



**Enchanted
Little Forest
Child Care Center
Parent Handbook**

2720 W. Marine View Dr.

425-259-5900

Web: enchantedlittleforestchildcare.com (under construction)

E-mail: enchantedlittleforest@fronier.com

General Information

Address: 2720 W. Marine View Dr.
City/State/Zip: Everett, WA 98201
Telephone: 425-259-5900
Business Office: 1714 Hewitt Ave. Everett
Business Phone: 425-374-8142
Owner: Kay Doremus
Co-Owner/Director: Tiffany Gorski
Out-of-area Contact: **Susan Caron – 863-521-8335**

Emergency telephone numbers:

Fire/Police/Ambulance: 911
Poison Center: 1-800-222-1222
Child Protective Services (CPS) 425-339-1830
C.P.S. (after-hours): 1-800-562-5624

Hospital used for life-threatening emergencies:

Providence Regional Medical Center
Colby Campus-

For non-threatening emergencies, the center will defer to parents choice according to enrollment.

Hours of Operations:

The center will be open from 5:30 AM to 7:00 PM

Monday through Friday

The center will be closed in observance of the following holidays:

New Year's Day Memorial Day

Independence Day Labor Day

Thanksgiving Christmas

And day after

- If the holiday falls on Saturday, we will observe the holiday on Friday.
- If the holiday falls on a Sunday, we will observe the holiday on Monday
- Center closures will be based on the Everett School District (which declares by 5:30) On delayed start, the center will open at 7:30am. Families will be notified by closure announcement by The Enchanted Little Forest Facebook or recording on office answering machine after Everett has posted.
- If the child care center must close during hours of operation because of snow, storm, electrical, water or heating outage the director will notify parents by telephone.

Note: Tuition will not be reduced because of absences due to public holidays, sickness, personal reasons, closure due to inclement weather, or outages beyond our control.

Mission:

Enchanted Little Forest Child Care Center's mission is to provide an exciting yet nurturing environment which encourages the children to explore, learn through play, and excel mentally and physically.

Philosophy:

Enchanted Little Forest believes that our center should offer an exciting yet nurturing environment which allows the children to explore, learn through play, experiment with life concepts, and encourage the children to excel mentally and physically. We strive to capture the imagination of our children and instill a sense of awe as they learn through experimentation and trial and error. Our hands- on approach to learning fosters creativity, self-expression, and a positive self image. We embrace differences among our children and their cultures and strive to incorporate these differences into the child's experiences.

Parents need and want to take an active part in determining how and what their children are taught. Because of this, it is our belief that the Center should become a community of teachers, children, and parents. Therefore, parents are encouraged to participate in a large variety of center activities from parents visiting the classroom at any time, accompanying children on field trips, and participating in parent night activities and educational lectures:

- Each child will be encouraged to progress at their own pace (no child will be promoted to next group until ready physically and mentally)
- Learning program is age specific with curriculum established by Program Director to be enhanced by the lead teachers, but which is consistent across all age groups.
- Parent newsletters will be sent home each quarter outlining the upcoming curriculum.
- Parent conferences will be held on request by parent to access each child's developmental plan. We encourage parents or guardians to maintain an open communication with their child's teacher, the Director, and management staff.
- Enchanted Little Forest maintains an open door policy such that any parent has free access to all parts of the daycare used by their children.
- Enchanted Little Forest is a smoke free environment. *Smoking will not be allowed on Center property at any time.*
- Enchanted Little Forest welcomes children with special needs and all families are treated with dignity and with respect for their individual needs and/or differences.
- Enchanted Little Forest welcomes any child regardless of race, religion, or ethnic background. We will strive to respect and incorporate, within the constraints of our classroom and other students, any specific request by the parents regarding religious or ethnic beliefs.

Admissions and Enrollment:

Enchanted Little Forest **accepts children from infants through pre-kindergarten.** We do not accept school age children at this time due to lack of transportation.

Any child will be enrolled in our center regardless of race, color, sex, religion, or national origin if space allows. The center will make reasonable accommodations to physical or mental limitations.

An enrollment fee of **\$75 (non-refundable)** and a deposit of one **week's tuition (non-refundable, to be applied to the first week's tuition)** will be collected with the application. A **non-refundable deposit equal to one week's tuition will be required to hold a future space in the infant room.** A re-enrollment fee will be collected each year in September. If enrolled after May 1st; the first September re-enrollment fee will be waived.

Tuition is due on Monday morning of each week. If paying monthly, we will accept a full month's tuition on the 5th of every month. If tuition is not received by Wednesday of the current week or the 5th day of the month if monthly, a **\$10 late charge** will be added each Monday until the account is current.

A **\$25 charge will be collected for all NSF checks.** Payment of NSF checks must be made by **money order.** If we receive one NSF check, money orders will be required for all tuition payments for the next 6 months.

Full-time enrollment is considered 5 hours a day or longer. **We do not accept part-time students.** If a child's absences exceed 8 days in a month, we will consider that child part-time and will consider disenrollment.

Vacation credit (50% reduction of tuition) for two weeks per year will be allowed after the child has been in attendance for four months.

Termination of Services – We will require a two week written notice in the event that you would like to terminate your child's care.

When the child is absent one week or longer without notification to the center, the child will be considered no longer enrolled. You will be billed for first week of absence plus two weeks required notification period.

Registration Forms:

- Child Enrollment Form
- Getting to Know Me
- Health & Emergency Data Card
- Current Immunization Record
- Consent to Medical Care & Treatment of Minor Children
- Medication Authorization Form (if necessary)
- Individual Health Medication Administration Form (if necessary)

Sign In/Out Policy:

Parents or legal guardians are responsible for signing children in upon arrival, and out upon departure on a daily basis WAC 170-295-7030. The Sign in/out book is located in the front entryway. Children may only be released to adults who have been authorized by the parent or guardian, through the Authorization to Pick-up Form, to pick-up their child. **If someone other than a parent or guardian arrives to pick-up a child, a picture ID will be required before the child is released to the adult. On an exception basis a parent that can be identified by the center (answer to emergency question) may make emergency arrangements to have an adult other than those on the Authorization Form.**

Late Charges:

We remain open until 7:00 pm weekdays, so we ask that you pick your children up promptly. If a child is left at the center beyond 7:00pm, we ask that you pay private care rates for your children. **Private care rates are \$1 per minute per child in care beyond 7:00 pm to be paid at time of pickup.**

Policies:

The following policies have been adopted by the center and will be available to you upon request. Please read and familiarize yourself with these policies WAC 170-295-7040.

Health Policy

Disaster Recovery

Pet Policy

Discipline Policy

Parent Responsibilities:

- Provide all required enrollment and health forms as required by the center.
- Make timely payment of tuition.
- Maintain an open communication with the center and provide the center with any information that might affect a child's emotional or physical development.
- Be aware of the curriculum and re-enforce learning through activities outside of the center if possible.
- Maintain current and complete child records for the center including change of address, phone, or other information that was obtained at time of enrollment.
- Your child's safety is our primary concern. Please escort your child to and from their classroom and leave the child in the care of the attending teacher. Also, please adhere to the Sign In/Out Policy.
- Provide a change of clothes (to include socks and shoes) to be kept at the center. **All clothing must be marked with the child's name and should not be new or a keepsake.**

- Provide alternate care for children who are ill.
- For Infants, please provide adequate cleaned and sanitized bottles each day for the number of expected feedings. If the child is on breast milk or formula, Please fill the bottles before arriving at the center.
- Please be sure that you dress your children and bring outer ware that is weather appropriate.
- No toys are to be brought to the center without prior approval by the Director of the center.
- A favorite blanket for rest time. Take the blanket home weekly to laundry.
- For infants and toddlers in diapers, we ask that you provide adequate diapers and wipes for your child. A notice when supplies are low will be sent home.

Daily Routine:

The following is an approximate schedule. Depending on the activities planned for the day, some time periods may be modified and staggered by age group.

Opening to 8:30	Free Play & Breakfast (7:30)
8:30 to 9:00	Free Time (activity centers)
9:00 to 9:30	Circle Time, Music, or Stories
9:45 to 9:50	Morning Snack/wash up
9:50 to 10:50	Large Motor Skills (based on curriculum)/Outdoor Play
10:50 to 11:45	Skill building (base on curriculum)
11:45 to 12:30	Wash-up/Lunch
12:30 to 2:00	Rest Time/Quite Time
2:00 to 2:15	Bathroom/Wash-up
2:15 to 3:00	Free Time/Outdoor Play
3:00 to 3:30	Skill Building (based on curriculum)
3:15 to 3:30	Snack
4:00 to 4:30	Music/Art
4:30 to 5:00	Free Play/Dramatic Acting
5:00 to 6:00	Closing Group Time
6:00 to Close	Free Time (activity Centers)

Note: The Toddlers and Preschoolers will be taken outside (including infants when schedule permits) twice a day for at least 5 minutes each day regardless of weather (unless to do so would endanger the children). Please be sure that you dress your children and bring outerwear that is weather appropriate.

Nutrition:

Enchanted Forest will provide breakfast, lunch and two snacks at no extra cost.

Due to children with food allergies, Do not bring any food items into the center.

The center will prepare, date, and conspicuously post menus of snacks and meals at least two weeks in advance. The center uses a 4 week cycle menu, with no repeated meal/snack combinations, to ensure variety. The past menus will be kept on-site for 6 months. If needed, substitutions of comparable nutrient value may be made and any changes will be recorded on the menu. **WAC 170-295-7040.**

Each breakfast meal contains:

- Fruit or vegetable (the center serves fruit instead of juice most often)
- Dairy product (such as milk, cheese, yogurt, or cottage cheese)
- Grain product (such as bread, cereal, rice cake, or bagel)

Each lunch meal contains:

- Dairy product (such as milk, cheese, yogurt, or cottage cheese)
- Meat or meat alternative (such as beef, fish, poultry, legumes, tofu, or beans)
- Grain product (such as bread, cereal, rice cake, or bagel)
- Fruits or vegetables (two fruits, two vegetables, or one fruit and one vegetable to equal the total portion size required)

Each snack contains two of the four components:

- Dairy product (such as milk, cheese, yogurt, or cottage cheese)
- Meat or meat alternative (such as meat, legumes, beans, egg)
- Grain product (such as bread, cereal, rice cake, or bagel)
- Fruit or vegetable

Each snack or meal includes a liquid to drink. The drink could be water or one of the required components such as milk or fruit/vegetable juice.

If you child has any known allergies please advise us in writing, so that we can place them on our allergy list and provide an appropriate alternative.

All allergies MUST be documented by a doctor.

Infant Feeding WAC 170-295-4020

Formula feeding of infants (less than one year of age) will be on an “On Demand” schedule as stated in our WAC codes. This schedule can be adjusted by the teacher during the day as determined by the needs of the child and communicated to the parents when the child is picked-up.

All bottles will be provided by the parents or guardians daily. All bottles will be refrigerated immediately and if left at the center longer than 12 hours will be discarded. All bottles will be labeled with the child’s name, content, and date.

Semisolid foods will be given as requested by parents or health care provider.

Conduct Rules & Behavior Policy:

WAC 170-295-2030 WAC 170-295-2040

This child care center uses indirect guidance techniques:

- We give advance notice: “You have five more minutes to play before it’s time to clean up.”
- We give choices: “You may paint with the other children or you may read a book in the quiet corner.”
- We have a regular routine: “We always wash our hands before lunch. After lunch is story time.”
- We avoid nagging: We tell the child what we expect just once, we then ask if the child remembers what we asked, and then offer to help the child do what was asked.
- We are consistent: We do things the same way each day so the children know what to expect and learn to trust and feel safe in their environment.

We also use direct guidance techniques:

- We use positive statements: “We use walking feet indoors” rather than “Don’t run!” or “Use your words to tell us you’re angry” rather than “Don’t hit!”

- We get the child’s attention by crouching down to his/her level, making eye contact, speaking respectfully and asking the child to repeat the directions.
- We try very hard to be fair. Limits that are set are based on an understanding of your child’s needs and stage of development. We examine our expectations to make sure they are age appropriate, and we don’t make rules just because an activity is too noisy or messy.
- We avoid arguments by following through with solutions that address the problem, but also offer the child a way to exit gracefully from the problem: “You can choose a quiet place to calm down or I can choose one for you.”

We will use the phrase “No, Thank you,” In response to immediate safety issues.

If a child is unable to demonstrate self-controlling behavior, a brief time out results for the child to regain control. Time out occurs only when other measures fail, and is used as an opportunity for the child to regain self-control, not as a punishment.

By law, and by program philosophy and policy, the following forms of discipline are forbidden: hitting, spanking, shaking, scolding, shaming, isolating, and labeling (“bad,” “naughty,” etc.), or any other negative reaction to the child’s behavior. All forms of corporal (physical) punishment are strictly forbidden.

Some negative behavior is best ignored, since its goal is often to get attention. This technique can be used for some of the undesirable behaviors children present, but would not be used with unsafe or hurtful behavior.

Communication between home and the center is probably the most significant factor in effective discipline/behavior management. Each child is unique and as such responds to guidance differently. We encourage our teachers to initiate an open conversation regarding the behavioral or developmental challenges your child is facing. We encourage the parents to actively participate with our teachers in developing strategies to help your child through these challenges. **Please be aware that we may request an observation be conducted by a behavior specialist to assist us in establishing an appropriate expectation of your child’s behavior in a group child care setting. We work with the specialists from Volunteers of America for classroom and teaching strategies.**

If a child is unable to gain control and requires more individual attention than can be given within child-to-staff ratios, we may need to contact a parent. A child requiring one-to-one attention may have to leave the center temporarily for safety’s sake. Repeated uncontrollable behavior will result in a parent/Director meeting to map out a Behavior Modification Plan. Continued uncontrolled behavior may lead to discontinuation of child care services.

Health Policies:

Health Record

The State of Washington requires a health history be kept on file for each child in day care. Parents are encouraged to arrange a physical exam for their child has not had regular health care or a physical examination within one year before enrollment.

To protect all children and the staff, and to meet state health requirements, the center only accepts children fully immunized for their age. The Certificate of Immunization Status (CIS) for each child is kept on file to show the Department of Health and the Department of Early Learning (DEL) that the center is in compliance with licensing standards.

Illness Policy WAC 170-295-3030

Staff will check all children for signs of illness when they arrive at the center and throughout the day. **If the following signs of a possibly contagious illness are present, a child will not be admitted to the center that day.** The parent will be called to pick up their child. The child will be kept in the office or staff lounge and the Program Director, Director, or Owner will care for the child until the parent arrives.

If parents do not pick up a child that has become ill within an hour of being reached by phone, the Director is authorized to charge the parent \$10.00 an hour for private care. These charges can be waived by the Director if the parent makes a reasonable request (such as the need to wait for bus transportation from Seattle) for a delay in picking up their child at the time the parent is called by the center.

Staff members will follow the same exclusion criteria as children and not come to work, or will leave if these signs develop.

Children and staff with the following symptoms will be excluded:

- Temperature of at least 99 ° F under arm (axillary) or 100° F orally AND who also have one or more of the following:
 - Diarrhea or vomiting
 - Earache
 - Headache/Signs of irritability or confusion
 - Sore throat
 - Rash
- Vomiting on 2 or more occasions within the past 24 hours
- Diarrhea (increased fluidity and/or frequency of bowel movements relative to the person's usual pattern) occurring 3 or more times within 24 hours; or any bloody stool
- Any suspected communicable infection of the skin or eyes such as impetigo, MRSA, pinkeye, and scabies
- Open or oozing sores, unless properly covered and 24 hours have passed since starting treatment, if treatment is necessary
- Lice or nits (for head lice, children and staff may return to child care once no nits are visible) As cleared by management.
- Fatigue, irritability, or confusion that prevents participation in regular activities, such as sleeping or resting more than usual for that child, not wanting to eat, or multiple cold symptoms that keep the child from regular activities

Any contagious disease your child has should be reported to the center. This will allow us to send a notice to other parents.

Some Communicable diseases must be reported to the Health Department upon notification of diagnosis. These include (but not limited to):

- | | |
|--|-------------------------|
| ▪ Animal bites | ▪ Listeriosis |
| ▪ Campylobacteriosis (Campy) | ▪ Measles |
| ▪ Cryptosporidiosis | ▪ Meningococcal Disease |
| ▪ Cyclosporiasis | ▪ Mumps |
| ▪ Diphtheria | ▪ Whooping Cough |
| ▪ E. Coli 0157:H7 | ▪ Polio |
| ▪ Food or waterborne illness | ▪ Rubella |
| ▪ Giardiasis | ▪ Rheumatic Fever |
| ▪ Haemophilus Influenza Type B (HIB) | ▪ Salmonellosis |
| ▪ Hepatitis A,B, or C | ▪ Shigellosis |
| ▪ Influenza (if more than 10% of children and staff are out ill) | ▪ Typhoid |
| ▪ Invasive MRSA infections | ▪ Tetanus |
| | ▪ Tuberculosis (TB) |
| | ▪ Viral Encephalitis |

Asthma

An asthma care plan and an individual emergency treatment plan shall be filled out by the parent or guardian and kept on file for any child with asthma. The asthma care plan shall be implemented when child exhibits asthma symptoms at child care

Allergies

A Food Allergy Care Plan will be filled out by the parent/guardian and kept on file for children with food allergies. This plan lists food to avoid, a description of how the child reacts to the food, and substitute food(s). A copy is kept in the kitchen and in the child's classroom.

Diapering Procedure

Diapers are changed at the changing station only. Children are not left unattended during the diaper changing procedure.

The diaper changing procedure is posted. The proper diaper changing procedure is as follows:

- Wash hands.
- Put on disposable gloves.
- Place child on the changing table and remove diaper.
- Clean child's bottom with diaper wipes. Wipe from front to back. Use only one swipe per diaper wipe.
- Remove disposable gloves and use them to wrap up dirty items. Discard all dirty items in a foot-operated step can.
- Provider wipes own hands with a wet wipe.
- Diaper and dress the child.
- Wash the child's hands with soap and water. For infants younger than 6 months, a diaper wipe can be used to wipe off the child's hands.
- Return child to a safe area.
- If visible soil is present, clean with soapy water, and then rinse with water. Sanitize the changing table and any equipment or supplies you touched with bleach water solution. Allow one minute of contact time with the disinfectant.
- Wash hands with soap and water.

Toilet Training:

Toilet training is initiated when the child indicates readiness and in consultation with the child's parent. The parents will be responsible for providing adequate training pants and changes of clothes daily. (5 changes are recommended and waterproof sandals.

Children need to be current with "Vaccines Required for Childcare/Preschool Attendance" as mandated by Washington State Department of Health."

Consent to Medical Care:

A Consent to Medical Care will be kept on file for each child incase emergency medical care is need.

First Aid

Staff members with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid are with each group or classroom. Documentation of staff training is kept in personnel files.

First aid kits are inaccessible to children and located in each classroom, and with Emergency Supplies locked in the Utility Room.

In case of a medical emergency, basic first aid will be administered according to the recommendations of the American Red Cross or American Academy of Pediatrics. The Director will immediately contact the parent or child's alternate emergency contact person if the parent is not available.

Medication Rules WAC 170-295-3050 thru 3120

A parent/legal guardian is the only person who can give consent to medication being given, without the consent of a health care provider, **if and only if** the medication is over-the-counter and is one of the following types **WAC 170-295-3060**:

- Non-aspirin fever reducer/pain reliever
- Ointment or lotion specifically intended to reduce or stop itching, treat dry skin, or care for a wound
- Diaper ointment or non-talc powder intended for the use in the diaper area
- Sunscreen for children over 6 months of age
- Hand Sanitizer

A health care provider's consent, along with parent/guardian consent, is required for:

- Prescription medications
- Over-the-counter medications not one listed above
- Over-the-counter medication with a label that does not include the age or weight of the child being treated
- Vitamins, herbal supplements, teething aids, and fluoride

Many over-the-counter medications are not approved for young children. The Food and Drug Administration recommends that cough and cold products not be given to children younger than 2 years. According to the American Academy of Pediatrics, cough suppressants, antihistamines, and decongestants may not be effective in children younger than 6 and can have potentially serious side effects, even when given as directed. **Based on this information, over-the-counter cough and cold medications will not be administered to children younger than 2 years unless the parent provides written and signed instructions from a health care provider.**

Medication will only be given with prior *written* consent of the child's parent/legal guardian on the **Medication Authorization Form. This form must include:**

- Child's name
- Instructions/dosage recommendations for child's weight and age
- Duration, dosage, frequency, and amount to be given
- Expiration date (must not be expired)

All medications must be in the original container and be labeled with the following information:

- In the original container
- Child's name
- Instructions/dosage recommendations for child's weight and age
- Duration, dosage, frequency, and amount to be given
- Expiration date (must not be expired)

Medication is not given past the days prescribed on the medication bottle even if there is medication left

A parent/legal guardian is the only person who can give consent to medication being given, without the consent of a health care provider.

Disaster Plan WAC 170-295-5030:

Building Evacuation Procedure:

Enchanted Little Forest has developed a Disaster plan which provides the framework for ensuring the safety of your children in event of a disaster such as (but not limited to) fire, power outages, earthquakes, etc. Parents and guardians should read and be familiar with the Plan. **We ask that a signed receipt and acknowledgment of the Disaster Plan procedures be returned to the center during the first week of enrollment.**

Disaster Drills will be conducted on a regular basis to ensure that the staff and children are familiar with these procedures.

The following steps will be taken in event that the center must be temporarily evacuated.

1. Staff makes a quick assessment of the situation in the classroom and of any injuries to the children or adults, and reports findings to director.
2. Director evaluates the evacuation route, which is posted at all exit doors, to be sure that it appears clear of obstructions.
3. Director gives instructions to evacuate.
4. If possible and time allows, have children take jackets and coats.
5. Staff should take the following items:

Disaster supplies, which are stored in the Emergency Supplies Closet (if safe to do so)

- Class/staff attendance sheets and visitor sign-in sheets
 - Children's emergency and medical information and supplies
 - Cell phone, if available.
6. Staff should assemble children in single file to evacuate the building (preferably with one teacher leading the children and one teacher following behind). Infants will be placed into rolling evacuation cribs for evacuation.
 7. Take attendance. If safe to do so, search the building for anyone missing.
 8. Have children sit down, if possible.
 9. If a gas leak or other incident requires individuals be located further away from the child care center, have teachers move children to the pre-designated area not less than one block from the building. The pre-designated location is: **Herald Community Building at the corner of Grand and Everett St.**
 10. Director will evaluate the situation with the help of responding agencies (fire, police, etc.) or the Building Team and determine if it is safe to enter the building. If it is not safe, Director will determine if it is necessary to move to the alternate site location, or if children and staff should stay where they are until it is safe to re-enter the building.
 11. Director will notify parents immediately if evacuation looks to be long term or if children are moved to alternate site location.
 12. All parents will be notified of incident.

The following steps will be taken in event that the center initiates a long-term evacuation.

1. If it is determined that staff and children will be moved to the alternate site location distant from the child care center, assign children to a designated staff member.
2. Staff should bring the following items to the alternate sites:
 - a. Disaster supplies which are stored in the Emergency Supplies Closet (if safe to do so)
 - b. Class/staff attendance sheets and visitor sign-in sheets
 - c. Children's emergency and medical information and supplies
 - d. Cell phone, if available.
3. Children will be taken to the alternate site location by either walking or will be transported in Teacher's cars and vans.
4. Once at the alternate site location, take attendance again. Staff must remain with their group of children until the children are picked up by parents or emergency contacts.
5. Director will continue to communicate with parents and coordinate pick-up of children.

In case of an emergency where the children are not able to leave the center as scheduled, our center is equipped with adequate supplies to meet our children's needs for several days. The center is stocked with bottled water and foods. Daily routines will be conducted if possible.

Emergencies that require children and staff to remain in the building will be treated on an individual basis.

Field Trips

Any field trips that we plan will be within walking distance of our center. We will walk with a Tether Line to our destination and will double our staff to child ration for these trips. A permission slip will be required.

When possible, we will honor all cultural celebrations and practices upon request to include dietary restrictions and religious practices for your child.

CHILD ABUSE AND NEGLECT WAC 170-295-6040

Any instance when staff have reason to suspect the occurrence of any physical, sexual, or emotional child abuse or neglect, child endangerment, or child exploitation as required under RCW chapter 26.44, a report is filed by the staff directly involved with the child. If there is an immediate danger to a child, a report is made to local law enforcement.