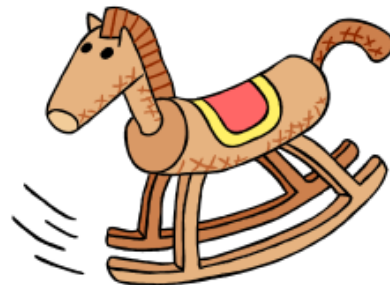




# **Kids World DayCare & Preschool Parent Handbook**

**Director  
Terri Johnson**



Dear Parents,

Welcome to “Kid’s World”. We are pleased you have enrolled your children with us, and we look forward to a mutually satisfying relationship between the Center and your family.

Kid’s World is a place for children to play and learn. The Center first opened in 1991 and is fully licensed by the Iowa Department of Human Services. We are dedicated to providing appropriate early childhood education and quality child care services for infant, preschool, and school-age children. Our highly-trained and experienced staff truly enjoys children. They provide guidance and education in a safe, reliable, and enriched environment.

This handbook has been designed to provide you with important information about the Center and the policies and procedures that affect you and your children. If you have questions or concerns, you are encouraged to call the Director, talk with your child’s teacher(s), or contact a member of the Board of Directors.

Thank you for choosing our facility.

## Kids World HANDBOOK

### **Welcome to the Kids World**

The program's goal is to provide high quality early care and preschool programming to meet each child's needs. Kids World provides a rich learning environment that encourages children's natural curiosity and supports them to take risks that lead to new skill development. It is a setting where children feel safe, respected, and cared for.

Our Statewide Voluntary Preschool Program classroom is an opportunity for all eligible four-year-old children to take part in planned, active learning experiences to build their readiness skills. The preschool program has adopted and meets the Iowa Quality Preschool Program Standards (IQPPS), administered by the Iowa Department of Education. The Iowa Early Learning Standards are used to guide expectations for the children and instructional practices.

### **Mission, Philosophy and Goals**

#### **Mission**

The mission of Kids World is to provide high quality early care and education programming to children between the ages of 6 weeks to 12 years. The goal of our preschool programs is to prepare children to develop maximum knowledge and skills to become lifelong learners and responsible citizens. This will be accomplished by recognizing the value of each individual child and promoting academic and social growth in a challenging and caring environment.

#### **Philosophy of Education**

Kids World is based on the importance of children who are respected and valued in a nurturing, supportive and caring environment. We take an interest in all aspects of the children's development, both at home and at the center. We work closely with families in helping the children achieve their potential, while letting them develop at their own pace.

We implement The Creative Curriculum which aligns to the following objectives for development and learning:

- Social-Emotional (emotions and social skills)
- Physical (fine and gross motor skills)
- Language (communicates and listens)
- Cognitive (thinking skills)
- Literacy (pre-reading and prewriting skills)
- Mathematics (number concepts)
- Science and Technology (asks questions about their surroundings and tools)
- Social Studies (understands self, people and places)
- The Arts (drawing, music, dance, drama)
- English-Language Acquisition (listening, speaking and understanding English). The Project Approach is also implemented in the preschool classrooms. The State of Iowa Department of Human Services (DHS) licenses Kids World. We comply with all the childcare regulations set forth by the DHS. A copy of the Child Day Care Licensing Standards is available upon request.

### **Goals for Children**

- Kids World will promote physical, social, emotional and cognitive growth for children and prepare them for future growth and development.
- Children will be enthusiastic and curious learners.
- Children will be safe and healthy.

### **Goals for Families**

- Kids World will promote family involvement and collaborate with families and agencies.
- Families will feel welcome in the classroom and the center.
- Families will work with the school in a meaningful partnership to help their children with their early childhood development, socially, emotionally, physically and academically.
- Families will advocate for their children.
- Families will feel supported and nurtured in their child rearing efforts.

### **ENROLLMENT**

Equal Educational Opportunity Code No. 102

It is the policy of the Kids World not to discriminate in its education programs or educational activities on the basis of race, color, national origin, religion, sex, disability, sexual orientation, gender identity, socioeconomic status, creed, or marital status. The board requires all persons, agencies, vendors, contractors and other persons and organizations doing business with or performing services for the center to subscribe to all applicable federal and state laws, executive orders, rules and regulations pertaining to contract compliance and equal opportunity. The board is committed to the policy that no otherwise qualified person will be excluded from educational activities on the basis of race, color, religion, sex, marital status, national origin, sexual orientation, gender identity, socioeconomic status, creed, or disability. Further, the board affirms the right of all children and staff to be treated with respect and to be protected from intimidation, discrimination, physical harm and harassment. Teaching staff counter potential bias and discrimination by treating all children with equal respect and consideration, initiating activities and discussions that build positive self-identity and teach the valuing of differences. Staff will intervene when children tease or reject others, provide models and visual images of adult roles differing abilities and ethnic or cultural backgrounds that counter stereotypical limitations. Staff will also avoid stereotypes in language references. Children who feel they have been discriminated against are encouraged to report it to the center's Director, Terri Johnson at 641-437-1500. Inquiries may also be directed in writing to the Director of the region VII Office of Civil Rights, US Department of Education, 310 W. Wisconsin Ave., Ste. 800, Milwaukee, WI, 53203-2292, (414) 291-1111, or the Iowa Department of Education, Grimes State Office Building, Des Moines, IA 50319-0146, (515) 281-5294.

### **Eligibility**

Children between the ages of 6 weeks to 12 years may enroll in Kids World programming. Children must be four years of age for the four year-old program prior to September 15<sup>th</sup> of the current school year to be eligible for our Statewide Voluntary Preschool Program classroom. Pre-registration for preschool will begin in the spring of the year. Registration materials are available from Kids World's Director, Terri Johnson (641-437-1500). Prior to enrollment we

recommend a visit to become familiar with our program, and to become acquainted with our staff. We feel we can serve you and your children best by establishing good communication from the start. Please feel free to visit our preschool anytime before or after your child is enrolled.

### **Hours**

Kids World is open Monday through Friday from 6:30 am to 5:30 pm. Please notify the office by 9:00 a.m. if your child will be absent on any given day. The National Association for the Education of Young Children (NAEYC) recommends a restriction of 10 hours per day for a child in daycare for the welfare of the child. We ask that parents try to follow this recommendation on a daily basis.

Kids World's Statewide Voluntary Preschool Program operates on the following schedule:

- Monday - Thursday 8:00 am to 3:00 pm
  - Kids World SWVPP Classroom and Three-Year-Old Preschool Classroom follows the Centerville Community School District's calendar.
  - Child care is available on Fridays with tuition of Kids World's daily fees
  - Please check the district calendar for closing due to holidays, staff development and other related closings.

### **Holidays**

Appanoose County Day Care and Preschool will be closed for the following holidays:

- New Year's Day
- Good Friday
- Memorial Day
- July 4th
- Labor Day
- Thanksgiving Day and Thanksgiving Friday
- Christmas Eve and Christmas Day

We will post closings for holidays at least two weeks in advance. There is a possibility of the center being closed the day before or after a holiday if our census numbers are low and it is not financially feasible to be open that day.

### **Center Hours, Preschool Day Hours, Late Starts, Early Dismissals**

The center is open Monday through Friday, 6:30 am- 5:30pm. Our SWVPP hours are 8 am to 3 pm on Tuesdays - Fridays. Our SWVPP classroom follows the Centerville Community School District's calendar for our SWVPP. In case of school cancellation, the closing will be posted on the Kids World Daycare and Preschool Facebook page. Families will also be notified through the brightwheel app and through the TSFamily app (preschool classrooms).

The opening and closing hours of the program must be respected. In the case of a scheduling conflict, the parent(s)/guardian(s) must make arrangements for another adult to pick up the child. However, children can be released only to parent(s)/guardian(s) or to individuals designated in writing. The center's doors are locked for security purposes throughout the day.

You will need to push the doorbell to be allowed into the building during center hours. All visitors will sign in at the front office. They will then sign out upon departing from the building.

When you bring your child to the center in the morning, you are required to come in with him or her and sign them in (adult to adult exchange) unless your child rides the bus (SWVPP preschoolers only). When you pick up your child, be certain that the teachers are aware of your departure. To ensure the safe arrival and departure of your child, the child is to be checked in with your child's teacher or teacher assistant and checked out.

### **Arrival**

Children may begin arriving at the Center at 6:30 a.m. Parents or guardians need to sign in their children upon arrival at the Center. Children must be accompanied inside the building and to the classroom by an adult. Staff cannot assume responsibility for a child who has not been brought to the teacher. If you have special instructions regarding your child, the parents need to inform his/her own child's teacher directly. Our responsibility for the child begins only after you have properly checked him/her in.

### **Late Pick-Up Policy**

If you cannot pick up your child at the expected time, you must call the Center to let us know of the delay. If a parent does not pick up his/her child within two hours of the designated time, the Department of Human Services will be notified to alert them of possible neglect. The local police department will also be called. As a result, you will lose the privilege of having your child(ren) attend the Center.

### **After-Closing Late Charges**

The Center closes at 5:30 p.m. Please pick up your child on time. Due to the increase in staff costs for teachers to stay after closing time, a ten-minute grace period will be allowed for you to pick up your child(ren). After that ten-minute, a dollar a minute per child late charge will be assessed. It is understood that an occasional unavoidable delay may keep you from picking up your child on time. If this should occur, please call the director. Notifying the Center may excuse you from the late charge. However, frequent tardiness will force an evaluation by the director.

### **Absence/Attendance Policy**

Each child receives 15 days each year to use for absences (such as illness, maternity leave, vacation, **COVID Quarantines**, etc.). Absences due to COVID will be treated as any other absences and included on your 15 days. These fifteen days will not be charged. Once these days are used, however, all absences will be charged as regularly scheduled days. Parents taking vacations will need to notify the Center two weeks in advance to allow for staffing changes. Failure to provide the two weeks notice will result in normal attendance fees being charged. We appreciate your cooperation in this matter.

If a child is going to be absent, please notify the Center by 9:00 a.m. The director will be calling in the lunch count for the day at that time. Failure to call before that time or not calling at all will

result in normal attendance fees being charged. You will also be charged if you have used all of the allotted 15 days.

### **General Information**

Within six weeks after a child begins the program, health records that document the dates of service shall be submitted that show the child is current for routine screening tests and immunizations according to the schedule recommended and published by the American Academy of Pediatrics.

### **Admission Criteria**

Parents must provide the program with the forms listed below. Unless noted otherwise, these forms are required by the State of Iowa and shall be updated annually. The Department of Human Services carefully checks these forms to be sure the information is complete, i.e. doctor's address and telephone number, specific dates and signatures. For questions or concerns about licensing standards, you may contact the childcare consultant for our area by contacting the Department of Human Services at 641-684-3951.

- Physical form signed by your child's doctor
- Immunization card signed by a health official, noting the complete date and source of each immunization required by the State of Iowa.
- Enrollment information with field trip and video permission given.
- Emergency medical consent which includes current insurance information free and reduced lunch form (if applicable)

Making friends, learning unfamiliar routines and trusting new adults are a tremendous task for a young child. Filling out all of the paperwork may seem time consuming and unnecessary, but it enables our staff to help your child make an easy transition and ensure a positive, secure experience.

- A. Definitions of full-time, part-time, and aftercare enrollment:
1. Full-time: Full days Monday through Friday (at least 30 hours weekly- 32 hours weekly in the nursery)
  2. Part-time: Attendance of at least 20 hours weekly
  3. After-Care: Enrolled school-age children will be brought to the center by the Centerville School system buses and will be cared for until 5:30 p.m. pickup time.

### **Enrollment Policy**

Children may be enrolled either on a full-time or part-time basis. Full-time children are expected to attend at least 30 hours per week. Part-time children are expected to attend at least 20 hours per week. The center does not accept children to attend fewer than 20 hours per week. The child must be a minimum of six weeks to attend Kids World. The Center accepts children up to the maximum age of twelve. Immunization cards and health physicals must be current and verified by a physician. Each child must have a contact phone number listed on his/her Intake sheet. We also require each child to have at least 2 emergency phone numbers.

The enrollment packet consists of the following items:

1. Intake information. This includes the address(es) of parent(s), phone numbers, etc. Physical information about the child such as food allergies, etc. is also included on the sheet.
2. Parental Emergency Medical Consent. This form enables the Center to seek medical/dental attention for the child when needed.
3. Pick-up Authorization. This form lists the people who are allowed to pick up a child. It also requests any information concerning a separation or divorce custody problem of which the Center should be aware. Specific people who may not pick up the child may also be listed. The pick-up authorization form may be updated and changed as needed.
4. Consent for Travel. This form gives permission for the child to be taken by the Center on its various field trips and neighborhood walks away from the premises under proper supervision. Parents are notified when such trips are planned. Extra staff will be taken on each field trip.
5. Consent for Photographs. This form gives permission for photographs of the child to be used for informational or publicity purposes for the Center.
6. Activity Consent. This form grants permission for the child to use all of the play equipment as well as to participate in all the activities of the Center.

### **Tuition Payments**

**Payments are to be made either every week or every two weeks.** All payments are to be made at the Center, and you will receive a "paid" receipt. Full and part-time enrollees are responsible for those days that they have contracted whether or not they attend. (See absence policy for exceptions.)

If payment is not made under the terms of the agreement, your child will not be allowed to return to the Center the following Monday. Returned checks will be considered nonpayment of services and must be made good immediately. Any returned checks will be assessed a fee of \$15.00 each.

Failure to follow these procedures will result in the termination of your child(ren) from the Center. Any fees remaining after due notification will be sent to a collection agency. Said client will be assessed all collection costs.

Tuition:

Infant Room	\$215/week
2 Year-Old Room	\$190/week
3 Year-Old Room	\$170/week
4 Year-Old Room	Statewide Voluntary Preschool Program hours are <b>FREE</b> . Mondays-Thursdays from 8 am to 3 pm.



4 Year-Old Before and/or After School Care	\$35/week
4 Year-Old Summer Camp	\$175/week
Little Reds Room	\$70/week for half-day
Little Reds Room Full-Day	\$28/day

### **Withdrawal**

Parents are asked to give the center two weeks notice of withdrawal. This enables the center to prepare your child and his/her friends for the transition and to fill the resulting vacancy.

Kids World will do everything that we feel is within reason to resolve an issue with you. If we feel we can no longer care for your child, Kids World will give you a two-week notice. Examples of why we would terminate your child's care include, but are not limited to, the following:

- Failure to make timely payments
- Failure to complete and return required forms
- Lack of parental cooperation
- Child is making it difficult to properly care for the other children in the class.
- Child exhibits severe emotional or social problems that are detrimental to the other children at the center.
- Child is prone to destructive behaviors that result in constant, severe, or recurrent damage to other, the center, or its contents
- Absences in one week without notification or payment of tuition will result in automatic withdrawal. (Parents will still be responsible for two full weeks of tuition.)
- We require two weeks' written notice if you decide to withdraw your child from Kids World for any reason. This will give us time to place a child from our waiting list. Payment is due for the full two-week period whether or not the child is present at the center. Any outstanding fees must be paid on or before the child's last day.

### **Ratio of Teacher to Child**

As a day care center licensed by the State of Iowa, we provide care as outlined by the Iowa Department of Human Services. We are currently licensed for 81 children. We offer care to children between the ages of six weeks to twelve years. Our ratio between teacher and child is as follows:

Ages	Teacher		Children
Six weeks to two years	one	to	four
Two years	one	to	six
Three years	one	to	eight
Four years (daycare)	one	to	twelve
SWVPP	one	to	ten
Five to ten years	one	to	fifteen
Ten to twelve years	one	to	twenty

**(As derived by the Iowa Department of Human Services.)**

## **Program Options**

Kids World Daycare and Preschool will have activities that include experiences to promote the individual child's physical, emotional, social, and intellectual growth and well-being and to provide for both gross and fine motor development. The curriculum developed for our two, three, and four year old program is a multisensory developmental approach. The activities presented will stimulate the senses of sight, touch, hearing, and smell.

### **Infant Program (6 weeks to 2 years)**

Our loving, caring philosophy of Kids World is very evident in the infant program. The children will have interaction with qualified, concerned staff. We will provide an environment that protects the child from physical harm, yet is not restrictive to inhibit physical, intellectual, emotional, or social development. The Center will provide infants with maximum opportunities to explore space and develop skills. Stimulation will be provided through being held, rocked, played with, and talked with individually throughout the day. Large washable toys will be provided. All activities will enhance the total child. Each infant will be diapered as frequently as needed. All infants under six months of age will be held during feeding. Due to the highly individualized needs of infants, we do not follow a structured schedule. The primary curriculum for infants is interaction with their caregiver(s). Infants are free to creep, crawl, and walk as they are physically able. For infants who cannot move about the room, our caregivers frequently change the place and position of the infant and the selection of toys available. Parents will be given a daily report of the infant's care. Appanoose County Day care and Preschool will provide a crib for each infant as well as toys that are safe and contribute to the infant's sensory perception and motor development. It is the parent's responsibility to provide formula, disposable diapers, and wipes. Overall, the infant program will provide the child with a safe, secure, and comfortable environment.

### **Toddlers (2 years)**

The toddler program will be based on the egocentric child (unable to see another's point of view) at this age. Parallel (side by side) play is very characteristic, but we will focus on a sharing attitude as the child develops. Stories and books will be read, and art, movement activities, and games will be provided. Play will involve a lot of large and small muscle movement. We will recognize at this age, the child's rapid overall growth and development. Toddlers will be diapered as frequently as needed. Toddlers are very active learners and use their senses and movement to learn about the environment. We provide activities and experiences to aid in their development of language skills, fine and gross motor skills, socialization skills, cognitive growth, and self-help skills.

Parents need to provide disposable diapers and wipes until their toddler is fully potty trained. Several changes of clothing and underwear need to be placed in a clear, zip-lock bag and kept in the child's basket. Parents should notify their child's teacher when potty training begins in the home; a conference can be scheduled between the teacher and the parents so expectations on both sides are discussed and the best course of action can be taken. Children will not be placed in the preschool classroom until they are fully potty trained.

### **3 Years**

The three year old classroom is a place of expansion for intellectual, emotional, social, and physical growth. The children are more conforming and predictable and tend to show curiosity toward anything new in their environment. Play still needs to involve activities that develop small and large motor abilities. Dramatic play becomes very important to children of this age, and they can act out stories and often make up their own fantasies. Artwork will become more important as well as recognition of some colors. Stories and books continue to be shared as well as finger plays and musical activities to enhance their increasing attention span. Preschool is Monday through Friday 8:00 a.m. until 12:30 p.m.

### **4 and 5 years**

Four and five year olds are lively and adventurous, so the free movement of large and small muscles is still very important. Their verbal language has developed, so they are able to expand their dramatic play. Children of this age show their increased mental skills by increased question asking and greater curiosity of their surroundings and environment. Activities will be planned to meet these needs. Stories, music, and games can generally be longer to meet their increasing attention span. Musical activities and games can also include teacher or musical cues to stop or start an activity, because of greater body control. Name recognition as well as other printed words becomes important and their fine motor and artistic skills improve. As with all ages, every child is different. We will strive to meet the needs of each child as best we can.

### **School-Age Program**

Before, after school, and summer programs for grades kindergarten through sixth grade will be offered. This program will provide transportation by school bus to and from the Centerville Schools. Breakfast and after school snacks will be offered to all children. Organized activities will also be offered. Since the Center is open the entire year, school-age programs will be offered during the summer. The same enrollment packet must be completed for all children regardless of the program requested. If you have further questions about this program, please feel free to call the Caner at 437-1500. Child development studies have shown that school-agers need time to relax and unwind after following structured schedules and doing taxing work throughout the day. Once the students have eaten their snack and had outside play, they will move indoors for homework followed by a choice of activities such as art, reading, playing board games, socializing with friends, etc. Caregivers are not responsible for checking to see if all homework is correct or if all homework has been completed. We feel that this is the responsibility of the student and parents. School-agers will need to behave in appropriate ways towards other students, staff, and equipment. In addition, deliberate damage to equipment, supplies, and the building, etc. by students resulting in expenses for repairs or replacement will be billed to the parents of the child who caused the damage.

### **Attendance**

Children who are enrolled in Kids World's SWVPP are expected to be in preschool for the full session and are expected to be punctual in their arrival and departure. Children are not expected to be absent any more than is necessary for health reasons or appointments. Irregular

attendance interferes with the progress of your child and others as teachers find themselves taking class time to repeat information and make adjustments for those students who have been absent. Please call the office with the reason for an absence no later than 8:30am. For safety's sake, if a child is absent without notification, the center staff will attempt to contact the family to verify the child's absence from school.

### **Address, Telephone Number and Email Changes**

Please notify the office with any address, home telephone number, work telephone number, cellular telephone number, or email changes as soon as they occur. This is essential in being able to contact a parent in case of an emergency. This information is kept in the office and is updated as needed, but at least quarterly. The content of the file is confidential, but is immediately available to:

- Administrators or teaching staff who have consent from a parent or legal guardian for access to records
- The child's parents or legal guardian
- Regulatory authorities, upon request

### **Photography, Video and Social Media Permission**

Children may be involved in preschool-sponsored activities that may result in photographs being taken of children engaged in those activities. These activities may include, but shall not be limited to: children participating in Project Work and other learning experiences, displaying samples of children's work, or representing a particular instructional program. These visual images may take the form of videos, photographic (film or digital) display, or pictures in newspapers, magazines, reports, center-sponsored Internet sites or class social media pages. Children may or may not be identified. Parents who do not want their children's information and/or photograph/visual image to be given out and/or published must notify the center office in writing no later than September 30 of each preschool year.

### **Permission to Photograph**

We must have parents' permission to make photographs or videotapes of the children during their activities. The photographs/videos will be used in the best interest of Appanoose County Day Care and Preschool educational programs.

### **Access Policy**

*109.4(2) "h"* Centers shall develop a policy to ensure that people do not have unauthorized access to children at the center.

"Unrestricted Access" means that a person has contact with a child alone or is directly responsible for child care. This includes Kid's World Staff members who have had a record check and have been approved to be involved in child care.

Any person in the center who is not a director, staff member, substitute, or volunteer who has had a record check and approval to be involved with child care shall not have unrestricted access" to children for whom that person is not the parent, guardian, or custodian.

Parents are welcome to visit the child care program at any time during the hours of operation unless parental access is prohibited or restricted by a court order. If so, the Center requires a copy of the order to be placed in the child's file. The Center cannot legally limit access to a parent if there is not a copy of a court order on file at the Center. Anyone needing assistance with translation or understanding any information provided by the center will be given a translator to translate the information for them.

Children will only be released to persons listed on the enrollment pick-up permission form. If anyone other than the child's parent or someone who is listed on the enrollment form is to pick up a child, the Center needs to be notified in writing or by a telephone call in advance. The person picking up the child will need to show a driver's license or other picture ID.

If the parent or other authorized person arrives to pick up a child and that person appears to be intoxicated or under the influence of drugs, all reasonable steps will be taken to prevent the person from leaving with the child, including offering to call another contact person. While the Center cannot legally withhold a child from the legal guardian, staff will not hesitate to call the local authorities if they feel the child is in danger.

#### **Access Policy Regarding Sex Offenders**

There are additional restrictions for sex offenders who have been convicted of a sex offense with a minor who are required to register with the Iowa Sex Offender Registry, **even when the sex offender is the parent, guardian, or custodian.**

#### **A sex offender who has been convicted of a sex offense against a minor who is required to register with the Iowa sex offender registry (from Iowa Code 692A):**

- Shall not be on the property of the child care center without the written permission of the center director, except for the time reasonably necessary to transport the offender's own minor child or ward to and from the center.
- Shall not operate, manage, be employed by, or act as a contractor or volunteer at a child care center.
- The center director is not OBLIGATED to provide written permission. Centers may choose to adopt more restrictive policies regarding sex offenders than are outlined in law. The Center reserves the right to consider each case on a case by case basis.
- Before giving written permission, the Center director shall consult with the DHS licensing consultant.

#### **Written permission shall include the conditions under which the sex offender may be present at the Center, including:**

- The precise location in the center where the sex offender may be present. The sex offender will wait in the office with the director while a staff member goes and gets the child and escorts him/her to the office. At no time will the sex offender be allowed in the halls or classrooms.

- The reason for the sex offender's presence at the facility. The only foreseen reason for a sex offender to be at the Center is that his/her child attends the center.
- The duration of the sex offender's presence. The sex offender shall be on the premises only long enough for a staff person to get the child and escort him/her to the office. • Description of the supervision that the Center staff will provide the sex offender to ensure that no child is alone with the sex offender. The director will remain in the office with the sex offender while a staff person goes to get the child and escorts him/her to the office. At no time will the sex offender be alone in the Center.

**The written permission shall be signed and dated by the director and sex offender and kept on file for review by the center licensing consultant.**

Kids World Daycare & Preschool welcomes select volunteers to our Center. Volunteers must come from one of the following groups:

- High school student- for child development classes
- College Students- for class credit
- Parent or Grandparent

A volunteer must be 16 years of age. All volunteers must be confirmed with the Center director and will be assigned a time, date, and classroom.

- Volunteers must not be counted in ratio.
- Volunteers cannot be charged with the care, supervision, or guidance of a child.
- Volunteers must not have access to a child alone.

Kids World Daycare & Preschool staff will be present with and supervise the volunteer at all times. If a volunteer is witness to a behavior by a child that needs redirection, he or she should report it immediately to the staff member. Volunteers will be under the direct supervision of the classroom teacher and/or director.

Also, any person in the Center who is not a staff member or substitute, who has had a record check and approval to be involved with child care shall not have "unrestricted access" to children for whom that person is not the parent, guardian, or custodian.

**"Unrestricted Access"** means that a person has contact with a child alone or is directly responsible for child care.

## **A Child's Day**

### **Who Works in the SWVPP Preschool Program**

#### **Teacher**

A full-time teacher licensed by the Iowa Board of Educational Examiners and holding an early childhood endorsement is assigned to the SWVPP classroom. Our teacher is a Master teacher. She is also a Certified Young Investigator Trainor.

### **Teacher Associate**

A full-time associate in the classroom carries out activities under the supervision of the teacher. The teacher associate will have specialized training in early childhood education.

### **Support Staff**

Great Prairie Area Education Agency (AEA) support staff provides resources and assistance to the teacher and classroom upon request to help all children be successful in the preschool setting. Such staff may include: early childhood consultant, speech and language pathologist, social worker, occupational therapist, physical therapist or others.

### **Using Time, Grouping and Routines to Achieve Learning Goals**

Teachers provide time daily for indoor and outdoor activities (except when conditions pose a health risk as defined by local health officials). Teaching staff use routine care to facilitate children's self-awareness, language and social interaction. Teachers provide time and materials daily for children to select their own activities. Teaching staff offer children opportunities to interact with children of various ages. Teachers plan for children to revisit experiences and materials over periods of days, weeks and months. Teaching staff coach and support children as they learn to participate in daily cleanup and maintenance of the classroom. Teaching staff help children follow a predictable but flexible daily routine by providing time and support for transitions. Teachers organize time and space on a daily basis to allow children to work or play individually, in pairs, to come together in small groups and to engage as a whole group. They also create opportunities for children to engage in group projects and to learn from one another.

### **Daily Activities**

A consistent daily schedule is planned to offer a balance of learning activities. Learning is both formal and informal. Play is planned every day. Teaching staff support children's development of friendships and provide opportunities for children to play with and learn from each other.

Listening is balanced with talking, group activities with solitary time, indoors with outdoors, quiet play with noisy play. The schedule provides learning opportunities, experiences and projects that extend over the course of several days and incorporates time for play, creative expression, large group, small group and child-initiated activity. Your child will have the opportunity for the following types of activities every day: A variety of age and developmentally appropriate materials and equipment are available indoors and outdoors for children throughout the day.

This equipment includes:

- dramatic play equipment;
- sensory materials such as sand, water, play dough, paint, and blocks;
- materials that support curriculum goals and objectives in literacy, math, science, social studies, and other content areas; and,
- gross motor equipment for activities such as pulling up, walking, climbing in, on, and over, moving through, around, and under, pushing, pulling, and riding.

**Kids World's SWVVP Classroom Daily Schedule:**

Time:	Activity:
8 - 8:30 a.m.	Preparation, arrival, handwashing and choice activities Breakfast (optional)
8:30 - 9:00 a.m.	Recess
9 - 9:20 a.m.	Morning Meeting: Welcome song; "Question of the Day"; Current Project Discussion and/or Activity; Sing songs or fingerplay; Discuss plans for the day; and introduce any new materials added to centers.
9:20 - 9:35 a.m.	Handwashing & Snack
9:35 - 10:00 a.m.	Small Groups - Introduce new concepts and reinforce skills children are developing. Typically, two small groups are conducted at once.
10 - 11:00 a.m.	Center Time - The children participate in self-initiated center activities.
11 - 11: 15 a.m.	Read Aloud
11:15 - 12:00 p.m.	Lunch - Includes handwashing, cleaning up after lunch, brushing teeth, setting out cots, and preparing to rest.
12 - 12:15 p.m.	Read Aloud
12:15 - 1:30 p.m.	Rest Time
1:30 - 1:45 p.m.	Snack Time
1:45 - 2:05 p.m.	Small Groups
2:05 - 2:30 p.m.	Afternoon Circle Time
2:30 - 3:00 p.m.	Recess
3:00 p.m.	Departures



Lesson plans for each week are developed at least one week in advance and will be posted outside the classroom showing how these activities are incorporated into the daily schedule. Lesson plans for our SWVPP classroom are prepared on the Teaching Strategies Site. Weekly notes will be sent home to families in children's backpacks and electronically, if parents desire.

### **Responding to Children's Interests and Needs**

Teaching staff reorganize the environment when necessary to help children explore new concepts and topics, sustain their activities and extend their learning. Teachers scaffold children's learning by modifying the schedule, intentionally arranging the equipment and making themselves available to children. They use children's interests in and curiosity about the world to engage them with new content and developmental skills. They also use their knowledge of individual children to modify strategies and materials to enhance children's learning. Staff organize and group materials on low, open shelves to encourage children to use them independently. Staff rotates and adapt materials to promote learning and extend children's play opportunities. Teachers use their knowledge of children's social relationships, interests, ideas and skills to tailor opportunities for groups and individuals. Throughout the day, teaching staff actively seek out children's ideas and discern how they understand things by observing, talking with and listening to them.

### **Making Learning Meaningful for All Children**

The teaching staff use curriculum in all content and developmental areas as a flexible framework for teaching and to support the development of daily plans and learning experiences. Play is planned for each day. Teaching staff and families work together to help children participate successfully in the early childhood setting when professional values and practices differ from family values and practices. Teaching staff help children understand spoken language by using pictures, familiar objects, body language and physical cues. They support the development and maintenance of children's home language whenever possible. Teachers offer children opportunities to engage in classroom experiences with members of their families. Teaching staff use varied vocabulary and engage in sustained conversations with children about their experiences.

### **Curriculum**

Curriculum is a framework for learning opportunities and experiences. It is a process by which learners obtain knowledge and understanding, while developing life skills. It is continually revised and evaluated to make learning fun and exciting. Teaching staff evaluate and change their responses based on individual needs. The curriculum guides teachers to incorporate content, concepts, and activities that foster social, emotional, physical, language and cognitive development. It also encourages integration of key areas of content including literacy, mathematics, sciences, technology, creative expression and the arts, health and safety and social studies. The curriculum guides teacher's development and intentional implementation of learning opportunities consistent with the program's goals and objectives. Teaching staff vary their interactions to be sensitive and responsive to differing abilities, temperament, activity levels, and cognitive and social development. The Creative Curriculum provides a coherent

focus for planning children's experiences. It allows for adaptations and modifications to ensure access to the curriculum for all children. The Creative Curriculum guides teachers to integrate assessment information with curriculum goals to support individualized learning. Teaching staff actively teach children social, communication and emotional regulation skills. The Creative Curriculum guides teachers' development and intentional implementation of learning opportunities consistent with our program goals and objectives. The Creative Curriculum guides teachers to plan for children's engagement in play (including dramatic play and blocks) that is integrated into classroom project topics.

It is the policy of this district that the curriculum content and instructional materials utilized reflect the cultural and racial diversity present in the United States and the variety of careers, roles, and lifestyles open to women as well as men in our society. One of the objectives of the total curriculum and teaching strategies is to reduce stereotyping and to eliminate bias on the basis of sex, race, ethnic origin, religion, and physical disability. The curriculum fosters respect and appreciation for the cultural diversity found in our country and an awareness of the rights, duties, and responsibilities of each individual as a member of a multicultural, nonsexist society. The curriculum is implemented in a manner that reflects responsiveness to family home values, beliefs, experiences and language. The Creative Curriculum Model is used by the preschool teaching staff to assist them in planning a classroom and outdoor environment. A wide variety of learning materials with curriculum goals in mind are provided so that no matter where the children choose to play, they are learning. The materials are all at the children's access level in containers or on hooks so children can get them independently and also are able to put the materials away again. Children learn through direct, hands-on experiences with people, objects, events, and ideas. Kids World's SWVPP staff understand how children develop and how to scaffold the important areas of learning in the preschool years to offer guidance and support. Activities are adapted to meet the developmental level of all the children. The environment is organized into a variety of interesting areas, which might include: blocks, dramatic play, toys and games, art, library, discovery, sand and water, music and movement, cooking, computers and outdoors. These areas support children's development. Teaching staff support children's competent and self-reliant exploration and use of classroom materials.

A daily schedule is planned and the teacher arranges the day to best meet the needs of that group of children. A large part of the child's day is spent in play. This is because preschool children learn best by exploring, experimenting and creatively using their imagination. Through play, children also learn to make choices, learn to share, practice language, express emotions and develop muscles and coordination. Teaching staff encourage children's appropriate expression of emotions, both positive and negative. Children are provided varied opportunities and materials that encourage them to engage in discussions with one another.

### **Using Instruction to Deepen Children's Understanding and Build Their Skills and Knowledge**

Teachers have and use a variety of teaching strategies that include a broad range of approaches and responses. Teachers use multiple sources to identify what children have learned, adapt curriculum and teaching to meet children's needs and interests, foster children's

curiosity, extend children's engagement and support self-initiated learning. As children learn and acquire new skills, teachers use their knowledge of children's abilities to fine tune their teaching support. Teachers adjust challenges as children gain competence and understanding. Teaching staff help children enter into and sustain play. Teachers support and challenge children's learning during interactions or activities that are teacher initiated and child initiated. Teachers use their knowledge of content to pose problems and ask questions that stimulate children's thinking. Teachers help children express their ideas and build on the meaning of their experiences. Teachers help children identify and use prior knowledge. They provide experiences that extend and challenge children's current understanding. Teachers engage in collaborative inquiry with individual children and small groups of children. Teaching staff join children in learning centers to extend and deepen children's learning. They observe children, engage children in conversations and position themselves at eye-level with the children. Teachers are able to determine the different components of a task and break it into meaningful and achievable parts. Teachers promote children's engagement and learning by responding to their need for and interest in practicing emerging skills while enhancing and expanding activities that children choose to engage in repeatedly. They promote children's engagement and learning by guiding them in acquiring specific skills and by explicitly teaching those skills. Teachers demonstrate their knowledge of content and developmental areas by creating experiences that engage children in purposeful and meaningful learning related to key curriculum concepts.

### **Socio-Emotional Development**

Teaching staff express warmth through behaviors such as physical affection, eye contact, tone of voice, and smiles. Teaching staff talk frequently with children and listen to children with attention and respect. They:

- Respond to children's questions and requests;
- Use strategies to communicate effectively and build relationships with every child;
- Engage regularly in meaningful and extended conversations with each child.

Second Step Early Learning Curriculum is implemented in the preschool classrooms. Teaching staff support children's development of friendships and provide opportunities for children to play with and learn from each other. Teaching staff assist children in resolving conflicts by helping them identify feelings, describe problems, and try alternative solutions. Teaching staff foster children's emotional well-being by demonstrating respect for children and creating a positive emotional climate as reflected in behaviors such as frequent social conversations, joint laughter and affection. Teaching staff function as secure bases for children. They respond promptly in developmentally appropriate ways to children's positive initiations, negative emotions and feelings of hurt and fear by providing comfort, support and assistance. Teaching staff talk frequently with children and listen to children with attention and respect. They respond to children's questions and requests, as well as, use strategies to communicate effectively and build relationships with every child. Every attempt is made to maintain continuity of relationships between teaching staff and children and among groups of children. Staff engages regularly in meaningful and extended conversations with each child. Teaching staff support children as they practice social skills and build friendships by helping them enter into play, sustain play and enhance play. Teaching staff guide children who bully, isolate or hurt other children to learn and

follow the rules of the classroom. Teaching staff facilitate positive peer interaction for children who are socially reserved or withdrawn and for those who are bullied or excluded. Teachers help children talk about their own and others' emotions. They provide opportunities for children to explore a wide range of feelings and the different ways that those feelings can be expressed.

Teaching staff promote prosocial behavior by interacting in a respectful manner with all staff and children. They model turn taking and sharing as well as caring behaviors. Staff helps children negotiate their interactions with one another and with shared materials. They engage children in the care of their classroom and ensure that each child has an opportunity to contribute to the group. Staff encourages children to listen to one another while helping and encouraging children to provide comfort when others are sad or distressed. They use narration and description of ongoing interactions to identify prosocial behaviors. Teaching staff help children manage their behavior by guiding and supporting children to:

- persist when frustrated.
- play cooperatively with other children.
- use language to communicate needs.
- learn turn taking.
- gain control of physical impulses.
  - express negative emotions in ways that do not harm others or themselves.
- use problem solving techniques.
- learn about self and others.

Children have varied opportunities to engage throughout the day with teaching staff who are attentive and responsive to them, who facilitate their social competence and facilitate their ability to learn through interacting with others.

Children have varied opportunities to:

- a. recognize and name their own and others' feelings, to learn the skills needed to regulate their emotions, behavior and attention.
- b. to develop a sense of competence and positive attitudes toward learning, such as persistence, engagement, curiosity and mastery.
- c. to develop skills for entering social groups, developing relationships, learning to help, and other prosocial behavior.
- d. interact positively, respectfully and cooperatively with others.
- e. learn from and with one another.
- f. resolve conflicts in constructive ways.
- g. to learn to understand, empathize with and take into account other people's perspectives.

The Creative Curriculum is consistent with the Iowa Quality Preschool Program Standards (IQPPS) and Guidelines for developmentally appropriate practice. The goals and objectives outlined by The Creative Curriculum guide the teacher's ongoing assessment of children's progress. (IQPPS 2.5) The Creative Curriculum is the leading curriculum model used by early childhood programs. (IQPPS 2.1, 2.2) Teachers use the curriculum in all content and developmental areas as a flexible framework for teaching and to support the development of daily plans and learning experiences. (IQPPS 3.13)

The curriculum guides the development of a daily schedule that is predictable, yet flexible and responsive to individual needs of the children. The schedule:

- a. provides time and support for transitions.
- b. includes both indoor and outdoor experiences.
- c. is responsive to a child's need to rest or be active.

Materials and equipment used to implement the curriculum reflect the lives of the children and families as well as the diversity found in society including:

- a. gender.
- b. age.
- c. language.
- d. abilities.

Materials and equipment:

- a. provide for children's safety while being appropriately challenging.
- b. encourage exploration, experimentation and discovery.
- c. promote action and interaction.
- d. are organized to support independent use.
- e. are rotated to reflect challenging curriculum and accommodate new interests and skills levels.
- f. are rich in variety.
- g. accommodate children's special needs.

Materials and equipment that facilitate focused individual play or play with peers are available in sufficient quantities to occupy each child in activities that meet his or her interests.

Indoor space is designed and arranged to:

- accommodate children individually, in small groups, and in a large group;
- divide space into areas that are supplied with materials organized in a manner to support children's play and learning;
- provide semi private areas where children can play or work alone or with a friend; and,
- provide children with disabilities full access (making adaptations as necessary) to the curriculum and activities in the indoor space.

### **Physical Development**

Children are provided with a variety of opportunities and materials that support fine-motor development. Children have varied opportunities and are provided equipment to engage in large motor experiences that:

- a. Stimulate a variety of skills.
- b. Enhance sensory-motor integration.
- c. Develop controlled movement (balance, strength, coordination).
- d. Enable children with varying abilities to have large-motor experiences similar to those of their peers.
- e. Range from familiar to new and challenging.
- f. Help them learn physical games with rules and structures.

## **Language Development**

Children are provided with opportunities for language acquisition that:

- a. Align with the program philosophy.
- b. Consider family perspectives.
- c. Consider community perspectives.

Children are provided opportunities to experience oral and written communication in a language their family uses or understands. Children have varied opportunities to:

- a. Develop competence in verbal and nonverbal communication by responding to questions, communicating needs, thoughts and experiences and describing things and events.
- b. Develop vocabulary through conversations, experiences, field trips and books.
- c. Encourage them to have discussions to solve problems that are interpersonal and related to the physical world.

## **Early Literacy**

Children have opportunities to become familiar with print. They are actively involved in making sense of print, and they have opportunities to become familiar with, recognize, and use print that is accessible throughout the classroom: items belonging to the child are labeled with his or her name. Materials are labeled. Print is used to describe some rules and routines. Teaching staff help children recognize print and connect it to spoken word.

Children have multiple and varied opportunities to:

- a. Be read books in an engaging manner in group or individualized settings at least twice a day in full-day programs and at least once daily in half-day programs.
- b. Be read to regularly in individualized ways including one-to-one or in small groups of two to six children.
- c. Explore books independently and have places that are conducive to the quiet enjoyment of books.
- d. Have access to various types of books including storybooks, factual books, books with rhymes, alphabet books and wordless books.
- e. Read the same book on repeated occasions.
- f. Retell and reenact events in storybooks.
- g. Engage in conversations that help them understand the content of the book.
- h. Be assisted in linking books to other aspects of the curriculum.
- i. Identify the parts of books and differentiate print from pictures.
- j. Children have access to books and writing materials throughout the classroom.

Children have multiple and varied opportunities to write:

- a. Writing materials and activities are readily available in art, dramatic play and other learning centers.
- b. Various types of writing are supported, including scribbling, letter-like marks and developmental spelling.
- c. Children have daily opportunities to write or dictate their ideas.

- d. Children are provided needed assistance in writing the words and messages they are trying to communicate.
- e. Children are given the support they need to write on their own, including access to the alphabet, to printed words about topics of current interest (both made available at eye level or on laminated cards). Children see teaching staff model functional use of writing and are helped to discuss the many ways writing is used in daily life.
- f. Children are given opportunities to recognize and write letters.

Children are regularly provided multiple and varied opportunities to develop phonological awareness:

- a. Children are encouraged to play with the sounds of language, including syllables, word families, and phonemes, using rhymes, poems, songs, and fingerplays;
- b. Children are helped to name and point to letters and say the sounds they represent;
- c. Children are helped to say and point to words that have the same beginning or ending sounds; and,
- d. Children's self-initiated efforts to write letters that represent the sounds of words are supported.

### **Early Mathematics**

Children are provided varied opportunities and materials to:

- a. Build an understanding of numbers, number names, and their relationship to object quantities and to symbols.
- b. Categorize by one or two attributes such as shape, size and color.
- c. Encourage them to integrate mathematical terms into everyday conversations.
- d. Help them understand the concept of measurement by using standard and non-standard units of measurement.
- e. Understand basic concepts of geometry by naming and recognizing two- and three-dimensional shapes and recognizing how figures are composed of different shapes.
- f. Build an understanding of time in the context of their lives, schedules, and routines.
- g. Help them recognize and name repeating patterns.

### **Science**

Children are provided varied opportunities and materials to:

- a. Learn key content and principles of sciences such as: the difference between living and nonliving things and life cycles of various organisms, earth and sky, and structure and property of matter and behavior of materials.
- b. Encourage them to use the five senses to observe, explore and experiment with scientific phenomena.
- c. Use simple tools to observe objects and scientific phenomena.
- d. Collect data and represent and document their findings.
- e. Encourage them to think, question and reason about observed and inferred phenomena.
- f. Encourage them to discuss scientific concepts in everyday conversations.
- g. Help them learn and use scientific terminology and vocabulary associated with the content areas.

## **Technology**

All children have opportunities to access technology that they can use by themselves, collaboratively with their peers and/or with a teaching staff or parent. The use of passive media such as television, film, videotapes and audiotapes is limited to developmentally appropriate programming. Technology is used to extend learning within the classroom and to integrate and enrich the curriculum.

## **Creative Expression and Appreciation for the Arts**

Children are provided opportunities to gain appreciation of and learn new concepts and vocabulary related to:

- a. Art;
- b. Music;
- c. Drama; and
- d. Dance in ways that reflect cultural diversity.

Children are provided varied (open-ended) opportunities and materials to:

- a. Develop and widen their repertoire of skills that support artistic expression.
- b. Express themselves creatively through: music, drama, dance and two- and three-dimensional art.
- c. Respond to the art of other children and adults.

## **Health and Safety**

Children are provided varied opportunities and materials that:

- a. Encourage good health practices such as serving and feeding themselves, rest, good nutrition, exercise, hand washing and tooth brushing.
- b. Help them learn about nutrition including: identifying sources of food and recognizing, preparing, eating and valuing healthy foods.
- c. Increase their awareness of safety rules in their classroom, home and community.
- d. Children have opportunities to practice safety procedures.

## **Social Studies**

Children are provided varied learning opportunities and materials that:

- a. Foster positive identity and an emerging sense of self and others.
- b. Help them become part of the classroom community so that each child feels accepted and gains a sense of belonging.
- c. Help build their understanding of diversity in culture, family structure, ability, language, age and gender in non-stereotypical ways.
- d. Help them explore social roles in the family and workplace through play.
- e. Help them learn about the community in which they live.
- f. Engage them in discussions about fairness, friendship, responsibility, authority and differences.
- g. Help them learn about physical characteristics of their local environment as a foundation for learning geography.
- h. Help them learn how people affect their environment in positive and negative ways.
- i. Build a foundation for understanding economic concepts.



## **Teaching**

Teaching staff and program staff work as a team to implement daily teaching and learning activities, including individual plans as needed. Teachers design an environment that protects children's health and safety at all times. Teaching staff supports children's needs for physical movement, sensory stimulation, fresh air, rest and nourishment. Teachers organize space and select materials in all content and developmental areas to stimulate exploration, experimentation, discovery and conceptual learning. Teachers work to prevent challenging or disruptive behaviors through environmental design, schedules that meet the needs and abilities of children, effective transitions and engaging activities. Teachers create classroom displays that help children reflect on and extend their learning. They ensure that children's recent works predominate in classroom displays and that some displays are at children's eye level. Teaching staff and children work together to arrange classroom materials in predictable ways so children know where to find things and where to put them away.

## **Staff**

The child/staff ratio will be maintained at all times per State licensing standards. All staff members are trained in Child CPR and First Aid, Mandatory Child Abuse Reporting and Universal Precautions. All employees have a criminal history background check and a child abuse check. Employees also maintain the education requirements required by the State of Iowa for Licensed Day Care Centers.

## **Creating Caring Communities for Learning**

Teaching staff's daily interactions demonstrate their knowledge of the children they teach, the children's families and the social, linguistic and cultural context in which the children live. Staff creates and maintains a setting in which children of differing abilities can progress, with guidance toward increasing levels of autonomy, responsibility and empathy. Staff also develops relationships with children by providing care that is responsive, attentive, consistent, comforting, supportive and culturally sensitive. Teaching staff are active in identifying and countering any teaching practices, curriculum approaches, or materials that are degrading with respect to gender, sexual orientation, age, language, ability, race, religion, family structure, background or culture. Teachers help individual children learn socially appropriate behavior by providing guidance that is consistent with the child's level of development. Teachers manage behavior and implement classroom rules and expectations in a manner that is consistent and predictable. Teaching staff create a climate of mutual respect for children by being interested in their ideas, experiences and products.

## **Assessment - Preschool Classrooms**

### **Assessment of the Developmental Progress and Learning of Children**

We believe that authentic, ongoing assessment of children in any early childhood program is the key to planning appropriate learning experiences that respond to children's individual interests, learning styles, and abilities. We conduct assessments as an integral part of our program. We use assessments to support children's learning, using a variety of methods such as observations, checklists, rating scales and individually administered screening.

Teaching Strategies GOLD is an authentic, observation-based assessment and is used in both preschool classrooms. With Teaching Strategies GOLD, teaching staff knows what to look for and how to support children's continued development and learning. Having a solid picture of individual children's progress makes it easier to focus our observations and to consider the whole child. This is useful when partnering with families to plan how best to support their children's development and learning.

### **Assessment Plan**

Kids World's SWVPP is informed by ongoing systematic, formal, and informal assessment approaches to provide information on child learning and development. Curriculum goals and objectives guide teachers' ongoing assessment of children's progress. Teaching Strategies GOLD is the program's ongoing assessment tool which has been tested for reliability and validity. These assessments occur within the context of reciprocal communications with families and with sensitivity to the cultural contexts in which children develop. Assessment results are used to benefit children by informing teachers about sound decisions, teaching, and program improvement. It is Kids World's belief that assessment of young children should be purposeful, developmentally appropriate, and take place in the natural setting by familiar adults. The results will be used for planning experiences for the children and to guide instruction. Assessments will never be used to label children or to include or exclude them from a program. A family's culture and a child's experiences outside the school setting are recognized as being an important piece of the child's growth and development. All results will be kept confidential, placed in each child's file, and stored in a secure filing cabinet. We utilize a variety of assessment methods that are sensitive to and informed by family culture, experiences, children's abilities and disabilities, and home language; are meaningful and accurate; and are used in settings familiar to the children. Assessments obtain information on all areas of children's development and learning, including cognitive skills, language, socio-emotional development, approaches to learning, health and physical development (including self-help skills). Staff works to achieve consensus with families about assessment methods that will best meet the child's needs. Communication with families about their child's assessment is sensitive to family values, culture identity and home language.

### **Purpose for Assessment**

Assessments obtain information on all areas of children's development and learning, including cognitive skills, language, social-emotional development, science and technology, the arts, literacy, mathematics, social studies, physical development and English Language Acquisition. Assessment results help the program plan for individualized student instruction, but also assists the program in planning for targeted professional development for staff, better curriculum, improved instructional practices and adjustment in program resources.

Teachers assess the developmental progress of each child across all developmental areas, using a variety of instruments and multiple data sources that address the program's curriculum areas. Staff collects information across the full range of children's experiences. The curriculum guides teachers to integrate assessment information with curriculum goals to support individualized learning. Teaching staff evaluate and change their responses based on individual needs. Teaching staff vary their interactions to be sensitive and responsive to differing abilities,

temperaments, activity levels, as well as cognitive and social development. Information is collected from families identifying children's interests and needs.

### **Procedures for Assessment**

All parents and teaching staff for the preschool classrooms will work together to collect information related to the Teaching Strategies GOLD. Preschool staff will then differentiate instruction throughout the day, based on information collected in these assessments. Teachers will also provide additional activities and information to parents to help with student progression toward developmental goals.

Our program will use assessment methods that are sensitive to and informed by family culture, experiences, children's abilities and disabilities, and home language; are meaningful and accurate; and are used in settings familiar to the children. Teachers assess the developmental progress of each child across developmental areas.. Staff, with diverse expertise and skills, collect information across the full range of children's experiences.

Program staff informs families about the program's systems for assessing children's progress. This information includes the purposes of the assessment, the procedures used for assessment, procedures for gathering family input and information, the timing of assessments, the way assessment results or information will be shared with families and the ways the program will use the information.

Teachers observe and document children's work, play, behaviors, and interactions to assess progress. They use the information gathered to plan and modify the curriculum and their teaching.

Families have ongoing opportunities to share the results of observations from home to contribute to the assessment process. Program staff encourages families to raise concerns and work collaboratively with us to find mutually satisfying solutions that staff then incorporates into classroom practice.

### **Uses of Assessment Results**

All assessment results will be kept confidential. Preschool staff will use the information from the assessments to improve curriculum and adapt instructional practices and the environment based on the needs of the children. Teaching staff refer to curriculum goals and developmental expectations when interpreting assessment data. The assessments are helpful to describe the developmental progress and learning of the children within our program. All results will be used to help drive program improvements. Assessments will be utilized to specifically identify children's interests and needs. Parents will play an integral part in the data collection process when determining interests and needs; communication with parents will be an ongoing and crucial component of our preschool assessment plan. Preschool staff and parents will work together to determine each child's developmental progress and learning goals.

Teachers or others who know the children and are able to observe their strengths, interests, and needs on an ongoing basis conduct assessments to inform classroom instruction and to make

sound decisions about individual and group curriculum content, teaching approaches, and personal interactions. Teachers interact with children to assess their strengths and needs to inform curriculum development and individualize teaching. Teachers talk and interact with individual children and encourage their use of language to inform assessment of student's strengths, interests and needs.

Teachers and other professionals associated with the program use assessment methods and information to design goals for individual children as well as to guide curriculum planning and monitor progress. The assessment data is also utilized to improve curriculum, adapt teaching practices and the environment as well as to help plan program improvement.

**Interpreting Assessment Results**

Teaching staff refer to curriculum goals and developmental expectations when interpreting assessment data. Our teaching team meets at least weekly to interpret and use assessment results to align curriculum and teaching practices to the interests and needs of the children. The Creative Curriculum online assessment provides us with the ability to:

- \* Manage classes, and children
- \* Track child progress
- \* Compile teacher observation notes (anecdotal)
- \* Supply classroom activities to support individualized learning
- \* Offer weekly planning forms
- \* Analysis of group dynamics
- \* Provide information for the Progress Report Form \*
- \* Develop the Family Conference Form
- \* Provide professional development opportunities
- \* Offer online support

**Assessment Dates**

- Creative Curriculum GOLD assessment
  - o First Assessment is due by November 30.
  - o Mid-Year Assessment is completed by March 1.
  - o Final Assessment is completed by May 25.
    - IGDIs Screener (SWVPP Classroom)
      - Fall August 15 - November 14
      - Winter November 15 - February 14
      - Spring February 15 - June 14

Assessment	Purpose	Timelines	Completed By
IGDIS	Screens for early language and literacy development. The	Fall August 15 - November 14	SWVPP Teacher

	measures are used to monitor children's progress in important areas, identify children who need additional support or interventions, and track the effects of these interventions over time.	<p style="text-align: center;"><b>Winter</b> November 15 - February 14</p> <p style="text-align: center;"><b>Spring</b> February 15 - June 14</p>	
GOLD	GOLD is an authentic, ongoing observational system for assessing children. It helps our teachers to observe children in the context of everyday experiences, which is an effective way to learn what they know and can do. Parents are invited into the GOLD system to allow for two-way assessment information to be shared. Parents share information via the MyTeachingStrategies app.	<p style="text-align: center;">Nov. 18</p> <p style="text-align: center;">Feb. 24</p> <p style="text-align: center;">June 2</p>	SWVPP Teacher, Associate, Parents/ Guardians
Health Physical	Health	Prior to Entry	Medical Personnel
Immunizations	Health	Prior to Entry	Medical Personnel
Speech	Communication Articulation Referral	As Needed	AEA Speech and Language Pathologist
Family Conference Form	Parent Input; Child Interests; Child Needs' Child Goals Curriculum, Strategies and Environmental Changes	At Parent/Teacher conferences and Home Visits	SWVPP teacher and parent/guardian

### **Routines for Data Review and Instructional Decision Making**

The information from the above is used in the following ways:

- To provide information about children's needs, interests, and abilities in order to plan developmentally appropriate experiences for them;
- To provide information to parents about their children's developmental milestones;
- To indicate possible areas that require additional assessment.

<b>Teacher/Team Group</b>	<b>Frequency of team meetings</b>	<b>Data used in discussions</b>	<b>Connections to instructional planning and practices</b>
Kids World SWVPP Teaching Team: Dawn Johnson & Rachael Buckallew	Meet weekly on Tuesday afternoons	GOLD Data, including parent documentation	The team generates, interprets, and examines the major reports in GOLD. They then use the reports as they plan meaningful learning experiences for individual children and the group.
Kids World SWVPP Teaching Team: Dawn Johnson & Rachael Buckallew	3 Times Per Year	IGDIs Data	The team reviews the children's IGDIs data and uses it to inform instruction and planning, including the small group instruction.
Kids World SWVPP Teaching Team: Dawn Johnson & Rachael Buckallew	As needed	GOLD Data, IGDIs Data, Observations, Interest Surveys, My Teacher Wants to Know Information, etc.	The team uses information from families regarding the children's interests to assist with planning Projects (Project Approach). The team initially uses the information to guide their anticipatory webbing activities. They then use the data to plan learning experiences for the children.
Kids World SWVPP Teaching Team: Dawn Johnson & Rachael Buckallew, Kids World Director, Terri Johnson, PBIS Leadership Team Members: Rebecca Braster	Monthly	BIR's and Benchmarks of Quality (BoQ)	The team examines their Tier 1 implementation fidelity with the BoQ assessment. They document whether it has been effective and identify strengths and weaknesses for action planning. They also review and analyze BIR's. They use the data to make decisions about providing supports to teachers and children within the program.

Assessment information about the development and learning of individual children is shared with families during Parent Teacher Conferences in the Fall and Spring and during home visits at the beginning and end of the school year. Written reports will be provided during the Fall and Spring Conferences.

All published instruments used by the Kids World's SWVPP are evaluated to verify the standardization sample, standardization procedures, scoring, reliability and validity to ensure that the results obtained with the instruments are valid for the program's purposes.

Children will be assessed using Teaching Strategies GOLD assessment system and by:

- Observational data provides an ongoing anecdotal record of each child's progress during daily activities.
- Families are asked to contribute information about their child's progress. Young children often show different skills in different settings. Working together, the teaching staff and families can gather a complete picture of a child's growth and development. The information from the above is used in the following ways:
  - To provide information about children's needs, interests, and abilities in order to plan developmentally appropriate experiences for them;
  - To provide information to parents about their children's developmental milestones;
  - To indicate possible areas that require additional assessment.

Assessment information about the development and learning of individual children will be shared with families during Parent Teacher Conferences in the Fall and Spring and during home visits at the beginning and end of the school year. Written reports will be provided during the Fall and Spring Conferences. The preschool teacher will communicate weekly regarding children's activities and developmental milestones. Informal conferences are always welcome and can be requested at any time.

The program staff provides families with information about the choice, use, scoring and interpretation of the screening and assessment methods that includes:

- The purpose and use for which an assessment is designed and its programmatic purpose and use.
- The interpretations of the results and their meaning in terms of future learning opportunities for their child.
- The way teaching staff or others have been trained to use assessment procedures and interpret results as well as the conditions under which the child will be assessed.
- Access to or information about the specific instruments used. The program staff provides families with a full explanation of confidentiality by:
  - Listing the categories of individuals who will have access to individual child screening and assessment results as well as the reasons for their access.
  - Describing the procedures used to keep individual child records confidential.
  - Explaining how and why children's individual screening results and assessment information will be represented, used and interpreted.

If, through observation or information from the Creative Curriculum GOLD assessments, the teacher feels that there is a possible issue related to a developmental delay or other special need, she will communicate this to the family during a conference, phone call or meeting, sharing documentation of the concern. Suggestions for next steps may include the following, with the knowledge and consent of the parents:

- A request made to the Great Prairie Area Education Agency (AEA) for support and additional ideas or more formalized testing.

## **Promoting and Protecting Children's Health and Controlling Infectious Disease**

The program maintains current health records for each child:

- Within six weeks after a child begins the program, and as age-appropriate thereafter, health records document the dates of services to show that the child is current for routine screening tests and immunizations according to the schedule recommended, published in print, and posted on the Web sites of the American Academy of Pediatrics, the Centers for Disease Control of the United States Public Health Service and the Academy of Family Practice.
- When a child is overdue for any routine health services, parents, legal guardians or both provide evidence of an appointment for those services before the child's entry into the program and as a condition of remaining enrolled in the program, except for any immunizations for which parents are using religious exemption.

### **Child records include:**

1. Current information about any health insurance coverage required for treatment in an emergency.
2. Results of health examinations, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results.
3. Current emergency contact information for each child, which is kept up to date by a specified method during the year
4. Names of individuals authorized by the family to have access to the health information about the child.
5. Instructions for any of the child's special health needs such as allergies or chronic illness
6. Supporting evidence for cases in which a child is under immunized because of a medical condition or the family's beliefs.

Staff implements a plan to exclude the child promptly if a vaccine-preventable disease to which children are susceptible occurs in the program.

### **Program Assessment**

Kids World's SWVPP implements the Iowa Quality Preschool Program Standards (IQPPS). We participate in a desk audit to confirm we are meeting these standards. The program administrator will be working closely with all sites to ensure all standards are met and maintained. Administrators, families, staff, and other routinely participating adults will be involved annually in a program evaluation that measures progress toward the program's goals and objectives. The annual evaluation process includes gathering evidence on all areas of program functioning, including policies and procedures, program quality, children's progress and learning, family involvement and satisfaction, and community awareness and satisfaction. A report of the annual evaluation findings is shared with families, staff, and appropriate advisory and governance boards. The program uses this information to plan professional development and program quality-improvement activities as well as to improve operations and policies.

The annual evaluation processes include gathering evidence on all areas of program functioning, including:

- Policies and procedures
- Program quality



- Children's progress and learning, family involvement and satisfaction and community awareness and satisfaction.

The program establishes goals for continuous improvement in innovation using information from the annual program evaluation. The program uses this information to plan professional development and program quality-improvement activities as well as to improve operations and policies. The program offers staff and families opportunities to assist in making decisions to improve the program. Collaborative and shared decision making is used with all participants to build trust and enthusiasm for making program changes. Staff and families meet at least annually to consult on program planning and ongoing program operations.

### **Supervision Policy**

Before children arrive at school, the teachers will complete the following daily safety checklist indoor and outdoor:

- All safety plugs and electric outlets are covered, heat/AC, water temperature, and toilets, etc. in working order.
- All cleaning supplies/poisons out of children reach and are stored properly.
- Classroom and materials checked for cleanliness/broken parts, etc. including playground. • Supplies checked - first aid kit, latex gloves, soap, paper towels, etc.
- Daily monitoring of the environment - spills, sand, etc. Other serious problems are reported to the director.
- Upon arrival, each child is observed by the teaching staff for signs of illness or injury that could affect the child's ability to participate in the daily activities.

The indoor environment is designed so that staff can supervise children by sight and sound at all times without relying on artificial monitoring devices. In semi private areas, it is always possible for both children and adults to be observed by an adult from outside the area.

All staff have the responsibility of supervising the children. Teaching staff supervise by positioning themselves to see as many children as possible. No child will be left unsupervised indoors or outdoors while attending preschool. Staff will supervise primarily by sight. Supervision for short intervals by sound is permissible as long as teachers frequently check every two to three minutes on children who are out-of-sight (e.g. those who can use the toilet independently, etc.)

### **Child Guidance and Discipline**

Teaching staff will equitably use positive guidance, redirection, and planning ahead to prevent problems. Teachers provide children opportunities to develop the classroom community through participation in decision making about classroom rules, plans and activities. They will encourage appropriate behavior through the use of consistent clear rules, and involving children in problem solving to foster the child's own ability to become self disciplined. Where the child understands words, discipline will be explained to the child before and at the time of any disciplinary action. Teaching staff will encourage children to respect other people, to be fair, respect, property and learn to be responsible for their actions. Teaching staff will use discipline that is consistent, clear,

and understandable to the child. They will help children learn to persist when frustrated, play cooperatively with other children, use language to communicate needs, and learn turn taking.

Teachers share information with families about classroom rules, expectations, and routines not only at enrollment but also as needed throughout the year. Teaching staff are consistent and predictable in their physical and emotional care of all children. Teaching staff never use physical punishment (shaking, hitting, spanking, slapping, jerking, squeezing, kicking, biting, pinching, excessive tickling, and pulling of arms, hair or ears, requiring a child to remain inactive for a long period of time) and do not engage in psychological abuse (shaming, name calling, ridiculing, humiliation, sarcasm, cursing at, making threats, or frightening a child; ostracism, withholding affection) or coercion (rough handling, forcing a child to sit down, lie down, or stay down, except when restraint is necessary to protect the child or others from harm, physically forcing a child to perform an action such as eating or cleaning up).

### **Challenging Behavior**

The preschool teaching staff is highly trained, responsive, respectful, and purposeful. They anticipate and take steps to prevent potential challenging behaviors. They evaluate and change their responses based on individual needs. When children have challenging behaviors teachers promote prosocial behavior by:

- interacting in a respectful manner with all children.
- modeling turn taking and sharing as well as caring behaviors.
- helping children negotiate their interactions with one another and with shared materials.
- engaging children in the care of their classroom and ensuring that each child has an opportunity to contribute to the group.
- encouraging children to listen to one another and helping them to provide comfort when others are sad or distressed.

Teachers address challenging behavior by:

- assessing the function of the behavior
- convening families and professionals to develop individualized plans to address behavior
- using positive behavior support strategies (PBIS)

For children with persistent, serious, challenging behavior, teachers, families and other professionals work as a team to develop and implement an individualized plan that supports the child's inclusion and success. Rather than focus solely on reducing the challenging behavior, teachers focus on teaching the child social, communication and emotional regulation skills while using environmental modifications, activity modifications, adult or peer support, and other teaching strategies to support the child's appropriate behavior.

Teachers notice patterns in children's challenging behaviors to provide thoughtful, consistent, and individualized responses. Teaching staff will guide children to develop self-control and orderly conduct in relationship to peers and adults. Children will be taught social, communication, and emotional regulation skills. Aggressive physical behavior toward staff or children is unacceptable. Teaching staff will intervene immediately when a child becomes

physically aggressive to protect all of the children and encourage more acceptable behavior. Teaching staff responds to a child's challenging behavior, including physical aggression, in a manner that:

- provides for the safety of the child.
- provides for the safety of others in the classroom.
- is calm.
- is respectful of the child.
- provides the child with information on acceptable behavior.

### **Permissible Methods of Discipline**

For acts of aggression and fighting (biting, scratching, hitting) staff will set appropriate expectations for children and guide them in solving problems. This positive guidance will be the usual technique for managing children with challenging behaviors rather than punishing them for having problems they have not yet learned to solve. In addition, staff may: (1) Separate the children involved; (2) Immediately comfort the individual who was injured; (3) Care for any injury suffered by the victim involved in the incident; (4) Notify parents or legal guardians of children involved in the incident; (5) Review the adequacy of the teaching staff supervision, appropriateness of program activities, and administrative corrective action if there is a recurrence.

### **Prohibited Practices**

The program does not, and will not, employ any of the following disciplinary procedures:

1. Physical punishment: shaking, hitting, spanking, slapping, jerking, squeezing, kicking, biting, pinching, excessive tickling, and pulling arms, hair, or ears; requiring a child to remain inactive for a long period of time.
2. Psychological abuse: shaming, name calling, ridiculing, humiliation, sarcasm, cursing at, making threats, or frightening a child; ostracism, withholding affection.
3. Coercion: rough handling (shoving, pulling, pushing, grasping any body part); forcing a child to sit down, lie down, or stay down, except when restraint is necessary to protect the child or others from harm; physically forcing a child to perform an action (such as eating or cleaning up).

If a child is having problems at school, the teacher will notify the parents/guardians of the situation and request that a meeting be arranged to discuss solutions. We will work closely with the parents or guardians to help the child. We would also ask that if you see that your child is having problems, please contact a teacher to set up a meeting so that your child has a successful preschool experience.

Teaching staff help children manage their behavior by guiding and supporting children to:

- Persist when frustrated;
- Play cooperatively with other children;
- Use language to communicate needs;
- Learn turn-taking;
- Gain control of physical impulses;
- Express negative emotions in ways that do not harm others or themselves;

- Use problem-solving techniques; and
- Learn about self and others.

All family and staff will be notified of child guidance and discipline policy at parent meetings, through the handbook and throughout the year from teaching staff.

## **Biting**

### **1) Explanation of the center's perspective on biting**

Biting is a very common behavior among children birth to three years. It is important to think positively of children who bite. Biting is a form of communication, as biting is almost always a response to the child's needs not being met or coping with a challenge or stressor. If we label children as 'biters,' we will harm children's self-perceptions and intensify biting behaviors (Zero to Three, 2010).

Proactively understanding the developmental stages of the children in our care, and their individual needs, can prevent biting behaviors. Kids World will first respond proactively by providing caring relationships and supportive environments that prevent challenging behaviors. Supportive, nurturing, and responsive relationships between caregivers and the children in care are critical, which is why DHS recommends the Iowa Program for Infant Toddler Care (IA PITC) training for infant and toddler caregivers as well as Positive Behavior Supports (PBS) training for infant and toddler and preschool caregivers. Also essential to preventing biting is developmentally appropriate environments including schedules, activities, routines, and transitions (e.g., enough toys for the group; not requiring group time).

"Toddlers require relationship-based care and education; group size and adult:child ratios should be limited to allow for the intimate, interpersonal atmosphere and high level of supervision that a toddler requires." (Copple & Bredekamp, 2009)

The Program for Infant Toddler Care (PITC) provides an excellent resource for understanding children's behavior, including biting behaviors, titled *Toward a Better Understanding of Children's Behavior*. Five broad causes of behaviors include (1) the developmental stage of the child, (2) individual differences, (3) the environment, (4) the child does not know something yet, and (5) unmet emotional needs.

To put it simply, young children might bite if they:

- Are not provided developmentally appropriate care and guidance
- Do not have a strong attachment with a consistent, responsive caregiver
- Have too many transitions throughout the day
- Are cared for in large groups (maximum of 8 is recommended)
- Are in large open/undefined spaces
- Lack the language skills necessary for expressing needs or strong feelings
- Are overwhelmed by the sounds, light, or activity level in the setting
- Are experimenting to see what will happen
- Need more active playtime, choices, and access to materials
- Are over-tired

- Are teething
- Have a need for oral stimulation (Zero to Three, 2010)

Primary care (the assignment of one caregiver to three or four children) offers the likelihood that a child and caregiver will develop a healthy relationship. Within small groups this system better enables the caregiver to recognize each child's needs and to adjust the routines of the day to individualized care. Caregivers can anticipate behaviors that are likely to occur and patiently redirect toddlers to help guide them toward controlling their own impulses and behavior (Cople & Bredekamp, 2009). Families and primary caregivers have better communication by sharing information about the child's well-being. Infants and toddlers feel more secure when they can easily see their primary caregiver and get a reassuring glance or hug.

## **2) A description of how the center will respond to individual biting incidents and episodes of ongoing biting**

A responsive caregiver can begin to anticipate when a bite might occur. The Zero to Three resource and other resources on observing and recording behavior can assist. When observing signs that a child might be on the verge of biting, the caregiver may be able to act immediately and prevent the biting behavior (e.g., distraction, redirection, close physical presence of caregiver). If a biting incident does occur, appropriate caregiver responses will include the following:

- Caregivers will keep their feeling in check and not express frustration or anger to the child. • Ensure all children are safe.
- Caregivers should (in a firm, calm voice) address the child that bit in a short, simple, and clear way.
- Caregivers should shift their attention to the child who was bitten and show concern and support for that child.
- Go back and talk with the child (if the child is verbal and able to talk about the experience) and the different strategies s/he can use next time, instead of biting.
- Help the children move on. Do not make them play with one another, unless they want to (Zero to Three, 2010).

Note: Discharging a child without first addressing the underlying causes of biting behaviors and meeting the needs of the child is not an appropriate response to biting or other challenging behaviors.

## **3) A description of how the center will assess the adequacy of caregiver supervision and the context and the environment in which the biting occurred**

Children bite to fulfill a need or cope with a challenge (Zero to Three, 2010). Rather than focusing on the child as needing "discipline," it is Kids World's responsibility to observe the child and determine the child's needs that are not being met. This can be done through assessing (Hunter & Hemmeter, 2009):

- Quality of relationships between child and primary caregivers
  - o Does the primary caregiver have a nurturing relationship with the child?
  - o Does the primary caregiver know the child's needs, interests, routines, and preferences?

- o Does the primary caregiver need further professional development?
- Environmental influences on the child's behavior
  - o Does the environment prevent large groups and reduce disorder?
  - o Are there long waits and not enough duplicate toys?
  - o Are the centers (dramatic play, quiet space, etc.) organized to minimize confusion and stress?
  - o Is there a quiet place where children can go when overwhelmed?
- Targeted social-emotional supports
  - o Are children provided safe and secure daily routines?
  - o Are transitions managed effectively?
  - o Do caregivers routinely assist children with identifying feelings and learning to calm themselves? The purpose of the assessment is to identify the potential external causes for the challenging behavior, which in this case is biting, so that further incidents can be prevented. When biting occurs, the caregiver must seek "to understand the meaning of the child's behavior" and discover together with the child "more effective means for communicating needs, wishes, and desire" (Hunter & Hemmeter, 2009).

The caregivers should:

- Have a signed permission form from each child's family (as a part of the enrollment policy) for observations. Observations of all children should complement the child's portfolio for planning and assessment purposes.
- Observe the child and document observations, including behaviors and context (where, when, how, who—adults and children) both before and after biting occurs to identify functions of the behavior. It is also helpful to know when the behavior is absent.
- Use the data to find patterns and potential solutions
- Respond immediately to any unsafe behaviors
- Meet with the family to collect information about the child's behavior at home, share information, and demonstrate a commitment to working together to address the child's needs (Hunter & Hemmeter, 2009)

Kids World will maintain an emphasis on proactive purposeful planning of environments and opportunities to develop healthy relationships within the care environment through director support, staff teamwork, and professional development including both training and consultation. Kids World will also seek consultation support from the Child Care Resource & Referral (CCR&R) Infant Toddler specialists, Positive Behavior Supports (PBS) Coaches (We are fortunate to have our own PBS trained Coach on staff, Dawn Johnson), or other appropriate consultants available in our local community.

#### **4) A description of how the center will respond to the individual child or caregiver who was bitten**

When a biting incident occurs, the child who was bitten should be immediately cared for and shown concern and support. The child with the challenging behavior should be taught in a caring and firm way that the behavior is not acceptable as well as alternative behaviors. The

center should also examine the needs of the child, including potential changes to the environment and routines, to prevent future incidents. If a child is provided developmentally appropriate and individualized care in a purposefully planned environment, discharging a child is needed only in rare, extreme situations. Consultant and other resources are available to support the center in meeting the needs of the children in our care.

#### **5) A description of the process of notification to parents of children involved in the incident**

Kids World will provide confidential reports to parent of involved children. The Center will utilize "Incident Report" forms. In addition to notification of specific incidents, parents may benefit from general information about biting. The Zero to Three resource referenced in this document may be useful. The Center on the social and Emotional Foundations for Early Learning has valuable resources on their website as well: [www.vanderbilt.edu/csefel](http://www.vanderbilt.edu/csefel)  
[http://www.vanderbilt.edu/csefel/documents/biting-parenting\\_tool.pdf](http://www.vanderbilt.edu/csefel/documents/biting-parenting_tool.pdf)

#### **6) A description of how the incident will be documented**

Incidents will be documented to assist the staff with identifying patterns and preventing future incidents through changing the environment and intentional teaching strategies (e.g., socio-emotional supports). A confidential copy of the incident report should be maintained in child's file, and a confidential behavior chart would be useful if the biting is not an isolated incident. Further analysis of the environment is even more important if multiple children are exhibiting challenging behaviors.

#### **7) A description of how confidentiality will be protected**

When informing parents that their child has been bitten or bit another child, it is important for the center staff and volunteers to maintain the confidentiality of the other child. Staff will not list names of the other child(ren) involved on the incident report and will not give out the names when verbally informing the parent of the incident.

#### **8) A description of first aid procedures that the center will use in response to biting incidents**

Because our mouths are full of germs, if a child is bitten by another child and the skin is broken, a wound infection may result.

##### **When You See:**

- A Human Bite
- Open puncture wound
  - Bleeding

##### **Do This First:**

1. Wearing medical exam gloves, clean the wound with soap and water. Run water over wound for 5 minutes (except when bleeding severely).
2. Control bleeding.
3. Cover the wound with a sterile dressing and bandage.

4. The child should be seen by a healthcare provider or go to the emergency department right away.

**Additional Care:**

- If any tissue has been bitten off, it should be taken with the child to the emergency department.
- Check that the child's tetanus vaccination is up to date.

**First Aid For The Child Who Bites**

Did the child who was biting get blood (or body fluids) in their mouth?

- If yes, have the child rinse mouth out with plain water; then notify the parents of this child about the blood (or body fluid) exposure.

We give special consideration to the issue of biting. This behavior is a predictable, developmental behavior in very young children. We recognize the fact that biting often presents a very emotional problem for children, parents, and their caregivers. Because there are many causes for biting, we will deal with each incidence as it occurs. We will keep the safety of the children at the preschool as our top priority. We will do all that we can to ensure that the biting doesn't occur. We will work with all the families involved in a professional manner.

Kids World recognizes how upset parents may be when they learn their child has been bitten; however, we also recognize that biting is a normal component of a child's development. We recognize that even with the best strategies in place and all efforts made to prevent biting, it is bound to occur.

**Water Activities**

We have water tables in the classrooms for children to stand and play with their hands in the water. Children will wash their hands before playing with water. During water play children are involved in active experiences with science and math concepts. Precautions are taken to ensure that communal water play does not spread infectious disease. No child drinks the water. Children with sores on their hands are not allowed to participate with others in the water table to ensure that no infectious diseases are spread. Children are not allowed to drink the water during water play activities. When the activity period is complete, the water table is drained and refilled with fresh water before a new group of children comes to participate. Outdoor water play is limited to tubs and buckets or containers as well as the water table. We do not participate in swimming pool activities. Staff will supervise all children by sight and sound in all areas with access to water in tubs, buckets, and water tables. Water will be changed during the am and pm classes for health and safety reasons.

**Nutrition and Food**

**Snacks/Foods and Nutrition**

Attitudes about food develop early in life. The food children eat affects their well-being, their physical growth, their ability to learn, and their overall behavior. We have an opportunity to help children learn about foods, to enjoy a variety of foods from their own culture and others, and to help them begin to appreciate that their bodies need to be strong, flexible, and healthy. Eating



moderately, eating a variety of foods, and eating in a relaxed atmosphere are healthy habits for young children to form.

Children will be offered breakfast from 7: 15 to 8:30 am. A snack will be served two hours after breakfast has ended. Children will also eat lunch at the center.

Kids World participates in the Child and Adult Care Food Program (CACFP) administered by the United States Department of Agriculture. Participants are not charged separately for meals. However, by participating in this Program, the Center receives partial reimbursement for nutritious meals served to children. The amount of reimbursement the center receives is determined by the information you provide. Providing information can help your center purchase nutritious food. Higher reimbursement will be given to the center for meals served to enrolled children from 17 families whose income is at or below the level shown in the CACFP Iowa Eligibility Application included in your enrollment packet.

The Center follows the CACFP standard for meals and snacks. Parents should not send food to the Center with their children. Each meal will provide one third of the daily dietary requirements for this age group. Also, the children will enjoy two nutritious snacks; one mid-morning and the other mid-afternoon. Breakfast will be available to those children not having breakfast before they come to the Center. Breakfast will be served until 8:30 a.m. The Center keeps records for meals and snacks. Menus are posted on the bulletin boards outside the classroom as well as in the kitchen. Kids World takes part in the Iowa Child Care Food Program. You will be required to fill out an application.

Children may celebrate their birthdays with their friends at the Center. If desired, the parent may bring a treat for the morning snack to supplement the snack already planned. This is strictly voluntary. Please notify the classroom teacher at least one day in advance.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To read our Policy Statement and Assurance of NonDiscrimination please turn to page 30 in this handbook.

Clean, sanitary drinking water is made available to children throughout the day. Staff discards any foods with expired dates. Foods and liquids that are hotter than 110 degrees Fahrenheit are kept out of children's reach. Foods requiring refrigeration will be kept cold until served. The preschool will follow the Child and Adult Care Food Program (CACFP) guidelines regarding food and healthy diet. The program documents compliance and any corrections that it has made according to the recommendations of the program's health consultant, nutrition consultant, or a sanitarian that reflects consideration of federal and other applicable food safety standards .

For each child with special health care needs, food allergies, or special nutrition needs, the child's health care provider should provide the program with an individualized care plan prepared in consultation with family members and specialists involved in the child's care.

Children with food allergies shall be protected from contact with the problem food. With family consent, the program posts information about the child's allergies in the food preparation area and in areas of the facility the child uses to serve as a visual reminder to all adults who interact with the child during the day. Program staff will keep a daily record documenting the type and quantity of food a child consumes when any child with a disability has special feeding needs and/or health plan and provide parents with that information.

High-risk foods, often involved in choking incidents, will not be served. Also, food with an expired date will not be served to children. The staff will check all food and food packages for expiration dates and discard food past the expiration date.

Kids World does not use foods or beverages as rewards for academic performance or good behavior, and will not withhold food or beverages as a punishment, nor will teaching staff ever threaten to withhold food as a form of discipline.

Meals and snacks will be served at regularly established times. Meals and snacks are at least two hours apart but not more than three hours apart.

Staff take steps to ensure the safety of food brought from home:

- We work with families to ensure that foods brought from home meet the food requirements of USDA's CACFP;
- All foods and beverages brought from home are labeled with the child's name and the date;
- Staff make sure that food requiring refrigeration stays cold until served; and
- Food that comes from home for sharing among the children is either whole fruits or commercially prepared packaged foods in factory-sealed containers.

Breakfast and lunch are provided for children. Special diets are followed with physician's orders. The program prepares menus, posts them where families can see them, and has copies available for families. Menus are posted at the center and kept on file for review.

### **Meeting Guidelines**

- Children who have not received breakfast by the time they arrive are served a nourishing meal.
- Meals and snacks are served family style with adults and children eating together.
- Meals and snacks are at least 2 hours apart, but not more than 3 hours and are at regularly scheduled times.
- Meals and snacks are served at regularly established times.
- Children and staff put some of each food on their plate.
- Food is offered and passed 2 or 3 times.
- Children are encouraged to drink milk.
- Children are guided to clean up spills.
- Extra silverware and napkins are on the table.
- All food is made on site or commercially prepared.
- No food may be brought from home.

- Liquid/food hotter than 110 degrees Fahrenheit is kept out of the reach of children.
- Children are not served foods that are choking hazards as age appropriate.
- Infants and young toddlers are fed on demand to the extent possible.
- Toddler food is cut into ½ inch squares.
- Toddlers (12-24 months) are served whole milk.
- Food is discarded as per expiration dates.
- Documentation of compliance/corrections as per health, nutrition, and sanitation reflect consideration of federal and other food safety standards.
- Staff is encouraged to have casual conversations with children to promote language development, social relationships, and personal skills during meals. Staff allows children to guide the conversation. Meal time is a meaningful experience, as well as an opportunity for learning.

Program policy does not allow for:

- Threats
- Derogatory remarks
- Withholding food
- Forcing children to eat

If children are refusing to eat or try foods below is a list of some options recommended by Iowa Child Health Specialty Clinic:

- Allow the child to lick the food.
- Allow the child to put the food to their lips.
- Allow the child to touch the food with a utensil or finger and touch to their lip or tongue.
- Allow the child to smell the food.

### **Hand-washing**

Effective hand-washing is one of the most important steps in controlling the spread of germs. This is particularly true when children are touching and eating food. Recommendations from Caring for Our Children: National Health and Safety Performance Standards state that children and adults should wash their hands in running water that is a comfortable temperature (less than 120°F). Hands should be lathered with soap, preferably liquid soap, and thoroughly rubbed for at least 20 seconds. After washing, rinse until soap and dirt are removed, and use a disposable paper towel for drying. Adults should model appropriate hand washing procedures. Ensure that children and adults wash their hands before setting the table or serving food, before eating, and after cleanup.

Kids World follows these practices regarding hand washing:

- Staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored.
- Hand washing is required by all staff, volunteers, and children when hand washing would reduce the risk of transmission of infectious diseases to themselves and others.
- Staff assists children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.

- Children and adults wash their hands:
  - On arrival for the day
  - After diapering or using the toilet
  - After handling body fluids (blowing or wiping a nose, coughing on a hand, touching any mucus blood or vomit)
  - Before meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking
  - After playing in water that is shared by two or more people
  - After handling pets and other animals or any materials such as sand, dirt or surfaces that might be contaminated by contact with animals
  
- Adults also wash their hands:
  - Before and after feeding a child
  - Before and after administering medication
  - After assisting a child with toileting
  - After handling garbage or cleaning

### **Food Safety and Sanitation**

Meals and snacks (whether catered or prepared on-site) are prepared, served, and stored in accordance with the USDA and CACFP guidelines. The program documents compliance and any corrections that it has made according to the recommendations of federal and state inspections. Food inspection or licensing is posted in each location. School district kitchens must post two food inspection records – current and past years.

### **Allergies and Intolerances**

Documentation from medical personnel is received and developed into an Individual Health Plan which is implemented through daily practices at the center.

### **Food Preparation**

The food is prepared, served and stored in accordance with the US Department of Agriculture Child and Adult Care Food Program Guidelines. Some food is prepared off site from the preschool program. It is brought into the preschool via a transport oven and hot food remains in that oven until served. Before serving each hot item, a member of the food service checks food temperature to meet every day guidelines and records this into a notebook. Hot food items, those above 110 degrees Fahrenheit, are kept beyond the reach of the children. Cold food items are immediately placed in coolers to get to school and then into a dining room refrigerator until serving. Guidelines are also given for food to be cut into bite-size pieces and foods to avoid serving that could cause choking. Staff do not offer children younger than four years these foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole. All fruits and vegetables are washed thoroughly prior to eating. No plastic or polystyrene (Styrofoam) containers, plates, bags, or wraps are used when microwaving children's food or beverages.

## **Outside Play**

### **Outside Play and Learning**

We have daily opportunities for outdoor play as the weather permits and provided the weather air quality and environmental safety conditions do not pose a threat. This allows children the opportunity to develop their large muscle skills, get exercise, and be active. Sometimes we spend longer getting bundled up than we spend outside. We use the Child Care Weather Watch guidelines produced by Healthy Child Care Iowa to determine if the Wind Chill Factor or Heat Index is safe for outdoor play.

We plan at least 30 minutes of outdoor play each morning and afternoon, weather permitting. Vigorous outdoor play fosters physical development; cognitive, social emotional, and creative developments are enhanced as well.

On cold days, the time spent outside may be less than 30 minutes. We do not go outside if the temperature is below 20 degree F. with wind-chills. It is important that each child has the appropriate winter clothing as well. Please be sure to label all coats and jackets.

All children who are at the Center are expected to play outside, weather-permitting. Staff members are not available to stay inside with one or two children during outdoor play time.

Outdoor play areas are designed with equipment that is age and developmentally appropriate and that is located in clearly defined spaces with semi private areas where children can play alone or with a friend, accommodate:

- motor experiences such as running, climbing, balancing, riding, jumping, crawling, scooting, or swinging;
- activities such as dramatic play, block building, manipulative play, or art activities; and
- exploration of the natural environment, including a variety of natural materials such as non-poisonous plants, shrubs, and trees.

Program staff provide for an outdoor play area that is protected by fences to prevent access to streets and to avoid other dangers, such as pits, water hazards, or wells.

In cases when we cannot go outside (due to weather conditions) children are given the opportunity to use indoor equipment for similar activities inside and are supervised at the same level as outdoor equipment. For example, tumbling mats may be offered for upper body activities or rolling across the mat.

In order to make sure that your child can play comfortably outside it is important to dress him according to the weather. When it is cold outside he needs a warm coat, mittens or gloves, a hat, snow pants and boots (labeled with your child's name). For the warmer days dressing your child lightly is just as important. For those in-between days dressing your child in layers is a practical idea.

Outdoor play is an extension of the classroom's learning environment. Children of all ages have daily opportunities for outdoor play (when weather, air quality and environmental safety conditions do not pose a health risk or the child has a written excuse from their doctor). A minimum of thirty minutes of outdoor play is scheduled daily. When the temperature or the wind chill is below 0, children are to be provided with indoor gross motor activities. (The Iowa Department of Public Health Wind Chill Chart is located in the classrooms.) Rotation of outdoor activities/items expands play, keeps the children interested in trying new activities, and is documented on the lesson plan. Outdoor play areas, designed with equipment that is age and developmentally appropriate and that is located in clearly defined spaces with semi-private areas where children can play alone or with a friend accommodate motor experiences, activities such as dramatic play, block building, manipulative play or art activities, exploration of the natural environment. The program makes adaptations so children with disabilities can fully participate in the outdoor curriculum and activities. The program provides at least 75 square feet of outside play space for each child playing outside at any one time.

Preparing for outdoor play allows children the opportunity to practice dressing skills. Children need warm clothing such as: hats, mittens, snow pants, and boots. Classrooms provide these items if necessary. When the group ratio is reached, it is recommended children be taken outside.

The minimum staff ratio is maintained for any outdoor activities at the center. Staff supervise outdoor and indoor play areas in such a way that children's safety can be easily monitored and ensured. Teaching staff supervise by positioning themselves to see as many of the children as possible. If there is a specific area/piece of equipment where injury is more likely to occur staff position themselves in that area. The outdoor play area is arranged so that staff can supervise children by sight and sound.

Indoor equipment for large motor activities meets national safety standards and is supervised at the same level as outdoor equipment.

Program staff will complete the National Program for Playground Safety's Suggested General Maintenance Checklist on a weekly basis. The findings of a playground assessment are documented and available on site. This assessment documents:

- That play equipment is safe, protecting against death or permanently disabling injury for children from two years through kindergarten;
- That, through remedial action, the program has corrected any unsafe conditions, where applicable;
- That an inspection and maintenance program has been established and is performed on a regular basis to ensure ongoing safety; and,
- That the outdoor play area accommodates the abilities, needs and interests of each age group the program serves.

To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that:

- Children wear clothing that is dry and layered for warmth in cold weather;

- Children have the opportunity to play in the shade. Applied skin protection will be either sunscreen with sun block with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin (only with written parental permission to do so);
- When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used. Staff apply insect repellent no more than once a day and only with written parental permission.

### **Supplies Clothing, Labeling and Supplies**

All children need to bring a labeled change of clothing. Infants must provide their own diapers, training pants, baby wipes, and formula. Children enrolled in the 2-3 year old classroom who are not potty trained should also bring their own diapers/pull-ups and baby wipes. Those children enrolled in the preschool program will need to bring 2 boxes of Kleenex and a two-pocket folder. Backpacks are optional. Children will need to bring their own blankets, stuffed toys, etc. to use at naptime as the Center will not provide them due to health concerns. However, we request that the children not bring toys from home as they can be easily broken.

Clothing for the children should be functional, comfortable, and washable. All clothing should be manageable for the child. Remember, learning activities may often be messy. Taking part in all activities is part of the fun, and no child should have to worry about “getting dirty”

A complete labeled change of clothing should be kept at the Center. When clothing becomes soiled or wet, staff will place the items in a plastic bag in the child’s basket or on his/her hook.

Clothing should also be appropriate for the weather. It is important that boots, hats, mittens, coats, etc. be labeled. And, please be certain your child wears a jacket on chilly days we will be playing outdoors.

### **Toileting Toilet Learning**

Toilet learning is an important time in a child’s development. For children who are unable to use the toilet consistently, the following procedures are in place:

1. Diapering will only be done in the designated diaper area. Food handling will not be permitted in this diapering area. Toilet changing areas will be separated by a partial wall or separated by at least 3 feet from other areas.
2. Staff use only commercially available disposable diapers or pull-ups unless the child has a medical reason that does not permit their use (the health provider documents the medical reason).
3. Staff post and follow changing procedures (as outlined in the Cleaning and Sanitation Frequency Table). These procedures are used to evaluate teaching staff who change diapers. Staff will follow all diapering guidelines set forth in the Iowa Quality Preschool Programs Standards: Standard 5, Criteria 7:
  - Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.

- Staff checks children for signs that diapers or pull-ups are wet or contain feces at least every 2 hours when children are awake and when children awaken. Diapers are changed when wet or soiled.
  - Staff changes children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility.
  - At all times, caregivers have a hand on the child if being changed on an elevated surface.
  - Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding.
  - Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly using a hands-free device (e.g., a step can). Containers are kept closed and are inaccessible to children. The container will be clearly labeled to show its intended use.
  - Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day.
  - Staff is evaluated on the use of the proper procedures for diapering.
  - Diapering and Gloving posters will be posted in the changing area showing procedures through the use of visuals and words. These procedures are used by the program administrator to evaluate teaching staff that change diapers.
5. Potty chairs will not be used due to the risk of spreading infectious diarrhea.
6. All families are asked to provide an extra set of clothing for their child in case of an "accident" or messy play. Please clearly label the clothing with your child's name to reduce the possibility of mistakes.

## **Safety**

### **Hazards**

Program staff protects children and adults from hazards, including electrical shock, burns or scalding, slipping, tripping or falling. Floor coverings are secured to keep staff and children from tripping or slipping. The program excludes the use of baby walkers.

### **Objects from Home (toys)**

Because each classroom at Kids World provides ample toys and learning materials for your child, we ask that your children not bring toys from home to the center. Please do not allow children to bring gum, candy, money, or toy guns to school. The program cannot be responsible for lost or broken toys brought from home. It is very difficult for a child to share his/her toy and even harder to understand if it is broken or lost. We cannot be responsible for items that are brought to preschool by your child. No guns or weapons of any kind are allowed!

### **Weapon Policy**

No child shall carry, have in his or her possession, store, keep, leave, place or put into the possession of another student any real weapon or a look-alike weapon on the Kids World premises, whether or not any person is endangered by such actions. "Look-alike weapon" means any item that resembles or appears to be a weapon; i.e., squirt guns, water rifles or pistols, slingshots, toy guns, toy grenades and other similar items including knives, etc. . Firearms and other significant hazards that pose risks to children and adults are prohibited.



Weapons and other dangerous objects will not be tolerated. If children bring weapons or dangerous objects to the center, parents will be notified and will be asked to meet with administrators and staff to determine a course of action. The police may be called to conduct an investigation. Police will be called immediately if parents, volunteers, or visitors are in possession of weapons or other dangerous objects.

### **Classroom Animals and Pets**

The Purpose of this policy is to insure a safe and healthy environment for all students and staff by controlling the impact that animals have on the environment.

Kids World recognizes that certain individuals are susceptible to various allergens, diseases or may have other medical complications while in the vicinity of animals. As a result Kids World has developed this policy to insure the well being of all individuals.

Procedures for allowing animals or pets in classrooms:

A. For purposes of instruction, the teaching staff is encouraged to use alternative methods and avoid the use of live animals when possible.

B. Cages must be cleaned daily (including vacations and holidays) and dispose of waste properly (double bagged and immediately removed to outside dumpster).

C. Locate animals and their cages as far away from ventilation systems as possible to avoid circulating allergens.

D. Upon notification of sensitivity by students or teachers, a classroom will be kept animal free.

E. If the director or board of directors feel that the animals in the classroom are not in the best interest of the center, the animal must be removed from the classroom.

F. Students and staff are not allowed to bring or keep animals in school without the permission of the director.

G. Animals used for the purposes of assisting individuals must be registered in the office upon arrival.

H. Salmonella bacteria is a disease that may be passed from classroom pets to children.

Salmonella is very commonly carried by reptiles and amphibians. Therefore, based on health, safety, and instructional reasons, turtles and other reptiles or amphibians are not to be present in classrooms.

### **Nap Time**

Each classroom is equipped with cots and blankets that include tools to assist in developing a calm nap time routine. This is a time for children to be soothed and rest or nap. The room is darkened; soft soothing music is played while the teacher settles each child by covering them with a blanket and rubbing children's backs if they choose. After 45 minutes of rest, the classroom lights are turned on and the children are allowed to get up. If a child remains sleeping, let them sleep as appropriate. All other children will engage in the next scheduled activity.

Spacing of cribs/cots are at least 3 feet apart to avoid spreading contagious illness. If it is not possible to maintain 3 feet between cots a solid barrier is used. Linens are washed on a regular

basis. Individual blankets and cot covers are provided by the program. Cribs/cots are regularly disinfected.

The Iowa State Department of Health and Human Services suggests a rest period for children less than 6 years of age. All children rest at the same or close to the same time, and we are required to observe these regulations. Rest periods can be scheduled for a minimum of 1 hour and are not to exceed 2 ½ hours. We will provide a cot for each child. Parents are responsible for providing blankets and pillows.

Ratio requirements allow for the reduction of one staff per room when children are resting for a period of time not to exceed one hour provided staff ratio coverage can be maintained in the building. This staff member must be certified in CPR.

When toddlers are sleeping, mirrors or sound monitors may be used to augment supervision in sleeping areas, such monitors may not be relied upon in lieu of direct visual and auditory supervision. Teaching staff are aware of and positioned so they can hear and see any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.

### **Healthy Environment**

In order to maintain a healthy environment for children and adults; staff and volunteers demonstrate safe practices, foster safety awareness among children and parents, utilize NAEYC's Cleaning and Sanitation Frequency Table and Universal Precautions (Bloodborne Pathogens Policy and Human Immunodeficiency Virus (HIV) Infection Policy).

Sanitation and ventilation are used rather than sprays, air freshening chemicals or deodorizers to control odors in inhabited areas of the facility and custodial closets.

Areas are maintained so children and adults who have allergies or any other special environmental health needs can have a safe, healthy environment according to the recommendations of a health professional.

Indoor noise levels are controlled so normal conversation can be heard without raising one's voice.

### **Toy Sanitation**

A toy placed in a child's mouth or otherwise contaminated by body secretion or excretion is placed in a tub for soiled toys until it can either be:

- washed by hand using water and detergent, then rinsed, sanitized, and air dried before it is used by another child or
- washed and dried in the dishwasher before it is used by another child.

## **Cleaning and Sanitation Schedules**

Classrooms, restrooms, and kitchens have specific Cleaning and Sanitation Schedules which are completed by the appropriate staff members and kept on file for review.

**Classroom** - Teaching staff ensure the following regulations are completed as specified:

- Exits are unobstructed.
- Laminate/tile floors are cleaned and sanitized daily and when soiled.
- Carpets are vacuumed when children are not present.
- Carpets are cleaned so they are dry when children are present.
- Surfaces/toys that go into the mouth or have exposure to other body fluids are cleaned and sanitized after each child's use.
- Toys are cleaned weekly and when soiled.
- Dress-up clothes not worn on the head are cleaned weekly.
- Machine-washable toys are cleaned weekly and when soiled.
- Cot covers are cleaned weekly and when soiled.
- Blankets are cleaned monthly and when soiled.
- Cubbies are cleaned monthly and when soiled.
- Hats are cleaned after each child's use.

Restroom - Teaching staff complete the following duties:

- Sinks, faucets and surrounding counters are cleaned and sanitized daily and when soiled.
- Soap dispensers are cleaned and sanitized daily and when soiled.
- Toilet seats, handles, floors and other touchable surfaces are cleaned and sanitized daily and when soiled.
- Toilet bowls are cleaned and sanitized daily.
- Door knobs are cleaned and sanitized daily.
- Changing tables are cleaned and sanitized after each child.
- Any surface contaminated with bodily fluids is cleaned and sanitized immediately.
- Floors are cleaned and sanitized daily and when soiled.

## **Kitchen:**

### **Daily –**

- Wash hands upon entering, prior to handling food and after handling anything unsanitary.
- Wear clean clothes or an apron.
- Clean and sanitize food preparation and service surfaces before and after contact with food activity, between preparation of raw and cooked foods.
- Clean and sanitize tables daily and when soiled.
- Clean and sanitize door handles daily and when soiled.
- Clean and sanitize floors daily and when soiled.
- Clean bibs and wash clothes after each child's use.
- Check temperature in:
  - Refrigerator (34-40 degrees Fahrenheit or less)
  - Freezer (0 degrees Fahrenheit or less)
  - Milk Cooler (40 degrees Fahrenheit or less)

- Check expiration dates on food to be served.
- Date food when opened.
- Throw away leftover food.
- Empty garbage.

#### **Weekly -**

- Clean and sanitize chairs weekly and when soiled.
- Clean and sanitize inside and outside of the refrigerator weekly and when soiled.
- Clean and sanitize garbage cans weekly and when soiled.
- Wash pot holders weekly and when soiled.
- Check the supply of sanitizing solutions weekly.

#### **Monthly -**

- Clean the oven monthly.
- Clean and sanitize cupboards monthly.
- Defrost the freezer monthly.

#### **Specific Cleaning/Disinfecting Guidance**

##### **Commonly Touched Surfaces**

Cleaning of frequently touched surfaces is important and will reduce spread of germs. Clean items like computer keyboards and handheld electronics according to the manufacturer's instructions.

- Commonly touched surfaces include but are not limited to:
  - Door knobs or handles
  - Faucets and toilet handles
  - Handrails
  - Remote controls / hand-held electronics
  - Shared computer equipment
  - Shared counters or desks
  - Telephones
  - Toys

##### **Dishes and Eating Utensils**

Effective cleaning and disinfecting of dishes and silverware is done by using a dishwasher and dishwasher detergent as recommended by the manufacturer's instructions. Use high water and drying temperatures as items will tolerate. The 3-sink method (soap, rinse, disinfectant) to hand-wash dishes and utensils is allowed. Let hand-washed items air dry (do not wipe dry with towels). Discard disposable eating and serving items in a foot controlled and covered waste can. Frequently remove waste from the building.

##### **Linens and Laundry**

Clothing, bedding, and towels should not be shaken or otherwise handled in a manner that will move germs into the air. Laundry may be washed in a standard washing machine using warm water and detergent. Bleach may be added as fabric and colors tolerate. Consider wearing

disposable gloves when handling laundry and always wash your hands after handling dirty laundry.

### **Carpeting and Cloth Furnishings**

Carpeting that is soiled with body fluids should be cleaned using the manufacturer's instructions or vacuum using a HEPA filter followed by carpet cleaning using a wet vacuuming method.

### **Toys**

Cloth or other non-washable toys and play items should be temporarily stored during a disease outbreak. Washable toys and play items may be laundered or disinfected with soap and water then dipped in bleach water solution and allowed to air dry. Do not wipe toys dry with a towel. Some toys may be dishwasher safe.

### **Frequency**

Visibly soiled areas should be cleaned immediately. Commonly used surfaces (like tables, chairs, diaper changing stations, and countertops) should be cleaned and sanitized after each use. Other areas and items known or likely to be soiled, should be disinfected at least daily.

### **Communication with Families**

The program will promote communication between families and staff by using written notes as well as informal conversations or e-mail. Families are encouraged to send written notes with important information so all the staff who work with the child can share the parent's communication. Teaching staff will write notes for families no less than weekly. Teaching staff encourage and recognize children's work and accomplishments. They will use these notes to inform families about the child's experiences, accomplishments, behavior, and other issues that affect the child's development and well-being. Parents are encouraged to maintain regular, ongoing, two-way communication with the teaching staff in a manner that best meets their needs - email, in person, notes, or phone calls. Teachers and families have regular opportunities to participate in two-way communication conferences to discuss each child's progress, accomplishments, difficulties in the classroom and at home as well as to plan learning activities.

As a part of orientation and ongoing staff development, new and existing program staff develop skills and knowledge to work effectively with diverse families. Program staff uses a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and information families wish to share about their socioeconomic, linguistic, racial, religious and cultural backgrounds. Program staff actively use information about families to adapt the program environment, curriculum and the teaching methods to the families they serve. To better understand the cultural backgrounds of children, families and the community, program staff participate in community cultural events, concerts, storytelling activities or other events and performances designed for children and their families. Program staff provides support and information to family members legally responsible for the care and well-being of a child. Program staff establish intentional practices designed to foster strong reciprocal relationships with families from the first contact and maintain them over time.

Program staff ensures that all families, regardless of family structure; socioeconomic, racial, religious, and cultural backgrounds; gender; abilities; or preferred language are included in all aspects of the program, including volunteer opportunities. These opportunities consider each family's interests and skills and the needs of program staff. Program staff engages with families to learn from their knowledge of their child's interests, approaches to learning, and the child's developmental needs, and to learn about their concerns and goals for their children. This information is incorporated into ongoing classroom planning. Program staff uses a variety of formal and informal methods to communicate with families about the program philosophy and curriculum objectives, including educational goals and effective strategies that can be used by families to promote their children's learning. Staff use a variety of methods such as new family orientations, small group meetings, individual conversations, and written questionnaires, which help staff get input from families about curriculum activities throughout the year. Families may visit any area of the facility at any time during the program's regular hours of operation as specified by the procedures of the facility. The program facilitates opportunities for families to meet with one another on a formal and informal basis, work together on projects to support the program, and learn from and provide support for each other. The program's advisory groups include families as members and active participants. Staff or other families in the program encourage and support family members in taking on leadership roles. Program staff and families work together to plan events. Families' schedules and availability are considered as part of this planning.

### **Sharing Information Between the Staff and Families**

Program staff uses a variety of mechanisms such as family conferences or home visits to promote dialogue with families. Program staff informs families about the program's systems for formally and informally assessing children's progress. This information includes the purposes of the assessment, the procedures used for assessment, procedures for gathering family input and information, the timing of assessments, the way assessment results or information will be shared with families and ways the program will use the information. Program staff communicates with families on at least a weekly basis regarding children's activities and developmental milestones, shared caregiving issues, and other information that affects the wellbeing and development of their children. Where in-person communication is not possible, program staff communicate through established alternative means.

### **Nurturing Families as Advocates for Their Children**

Program staff encourages families to regularly contribute to decisions about their child's goals and plans for activities and services. Program staff encourages families to raise concerns and work collaboratively with them to find mutually satisfying solutions that staff then incorporates into classroom practice. Program staff encourages and supports families to make the primary decisions about services that their children need, and they encourage families to advocate to obtain the needed services. Program staff use a variety of techniques to negotiate difficulties that arise in their interactions with family members. Program staff makes arrangements to use these techniques in a language the family can understand. Program staff provides families with information about programs and services from other organizations. Staff support and encourage families' efforts to negotiate health, mental health, assessment and educational services for their

children. Before sharing information about a child with other relevant providers, agencies, or other programs, staff obtain written consent from the family.

### **Transitions**

To help families with their transitions to other programs or schools, staff provides basic general information on enrollment procedures and practices, visiting opportunities and/or program options. Program staff uses established linkages with other early education programs and local elementary schools to help families prepare for and manage their children's transitions between programs, including special education programs. Staff provides information to families that can assist them in communicating with other programs.

### **Open Door Policy**

Parents and legal guardians are always welcome to visit the preschool classroom. As a safety feature, all parents and visitors will check in at the office. Visitors are asked to please use discretion with regard to bringing babies and toddlers to preschool as young children may disrupt class sessions. Parents are encouraged to volunteer in the classroom. We also encourage you to get prior approval from the teacher before volunteering just in case a special activity is planned.

### **Grievance Policy**

Open and honest communication between families and the center and its staff is an essential component of a high quality early childhood program. We want you to be confident that your child is being well cared for and is having a quality experience. Communication is the key to avoiding conflict. If there is ever a time you have a concern regarding your child, we want to encourage you to address your concern to your child's teacher or the center director. When working with the classroom teacher, state your concern clearly and with specific information. Discussing difficult situations can be uncomfortable. Writing your concerns down will keep the conversation focused on the concerns and keep students' best interest in mind. You can also ask to have the director sit in on the conversation. If additional help is needed, either party may ask for the assistance from the director, Terri Johnson, 641-437-1500. If you have a concern regarding some aspect of the program or policy, please contact the classroom teacher and then the director. If you remain dissatisfied, you may contact the Kids World Board of Directors.

### **Transportation**

#### **Arrival and Departure of Children**

All motor vehicle transportation provided by parents, legal guardians or others designated by parents or legal guardians will include the use of the age-appropriate and size-appropriate seat restraints as per Iowa Code. When bringing your child to the center, we ask that you park your car in the designated parking areas and turn off the engine before entering the building. We discourage idling vehicles including buses and cars in parking areas, with the exception of extreme heat or cold to maintain interior or engine temperatures. Please hold your child's hand as you enter the building to decrease the possibility of an accident. Parents or legal guardians must either accompany children to the classroom at the beginning of the day or leave their child in the care of one of the teaching staff. No child will be permitted to leave the building without an

adult. Please do not arrive before the Center's opening time – the teachers need time to prepare for the day. When you pick up your child, please be prompt. Please come early enough to enjoy watching what your child is doing during that time of the day.

Upon entering the building, staff will interact with the child and his/her family. These are critical times to communicate with parents and help children transition. Adults are requested to sign-in using the brightwheel app to record the time of arrival and pick up. Staff must be certain the person picking up the child is an authorized person. Check Emergency Contact Form for parental approval. Have a note from the parent authorizing the individual to pick up the child. Contact the parent by phone to give permission for the individual to pick up the child. Document the time, date, person calling, and message and place it in the child's file. Unauthorized people will not be allowed to take the child. The parent will be called.

All parents will be asked to complete a pick up/drop off permission forms with their enrollment packet. Any changes to the card must be done in writing or phone call. Anyone picking up a child at the center must be listed on the pick up permission form. Please send a written note to or make a phone call to your child's teacher to notify us of changes in pick-up. Children will not be released to anyone not listed on the form, court-ordered persons not allowed, or an adult appearing to be under the influence of alcohol or other substances.

In the interest of the children's safety, parents/guardians/authorized individuals are requested to report directly to the classroom when picking up their child rather than waiting in the car. Likewise, when a child returns to the building following an absence, the adult should stop in the classroom and inform the teacher about a special circumstance regarding the absence. If your child rides the Centerville Community School District school bus to SWVPP classroom at Kids World, teaching staff will go to each bus as it arrives to greet and assist the child off the bus. At dismissal, teaching staff will accompany each child to the bus and assist the child onto the bus.

Throughout the day each time children transition from one location to another (i.e. classroom to outdoor), the teaching staff will be responsible for counting the number of children whenever leaving one area and when arriving at another to confirm the safe whereabouts of every child at all times. SWVPP parents will communicate transportation plans with the preschool teaching staff, so teachers are aware of children who will be riding the bus each day. Transportation services are managed and program vehicles are licensed and insured in accordance with applicable federal and state laws. Certification of licensing and insurance is available at the Centerville Community School District Administration building.

## **STATEWIDE VOLUNTARY PRESCHOOL PROGRAM CLASSROOM TRANSPORTATION GUIDELINES**

Transportation is a convenience that is important to many Preschool families. It is a service that Centerville Community School District provides to parents that is not mandatory. Parents and the program must comply with various state rules in order to provide the service on a smooth, continuous basis.



1. Use of central pick up points makes the amount of time your child rides on the vehicle less. Two stops next to each other may be considered one (1) stop.
2. The children shall be ready 10 to 15 minutes before and after the pick up time. Upon arriving at the stop please be ready, as the driver will not wait.
3. If your child misses the bus in the morning, you are responsible for bringing him / her to preschool.
4. The bus driver and / or assistant must see the parent / authorized care provider. Due to time restraints, parents / authorized care providers are not to get on the bus with their child.
5. Children shall be encouraged to ride quietly. Wrestling, loud shouting, or any activity to distract the driver while the vehicle is motion shall not be permitted. All items are to be kept in their school bags.
6. No food allowed on the bus.
7. Parents should notify the teachers and bus driver in writing a week ahead of any permanent changes in childcare.

**To accomplish this, the following guidelines will be used:**

- Children will sit with their backs against the seat and their feet in front of them.
- Children will be asked to use “inside” voices on the bus (conversation is encouraged).
- Children will keep all body parts and objects inside the bus.
- Children will keep their hands, feet, and book bags to themselves.
- Children will not use inappropriate language and/or rude gestures (such as name calling, teasing, etc.)
- No one will damage the bus in any way.

**If a child chooses not to follow a guideline, then one or more of the following consequences will be applied.**

1. Bus driver will give a verbal warning.
2. Parents/guardians will be informed of the child's behavior and a contact record will be completed as documentation of the conversation.
3. A meeting will be held to include parents/guardians and all appropriate personnel.
4. If suspension of bus privileges occurs, parents/guardians will be responsible for transporting their child.

ABUSE OF THESE GUIDELINES MAY RESULT IN YOUR CHILD NOT BEING ABLE TO RIDE THE CENTERVILLE COMMUNITY SCHOOL DISTRICT SCHOOL BUS.

**Field Trips**

An important learning opportunity can take place in the form of a field trip that is relevant and reinforces what has been taught in the classroom. The Centerville Community School District buses are used for these field trips. Parents will be informed of each field trip through a newsletter and signs posted in the classroom well in advance. A parent or legal guardian must sign a general field trip consent form at back-to-school registration. A reminder about an upcoming field trip will be sent home prior to the trip. Please let the preschool teacher know if you do not want your child to participate in a particular field that is planned. Adult family

members are asked to volunteer to go on these trips to provide increased supervision and adult/child ratios. A notice posting the dates, time of departure, time of return, and the destination location will be posted prominently at least 48 hours before the field trip. Each child will be assigned to an adult for every part of the trip. Before every trip, the teaching staff will instruct children and all adults using the bus about the 10-foot danger zone around the vehicle where the driver cannot see.

A first aid kit, emergency contact information, and emergency transport authorization information for the children in the group will be taken on all trips. Children will be counted every 15 to 30 minutes while on a field trip. Children may only use a public restroom if they are accompanied by a staff member. Children will never be left alone in a vehicle or unsupervised by an adult.

### **Confidentiality**

Information about your child and family is confidential and will be released to other centers, schools, or agencies only after Kids World has received written permission from you. Ethics and Confidentiality Staff follow an important code of ethics to guide their involvement with children and families. It is essential to protect the confidentiality of all information concerning children and their families. Maintaining a professional attitude includes being responsive to the needs of children and their families while balancing the need for confidentiality. Children are people who deserve respect. One way we demonstrate this respect is to refrain from talking about the children in their presence unless the child is part of the conversation and to refrain from labeling a child negatively or positively. No information about any particular child shall be shared with another child's parent. We continually strive to model such qualities as patience, tolerance, cooperation, acceptance, understanding of others, and enthusiasm for children as well as for other adults.

All teaching staff will receive training on ethics and confidentiality on the National Association for the Education of Young Children's Code of Ethical Conduct as part of their orientation. All teaching staff know and use ethical guidelines in their conduct as members of the early childhood profession.

### **Children's Records**

Children's records containing personally identifiable information, except for directory information, are confidential. Only persons, including employees, who have a legitimate educational interest, are allowed to access a student's records without the parent's permission. Parents may access, request amendments to, and copy their child's records during regular office hours. Parents or guardians will be asked to sign a release of information form should they or Kids World request information be shared with another agency, stating to whom the information is to be released, the reason or purpose for the release of information, when it expires, and ways the parents can withdraw permission if they choose to do so.

## **Family Involvement**

Kids World encourages families to be very involved in their child's education by observing their children during the day when possible and meeting with staff. Family members are welcome to visit at any time during business hours. Teachers and administrators use a variety of formal and informal ways to become acquainted with and learn from families about their family structure and their preferred means of child-rearing practices and communication; and information about their socioeconomic, linguistic, racial, religious, and cultural backgrounds as they wish to share. Families are surveyed in enrollment paperwork and through other questionnaires during the year regarding their family, beliefs, and preferences. Home visits are conducted at the beginning of the school year and during the year. Home visits will be scheduled during back-to-school registration in August. Program staff communicate with families on at least a weekly basis regarding children's activities and developmental milestones, shared care-giving issues, and other information that affects the wellbeing of their children. Family teacher conferences are held in both the fall and spring, as well as when either party requests. At least one Family Night is held during the year for the SWVPP participants.

Kids World values the time spent talking and interacting with families and developing strong, reciprocal relationships. As the teaching teams learn from the families' expertise regarding their child's interests, approaches to learning, and developmental needs, goals for your child's growth and development can be incorporated into ongoing classroom planning. Families are encouraged to share any concerns, preferences or questions with the preschool teacher or administration at any time. Teachers communicate with family members on an ongoing basis to learn more about children's individual needs and ensure a smooth transition between home and our early care and education program.

Although in-person daily contact cannot be replaced, staff also rely on notes home, emails, phone calls, newsletters, and bulletin boards as alternative means to establish and maintain open, ongoing, two-way communication.

Kids World invites you to become involved in one or all of the following ways, and welcomes other ideas as well.

1. Support your child's daily transition to the center by sharing information about your child's interests and abilities. Keeping the teacher informed of changes and events that might affect your child allows the teacher to be more responsive to your child's needs.
2. Attend family meetings.
3. Return all forms, questionnaires and so on promptly.
4. Attend Family/Teacher conferences in the Fall and Spring semesters for the preschool classrooms.
5. Take time to read the family bulletin board.
6. Check your child's backpack each day.
7. Participate in field trip activities.
8. Share some of your talents in your child's class through activities such as: reading or storytelling, cooking, art, music, sewing, crafts, hobbies, your profession, or artifacts from trips you have taken.

9. Share any of your family's cultural traditions, celebrations, or customs.
10. Help prepare snacks and enjoy it with your child.
11. Read all the material sent home with your child.
12. Help with special events. Helping takes many different forms such as preparation of materials at home, making telephone calls, preparing or posting flyers, recruiting other volunteers, collecting donations or prizes, running errands, setup before the event, or clean afterwards.
14. Serve on the PAC (Parent Advisory Committee).

### **PAC (Parent Advisory Committee)**

Kids World has a parent advisory committee composed of parents and center staff. This group meets to provide feedback on services that meet children and family needs. They also serve as a sounding board for new ideas and services. Please let your child's teacher or the director know if you are interested in being part of the PAC.

### **Home Visits**

Home visits are made prior to the start of preschool for our Statewide Voluntary Preschool Program participants. This is an opportunity for the preschool teacher to get to know you, your child, and your family and for you to begin to create a partnership between home and school in order to best meet your child's needs. This is a great time for you to share what makes your family unique, how you prefer to communicate with the teacher, and share your knowledge about your child's interests, approaches to learning, and developmental needs. You can help the teacher understand what your goals are for your child and whether you have any concerns you'd like addressed. Parents are encouraged to share these preferences, concerns, and questions at any time with either the classroom teacher or administrator. Home visits will be scheduled at the back-to-school registration in August. If you are unable to attend registration, the preschool teacher will call to set up a home visit date and time.

### **Family Teacher Conferences**

The preschool programs will have formal family teacher conferences in the fall and spring. The teacher will send home a sheet before the conference asking you to consider what new skills you see your child developing at home or in the community, to think about what you'd like more information about the classroom, and whether you have new or different goals for your child. During the conference the teacher will share results of classroom assessments and samples of your child's work. Together you can make a plan to continue to encourage your child's growth and development.

### **Family Night**

Family night is an opportunity for the Statewide Voluntary Preschool Program preschoolers and their families to come to preschool to participate in fun as well as educational activities. The teaching staff will select a topic for the evening. With help from family volunteers, the night will be planned to meet the needs of the children and families in the classroom.

## **Transitions**

Home-center connections are crucial to the transition to kindergarten or any other program, such as special education. The child's family provides the consistency and continuity necessary for a young child to be successful. Making a change from one program to another can sometimes be difficult for a young child whether the transition is within the same building or in another location. Teaching staff will partner with the family to make the transition as smooth as possible by connecting family members with the next program's staff. Preschool staff will provide information about enrollment policies and procedures, program options, and arrange for a classroom visit whenever possible. Kindergarten Roundup is held each year in March. Notification of roundup is sent home to all eligible kindergarten aged students.

Our younger children transitioning to a different classroom will make visits to the classroom to become familiar with the teaching staff and classroom.

## **Volunteers**

Parents, friends, grandparents, and other adults are encouraged to take an active part in the educational process of the children. Please contact the teacher or the director if you would like to be a center volunteer. For safety's sake, if a volunteer will be working with children, he/she will be expected to execute and submit an affidavit of clearance from any and all crimes against a child or families. In addition no person with a substantiated report of child abuse or neglect will come in contact with children in the program or have responsibility for children. If a volunteer works more than 40 hours per month with children, he/she will also need to provide a background check as well as a current health assessment, not more than one year old. Volunteers and support staff do not work alone with children. Children will be supervised by regularly scheduled teaching staff at all times.

## **HEALTH AND SAFETY**

Kids World is committed to promoting wellness and to safeguard the health and safety of children and adults who participate in our program. In order to provide a safe and secure environment for every child and adult, we follow guidelines required by the Quality Preschool Program Standards, regulatory agencies and pediatric authorities in the field.

### **Physical Exam**

Families must provide a physical form signed by your child's licensed healthcare provider prior to admission to the program. When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child's entry into the program and as a condition of remaining enrolled in the program.

### **Health and Immunization Certificate**

All children must submit documentation of proper immunization prior to enrolling. As per Iowa State Department of Health, children must have received the required immunizations following the guidelines outlined by the Iowa Department of Public Health. All children must have their immunizations up to date and cards turned in before attending Kids World.

Religious and medical exemption is available if necessary. Below is a summary of vaccines required. Staff implements a plan to exclude the child promptly if a vaccine-preventable disease to which children are susceptible occurs in the program.

### Immunization

A physician must verify the immunization record of each child upon entry into the program. Be sure to bring the immunization card your doctor or health department provides.

Iowa Department of Public Health June 1990

Recommended Immunization schedule for normal infants and children

Recommended Age	Vaccine	Comments
Birth, 1 mo., 6 mos.	Hepatitis B	Series of three shots
2 months	DPT-1, OPV-1	Can be given earlier in Areas of high endemicity
4 months	DPT-2, OPC-2	6-week to two-month Interval desired between OPV doses to avoid Interference.
6 months	DPT-3	An additional dose of OPV At times is optional for use In areas with a high risk of Polio
2 months	Varicella	Available for children 12 Months through 18 years
15 months	MMR, DTP-4	Completion of primary OPV-3, HbCV series of DTP, and OPV HbCV (Haemophilus b Conjugate vaccine) is Recommended for children Over 15 months.
4-6 years	DTP-5, OPV-4	Preferable at or before school entry.
14-16 years	MMR	Repeat every 10 years Throughout life.
Influenza	TD	Available for immunization of healthy children 6-23 months of age, children 2-18 years who are Household contacts of children of less than 2 years And high-risk children 6 months through 18 years.

### Dental Exam

All enrolled preschool children are encouraged to have a dental examination to ensure proper dental health. Students entering kindergarten are now required to have a dental exam prior to enrollment.

### Caring for an Injured Child

All staff are trained in First Aid and CPR. Staff will treat minor injuries on the spot. An incident report will be completed and, if necessary, the parent will be notified based on the seriousness of the injury.

For more severe injuries requiring emergency medical attention, the child will be taken to the designated hospital while the parents and family physicians are being notified.

If an injury results in spilling of blood or any other body fluid, staff will wear latex free gloves and clean up appropriately while keeping other children out of reach.

### **Insurance**

We are aware that when there is a large group of children playing together there may be some accidents. Thus, Kids World encourages parents to have insurance. The state of Iowa does offer insurance through the HAWK-I insurance program with low premium insurance options for families that cannot afford regular insurance costs. See the center director or your child's teacher for an I-HAWK brochure.

### **Blood Borne Pathogens**

In accordance with regulations governed by OSHA, all persons handling any item contaminated with body fluids will wear latex free gloves. For example: changing diapers, clothing soiled with urine, stool, vomit or blood.

### **Mandatory Reporting of Child Abuse**

Pursuant to Chapter 232 of the Iowa Code, the employees of the Center will report immediately to the Department of Human Services, when in the course of working with the child the employee has reason to believe that the child has been sexually or physically abused or neglected. This report shall be both oral and written.

The oral report shall be made by telephone or otherwise to the Department of Human Services within 24 hours. This shall be done by contacting the local Department of Human Services office or the toll-free number. The written report must be made to the Department within 48 hours.

By law, the oral and written report must contain:

1. Name and home address of the child and the parents of another person responsible for the child's care.
2. The child's age.
3. The child's present whereabouts.
4. The nature and extent of the child's injuries, including any evidence of previous injuries.
5. The name, age, and condition of other children in the same home, and any other information which the person making the report believe might be helpful in establishing the cause of the injury to the child, the identity of the person(s) responsible for the injury, or the identity of the person providing assistance to the child.

If the informant feels the child is in imminent danger, the informant will also contact the local law enforcement authorities.

Pursuant to Chapter 232 of the Iowa Code, as mandatory reporters, upon request of the Department of Human Services investigator, the employee of the Center will cooperate and

assist the Department of Human Services in a child abuse investigation. All employees of the Center will obtain the necessary training set forth in the Iowa Code 232.

Following is a summary of sections of two bills, passed during the recent legislative session, which add to the definition of “child abuse”. These are in addition to the current definitions which include: physical abuse, sexual abuse, child prostitution, and denial of critical care.

### **Mental Injury**

Senate File 221 adds “mental injury” to the legal definition of “child abuse”. Federal authorities requested that this category be added in order to safeguard Iowa’s continued funding of grants through the Federal Child Abuse Prevention and Treatment Act. As defined in Code, “mental injury” is any injury to a child’s intellectual or psychological capacity. This injury must be observable and substantial within the child’s normal range of performance and behavior and must occur as the result of acts or omissions of a caretaker. Also, the impairment must be diagnosed by a licensed physician or qualified mental health professional. A “qualified mental health professional” (defined in Iowa Code) includes the following: a person with at least a master’s degree in the mental health field, including, but not limited to: psychology, counseling, nursing, or social work, with a license to practice in the appropriate profession and with at least two years supervised experience in assessing and treating mental health problems.

### **Presence of Illegal Drugs in a Child**

Senate File 117 adds the “presence of illegal drugs in a child” to the legal definition of “child abuse”. Previously, only the presence of illegal drugs in infants was investigated by child abuse authorities. Now, if a physician discovers the presence of illegal drugs in a child, it must be reported and will result in an investigation and founding of child abuse, if the drugs are present due to acts of omissions of the child’s parent, guardian, or custodian. A physician who discovers physical or behavioral indicators of drugs or determines that a mother exposed her infant to drugs in utero may (not must) perform a medically relevant test to determine the presence of illegal drugs in the child or infant. In general, this allegation would be reported physicians. “Illegal drugs” to be tested for are listed in Code as: cocaine, heroin, amphetamines, methamphetamines, or illegal drugs, combinations or derivatives of illegal drugs. It does not include giving children alcohol, tobacco, or other drugs which are “legal” for adults to use.

### **Health and Safety Records**

Health and safety information collected from families will be maintained on file for each child in the school nurse’s office. Files are kept current by updating as needed, but at least yearly. The content of the file is confidential, but is immediately available to administrators or teaching staff who have consent from a parent or legal guardian for access to records; the child’s parent or legal guardian; and regulatory authorities, upon request.

If the informant feels the child is in imminent danger, the informant will also contact the local law enforcement authorities.



Pursuant to Chapter 232 of the Iowa Code, as mandatory reporters, upon request of the Department of Human Services investigator, the employee of the Center will cooperate and assist the Department of Human Services in a child abuse investigation. All employees of the Center will obtain the necessary training set forth in the Iowa Code 232.

Following is a summary of sections of two bills, passed during the recent legislative session, which add to the definition of "child abuse". These are in addition to the current definitions which include: physical abuse, sexual abuse, child prostitution, and denial of critical care.

Child Health and Safety Records will include:

1. Results of health examination, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results;
2. Current emergency contact information for each child, that is kept up to date by a specified method during the year;
3. Names of individuals authorized by the family to have access to health information about the child;
4. Instructions for any of the child's special health needs such as allergies or chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes);
5. Individual emergency care plans for children with known medical or developmental problems or other conditions that might require special care in an emergency (allergy, asthma, seizures, orthopedic or sensory problems, and other chronic conditions; conditions that require regular medication or technology support; and
6. Supporting evidence for cases in which a child is under-immunized because of a medical condition (documented by a licensed health professional) or the family's beliefs. Staff implement a plan to exclude the child promptly if a vaccine-preventable disease to which children are susceptible occurs in the program.

### **General Health and Safety Guidelines**

- All staff must be alert to the health of each child, known allergies, or special medical conditions.
- Under the supervision of the lead teacher, all staff must be alert to the whereabouts of all children. Systems are in place for accounting for children at regular intervals, especially during periods of transition.
- All staff are to follow proper procedures for hand washing, using disinfectant, and following universal precautions to prevent infections.
- All staff are familiar with evacuation routes and procedures.
- All teaching staff complete "Occupational Exposure to Bloodborne Pathogens" annually.
- At least one staff member who has a certificate of satisfactory completion of pediatric first-aid training, including managing a blocked airway and providing rescue breathing for infants and children, is always present with each group of children. When a child in the group has a special health condition that might require CPR, one staff person who has successfully completed training in CPR is present in the program at all times.

## **Health Policy**

### **Illness Policy**

Small children are highly susceptible to contagious diseases since most of them have not been exposed to many of the most common germs and therefore, do not have any immunity to them. Young children also have certain habits such as putting their fingers and other objects in their mouths that can easily spread germs. Appanoose County Day Care and Preschool will stress hand-washing for both staff and children and will sanitize toys and equipment with bleach daily or more often as needed. For the protection of all children at our center, the following conditions require exclusion from child care:

1. **Fever:** Defined as 100°F or higher taken under the arm, 101°F taken orally, or 102° taken rectally. For children 4 months or younger, the lower rectal temperature of 101°F is considered the fever threshold. Children may return to the center when they have been free of fever for 24 hours. (For the protection of your child and others, please do not give fever-reducing medication such as Tylenol or Motrin and bring your child to the center. If your child is ill, he/she needs to be at home.) **The Center will not give children fever reducing medication.**
2. **Diarrhea:** Defined as frequent (3 or more episodes in a 24 hour period) runny, watery, or bloody stools. According to CDC recommendations, a child who is not toilet trained and has diarrhea should be excluded from childcare settings regardless of the cause. Children may return to childcare after a diarrhea illness once he or she is free of fever and diarrhea has ceased for 24 hours.
3. **Vomiting:** Two or more times in a 24 hour period. Children may return to childcare once vomiting has ceased for 24 hours.
4. **Chickenpox:** Defined as a highly infectious viral disease that begins with small red bumps that turn into blisters after several hours. Children may return to childcare on the 6th day after the blisters first appeared or earlier if all the lesions are crusted and dry and no new ones are forming.
5. **Hand-Foot-And-Mouth Disease:** Defined as a common childhood disease caused by a strain of coxsackievirus. Some people experience mild to no symptoms while others may get painful blisters in the mouth and on the palms of the hands and soles of the feet. Children who have blisters in their mouths or active lesions/blisters on their hands should be excluded from childcare until the lesions are crusted and dry and the child is free of fever.
6. **Head Lice:** this is an infestation of the scalp by small “bugs” called lice. Children may return to childcare after the first treatment has been given. Any time live bugs are found on a child he/she will be sent home. It is rare for children less than 2 years of age to have head lice. If a child of this age is found to have head lice, the parent should consult the child’s physician for treatment recommendations. Consistently having head lice can result in the child being dismissed from the center.
7. **Hepatitis A:** this is an infectious viral disease characterized by jaundice (yellowing of the eyes and skin), loss of appetite, nausea, and general weakness. Children may return to childcare one week after the onset of jaundice or one week after the onset of other signs and symptoms if no jaundice is present.

8. **Impetigo:** This is a contagious skin disease characterized by spreading sores with pus and should receive medical treatment. Children may return to childcare 24 hours after treatment has been started if free of fever and the lesions are not draining.
9. **“Pink Eye” (Conjunctivitis):** This is an infectious disease characterized by redness of the eye(s), excessive tearing, itching, and discharge. Children may return to childcare after they have been cleared by a physician or when redness/discharge is gone.
10. **Pinworms:** Pinworms are tiny worms that live in the large intestine and can cause anal itching sleeplessness, and irritability. They are the most common worm infection in the United States. Prescription medication must be obtained to treat the infection. Children may return to childcare 24 hours after treatment has been started and if free of fever.
11. **Strep Throat:** This is a contagious disease characterized by sore throat, fever, and tender, swollen lymph glands in the neck. Prescription medication must be given for treatment. Children may return to childcare 24 hours after treatment has started and are fever free.
12. **Whooping Cough (Pertussis):** This is a contagious disease characterized by upper respiratory tract symptoms with a cough. Children may return to childcare 5 days after their treatment has begun.
13. **Any contagious illness which results in the child being too ill to participate in daily activities.**

We will not accept your child for care if any of the above illnesses/symptoms are present. If your child shows any of these symptoms while in our care, we will remove him/her from the class and notify you or an authorized adult to pick him/her up. We expect a sick child to be picked up within 30 minutes of the call. We also reserve the right to request a doctor’s written release if such a statement is deemed necessary.

Your child’s health is important to us. Children who are ill should be kept at home. Please call the Center if your child will not be attending due to illness. The staff is authorized to send home a child if they believe the child’s health is a risk to himself/herself or to the other children. If a child gets sick during the day and you are called, please come immediately. If you cannot be reached by phone, one of the other people in our files for emergency notification will be contacted to pick up your child.

Good health, hygiene, and safety are promoted for our children and staff.

1. **Handwashing:** Hands will be washed before and after meals, after bathroom use, after changing diapers., after blowing nose or wiping nose, and after handling a sick child. We ask that the staff and children also wash their hands upon arriving at the center.
2. **Diaper changing:** Staff members wear gloves when changing any diaper. The diaper changing area is sterilized with bleach before and after each use. Soiled diapers will be disposed of in a closed receptacle. The hands of the child whose diaper was changed along with the hands of the staff member who changed the diaper will be washed once the task is completed.
3. **Soiled Clothing:** A child’s soiled clothing will be changed immediately. Remember to provide 2 complete changes of clothing in your child’s diaper bag or basket.
4. **Health Care:** Only children who are current on immunizations shall be enrolled in our center.

Immunization cards and health physicals must be current and verified by a physician. Yearly medical updates are also required. Regularly notify the office of any immunizations your child receives, so they may be added to the child's record.

For the well-being of the children and staff, Kids World is a smoke-free environment.

In the event that a child contracts a communicable disease, the classroom teacher will post a notice on the classroom door to alert all parents. The notice will state the symptoms of the illness as well as when the child may return to the Center.

### **Medication and First Aid.**

Written parental and /or physician's consent is required to administer any medication.

**PRESCRIPTION MEDICATION:** All prescription medication must be in its original container and properly labeled with the child's full name, date prescription was filled and medication's expiration date. There must be legible instructions for administration, such as a manufacturer's label or prescription label. When the medication is brought into the center and the above information verified, the parent/guardian should pour the prescribed dosage into a medicine spoon/cup that can be covered until time for the caregiver to administer the medication. It is also acceptable for the parent to come to the center and administer their child's medication at the appropriate time.

### **NONPRESCRIPTION MEDICATION:**

We cannot administer any fever-reducing medication to a child who is ill. Antihistamines, decongestants, anti-itching ointments or lotions, and diaper ointments/powders are among the non-prescription medications that can be administered by the center. If the container of medicine does not have your child's age & weight listed for the correct dosage, we will need a physician's authorization along with the dosage to be able to administer the medication to your child. A medication authorization form which allows the staff to administer medication must be signed. Directions must be in writing, instructing the staff when the last dose was given, when the next dose is to be given, the amount to be given, and how often to give the medication.

The staff of the Center is certified in CPR and first aid. In the case of an emergency or injury, our staff is properly trained to care for your child. In the even of a serious injury, requiring professional medical attention, we will call "911" and follow appropriate measures. Should an Emergency Room visit be required, your child will be taken to the nearest Emergency Room (Mercy Medical Center) and the parent/guardian will be immediately notified.

For liability purposes, a sick or injured child will be taken to Mercy Medical Center. If, however, you prefer an alternative facility, you may meet your child and an Appanoose County Day Care and Preschool representative at the emergency room listed above.

Parents will be notified whenever it is known that there has been possible exposure to a communicable disease. If a child contracts a communicable disease at home (for example,

chicken pox, head lice, conjunctivitis) please notify the director so that other concerned parents may be informed.

**Common Communicable Diseases and Their Incubation Periods:**

Chicken Pox	2-3 weeks- commonly 13-17 days
German Measles (3 day)	14-21 days – usually 18 days
Red Measles	10 days
Mumps	12 -26 days – usually 18 days
Impetigo	2-5 days
Ringworm	10-14 days

Please inform the teacher if your child has been exposed to any contagious diseases, since this may affect other children at the center. If your child will be absent, please call as soon as the decision has been made that your child will not be attending. If parents are in doubt it is recommended to keep their child at home.

When a child is sick at the center, staff will keep the child supervised away from the other children. This may include in the office, or away from the other children so as to not contaminate them. Parents are asked to stop in the office and we will release the child to the parent or guardian.

Upon arrival at the center, each child is observed by teaching staff for signs of illness or injury that could affect the child's ability to participate comfortably in the daily activities. Children will be excluded when a child is not able to participate comfortably; if the illness requires more care than staff are able to provide without compromising the needs of the other children in the group; or if keeping the child at the center poses an increased risk to the child or to other children or adults with whom the child will come in contact.

When a child develops signs of an illness during their day at the center, parents, legal guardians, or other person authorized by the parent will be notified immediately to pick up the child. For this reason, please be sure that we have accurate phone numbers for you, your authorized emergency contact person and your child's primary care provider. In the meantime, we will provide the child a place to rest until the parent, legal guardian or designated person arrives under the supervision of someone familiar with the child. If the child is suspected of having a contagious disease, then until she or he can be picked up, the child is located where new individuals will not be exposed.

If your child is showing signs of illness not related to a contagious condition, please notify the staff so they can work through the situation with you. You may still need to take your child home if the condition becomes severe.

Your child must also stay home for at least 24 hours after taking the first dose of antibiotic, taken for a contagious infection. You must follow the specific directions of the prescribed medication, and finish the course of antibiotics. Check with your provider nurse if you have questions.

## **Emergency care policies for Kids World**

**POLICY:** Kids World will utilize the Mercy One Hospital as the primary site for emergency medical care. Transportation of children requiring emergency medical care will be provided by the ambulance service. Employees of the Kids World will not transport in emergency cases but will remain with and provide first aid or CPR as needed until EMS services arrive.

All classroom teachers will have familial consent forms for each student. Information to be included but not limited to is listed below:

- Authorization statement allowing emergency medical treatment and sharing of relevant information with the medical provider.
- The student's primary care provider , address and phone number
- The insurance company and policy holder's ID number which covers the student. ● The student's dentist, address and phone number
- The parent's name, address and phone number
- Emergency contact number if parents cannot be reached
- SIGNATURE of the custodial parent
- Forms will be kept in a location of easy access, however, in a secure location that can be locked when the center is not open. Options available are:
  - Binder with all students' data sheets together alphabetically arranged
  - Front of each child's cumulative file

For children requiring emergency care or the services of EMS (911), center staff will follow the Emergency Procedure Guidelines. The following steps will be taken:

### **CPR and First Aid Employee Training**

At least one staff member who has a certificate showing satisfactory completion of pediatric first-aid training and satisfactory completion of pediatric CPR is always present with each class of children.

### **Student Health Plans**

Emergency/health plans for children with known medical needs will be written by the child's primary health care provider. The health care provider will be responsible for developing a health plan addressing health concerns and needs. The family will inform staff that need to be familiar with the child. Employees will not provide the care independently addressed in the health plan unless it is cleared by the health care provider. The health plan will be reviewed each year or earlier if needed. Changes can be made as needed by the health care provider. Staff will be informed of all changes.

Conditions to be addressed will include chronic health conditions such as asthma, life-threatening allergies, seizures,Diabetes etc.

It is the parent's/ guardian's responsibility to provide the center with any healthcare provider directives/ orders regarding the child's care and needs.

Emergency evacuation plans will be written in conjunction with the health care provider, staff and parent/ guardian.

### **Reporting Communicable Diseases**

Staff will provide information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that the families should implement at home. The program has documentation that it has cooperative arrangements with local health authorities and has, at least annually, made contact with those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.

### **Cleaning and Sanitization**

The facility will be maintained in a clean and sanitary condition. When a spill occurs, the area will be made inaccessible to children and the area will be cleaned immediately.

Toys that have been placed in a child's mouth or that are otherwise contaminated by body secretion or excretion will be removed immediately and disinfected after they are cleaned with detergent and water, then rinsed, sanitized and air dried. This also applies to other surfaces in the classroom. Toys and surfaces will be disinfected using the proper non-toxic solution. To disinfect, the surfaces will be sprayed until glossy. The bleach solution will be left on for at least 2 minutes before it is wiped off with a clean paper towel, or it may be allowed to air dry. Machine washable cloth toys that have been placed in a child's mouth or that are otherwise contaminated by body secretion or excretion must be laundered before another child's use. Toys that cannot be cleaned and sanitized will not be used.

Staff will be trained in cleaning techniques, proper use of protective barriers such as gloves, proper handling and disposal of contaminated materials, and information required by the US Occupational Safety and Health Administration about the use of any chemical agents. Staff clean and sanitize toilet seats, toilet handles, toilet bowls, door knobs or cubicle handles and floors either daily or immediately if visibly soiled.

Routine cleaning will be supervised by the preschool teacher and will follow the Cleaning and Sanitation Frequency Table in Section III, page 47 of the IQPPS manual. A checklist will be completed as indicated in the table. Ventilation and sanitation, rather than sprays, air freshening chemicals or deodorizers; control odors in inhabited areas of the facility and in custodial closets. Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized.

Facility cleaning requiring potentially hazardous chemicals will be scheduled when children are not present to minimize exposure of the children. All cleaning products will be used as directed by the manufacturer's label. Fragrance-free and least-toxic cleaning projects will be used.

Procedures for standard precautions are used and include the following:

- Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized.
- Staff use barriers and techniques that minimize contact of mucus membranes or of openings in the skin with potentially infectious body fluids and reduce the spread of infectious disease.
- When spills of body fluids occur, staff clean them up immediately with detergent followed by water rinsing.
- After cleaning, staff sanitize nonporous surfaces by using the procedure described in the Cleaning and Sanitation Table.
- Staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning.
- Staff dispose of contaminated materials and diapers in a plastic bag with a secure tie that is placed in a closed container.

### **Hand Washing Practices**

Frequent hand washing is key to prevent the spread of infectious diseases. Teachers teach children how to wash their hands effectively. Posters of children using proper hand washing procedures are placed by each sink. The program follows these practices regarding hand washing:

- Staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored.
- Hand washing is required by all staff, volunteers, and children when hand washing reduces the risk of transmission of infectious diseases to themselves and to others.
- Staff assists children with hand washing as needed to successfully complete the task.

Children and adults wash their hands:

- upon arrival for the day;
- after diapering or using the toilet (use of wet wipes is acceptable for infants);
- after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or any touching of mucus, blood or vomit);
- before meals and snacks, preparing or serving food, or handling any raw food that requires cooking (e.g., meat, eggs, poultry);
- after playing in water that that is shared by two or more people;
- after handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and

Adults also wash their hands:

- before and after feeding a child;
- before and after administering medication;
- after assisting a child with toileting;
- after handling garbage or cleaning; and
- After removing gloves.

Proper hand-washing procedures are followed by adults and children and include:



- using liquid soap and running water;
- rubbing hands vigorously for at least 20 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water).

Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement, but not a substitute, for handwashing in any situation listed above.

- Staff must wear gloves when contamination with blood may occur.
- Staff do not use hand-washing sinks for bathing children or removing smeared fecal material.
- In situations where sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food.

A toy that a child has placed in his or her mouth or that is otherwise contaminated by body secretion or excretion is either to be (a) washed by hand using water and detergent, then rinsed, sanitized, and air dried or (b) washed and dried in a mechanical dishwasher before it can be used by another child.

#### **First Aid Kit**

A First Aid kit is located in each classroom. It is inaccessible to children, but readily available for adult use. It is fully equipped according to guidance from Healthy Child Care Iowa. Following each use of the First Aid kit, the contents will be inspected and missing or used items replaced immediately. The First Aid kit will be inspected monthly. The First Aid kit is taken to the outdoor play areas as well as on field trips and outings away from the site (i.e. recess and/or walks).

#### **Fire Extinguishers, Fire Alarms and Carbon Monoxide Detectors**

Fully working fire extinguishers and fire alarms are installed throughout the center and are tagged and serviced annually. Fully working carbon monoxide detectors are installed throughout the center and are tagged and serviced annually. Smoke detectors, fire alarms and carbon monoxide detectors are tested monthly and a written log of testing dates and battery changes is maintained and available.

#### **Lead, Radon, Radiation, Asbestos, Fiberglass, Etc.**

Documentary evidence, available on site, indicates that the building has been assessed for lead, radon, radiation, asbestos, fiberglass, or any other hazard from friable material. Evidence exists that the program has taken remedial or containment action to prevent exposure to children and adults, if warranted by the assessment.

#### **Water Supply**

When the water supply source is from a well or other private source (not served by a public supply), on-site documentary evidence verifies that the local regulatory health authority has determined the water to be safe for human consumption.

### **Air Quality**

If high levels of air pollution from smog or heavy traffic exit the program limits outdoor time and physical activity. If outdoor activity is not advisable, plans are made to provide activity to children indoors. Air quality can be monitored online at [www.weather.com](http://www.weather.com) Areas that have been recently painted, carpeted, tiles or otherwise renovated are ventilated before they are used by children.

### **Heating/Cooling/Ventilation**

All rooms that children use are heated, cooled and ventilated to maintain room temperature and humidity level. The facility systems are maintained in compliance with national standards for facility use by children.

### **Integrated Pest Management**

Kids World uses the techniques known as Integrated Pest Management (IPM) so the least hazardous means are used to control pests and unwanted vegetation.

### **Fire Safety**

Fire extinguishers are installed throughout the center with tags indicating its annual service date. The fire alarm system is serviced annually. Smoke detectors, fire alarms, and carbon monoxide detectors are tested monthly. A written log of testing dates and battery changes is maintained and available upon request. Fire drills are conducted monthly and recorded on a log.

### **Air Pollution or Smoke**

Candles may not be used in the center. Doors and windows would be shut and locked should the air become a danger to the students while at the center.

### **Child Abuse Reporting**

We are Mandatory Child Abuse Reporters and must notify the Department of Human Services if we suspect any kind of child abuse. All observations or suspicions of child abuse or neglect will be immediately reported to the child protective services agency no matter where the abuse might have occurred. The staff member will call to report suspected abuse or neglect. All staff will follow the direction of the child protective services agency regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, staff will follow the guidance of the child protective agency regarding notification of the parent or legal guardian. Reporters of suspected child abuse will not be discharged for making the report unless it is proven that a false report was knowingly made. Staff who is accused of child abuse may be suspended or given leave pending investigation of the accusation. Such caregivers may also be removed from the classroom and given a job that does not require interaction with children.

Parents or legal guardians of suspected abused children will be notified. Parents or legal guardians of other children in the program will be contacted if a caregiver is suspected of abuse so they may share any concerns they have had. However, no accusation or affirmation of guilt will be made until the investigation is complete. Caregivers found guilty of child abuse will be summarily dismissed or relieved of their duties.

## **EMERGENCY RESPONSE PROCEDURES**

In the event the director is not on site, the on-site supervisor will assume authority and take action in an emergency.

Earthquakes, floods, hazardous material spill and winter storms all happen.

It is the goal of these plans to help staff prepare to calmly handle any of these events that could affect our Center.

### **Tornado**

The lead teacher will gather all children, emergency information, and take the class to the hallway. The director or staff person in charge will verify that all individuals have left the classrooms. Staff will keep all individuals away from doors and windows. The lead teacher will take attendance to verify that all are present. Children, staff, and volunteers should kneel on the floor, bending head forward until head touches the floor. Both hands should be locked behind the neck for protection. All should remain in this position until the danger has passed. Tornado drills are conducted monthly. If the building is damaged to the extent that the center cannot continue to operate safely, the director will notify the parents to take the children home.

### **Earthquake**

All persons including adults will be instructed to **Drop, Cover, and Hold** as soon as the shaking starts.

As soon as the shaking stops we will evacuate and conduct a basic damage assessment of the facility. Evacuation should be done in an orderly fashion. If there is no fire or other life hazard, have children get their coats. If we cannot re-enter the building, we will evacuate to the IHCC Multi-Purpose building.

Injuries will be dealt with by staff trained in First-Aid. If the injuries are severe and the decision is made not to move the victim, a staff person will be assigned to provide care.

The lead staff person will make an assessment as to the next step. This decision will be based on present danger, weather, as well as any other factors.

The evacuation kits will be secured and distributed to each class.

Staff persons should take a portable/cellular telephone outside that enables him/her to change the telephone recorder. Sample message like these will be put on the recorder to reassure parents:

“You have reached Kid’s World Daycare & Preschool. We are all safe; no one is hurt. We have evacuated the building to check for structural damage. Please pick up your child at (your regular time), (as soon as you are able), (immediately).” OR

“You have reached Kid’s World Daycare & Preschool. We are all safe; no one is hurt. I have checked the building for safety. I am now spending time reassuring the children that everything is okay. Please pick up your child at your normal pick-up time.”

### **Windstorm/Winter Storm**

This type of disaster is usually forecast and not a surprise.

The children will be brought inside and kept away from windows and in areas of the center that are farthest away from large trees and power poles.

If the power goes out refer to the power outage section of the plan.

Should evacuation of the center be indicated, a staff person should go out and make sure the evacuation route and meeting point are safe.

We will monitor radio bulletins and weather forecasts as often as possible.

If the phones go out, staff will check their cellular phones to see if they are operational. Calls will be limited to emergency use only. Emergency food is always available in the event of such an emergency.

If the snow accumulations increase rapidly, staff will inform parents that the roads are getting bad in our area. Staff will remind parents to drive carefully. Often parents are so worried that they get into accidents on the way to pick up their safe child.

### **Loss of utilities**

Loss of electricity is likely in many disaster situations. Planning ahead and being prepared will minimize disruption to the Center. Having adequate flashlights and battery operated lanterns should meet our needs for a short time. Staff will check the flashlights on a regular basis. Extra batteries will be stored.

Loss of heat will likely occur even if the heat source is not electrical. The fans that blow the air are electrically operated; therefore, the heat system will not operate. Daycare facilities may not use a gas or kerosene alternate heat source.

Cellular phones could be inoperable for some time after an earthquake. Overuse will cause the cellular towers to overload, rendering them useless. Landlines will typically go out because of overuse. After an earthquake, check to see if your telephone is on the cradle and properly “hung up”. Often the telephone is jarred from the cradle during shaking causing your phone line to be part of the overload. Most importantly, only use telephones if you have an emergency.

### **Flood**

Heavy rains can cause flooding. If our facility is threatened by flooding, we may be ordered by law enforcement or fire officials to evacuate.

We will leave a sign on the door telling parents our evacuation location. We will call parents, if able, to let them know where they can pick-up their children.

### **Fire**

As required by the Iowa Department of Health, fire evacuation drills are conducted monthly. If it becomes necessary to evacuate the facility and the area around it, the children will be taken to our designated relocation area where the parents will be notified to pick up their children. Our relocation area is the multi-purpose building at IHCC.

Of all of the possible disasters, fire is probably the most alarming to everyone in a childcare center.

Evacuation is the highest priority. Only after everyone is safely out of the Center should extinguishing small fires be considered.

Staff will call 9-1-1 to report the fire. Everyone shall meet at the proper meeting point. Role will be taken at the meeting point to ensure all are safely evacuated.

All staff will know where the extinguishers are located and how to use them. Only extinguish trash can-sized or small fires. **Staff will never put themselves in danger.**

### **Chemical Release**

Hazardous chemicals can be released from industrial plants or transportation vehicles. If our facility is threatened by a hazardous chemical release, we may be told by law enforcement or fire officials to evacuate or shelter-in-place.

If we need to evacuate, staff will place a note on the door telling parents our evacuation location.

If we need to shelter-in-place, staff will notify parents that we will not be able to open our doors to allow their children out of the facility. We will tell parents that we will contact them once the shelter-in-place order is all clear and it is safe for parents to pick-up their children.

If staff is unable to reach parents, a note will be placed on the front door or window explaining that we were ordered to shelter-in-place. The note will tell parents to get in their car and leave the area. Staff will contact parents as soon as it is safe for them to pick up their children.

### **Chemical/Nuclear Attack**

Terrorism events are possible in today's world. We may be told by the Emergency Alert System via radio, television, or NOAA weather radio to evacuate or shelter-in-place.

### **Nuclear Attack**

A nuclear blast is an explosion with intense light and heat, a damaging pressure wave and widespread radioactive material that can contaminate the air, water, and ground surfaces for miles around. During a nuclear incident, it is important to avoid radioactive material, if possible.

While experts may predict at this that a nuclear attack is less likely than other types, terrorism by its nature is unpredictable.

### **If There Is Advanced Warning Of An Attack**

Take cover immediately, as far below ground as possible, though any shield or shelter will help protect from the immediate effects of the blast and the pressure wave.

### **If There Is No Warning Of An Attack**

Staff will quickly assess the situation. Staff will consider if we can get out of the area or if it would be better to stay inside the building to limit the amount of radioactive material that we are exposed to. Staff will close windows and doors, turn off air conditioners, heaters, or other ventilation systems. We will stay where we are, listen to the radio, or check the Internet for official news as it becomes available. To limit the amount of radiation we are exposed to, we would begin to think about shielding, distance, and time.

Shielding: By having a thick shield between ourselves and the radioactive materials the more of the radiation will be absorbed, and you will be exposed to less.

Distance: The farther away one is away from the blast and the fallout the lower one's exposure.

Time: Minimizing time spent exposed will also reduce your risk.

Staff will use available information to assess the situation. If there is a significant radiation threat, health care authorities may or may not advise us to take potassium iodide. Potassium iodide is the same stuff added to your table salt to make it iodized. It may or may not protect one's thyroid gland, which is particularly vulnerable, from radioactive iodine exposure.

### **Dangerous Person Alert**

There are times when we may need to lockdown our facility to protect staff and children from outside intruders or dangerous people who may be in the area.

### **Evacuation of building**

Whenever it is necessary for children to evacuate the building, the lead teacher shall designate a staff person to provide assistance to any child who is unable to evacuate on his/her own. In most instances this will be a child who has been diagnosed as disabled and needs assistance due to physical and/or mental limitations. However, in an emergency, there may be children who become so upset that they, too, need assistance to evacuate. The lead teacher and/or assistant will take attendance to be certain everyone has evacuated.

### **Intruder within the Center, Intoxicated Parent or Visitor**

If someone enters the center that is unknown by any of the staff, the individual should be approached and offered assistance. If the unknown person poses any sort of threat, he/she will be asked to leave. If the intruder will not leave upon request, the police will be contacted for

assistance. All children will be kept in the classrooms. Staff will try to keep the intruder calm and distracted from the center until the police arrive, or he/she leaves the center.

An intoxicated parent or other responsible adult will be handled in much the same manner. If the intoxicated person is very forceful and wants to leave the center with the child, the child will be allowed to leave. However, the police will be contacted immediately to handle the situation.

### **Missing Child**

The director or staff in charge will call the police while other staff members search the center, including the playground. The staff needs to be able to describe the child to the police, by identifying clothes that the child was wearing and other things that would help the police in their search. After the staff has called the police, the parents will be notified.

### **Bomb Threats**

If there has been a bomb threat to the center, the same guidelines for fire will be followed. Additionally, the police will be notified immediately.

### **Non-discrimination Statement**

It is the policy of Kids World not to discriminate on the basis of race, national origin, creed, sex, sexual orientation, age, marital status, or physical disability in its education programs, activities, or employment policies as required by Title VI or VIII of the 1964 Civil Rights Act, Title IX of the 1972 Education Amendments, and the Federal Rehabilitation Act of 1973.

The following statement is hereby adopted by Appanoose County Day Care, Inc., also known as Kids World, as their policy of non-discrimination as of July 7, 1992.

### **Non-Discrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202)

690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

Children at Appanoose County Day Care and Preschool are treated with love and respect and provided with the opportunity to engage in a wide variety of activities. Our most fundamental objective is to provide for you and your child a safe, clean, and loving environment that fosters learning and allows the child to feel loved, valued, and happy.



The signatures below indicate agreement with the written policies of Kids World Daycare & Preschool as outlined in this Parent Handbook. The provider may change policies as needed with advance written notice.

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Parent's Name

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Parent's Signature/Date

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Parent's Name

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Parent's Signature/Date

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Director's Name

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Director's Signature/Date