

Our Program Necessities

Your child's time in our program should be a positive and exciting learning adventure. We will work with you and your child to ensure the smoothest possible transition occurs as new routines and new people are introduced. Being prepared is the best way to start your program year.

Transition from home to center

Prior to your child's first day, you will have an opportunity to tour the center and meet with your child's peers and classroom educators. Communicate any anticipated concerns with your child's primary educator. At this time, please share the best communication methods that the classroom educators may use to reach you.

Transition Between Learning Programs

Children are transitioned to the next program based on age, developmental readiness, state licensing requirements, and space availability. During the transition, current and future educators will meet with you to propose a plan to introduce your child to the new classroom or program.

Transition for After School Care

Children who are of school age may continue with after school care at our center. The center will provide faculty to ensure that your child arrives at the bus stop for drop-off after school in a timely manner, or they will be picked up by our bus driver at bell time if transportation is required. The Supplemental Enrollment Form must be completed and on file with the center to be eligible for this service.

Toilet Training

The most important factor in making the toilet learning experience successful and as low-stress as possible is a family/educator partnership that supports the child. Research indicates that children cannot successfully learn how to use the toilet until they are physically, psychologically, and emotionally ready. Many pediatricians say that most children under 24 months of age are not physically capable of regulating bladder and bowel muscles. Most positive toilet training occurs only after children show signs of physical control or awareness of their bodily functions and when they demonstrate an interest or curiosity in the process. We are committed to working with you to make sure that toilet learning is carried out in a manner consistent with your child's physical and emotional abilities and your family's concerns.

Rest Time

Infants sleep according to their own schedule and are put to sleep on their backs. Classroom educators always observe infants by sight and sound and check on sleeping infants every ten minutes.

After lunch, all children less than five years of age participate in a quiet rest time. Children are not required to sleep and may be given quiet activities. School-age children, although not required, shall be provided with an opportunity for a regular rest period if the child desires. For children who do not want to rest, space and time for quiet play will be made available.

SIDS Prevention

In accordance with commonly recognized SIDS prevention techniques and our center's requirements, we put all infants (younger than 12 months) to sleep on their backs without the use of infant sleep positioners (unless ordered by a physician). We will only make exceptions if you provide us with documentation from your pediatrician. If infants arrive at the program asleep or fall asleep in equipment not specifically designed for infant sleep, the infant will be removed and placed in appropriate infant sleep equipment. All elements such as soft blankets, pillows, quilts, comforters, sheepskins, and soft toys are not allowed in cribs or rest equipment for infants younger than 12 months.

Electronic Media

Our normal daily routine does not include electronic media (television/TV, video, DVD) viewing and computer use. However, we may occasionally use a television show without advertisements as a teaching aid and discussion stimulator. All electronic media will be screened prior to use and will consist of non-violent, high-quality educational material. Our focus is to provide your child with a positive experience and an increased understanding of the world. Electronic media will be offered only to meet a developmental goal and limited to no more than once a month per child. Washington rules prohibit any screen time for children under two, including TV, videos, and computers.

Outings and Field Trips

Weather permitting, we conduct 45 minutes of supervised outdoor play and/or walking trips around the neighborhood two times a day for all children. Children are accounted for at all times. A permission statement for participation in walking trips is included in the enrollment package. From time to time, there will be supervised field trips, and we encourage you to join your child on the trip. Field trips may be walking, using public transportation, or our center's bus. For field trips, please dress your child appropriately for the season. Walking shoes are a must; sandals and flip-flops are not appropriate for walking and make it difficult for your child. The safety of children and faculty will be guarded in all activities of childcare programs. Proper restraint systems (seat belts) and their correct use are critically important during travel to/from the childcare program as well as during field trips. Washington State rules prohibit children under two from going on field trips or outings if transportation is needed.

Guidance and Support

Our program is committed to each child's success in learning within a caring, responsive, and safe environment that is free of discrimination, violence, and bullying. Our center works to ensure that all children have the opportunity and support to develop to their fullest potential and share a personal and meaningful bond with people in our learning community. Thoughtful direction and planning are used to prevent problems and encourage appropriate behavior. Communicating consistent, clear rules and involving children in problem-solving help children develop their ability to become self-disciplined. We encourage children to be fair, to be respectful of other people and property, and to learn to understand the results of their actions.

Discipline Policy

We have created a discipline policy that reflects our philosophy of positive guidance with children. A copy of the discipline policy is included in your enrollment package for you to review and sign.

Challenging Behavior

Children are guided to treat each other and adults with self-control and kindness. Each child at Seattle Institute for Early Child Development has a right to:

- Learn in a safe and friendly place
- Be treated with respect
- Receive the help and support of caring adults

When a child becomes verbally or physically aggressive, we intervene immediately to protect all the children. Our usual approach to helping children with challenging behaviors is to show them how to solve problems using appropriate interactions. When discipline is necessary, it is clear, consistent, and understandable to the child. We maintain zero tolerance for bullying. If you have any concerns about this at any time, please report it to the classroom educators or mentoring team.

Social Problem Solving

Social problem-solving and conflict resolution are an ever-present part of our daily lives together. We challenge children to articulate their wishes, feelings, and ideas and support them in working towards mutually agreeable solutions. By emphasizing negotiation and alternate perspective-taking, we help children advocate for themselves and recognize that others also have needs.

Physical Restraint

Physical restraint is not used or permitted for discipline. There are rare instances when we need to ensure a child's safety or that of others and we may restrain a child by gently holding them only for as long as is necessary for control of the situation.

Notification of Behavioral Issues to Families

If a child's behavior/circumstance is of concern, communication will begin with the families as the first step to understanding the child's individual needs and challenges. We will work together to evaluate these needs in the context of our program. On rare occasions, a child's behavior may warrant the need to find a more suitable setting for care. Examples of such instances include:

- A child appears to be a danger to others.
- Continued care could be harmful to, or not in the best interest of the child as determined by medical, psychological, or social service personnel.
- Undue burden on our resources and finances for the child's accommodations for success and participation.

Personal Belongings

Please label all items brought from home with your child's first and last name to prevent items from becoming misplaced or lost. We are not responsible for lost or damaged items. Sheets and soiled clothing will be sent home as needed for laundering and return to the center.

What to Bring

- Birth to One: Enough clean bottles for a day's use, at least 6 diapers per day, and at least 2 changes of clothes per day. All bottles must be labeled and dated.
- One to Two: Enough clean bottles for a day's use (if applicable), lunch and water bottle, six diapers, and at least two changes of clothes per day. All bottles must be labeled and dated.
- Two to Three: A water bottle, lunch, and at least two changes of clothes or more per day if going through the toilet training program, including socks and shoes.
- Three to Five: Water bottle, lunch, and at least one change of clothes, socks, and shoes.
- School Age (Full Day): Water bottle and at least one change of clothes, socks, and shoes.
- After School Care Children: Backpack with homework, appropriate play clothes.

Cubbies

Upon enrollment, each child will be assigned a "cubby." Cubbies are labeled with your child's name. Please check your child's cubby daily for items that need to be taken home.

Lost and Found

You can look for lost items and bring found items to the Lost-and-Found Box located at the front office at both locations. Please note that we are not responsible for lost personal property.

Toys from Home

We request that you do not allow your child to bring toys from home into the center unless they are part of a show-and-tell activity.

Nutrition and Meals

Breakfast, lunch, and snacks are provided by Hilltop at no additional cost. We serve nutritious and delicious meals that are peanut and shellfish-free. All allergens are accounted for, and substitutions are given as needed. All meals align with USDA guidelines and are required to have the following components: fluid milk (or substitute), whole grain, vegetables, fruits, and meat or meat alternative. More information can be found on their website at: [USDA Nutrition Standards](https://www.usda.gov/nutrition-standards)..

Foods Brought from Home If Preferred for Severe Allergies

Food brought from home is permitted under the following conditions:

- Perishable food to be shared with other children must be store-bought and in its original package.
- Baked goods may be made at home if they are fully cooked, do not require refrigeration, and were made with freshly purchased ingredients. A list of ingredients is required, and there must be enough food for all children.
- Foods should be labeled with the child's name, date, and type of food.
- Children will not be allowed to share food provided by the child's family unless the food is intended for sharing with all of the children.
- Leftover food will be discarded except for foods that do not require refrigeration and/or come in a commercially wrapped package that was never opened.

Food Allergies

If your child has a food allergy, you must notify us in writing so that we can make appropriate substitutions. The written notification should list appropriate food substitutions and must be updated at least annually. Food allergies can be life-threatening, and each child with a food allergy should have an action plan for emergency care completed by the family physician.

Mealtime

At mealtime, the table is set with real plates and flatware, and the food is placed in small bowls from which the children can help themselves. Everyone sits at the same table. Children are encouraged to serve themselves from food passed around each table. Good table manners are modeled and encouraged. Weekly menus are emailed and posted for viewing by families. A caregiver trained in first aid for choking is present at all meals.

Infant Feedings

Infant feedings follow these procedures:

- Infants will be held for bottle-feeding until able to hold their own bottle. Bottles will never be propped.
- Infants are fed "on cue" to the extent possible (at least every 4 hours and usually not more than hourly) and by a consistent educator.
- Expressed breast milk may be brought from home if frozen or kept cold during transit. All breast milk and formula shall be returned to the child's home or discarded at the end of each day. Previously frozen, thawed breast milk must be used within 24 hours. Bottles must be clearly labeled with the child's name and the date the milk was expressed. Frozen breast milk must be dated and may be kept in the freezer for up to three days.
- Breast milk and formula brought from home must be dated and labeled with the child's name.
- Solid foods will only be introduced after a consultation with the child's family.

Children 2 Years and Older

- No child shall go more than 4 hours without a meal or snack being provided.
- Children are encouraged to self-feed to the extent that they have the skills.
- Children are encouraged, but not forced, to eat a variety of foods.
- Round, firm foods that pose a choking hazard for children less than 4 years of age are not permitted or are cut in half. These foods include hot dogs, whole grapes, popcorn, thickly spread sun butter, and hard candy.

School-Aged Children

After-school children will be offered a light snack after arriving. These snacks are not a meal. Please be sure your child is provided with a proper lunch at school. Our health policies are designed to ensure the well-being and safety of all children, families, and staff in our care.

Health

Our health policies are designed to ensure the well-being and safety of all children, families, and staff in our care.

Immunizations

Immunizations are required according to the current schedule recommended by the U.S. Public Health Services and the American Academy of Pediatrics, [AAP](#). Every six months, we check with the public health department or the American Academy of Pediatrics for updates of the recommended immunization schedule. Our state regulations regarding attendance of children who are not immunized due to religious or medical reasons are followed. Unimmunized children are excluded during outbreaks of vaccine-preventable illnesses as directed by the state health department. All educators and faculty are required to be current with all immunizations routinely recommended for adults by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

Physicals

Routine physicals are required according to the current recommendations of the American Academy of Pediatrics, AAP. A copy of your child's physical should be received before, but must be received no later than 30 days after your child begins the program. Families are responsible for assuring that their child's physicals are kept up-to-date and that a copy of the results of the child's health assessment is given to the program.

Allergy Prevention

Families are expected to notify us regarding children's food and environmental allergies. Families of children with diagnosed allergies are required to provide us with a form detailing the child's symptoms, reactions, treatments, and care. A list of the children's allergies will be posted in the main area and kitchen. We are trained to familiarize ourselves and consult the list to avoid the potential of exposing children to substances to which they have known allergies.

Hygiene

We prioritize hygiene and cleanliness to ensure a healthy environment for all children. Children are expected to come to the center clean and well-nourished.

Diapering

Diapering is conducted in a sanitary manner, with all supplies provided by the family. Educators follow strict hygiene practices to ensure the health and safety of the children.

Wiping Noses

Educators are attentive to keeping children's noses clean and will assist as needed to maintain hygiene and comfort.

Illness

We understand that it is difficult for a family member to leave or miss work, but to protect other children, you may not bring a sick child to the center. The center has the right to refuse a child who appears ill. You will be called and asked to retrieve your child if your child exhibits any of the following symptoms. This is not an all-inclusive list. We will try to keep your child comfortable, but they will be excluded from all activities until you arrive.

- Illness that prevents your child from participating in activities.
- Illness that results in greater need for care than we can provide.
- Illness that poses a risk of spreading harmful diseases to others.
- Fever (100°F > underarm, 101°F > in mouth) accompanied by other symptoms.
- Diarrhea – stools with blood or mucus, and/or uncontrolled, unformed stools that cannot be contained in a diaper/underwear or toilet.
- Vomiting – green or bloody, and/or more than 2 times during the previous 24 hours.
- Mouth sores caused by drooling.
- Rash with fever, unless a physician has determined it is not a communicable disease.
- COVID-19, isolation until symptoms are better for at least 24 hours. A mask is recommended for a period of 5 days after a positive test.
- Pink or red conjunctiva with white or yellow eye discharge, until on antibiotics for 24 hours.
- Impetigo, until 24 hours after treatment.
- Strep throat, until 24 hours after treatment.
- Head lice, until treatment and all nits are removed.
- Scabies, until 24 hours after treatment.
- Chickenpox, until all lesions have dried and crusted.
- Pertussis (Whooping Cough), until 5 days of antibiotics.
- Hepatitis A virus, until one week after immune globulin has been administered.
- Tuberculosis, until a health professional indicates the child is not infectious.
- Rubella, until 6 days after the rash appears.
- Mumps, until 5 days after the onset of parotid gland swelling.
- Measles, until 4 days after the onset of the rash.

Children Who Have Been Ill May Return When:

- They are free of fever, vomiting, and diarrhea for 24 hours.
- They have been treated with an antibiotic for 24 hours.
- They are able to participate comfortably in all usual activities.
- They are free of open, oozing skin conditions and drooling (not related to teething) unless:
- The child's physician signs a note stating that the child's condition is not contagious, and;
- The involved areas can be covered by a bandage without seepage or drainage through the bandage.
- If a child had a reportable communicable disease, a physician's note stating that the child is no longer contagious and may return to our care is required.

Medications

All medications should be handed to a faculty member with specific written instructions for administration. Medications should never be left in the child's cubby/backpack or with the child to administer on their own. Our faculty will ensure that the medication is recorded along with the directions and proceed to dispense the medication as directed.

Prescription medications require a note signed by the family and a written order from the child's physician. The label on the medication meets this requirement. The medication must include your child's name, dosage, current date, frequency, and the name and phone number of the physician. All medications must be in the original container (you may request pharmacies to fill your prescription in two labeled bottles). Please specify the dosage and time(s) to be administered for each medication.

Non-prescription medications require written permission and instructions signed by the child's primary care physician. The written permission must include your child's name, dosage, current date, frequency, and all medications must be in the original container. Non-prescription medication should not be administered for more than a 3-day period unless a written order by the physician is received.

Non-prescription topical ointments (e.g., diaper cream or teething gel), sunscreen, and insect repellent require a note signed by the family, specifying frequency and dosage to be administered as well as the length of time the authorization is valid, which cannot exceed 12 months.

Communicable Diseases

When an enrolled child or an employee of the center has a (suspected) reportable disease, it is our legal responsibility to notify the local Department of Public Health. We will take care to notify families about exposure so children can receive preventive treatments. Included among the reportable illnesses are the following:

- Bacterial Meningitis
- Botulism
- Chicken Pox
- COVID-19
- Diphtheria
- Hemophilus Influenza
- Measles
- Meningococcal Infection
- Poliomyelitis
- Rabies
- Rubella
- Tetanus
- H1N1 Virus
- Any cluster/outbreak of illness
- Tuberculosis

Safety

Our safety practices are designed to ensure a secure and healthy environment for all children, families, and staff in our care.

Clothing

Please dress your child in practical clothing that allows for freedom of movement and is appropriate for the weather. Your child will be involved in a variety of activities, including painting, outdoor play, sand, weather, and other sensory activities. Our playground is used as an extension of the center, and daily programs are conducted outside whenever weather permits.

Shoe Policy

Children are allowed to take their shoes off while indoors. Families are encouraged to provide indoor shoes for their children to wear in the classroom to maintain cleanliness and comfort.

Extreme Weather and Outdoor Play

Outdoor play will not occur if the outside temperature is greater than 100°F or less than 20°F. Additionally, outdoor play will be canceled if the air quality rating is 35.5 µg/m³ or below.

Communal Water-Play

Communal, unsupervised water play is prohibited. Supervised children are permitted to engage in water play. Precautions, including swim diapers, are taken to ensure that communal water play does not spread communicable infectious diseases.

Injuries

Safety is a major concern in our program, and daily safety inspections are completed inside and outside the center area to prevent injuries. First aid will be administered by a trained educator in the event that your child sustains a minor injury (e.g., scraped knee). You will receive an incident report outlining the incident and the course of action taken. If the injury produces any type of swelling or needs medical attention, you will be contacted immediately. Each classroom is equipped with a first aid kit meeting state regulations. In the event of a serious medical emergency, children will be taken to the hospital immediately by ambulance, while we will try to contact you or an emergency contact before or during the transportation to the hospital.

Biting

Biting is a normal stage of development that is common among infants and toddlers – and sometimes even among early preschoolers. It is something that most young children will try at least once. When biting happens, our response will be to care for and help the child who was bitten and to help the biter learn more appropriate behavior. Our focus will not be on punishment for biting, but on effective behaviors that address the specific reason for biting. Incident reports will be written to the family of the child who was bitten and the biter's family. We will work together with the families to keep them informed and to develop strategies for change.

Smoke-free Center

The poisons in secondhand smoke are especially harmful to infants and young children's developing bodies; therefore, the indoor and outdoor center environment and vehicles used by the center are non-smoking areas at all times. The use of tobacco, vape pens, or marijuana in any form is prohibited on the center's premises.

Prohibited Substances

The use of alcohol, legal, and illegal drugs is prohibited on the center's premises. Possession of illegal substances or unauthorized potentially toxic substances is prohibited. Any adult who appears to be inebriated, intoxicated, or otherwise under the influence of mind-altering or polluting substances is required to leave the premises immediately and will not be permitted to pick up their child.

Dangerous Weapons

A dangerous weapon is a gun, knife, razor, or any other object which, by the manner it is used or intended to be used, is capable of inflicting bodily harm. Families, children, faculty, or guests (other than law enforcement officers) possessing a dangerous weapon will not be permitted onto the premises. In cases that clearly involve a gun, or any other weapon on our premises, the police will be called, and the individual(s) involved will be immediately removed from the premises. This policy applies to visible and concealed weapons.

Child Custody

Without a court document, both parents/guardians have equal rights to custody. We are legally bound to respect the wishes of the parent/guardian with legal custody based on a certified copy of the most recent court order, active restraining order, or court-ordered visitation schedule. We will not accept the responsibility of deciding which parent/guardian has legal custody where there is no court documentation. Please send us any and all legal documentation pertaining to your child(ren) so we can ensure to serve your family in the best possible way.

Suspected Child Abuse

We are required by law to report all observations of child abuse or neglect cases to the appropriate state authorities if we have reasonable cause to believe or suspect a child is suffering from abuse or neglect or is in danger of abuse or neglect, no matter where the abuse might have occurred. The child protective service agency will determine appropriate action and may conduct an investigation. It then becomes the role of the agency to determine if the report is substantiated and to work with the family to ensure the child's needs are met. Our center will cooperate fully with any investigation and will maintain confidentiality concerning any report of child abuse or neglect.

Emergencies

Our emergency procedures are designed to ensure the safety and well-being of all children, families, and staff in our care.

Lost or Missing Child

In the unlikely event that a child becomes lost or separated from a group, all available faculty will search for the child. If the child is not located within 10 minutes, the family and the police will be notified.

Fire Safety

Our center is fully equipped with fire alarms with sound and light, sprinklers, fire extinguishers, and rolling cribs. Our fire evacuation plan is practiced and reviewed with the children and faculty on a monthly basis.

Other Emergency Safety

Our earthquake and lockdown safety plans are practiced and reviewed with the children and faculty on a yearly basis.

Level 1 Shelter in Place: This level of lockdown is for a threat in the larger Seattle area that is not geographically close to either of our locations. In a Level 1 Lockdown, classrooms will stay or return inside until further notice. Classrooms within close walking distance (Google Steps, Triangle Park, etc.) will need to return to their Hilltop location immediately. Families will be notified of a Level 1 Shelter in Place via email.

Level 2 Lockdown: This level of lockdown is for a threat in our immediate area, where an intruder has not breached the center or is contained. In a Level 2 Lockdown, administrators will alert classrooms verbally, and classrooms are evacuated to another space within the building, using the back staircase at both Hilltop locations. Classrooms that are outside the building will either be asked to come inside immediately, stay where they are on a field trip, or seek shelter in a neighboring building, depending on the situation. Families will be notified of a Level 2 Lockdown via the BrightWheel app and email.

Level 3 Lockdown: This level of lockdown is for when an intruder is inside our center and/or evacuation upstairs seems like a less safe option than staying put in classrooms. If possible, a person in the office will make an overhead announcement or alert via our walkie-talkies. In a Level 3 Lockdown, children will be placed in a classroom or bathroom with an Anchorman lock to barricade the door. Children will be gathered in an area away from windows and doors, positioning them in a safe place against a wall, on the floor, away from a line of sight or access. Classrooms outside the building will be notified as soon as possible and directed to stay where they are or move to the nearest secure location. Families will be notified of a Level 3 Lockdown via the BrightWheel app and email once it is safe to get communication out. Communication may come from a news broadcast or social media before it is safe for Hilltop to send out its communication.

Emergency Transportation

In the event your child needs to be transported due to a medical emergency and the need for transportation is essential, an ambulance will be called. A proper escort will accompany and remain with the child until a family member contact arrives.

Parking

Hilltop provides limited parking spots (15 minutes) reserved for pick-up and drop-off only. Spaces marked "for permit use only" may be subject to ticketing or towing at the discretion of the building owners and are not the responsibility of Hilltop Children's Center. Additional "free parking" can be found in "unmarked" spots along the SPU track, behind our building, or street parking. Children should never be left unattended in the car without a parent/guardian. If children are left unattended, as mandated reporters, we are required to report any instances to Child Protective Services. We kindly ask that your car be turned off and not idling to limit the amount of pollution or contamination of our outdoor space.

Utilizing Brivo

At Hilltop, we utilize a program called Brivo Mobile App to use as an access key for our doors. An email invitation will be sent to parents listed as guardians on BrightWheel. If a mobile app is not an option, physical key fobs may be assigned. Additional FOBs or access may be requested.