all the emergency drills that I perform.
1. We will activate our fire alarm or alert staff that there is a fire (yell, whistle, etc.).
  2. We will evacuate the building quickly and calmly:
  3. If anyone's clothes catch on fire they will be instructed to STOP, DROP, & ROLL until the fire is out.
  4. We will take our grab and go bag as we are exiting the building.
  5. I will check areas where children may be located before, we leave the building.
  6. 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.
  7. 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.

We (the children and I) participate in fire drills once a month and this information is kept in a labeled notebook near the sign in sheet.

C. Lockdown Plan:

1. I 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.
2. I will keep everyone away from doors and windows. Stay out of sight, preferably sitting on the floor in the back room of our licensed indoor play space.
3. When possible, I will bring attendance sheets, first aid kits, pacifiers and other comforting items, and books to our safe lockdown area.
4. To maintain a calm atmosphere in the room we will read or talk quietly to children.
5. If a phone is available, we will call 911 to ensure emergency personnel have been notified.
6. We will remain under lockdown until the situation is resolved or until we are notified that it is safe to resume the daily routine.
7. 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 pick up children or return to our normal routine.

In the case of a disaster of any kind, I have prepared my home for evacuating the children and have a 72-hour supply of food and water for each child and myself in care. I will keep the children at my home until the parents are able to safely arrive to pick up their children after a disaster and I will not leave your child unsupervised. If my home is deemed unsafe during a disaster, I will find the nearest shelter where the children and I can go to stay safe. I will notify parents immediately where we are headed, when we arrive and how we can reunite children with their parents.

## GG. Policy regarding mixed age groups:

During the day the children will be participating in learning activities such as: playing, eating, and sleeping with children from ages 2-5 years old and will include my own children that are 3, 6 and 9 years old. I will keep the programs and curriculum age appropriate for the children in my care.

## HH. Where to find and review the early learning program policies:

All my policies and parent handbook will be easily accessible for enrolled families to access via the internet (TBD). Parent handbooks that contain my policies will always be available at the sign in sheet to review at take home as needed.

1. Health policy- begins in the parent handbook on page # 13
2. Consistent Care Policy- begins in the parent handbook page # 13
3. Menus- will be sent home periodically and posted on the bulletin board near cubbies. A sample menu is provided with the parent handbook.
4. Liability Insurance- basic insurance information will be posted on the bulletin board and the full policy for review will be accessible in a labeled notebook near the sign in sheet.
5. Inspection reports and notice of enforcement actions- will be posted on the bulletin board above cubbies and notified to parents when applicable.
6. All other program policies- are in the parent handbook. Please contact me directly if you have any questions.