

PARENT
HANDBOOK



HAWKEYE CHILD
Development Center - ALC
A PROGRAM OF EPI

Exceptional Persons, Inc.



120 Jefferson Street
Waterloo, IA 50701

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Table of Contents

PURPOSE	3
MISSION STATEMENT	3
PHILOSOPHY.....	3
GENERAL CENTER INFORMATION	3
QUALITY INITIATIVE PARTICIPATION	10
FEES & BILLING POLICIES.....	10
CURRICULUM	11
ASSESSMENTS	12
FIELD TRIPS.....	12
MEALS & SNACKS.....	13
DAILY REPORT SHEETS	14
INFANT & TODDLER PROGRAM INFORMATION.....	14
HOME & SCHOOL PARTICIPATION.....	17
CLOTHING & ITEMS FROM HOME	18
ACCESS	18
ARRIVAL & DEPARTURE	19
HEALTH & SAFETY POLICIES	23
Illness Policy:	24
EMERGENCY PROCEDURES	31
Positive GUIDANCE STRATEGIES and reinforcement policy.....	31
CIVIL RIGHTS ACT AND NON-DISCRIMINATION STATEMENT.....	36
COMMUNITY RESOURCES.....	37

PURPOSE

The HCDC-ALC is a partnership between Hawkeye Community College (HCC) and Exceptional Persons, Inc. (EPI). The HCDC-ALC is a non-profit child care center and is open to Hawkeye students, faculty and staff, EPI staff and the general public to leave their children in a safe, healthy and caring environment. Children enrolled in the Center will receive educational development experiences and quality programming. HCDC-ALC serves as an educational laboratory for HCC students in the Early Childhood Education program.

MISSION STATEMENT

Our Mission at HCDC-ALC is to focus on the whole child and their family by providing quality education to children and families we serve and to provide a safe and nurturing environment that help our children and families feel welcome and comfortable in order to learn and succeed.

PHILOSOPHY

HCDC-ALC staff teaches developmentally appropriate practice in the classrooms to match the way children develop and learn. HCDC-ALC staff recognizes the uniqueness of each child by providing a developmentally appropriate, child-directed learning environment in which the child can enhance his/her own knowledge through teacher guided, hands-on experimentation and exploration in the areas of social, emotional, physical, and cognitive development. Children will learn developmentally and culturally appropriate practices through daily opportunities and interactions with their environment. The Staff will provide a safe, nurturing, and supportive environment meeting the needs of the whole child and encourage children to experiment, explore and pursue their own interests. The staff will positively promote social-emotional, intellectual, cognitive and physical development. The children will experience positive interactions with other children and staff through play, exploration, and learning times.

HCDC-ALC also recognizes and respects the importance of family and their involvement and encourages active participation in working together in their children's education and development. The staff will work together as a team with each family and their child to make sure their learning and experiences are developmentally appropriate.

GENERAL CENTER INFORMATION

Coordinator: Amanda Benson
Email: Amanda.Benson@episervice.org
Office: (319)-296-4303
Fax: (319)-296-4304

HOURS OF OPERATION

HCDC-ALC will be open Monday – Friday from 6:30 a.m. to 5:30 p.m. The center will be closed on the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving & day after Thanksgiving
- Early dismissal on Christmas Eve
- Christmas Day
- Early dismissal on New Years Eve
- 1-3 Professional development days

If a holiday falls on a Saturday, the center will be closed the Friday before, if it falls on a Sunday, the center will be closed the Monday following.

HCDC-ALC will ask families to pre-register for Holiday weeks and semester changes to determine staff schedules. The Coordinator will send out this request in late fall each year and as needed.

The center will close 1-3 days a year for professional development for the staff and the center to be deep cleaned. The families will be notified a month in advance.

LICENSING INFORMATION

The HCDC-ALC is licensed by the state of Iowa through the Department of Human Services for 56 children. A copy of licensing is located on <https://hhs.iowa.gov/>. The Child Care License certificate and Fire Marshal inspection report will be posted on our parent information center board (next to the office window).

SECURE BUILDING

The HCDC-ALC holds security at a high standard to keep children and staff safe. All exterior doors to the Center and gate to the playground will be always locked. It is mandatory by HCDC-ALC that families are to always have their security badge with them. You will only be able to enter the Center with a badge. If you do not have your badge as you are entering the building, use the phone in the doorway. Staff will need to see a photo ID (driver's license) in order for you to gain access to the building.

The HCDC-ALC will have security cameras in place throughout the Center. This includes hallways, the office and classrooms. Hawkeye Community College Public Safety and the On-site Coordinator will have access to the live security camera footage. Hawkeye Community College Public Safety Director has access to live and past security camera footage.

Hawkeye Community College Public Safety Officers will be on-call/duty for the HCDC-ALC during business hours. Their main office is located on the main campus.

FAMILY ORIENTATION

The Hawkeye Child Development Center -ALC's handbook is located on our web page and allows families to look over the information of our center at any time. Families can set up tour time to walk through the center. The tour leads families through the facility, inside and out. They hear about all the developments we implement, the safety measures we take, and the policies we have. If families do not want to set up a tour, then a slide show is sent to them for them to see and read more about our facility. If families come with questions they can be answered but they are always welcome to email if they have follow up questions. When enrolled a form would be signed that they understand all out policy's and our handbook. Families that need reading/ translation services will us a supported device to translate. We offer to email instead of doing phone calls which allows families to translate the message. Families that need reading assistants can set up a time for the director to read the policies to them. If a family needs other accommodations, we will work together to help them.

When prospective families call looking for childcare, the Coordinator sets up a time to meet and give a tour of the center. On the tour, the Coordinator talks about all the classrooms, the curriculum, ratios, state requirements, food, etc. The Coordinator also answers any questions the parents may have. Each family can access a copy of the parent handbook on our webpage, and request one can be printed out. The Coordinator also covers tuition, rates and payment contract.

Once the family has decided they would like to enroll, we collect the processing fee and email enrollment forms. Families are also able to pick up hard copies at the center upon request. This includes the contracts, CACFP forms, welcome letter, and more. The director offers setting up a tour of the facility and another opportunity to talk through any questions before their first day.

The parents are shown where the handbook is online for 24/7 access, upon request the Coordinator can print a copy, the parents sign the form in the enrollment packet indicating that they know where the handbook is and understand it is their responsibility to read and know what is included. The Coordinator also informs the parents that if they do not understand what is in the handbook or need assistance, either in translation or interpretation, resources will be made available by talking with the Coordinator.

CONFIDENTIALITY

Family and children's privacy is important to HCDC-ALC. Children's files are kept confidential and locked. Files and forms are updated annually to ensure that all information is current. Files and forms will be updated as your child transitions to the next room. Children's files are immediately available to parents or legal guardians. Requests

for release of information to other entities will be honored only if made in writing and with permission from the parents or a court order allowing the release of information.

AGES SERVED AND RATIOS

Classroom	Ages	# of children	Staff/Child Ratio
Infant Room	6 weeks-12 months	12 children	1:4
Young Toddler Room	12 months-24 months	16 children	1:4
Older Toddler Room	2 years-3 years	12 children	1:7
3's Room	3 years-4 years	16 children	1:10

If children are the age of 4 in August, they will graduate from the program.

Staff/Child ratio will always be maintained throughout the day during regular classroom time and during early morning/late afternoon times when transitioning children to rooms. The youngest age in the classroom will determine staff/child ratio.

The child's interests and developmental needs determine what type of transition plan the staff will implement to provide a smooth transition to another classroom.

Children may shift during the day to accommodate center, and staff needs to maintain HHS regulations; children's interest and development are kept in mind during this move.

The Center acknowledges best practice and will take into consideration to keep infants, toddlers and two-year olds together with the same teaching staff for nine months or longer based on each child's individual abilities and needs and his or her cultural background.

Upon enrollment families will receive a copy of the classroom newsletter that includes their daily schedule that your child is entering.

STAFF

All staff at HCDC-ALC Child Care Center have completed the following:

- DHS Record Check and National Fingerprinting Record Check
- Universal Precautions Training
- Infant, Child & Adult CPR
- Infant, Child & Adult First Aid
- *Mandatory Child Abuse Reporter Training
- Medical Physical
- TB Screening
- Essentials, DHS Pre-service Health & Safety Training

- Annual Professional Development Hours

*Under the Child Protective Services Act, mandatory reporters are required to report any suspicion of abuse or neglect to the appropriate authorities. Under this law, all staff of HCDC-ALC are considered mandatory reporters. The staff is not required to discuss their suspicions with parents prior to reporting the matter to the appropriate authorities, nor are they required to investigate the cause of any suspicious marks, behavior, or condition prior to making a report. Under the Act, mandatory reporters can be held criminally responsible if they fail to report suspected abuse or neglect. The Child Protective Services Act is designed to protect the welfare and best interest of all children.

As mandatory reporters, the staff of HCDC-ALC cannot be held liable for reports made to Child Protective Services which are determined to be unfounded, provided the report was made in "good faith." Iowa law states that child care personnel may take, at public expense, photographs of injured area. Any person participating in the making of or in the investigation of a report shall have immunity from any liability, civil or criminal, which might otherwise be imposed.

Causes for reporting suspected child abuse or neglect include, but are not limited to:

1. Unusual bruising, marks, or cuts on the child's body
2. Severe verbal reprimands
3. Improper clothing relating to size, cleanliness, season
4. Dropping off or picking up a child while under the influence of illegal drugs or alcohol
5. Leaving a child unattended for any amount of time
6. Failure to attend to the special needs of a disabled child
7. Children who exhibit behavior consistent with an abusive situation

All staff receive monthly communication/meetings/trainings for updates.

New staff will not be alone in the center with the children, they have received full orientation to the program, a review of job responsibilities, and all DHS requirements are fully met and they are approved to work in a childcare setting.

Hawkeye Community College program and other community students participate in field experiences and work closely with the children in the center through carefully planned observations and teaching activities. All students, aides, support staff and volunteers work with the Coordinator to review Center policies. These individuals are closely supervised by the HCDC-ALC Lead Teachers and staff members and never left alone with the children.

WEATHER/CLOSURES

Keeping an eye on the weather to plan outdoor time and field trips is part of the daily routine. It is our job to ensure that all children are safe when weather events happen. The center utilizes the Weather Watch Chart to determine if the conditions are appropriate for children to be outside. The Weather Watch Chart can be found posted in each classroom and in the entry way of the Child Care Center (parent information center)

All closures will be decided by the Center's Leadership. Families will be notified by the Procare Connect App if the Center closes due to inclement weather. Closure announcements and delays/ early releases will also be posted on our social media pages and news outlets.

ENROLLMENT RECORDS/UPDATING

Each child must have a medical examination, physical, completed by a licensed medical doctor, doctor or osteopathy, physician's assistant, or an advanced registered nurse practitioner no more than 12 months before the first day of attendance at the center. The physician's examination report must be submitted to the center prior to the child's start date. Annually, thereafter, a statement of health condition signed by any of the medical professionals listed above must be submitted to the center and should include any changes in medical status.

The child must also receive required immunizations prior to the first day of attendance at the center. The immunizations must be documented using the Iowa Department of Public Health Certificate of Immunizations form. The form must include the child's name and birthdate, a list of required immunizations, the name of the administering personnel, the date the immunizations were administered, and a signature from a medical professional. If a child does not receive a certain immunization at the time that it is required, a Certificate of Immunization Exemption must be completed by a physician and submitted to the center. A new immunization certificate must be submitted each time a child receives a new immunization or prior to any expiration date on an exemption form. Children that do not have the appropriate documentation on file will be denied enrollment. Children with religious exceptions for new vaccinations will need to have a signed Iowa Department of Public Health Certificate of Immunizations form certificate stating the exception.

CHILD CARE ASSISTANCE

Parents who receive Child Care assistance funding must turn in Notice of Decision and billing forms from the funded agency at before their child's first day otherwise parents are responsible to follow the private pay policies or be dropped from the Center.

Absences

If your child is going to be absent from the Center, it is required that the families send a message in the Procare Connect App by 9:00 a.m. the day of. If the center is not notified the child may be counted as absent for the day.

All families must follow their contracted hours or be dismissed from the Center. If a child has frequent absences, the Center reserves the right to discontinue services.

INCLUSION

When all staff and children are included in programs they learn acceptance of other people and that each person has unique abilities. Working together and creating a partnership with families is an important part of inclusion and can help children reach their developmental potential. The following plan has been put into place to ensure ALL children are included.

- HCDC-ALC is committed to maintaining an educational and work environment in which parents, children and staff can work together in an environment free of discrimination, harassment, exploitation, or intimidation.
- HCDC-ALC will not discriminate against persons with disabilities and will provide an equal opportunity for persons with disabilities to participate in the Center's programs and services.
- HCDC-ALC will not exclude children with disabilities from the program unless the presence poses a direct threat to the health or safety of others or require a fundamental alteration of the program.
- HCDC-ALC will make reasonable modifications to the policies and practices to integrate children, parents, and guardians with disabilities into the program unless doing so would constitute a fundamental and financial alteration.
- HCDC-ALC will work with families to meet the needs of their children.
- Inclusionary special education services are integrated within all of our classrooms and serve identified students who need an individualized education program.
- When a child with special needs enrolls, the staff is oriented in understanding the child's special needs. The staff will work with the child in the group setting as well as working with the family and specialists to provide aids and services needed for effective communication with children with special needs when doing so would not constitute an undue burden to the Center.

DISCHARGE POLICY

Your child will be discharged from the center if:

1. HCDC-ALC cannot meet the needs of your child, the child continually shows signs of distress or constantly requires one-on-one attention, and it is determined that the child would thrive better in a smaller setting.
2. Your child is a threat to other children, staff, or self. This includes but is not limited to biting, hitting, scratching, attacking in any way and using foul language.
3. The family fails to meet the center's rules and regulations. This includes updating information sheets, yearly physicals immunization records and payment policies.

If one or more of the above situations occur, the following procedures will be followed. All incidents will be documented by the center.

1. The director will meet with one or both parents to discuss the situation.
2. The director will ultimately decide on the best result for the incident.
3. If applicable, the child will either be discharged or placed on probation. If placed on probation, the parent, child, and director will meet after 30 days to see if the problem has been corrected. If not, the child will be removed from the center.

*See billing section for more information

PETS

Currently the Center does not have a pet. If the center decides to have a pet visit or stay, each family and staff will be contacted to make sure their child(ren) do not have any allergies to the pet. Families will receive information about the pet prior to the animal being brought onsite. Appropriate health and safety procedures will be followed with any animal on the premise. Most pets will be allowed onsite for show and tell. Please contact the Coordinator if interested in bringing a pet onsite.

QUALITY INITIATIVE PARTICIPATION

Iowa Quality 4 Kids (IQ4K)

HCDC-ALC participates in IQ4K. IQ4K is a voluntary program that offers providers a guided way to improve the quality of child care they provide. The centers certificate will be posted on the parent wall

FEES & BILLING POLICIES

Rates per age group will be shared separately

*Overage rate:	\$5.00 per hour per child
Late payment fee:	\$30
Late pick-up fee	\$5 per minute

*Overage Rate:

Upon enrollment and when changes are made to tuition, families are provided a Fee Policy and Financial agreement. This agreement should be carefully reviewed and checked for errors. Families and the Child Care Center Coordinator will sign the agreement and each receive a copy. Questions on Invoices please contact the billing department.

Invoices will be sent electronically by the billing department, unless noted in the financial contract that a paper copy is needed. Families must sign up for automatic payments through Tuition Express at enrollment. Payments will be made through automatic withdraw, electronically (express pay), through payroll deduction (EPI staff only). Payments are due every week on Monday by, if other optional payment methods are not made by 4pm, payments will be withdrawn automatically on Tuesday. Invoices will be sent each week on Tuesday.

If, for any reason, you are unable to make a payment by the processing date, this must be communicated to the billing department at least two days (48 hours) prior to the payment processing date. The billing department will work with you to make one-time alternate

payment plans for that payment. The alternate payment agreement must include specific payment expectations and must be signed by both parties prior to the payment processing date in order to delay the automatic payment. If a family falls behind in payments enrollment will be discontinued. Families can be approved for 1 payment plan set up with the billing department in enrollment.

A two-week notice is required from families for termination of services. If a two-week notice is not given, the family will pay for two weeks of care following the date that a written notice of termination of contract is received by the childcare coordinator.

*CCA families may be responsible for paying for absence days that exceed the CCA amount.

CURRICULUM

HCDC-ALC's educational approach is **The Active Learning Series Curriculum**. Teachers are influenced by the major theories behind developmentally appropriate practice and **The Active Learning Series Curriculum**. (Abraham Maslow: Basic Needs and Learning, Erik Erikson: The Emotions and Learning, Jean Piaget: Logical Thinking and Reasoning, Lev Vygotsky: Social Interaction and Learning, Howard Gardner: Multiple Intelligences, Sara Smilansky: The Role of Children's Play in Learning)

Inside the classrooms, the HCDC-ALC teacher's goals and objectives are as follows:

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PHYSICAL ACTIVITIES

Physical activity affects learning. Movement stimulates connections in the brain. A balance of exercise helps support healthy brain growth. Children are active learners. Daily exercise and time outdoors are essential for health and well-being. At least one hour of outside play occurs each day (weather permitting) or one hour of indoor physical play occurs each day if children are unable to go outside. Children should come with proper outerwear (coat, gloves, hat, snow boots, snow pants, clothing for the proper weather) to ensure they are comfortable while participating outdoors. Children's shoes must allow safe participation in activities. Please dress your child in comfortable shoes to be worn all day with a back on them.

NAP/REST TIME

All children will have a scheduled rest/nap time during the day. The children are encouraged to nap/rest during times allotted in the daily schedule. During this time if a child tried to nap and indicates that he/she is not tired, then they will be allowed to look at books/do a quiet activity away from the children who are resting until the allotted time is over.

Each child over the age of one year are allowed to bring a smaller blanket and pillow. 1 small soft nap time toy may be brought for children over the age of one. All belongings must be marked to prevent loss. Parents are responsible for laundering these weekly and returning them to the center. The center is not responsible for belongings brought in.

MULTIMEDIA

Educational videos will be used in the classroom. Screen time will be limited to no more than an hour a week. If a classroom is having a special occasion and more screen time will be used they will message families.

ASSESSMENTS

HCDC-ALC will use ASQ (Ages and Stages Questionnaire) as an assessment tool. The questionnaire will be completed by the family and the Lead Teachers in the classroom. These will be reviewed and shared at Parent-Teacher Conferences. The ASQ provides accurate developmental and social-emotional screening for children birth- 6 years. The questionnaire allows us to draw parent expertise and catch development progress and catch delays in young children. We feel this will pave the way for meaningful next steps in learning, intervention, or monitoring.

CDC Act Early will also be used as an assessment tool. The checklist will be filled out by both parents and staff. It is an on-going assessment system, meaning that teachers are continually watching, observing, and documenting each child's development. The same tool is used from birth through kindergarten, to allow a more complete picture of your child's development. By tracking a child's development, our teachers can plan activities that are appropriate for each child's developmental abilities.

Parent Teacher Conferences:

Parent-teacher conferences will typically be held twice per year for all children, as well as communication each time your child transitions to a new classroom. The goal of the parent-teacher conference is to gain insight into your child's development, both in the center setting as well as the home setting. During conferences, your child's development and any goals you may have for your child will be discussed. Parents are encouraged to attend conferences whenever they feel it is necessary.

FIELD TRIPS

Field trips (on-site) and other activities are events the center might do. One way to help children build observation skills and increase their knowledge is to take field trips to places where they can observe nature and the world around them. Parents will be notified (in writing with a permission form and verbally) before each activity/field trip.. Parents are welcome to participate at any time. Field trips will be for the older classrooms only.

Center Procedures for Field Trips: (off-site)

- Lead teacher/Director will keep a list of the children and adults attending event
- Lead Teacher/Director will be certified in CPR/First Aid
- First Aid Kit and Emergency contact numbers will go along on the field trip
- Director/Lead teacher will have a cell phone and Emergency contact numbers folder to contact parents/authorities in case of an emergency.
- Each staff will have a list of children in their group and will frequently count the children. All staff will regularly count children on a scheduled basis, at every transition time, and whenever they leave one area and arriving at another, to confirm the safe whereabouts of every child at all times
- There will be a staff at the beginning of the line and at the end of the line of the children to make sure they all stay in the group
- Staff will take a head count before leaving a location to make sure every child is out of the way of a moving vehicle and no child is left behind. Lead teachers will take head count when getting on the bus and in the classroom to ensure no child is left behind.

MEALS & SNACKS

HCDC-ALC participates in the USDA Child and Adult Care Food Program. Under the program, all meals and snacks served must meet USDA nutritional guidelines. Meals are provided by the HCDC-ALC. Any dietary menu modification will be provided after documentation is received. (Allergies or religious exemptions). Please work with the Center Coordinator. Meals and time provided is as follows (ages 1-5):

Breakfast 815-845
Lunch 1145-1215
PM snack 245-315

Meals and snacks will dump at the end of the times and will not be served outside of these times.

PEANUT FREE

The HCDC-ALC is a peanut free facility. Any food containing, or processed in a facility with peanuts, are not allowed in the center. Children are welcome to bring in special treats to celebrate a birthday or holiday. Due to various food allergies and dietary restrictions in our classrooms, we require supplying store-bought snacks still in the original packaging. A list of healthy snack options approved by the USDA and Iowa Department of Education is available from the Coordinator and/or Assistant Director.

Please refer to classroom daily schedules for times of meals served. The center does weeks rotation with menus and they will be posted in Procare Copies of menus can be sent home if requested.

Families that are wanting to bring food from home need to contact the Center coordinator first to meet guidelines.

DAILY REPORT SHEETS

Families will need to download the app on their mobile device. The Child Care Coordinator will review at orientation. Families will have access throughout the day with real time notifications. The daily report will also include the amount of food an infant or a child with special feeding needs consumes. Children two years and under (and for any child who has special feeding needs) will have a daily report entry in Procare explaining and documenting the type of food the child consumed. Information can be emailed through an app called Procare Connect. The HCDC-ALC keeps the real-time reports up to date to the best of their ability. Children 2 years and over will have a Procare account but may not have all information up to date. Staff's priority are the children in their care and then the daily reports.

INFANT & TODDLER PROGRAM INFORMATION

Diapers and Wipes:

Families will be responsible for providing diapers, wipes, and cream for the children. Staff will notify families when the supply is getting low.

*We do not use 360 diapers or cloth diapers; this supports minimal time in the bathrooms and safety of children and staff. We require the pull tabs on diapers and pull ups.

Formula:

The HCDC-ALC will provide one type of formula for the infants in care. This formula will be Parent's Choice Advantage. If this brand is not available in stores the center will substitute with similar brands. If dietary restrictions from a medical doctor requires another formula is needed, we offer parents' choice sensitive formula it will be provided after a doctor's note is received. Families can work with the Child Care Coordinator on this procedure.

Bottles:

The HCDC-ALC offers some bottles on site to families. If a child doesn't use the kind we offer families to bring in 3 bottles to stay at the facility. We do not accept glass bottles due to the safety risk of breaking. The Coordinator and infant team will navigate this with families when they start.

Safe Sleep:

All children under the age of 12 months will be placed to sleep on their back in a crib with nothing else in the crib. When a child can roll from back to stomach and stomach to back, if they roll in their sleep, they can stay in that sleep position. If a child is not able to roll both ways, they will be rolled back to their safe sleep position. Each infant will have a safety-approved crib with a tight firm mattress and fitted crib sheet. There will be no blankets allowed in the crib. If an infant needs an additional layer while sleeping, a sleep slack will be available. No swaddling will be used. There will be approved safe sleep sack provided by the center (room temperature is appropriate for infants to sleep in). Infants are allowed to have pacifiers with their parents' permission in the classroom and in their crib. Infants are not allowed to have pacifiers attached with a string or toy with them at any time. Infants will always sleep in the same room as staff and be under close staff

supervision where they can see and hear the children. Children will be visually checked every 15mins. All children are checked before being placed in a crib to see that they have no other hazards, these would be headbands, hoodies, bibs, etc. and if so, they will be removed. Staff continue to conduct active supervision through all the phases of sleeping for the children, going to sleep, sleeping, and when waking up. Staff can see and hear the infant through the bars of the cribs, and they are arranged in the room for optimal supervision.

Children are assigned a crib with their assigned color on it and their family pictures. Each crib will be labeled with the child's name and individual abilities. All the cribs are set to the lowest setting for safety. The sheets are changed and cleaned weekly at the center unless needed before due to accident. When the sheets are removed the mats are sprayed and sanitized. Manufacture instructions and owner's instructions will be kept on file.

If your infant arrives to the Center asleep or falls asleep in equipment not specifically designed for infant sleep, the infant will be removed and placed in appropriate infant sleep equipment.

If your child has a medical reason that prevents him/her from sleeping on his/her back, parents must provide the center with a signed waiver from the child's primary physician with the medical explanation of the alternative sleeping arrangement and a beginning date and an expiration date for the arrangement.

Infant Staff and the Center Coordinator will also share the ABCs of Safe Sleep with all families upon orientation. This is a checklist for families and the infant staff to review safe sleep procedures. All procedures including safe sleep are shared with families in the handbook and at orientation. Parents are provided this information through link, paper copy, infant newsletter, onsite handbook, and posters. HCDC-ALC staff are communicated this information at orientation in person and in training from passport and essential. HCDC-ALC conducts informal trainings to staff throughout the year as well on safe sleep.

Owlet socks, which are FDA-approved, are used by HCDC-ALC on infants to help monitor oxygen levels and heart rate. By enrolling, families agree that their child may wear an Owlet sock while in care. The device is intended as an additional health monitoring tool for staff and is not a substitute for medical care. While staff will make every effort to use the device consistently, there may be times when it is not worn. Staff may share data with parents if readings fall outside the child's typical range. This program is implemented in partnership with Safe Kids Cedar Valley, Knox Blocks Foundation, and Child Care Resource & Referral.

Daily Report:

Children two years and under (and for any child who has special feeding needs) will have a daily report through the Procare Connect App. All ages will have a daily report completed through this app as well. Children 2 and older will receive reports on daily activities that will be entered into Procare. Information may be less than they received in

earlier rooms. Any concerns throughout the day will be discussed at pick up time, staff will message, or staff will call.

Physical Activity:

We will allow supervised tummy time. Tummy time is a part of the infant's normal growth. It promotes healthy physical and brain development, plus strengthens neck, arm, and shoulder muscles. Tummy time helps prevent flat spots on the back of an infant's head. Lack of tummy time may slow an infant's developmental progress.

Supervision

The center conducts active supervision to uphold children's safety as the top priority. The classroom stays in the ratios stated by HHS. Staff actively arrange themselves to the children and locations they are in, playground, classroom, and hallway to see all the children. Staff position themselves to be able to hear and scan the classroom. They are counting the children and on alert about children's actions and anticipating and ready to redirect if needed. When staff are engaging in play with children, they are still actively looking around the room. Staff will rotate which children they are engaging with to optimize the classroom view.

When rooms transition from one location to another staff perform a name to face check for the class. Staff open procure and match the name and picture in the system to the children in their care. Older classrooms say the child's name and have the child respond.

HCDC-ALC does not regularly facilitate field trips at this time but if we did, we would have extra staff for supervision. Parents would sign permission slips and be notified ahead of time.

HCDC-ALC are trained in supervision in orientation, online training, and informal training by lead teachers in the classrooms.

Lead teachers model active supervision during daily routines of diaper changes and meal times. The diaper changing tables are angles that allow teachers a visual of the classroom. Meal times teacher sit on cubes and are by the table to interact with the children.

Waterplay is performed in the classroom by sensory tables and tubs. The staff will stay within touch distance of all children during water play.

Waterplay is also facilitated outside on the playground during appropriate water. Classrooms bring out the sprinkler, sensory table, and water toys for children to play with. Active supervision is conducted the same as inside the center waterplay.

HCDC-ALC does not go by any bodies of water: ponds, pools, lakes, etc.

HOME & SCHOOL PARTICIPATION

Parental Access:

HCDC-ALC has an “open door” policy for parents, unless a court order prohibits parent contact. Parents are welcome to visit the Center at any time to participate in free play and activities with their child, to observe the classroom, or to join their child for lunch. If a child has a hard time transitioning with separation from parents, we will navigate visits with the family. We strive to build strong positive family relationships and connections and build respect and trust with each family. We encourage parent involvement through field trips, special events, conferences/meetings, center projects and fundraising. Parents are also invited to volunteer in their child (ren)’s classroom.

Communication:

Teachers have ongoing communication in the procare app and in person with families to encourage sharing about their child’s day. Teachers work closely with families to ensure their child has a smooth transition from home to child care. Teachers make sure assessments, activities, and lesson plans are sensitive to family values, cultures and their home language.

Below are ways that staff will communicate with parents:

- Daily schedule and activities are posted by the door to each classroom
- Newsletters/communication are sent home seasonally - It is important for parents to read the newsletters as they will serve as communication of changes and updates at the center.
- Update and information notes are sent home as necessary
- Postings in the entry way window
- Daily verbal communication
- Parent/Teacher conferences are scheduled for Fall and Spring semesters and also by parent’s request
- Daily Reports will be sent via the Procare Connect App.
- Teachers communicate with each other about information given per child to meet his/her daily needs and family needs.
- Note board in each classroom for each teacher to leave notes for teachers switching shifts to have consistent care and communication with children, teachers, and families
- Procare Connect messaging system through app
- Emails
- Phone calls

Staff members will respond to communication when they are able.

Please feel free to communicate with us any kind of concern pertaining to your child at the child care center. We want to make sure you feel good without a doubt having your child here at HCDC-ALC.

HCDC-ALC Evaluation of Services:

Family surveys are given to families to offer you opportunities to assist in making decisions to improve the program and services. This collaborative and shared decision-making process will help the staff members to build a positive family/child relationship in

making changes/accommodations/implementations as needed and necessary. The staff will use this information to plan professional development and program quality-improvement activities as well as to improve operations and policies.

CLOTHING & ITEMS FROM HOME

Please send your child to the Center in comfortable play clothes. Play is usually active and often messy. Comfortable, washable clothes are important if your child is to participate fully. Mealtimes are a leaning opportunity with sensory exploration and taste, younger classrooms have bibs, children may still get food on themselves. Please bring an a few extra outfits for your child to keep at the center. Please make sure these clothes are labeled. Children over the age of one will be required to come to the center in shoes with backs for safety during daily routines inside and outside as well as safety during an emergency.

The Center is adequately equipped with materials and toys. Please refrain from bringing items from home. Parents will be asked to take the toys with them at drop off to keep everyone safe. We do encourage children to bring nature items or other items related to the Center's theme that can be shared with the whole group. The Center cannot assume responsibility for items brought from home.

Toys/items that promote aggressive play and/or pose a risk to children and/or adults are not permitted. Staff will not allow any aggressive/harmful behavior in the Center. Toy weapons are not allowed. If they are found, they will be kept in the office until your child is picked up.

When a child brings an item from home, we will try to keep an eye on it but are not responsible if it is broken or lost. We encourage families to work with the teachers to support children during transitions and having as limited items from home in the facility. This promotes a safe environment for everyone in the facility.

ACCESS

Centers are responsible for ensuring the safety of children at the center and preventing harm by being proactive and diligent in supervising not only the children, but other people present at the facility.

1. Any person in the center who is not an owner, staff member, substitute, or subcontracted staff 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, nor be counted in the staff to child ratio.
 - "**Unrestricted access**" means that a person has contact with a child alone or is directly responsible for child care.

- It is imperative that centers **do not** allow people who have not had a record check assume childcare responsibilities or be alone with children. This directly relates both to child safety and liability to the center.

2. Persons who do not have unrestricted access will be under the direct “**supervision**” and “**monitoring**” of a paid staff member at all times and will not be allowed to assume any child care responsibilities. The primary responsibility of the supervision and monitoring will be assumed by the teacher unless he/she delegates it to the teacher assistant due to a conflict of interest with the person.
 - “**Supervision**” means to be in charge of an individual engaged with children in an activity or task and ensure that they perform it correctly.
 - “**Monitoring**” means to be in charge of ensuring proper conduct of others.
3. Center staff will approach anyone who is on the property of the center without their knowledge to ask what their purpose is. If staff are unsure about the reason, they will contact their Site Manager or another management staff to get approval for the person to be on site. If it becomes a dangerous situation staff will follow the “intruder in the center” procedures. Non-agency people who are on the property for other reasons such as maintenance, repairs, etc. will be monitored by paid staff and will not be allowed to interact with the children on premises.
4. A sex offender who has been convicted of a sex offense against a minor (even if the sex offender is the parent, guardian, or custodian) who is required to register with the Iowa sex offender registry (Iowa Code 692A):
 - a. Shall not operate, manage, be employed by, or act as a contractor or volunteer at the child care center.
 - b. 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.
 - i. The center coordinator is not obligated to provide written permission and must consult with their DHS licensing consultant first.
 - ii. If written permission is granted it shall include the conditions under which the sex offender may be present, including:
 1. The precise location in the center where the sex offender may be present.
 2. The reason for the sex offender's presence at the facility.
 3. The duration of the sex offender's presence.
 4. Description of how the center staff will supervise the sex offender to ensure that the sex offender is not left alone with a child.
 5. 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.

ARRIVAL & DEPARTURE

Parents are required to sign their child/ren in and out each day through our Procare system. A kiosk will be located in the entrance (in front of the window of the office), a QR code is located on the interior doors at the entrance, families can sign in through the app using location on HCDC-ALC property. Families can request to be given a password at

enrollment that will be used for signing in and out at the kiosk if that is their preferred method.

Children are to be brought to the classroom by the parent each day. The staff on duty shall be informed of their arrival in order to greet parents and to ensure the safety of the child. This also allows time to address specific procedures, communicate necessary information for the day, and to inform staff who will be picking up at the end of the day. The staff on duty is to be informed before any child leaves to ensure the safety of the child and to give the staff the opportunity to communicate with the parent about the child's day.

No child will be allowed to leave the center with an undesignated person who is not on the pick- up permission form. Families will be required to submit any changes to the pick permission form via the Procare Connect App. Picture identification will be required from any person picking up a child or the child will NOT be allowed to leave with the unidentified ID person even if child recognizes that person. ****Unless HCDC-ALC has a court order stating the biological parent cannot pick up, we are legally obligated to hand a child over to either biological parent.* The other parent will be called immediately in this case. Legally we cannot withhold children, if we feel the parent or adult picking up the child is under the influence, we can call the police and try to stall the adult. We will notify parent (not picking up) of any concern.

Parents need to notify the Child Care Center Coordinator in advance if child care is needed for earlier or later hours than scheduled or if more or less days than scheduled are needed to ensure staff are available to accommodate changes. The Child Care Coordinator will need 24-hour notice on the schedule change. The center cannot guarantee that all changes will be accommodated.

Late pick up fee is when a family has not been picked up the child by closing of the center (5:30 p.m.) **\$5.00** will be charged **per minute** the child remains.

For the safety and security of the Center, do not let anyone in the Center. Each person/family needs to use their badge/student ID cards or call for a lead staff to be let into the Center. If no badge/student ID card is available, please follow instructions by the phone. Thank you for keeping the Center safe.

Child care badges or student ID cards are a requirement for the safety and security of children, families, and employees. Each parent will have their picture taken and put onto a badge at registration/orientation of child care or at the College Business Office. Two badges per family will be given. After two badges then you will be responsible to pay for badges. Child Care ID badges or student ID cards that are lost, stolen, or found unattended must be reported and/or replaced immediately. Any stolen or lost **ID badges** that need to be replaced includes a **\$5.00** charge payable by the individual that requires the replacement ID badge. This will need to be given to the coordinator in **cash** to go to Hawkeye College's security department.

Sign-in/Sign-out

The HCDC-ALC uses the software and app called Procare. Parents/Guardians are responsible for signing their child in and out. They can do this through the Procare app and scan the QR code on the front door or use their location to do it from the parking lot. If they do not have their phone or a non-primary care giver is picking up, they can sign them in/out in the classrooms. They would have a personal 4-digit pin connected to their name in Procare, they would enter it into the iPad in the classrooms.

When a child is signed in/out the action is logged in to the Procare system automatically. The system logs the name of the person dropping and picking up and the exact in and out time of the child. This gives a live feed to the classroom's current attendance. The guardians also have a live feed of when their child is in and out and by who. If an adult picks up/drops off a child forgets to sign the child in/out the child's teacher will do it for them. They will also remind the adult for next time.

If a guardian continues to forget to sign in/out their child, we will help them get back into the routine of doing so. We will make sure the child is signed in/out before the child is brought through the classroom door.

When a visitor enters the center, they are let in by a staff member and verified their reason for entering. They sign in on the visitor log on the front desk. They fill in the columns on the page which are: date, visitor's name, reason for visit, phone number, time in, time out, and signature.

Parents submit their child's schedule monthly, if they don't submit their past month schedule is used. The classrooms have a roster printed off weekly with the children's schedule. If a child does not arrive at their scheduled time and is past 1 hour, the Staff send a message in Procare asking if they are coming in today. If the child is scheduled before 9am and staff do not hear back by 9:00am another message is sent stating that we have not heard from them, and their child is counted as absent. If there is no response, staff are concerned about a child, a phone call to the parents will be made.

Children are scheduled a pick-up time which is set by their guardian. If it is a min past their pickup time and the guardians have not let us know they are running late. Staff message in Procare asking if they are alright and if they are on their way since it is past their child's pick-up time. If staff do not hear back in 5 minutes or less, they call the parents. If they do not get an answer from the parents, then staff call the emergency contact on file.

If it is more than 30mins past our closing time and no adult has communicated with us, then law enforcement is called for child abandonment. 2 staff stay on site with the child until the guardians come or law enforcement comes.

HEALTH AND SAFETY POLICIES



HEALTH & SAFETY POLICIES

Handwashing:

Frequent hand washing with soap and warm, running water is the most effective way to reduce and prevent the spread of illnesses commonly found in childcare such as the flu, diarrhea, and pink-eye. Parents are encouraged to assist their child in the hand washing process upon arrival. Other times your child (and staff members) will be expected to wash their hands:

- Upon arriving at the center or when changing classrooms
- After each diaper change or using the toilet
- Before and after mealtimes (includes bottle prep and feeding)
- Before and after administering medication
- After handling bodily fluids (mucus, blood vomit)
- Before and after using the sensory table
- After coming indoors from the playground
- After handling pets and other animals
- After cleaning or handling garbage.

Strangulation Prevention

- The HCDC-ALC takes steps to prevent strangulation by cutting stings and cords long enough to wrap around a child's neck. The blinds in the center are a combination of electric so there are no cords. The other blinds have a metal cord that is a loop. The cord is attached at the bottom of the loop and has a cover over child height. This is a safety precaution that the children cannot touch the cords.
- In the centers handbook we ask that children do not bring items from home. If a child comes into the center with an item that is to long or a pacifier clipped to them Staff remove it and give it back to the parent. The center only uses pacifiers that are not attached to anything.
- Child are looked over by staff members when entering the classroom. If they have any of the items listed and they are able to be removed they will be handed back to the guardian or placed in the child's cubby for the parent to take home. Staff explain to staff why the child cannot keep it in the room for their safety. If they have a lanyard, scarf, necklace, pacifier clipped to them, pacifier with an animal or strap attached, or a hood. Children currently do not wear lanyards in the center, if this changed, they would use breakaway lanyards.
- If the child has a hood or a hood with a string on and are under the age of one, they will get changed out of the item for safe sleep and strangulation safety. Children over the age of one will be asked to remove their hood jacket.
- The HCDC-ALC has dramatic play centers in classrooms and items are filtered through before being placed in classrooms. Items with to long of strings are cut off. Items (ties, scarves, necklaces, boas, etc.) are only used by children at the age of 3. If children younger than 3 are playing with these items they are being directly supervised by a staff member. If a child under the age of 3 enters the center wearing a necklace, they are asked to take it off and the parent takes it

with them when they leave. Children over the age of 3 will also be asked to remove any items around their neck for outside play and indoor play.

- If a child comes in with a clothing item that has hoods with strings staff will talk to parents about play safety at center. Information will be in the handbook to notify parents ahead of time. Children who wear hoods with strings could get caught or pulled, causing the child to be injured. If the child has a spare outfit, they will be changed out of it the stringed clothing item. If the child/center do not have a clothing item for them to switch into Staff will message the parent if the string can be pulled out of their hood for safety. If the parent doesn't want that then they will be asked to drop off a change of clothes.
- The HCDC-ALC had breakaway lanyards in the office as a staff needs one. Our teachers do not currently have lanyards and instead use badge reels to hold their badges. Children are not allowed to play with the badge reels since they can extend. If a child continues to want to play with the badge the staff is to move it or remove it from their body.

Illness Policy:

HCDC-ALC prioritizes children's health and safety above all else.

Children will be checked daily for health status. Children must be able to participate comfortably in all center activities. If a child requires greater care than the staff determines they can provide without compromising their ability to care for other children, the child must be removed from the center.

Signs of illness will constitute a formal evaluation by center staff and the director. Sick children are not to be brought to the center and shall not be allowed to remain at the center.

If the child exhibits any of the symptoms of illness in the section listed below, he/she will not be allowed to attend the center. If the child develops these symptoms during the day, the child will be removed from the classroom to lay down in the office or somewhere supervised in the classroom away from the other children. The parent will be contacted to pick up the child. **The child cannot return until symptom free (fever, vomiting, and diarrhea) for at least 24 hours.**

a. Fever

- If a child has a temperature of 99.0 F tympanically, ear, the parent will be notified. If there are no other signs of illness, the parent may choose whether or not to remove the child.
- If a child has a temperature of 99.0 F tympanically, and any of the following symptoms: diarrhea, vomiting, rash, sore throat, swollen glands, red and runny eyes, coughing, or sneezing, the parent will need to take the child home. The child can return when they have been fever and symptom free for 24 hours without the aid of fever reducing medication.
- If the child's temperature is 100.0 F tympanically, the child must be removed from the center and can return when fever free for 24 hours

without the aid of fever reducing medication. This is based on our thermometer on site and followed.

b. Vomiting

- If a child vomits once in 24 hours (unless from choking/coughing, will be reviewed) then the parents will be notified to take the child home. The child may return to the center when they have been symptom free for at least 24 hours.

c. Diarrhea

- If the child has one loose bowel movement, it will be imported into Procare. If the child has diarrhea a total of three times in a 24-hour period, the parents will come and get the child. The child may return to the center when they have been symptom free for at least 24 hours.
- If the child has diarrhea once with any other symptoms, the parents will come and get the child. The child may return to the center when they have been symptom free for at least 24 hours.

d. Sore throat and swollen glands (signs of strep). The child can return with a note from a physician.

e. Abdominal pain for more than two hours or intermittent pain associated with fever or other symptoms.

f. Red eyes with thick yellow drainage (signs of conjunctivitis/pink eye).

g. Undiagnosed skin eruptions or open sores.

Chicken Pox

Child may return to the center when blisters are crusted with no oozing (usually 6 days) and resolution of exclusion criteria.

COVID-19

Child may return to the center 24 hours symptom free.

Fifth Disease

Child does not need to be excluded unless they meet other exclusion criteria. If excluded due to presence of other exclusion criteria, resolution of exclusion criteria.

Hand, Foot, and Mouth

Child does not need to be excluded unless they meet other exclusion criteria. If excluded due to presence of other exclusion criteria, resolution of exclusion criteria.

Head Lice

Child must be excluded until they have had a treatment and no live bugs or nits are present.

Impetigo

If blisters can be covered, child will not need to be excluded. If blisters are unable to be covered, child may return after child has been seen by the doctor, after 24 hours on antibiotic, and blisters are covered.

Influenza

Child must be excluded from the center until they are fever free without the aid of fever reducing medication for at least 24 hours.

Molluscum Contagiosum

Child may attend if area can be covered. Child need to be excluded if they meet other exclusion criteria.

MRSA

May return to center unless child meets other exclusion criteria. Wounds must be covered.

Otitis Media (ear infection)

Child may attend unless they meet other exclusion criteria.

Pertussis (Whooping Cough)

Child must be excluded from care until at least 5 days on antibiotics, resolution of exclusion criteria, and note from a physician with a return date.

Pink Eye (Conjunctivitis)

Child may return with note from a physician and at least 24 hours on antibiotics.

Ringworm

Child may return to the center with a note from a physician and after treatment has been started. The area needs to remain covered until resolution of symptoms.

Strep Throat

Child must be excluded. Child may return with a note from a physician and when they have been on antibiotics for at least 24 hours.

CONTAGIOUS DISEASE NOTIFICATION

Parents will be notified of their child's exposure to a contagious disease through Procare Connect and through notices posted at the center's main entrance for parents to review information about signs and symptoms to watch for. The notification will include information about date of exposure and disease. Parents should notify the Center if their child contracts a contagious disease. Please refer to our Illness Policy handouts/postings. The center will share the illness and that the center was exposed we may not share specific classrooms.

The Center Director will notify the Department of Health and Health Consultants at Child Care Resource and Referral of NE IA regarding reporting any communicable diseases. All communicable diseases will be reported to the Health Department of Black Hawk County: (319) 291-2413 and to Child Care Resource and Referral of Northeast Iowa health consultants: (319) 233-0804.

MEDICATION

Prescription medications and fever or pain reducing medications:

- A physician must complete a signed medication permission form with specific instructions before medication is administered.
- The child's name
- the name of the medication
- reason for the medication,
- the start and end dates to be administered,
- the dosage and the time it is to be given must be noted. The time must be specific. We will not administer medication "as needed."
- The dates must be specific "as needed" needed will not be accepted, there must be a beginning and ending date of the form.
- The center can decline giving fever reducing medication if without the medication the child would meet exclusion criteria.

Non-Prescription Medications-including over the counter lotions, lip balms, and diaper creams (excluding fever/pain reducing medications-see above paragraph for instructions): Parents (not a staff member) complete a signed medication permission form with specific instructions before medication will be administered. Best practice would be to also have a signed physician's note as well.

- The child's name,
- the name of the medication,
- reason for the medication,
- the start and end dates to be administered, max 1 year at a time,
- the dosage and the time it is to be given must be noted. The time must be specific. We will not administer medication "as needed."
- The form must be signed and dated by the parent each time they bring the medication in.

Medications are to be administered and documented by staff, who have been trained, using appropriate measuring devices provided by the parent. This will be documented in the medication category of Procare. Hands need to be washed/gloves on before touching medication and giving the medication to the child. Hands must be washed again after administering medication.

All medications, refrigerated or unrefrigerated, have child resistant caps, will be kept in an organized fashion, stored away from food at the proper temperature, and will be inaccessible to children. Medications are to be given directly to staff and not kept in child's diaper/book bag or cubby.

All medication must be in the original container and not beyond the expiration date. All prescription medication must be labeled with **specific directions**, the **child's name**, **date** and **physician's name**. Families can request that the pharmacy divide the medication into two bottles if one is to be left at home and one at the Center. Medication prescribed for a sibling will not be administered. If written instructions from child's physician are not

included, then the Director will contact the family to confirm instructions of administering medication and ask for the doctor to send over the information needed. Non-prescription medication must be administered according to label directions and age appropriate, unless other instructions are approved in writing by the child's physician. Diaper cream and diaper ointment are considered non-prescription medication. Non-prescription medications must be labeled with the child's name by the parent and the date the medication was brought to the Center. Medications will be sent home when authorization has expired.

If a child requires an Epi-pen, the Center will keep one at the Center and take along on field trips. The parents are required to complete an authorization medication form to stay with the Epi-pen. An emergency action plan should also be completed by the child's doctor and parents to ensure all staff know the proper procedure to follow in the event that the Epi-pen needs to be used.

UNIVERSAL PRECAUTIONS

All staff and volunteers must always exercise good hygiene practices in the center, particularly in and around the classrooms. They serve as role models for children as they develop hygiene habits.

Hand Washing Policy: Children and staff must wash their hands before preparing or eating food, arriving from public areas, being outside, when hands are visibly dirty, after using the restroom, after blowing their nose, coughing, or sneezing, after handling an animal or animal waste, after handling garbage, as well as before and after treating or touching a cut or wound.

A. Proper hand-washing procedure:

1. Wet hands with clean, warm running water and apply soap.
2. Rub hands together to make lather and scrub all surfaces keeping hands out of the running water.
3. Continue rubbing hands for 20 seconds.
4. Rinse all soap off of hands.
5. Turn faucet off with a paper towel after drying hands.

Clean-Up: Disposable gloves will be worn anytime staff or volunteers need to clean up a blood spill, vomit, or a child who has had a diarrhea-like accident. Paper towels will be used for clean ups. Changing soiled clothes will take place on a disposable surface or a non-porous surface which can be disinfected. Diaper changing area is always disinfected after each use. Soiled clothes or other clothing will be put in a plastic bag and tied securely. The bag will be labeled with child's name and sent home with a parent. We do not rinse out soiled clothing before placing in bag to go home to limit the contamination.

- a. **Sharps:** The greatest chance for blood exposure comes from skin punctures from contaminated articles. Use a broom and dustpan or tongs to pick up sharp objects like needles or broken glass. Dispose of sharp items in puncture resistant containers. The containers will be located in each classroom needed.
- b. **Blood Materials:** Gauze, sponges or towels that have been saturated with blood should be placed in leak proof plastic bags and tied off so they cannot be emptied and reused.

- c. Employee/Student Health Status: Employees with open lesions or broken skin should keep these areas covered. Children in a childcare program who have open sores should have these covered by a dressing to keep them from being contaminated, from touching others who may have scratches, or accidentally be contaminated from any oozing or bleeding.
- d. Food, Drink, and Cosmetics: Eating, drinking, applying cosmetics, or handling contact lenses should not be done in areas where there is a potential for exposure to blood borne pathogens.
- e. Personal Protective Equipment: All personal protective equipment will be provided to employees. This equipment has been chosen based upon anticipated exposure to blood and other potentially infectious materials. The equipment provided consists of disposable protective gloves for use when attending to any situation in which exposure to blood, potentially infectious materials, non-intact skin, and mucous membranes may occur. Gloves are available and located throughout the center.

First Aid Kit:

First aid kits are always available. They will be supplied with state required materials. They will be available at the center, on the playground and on all field trips. Each month first aid kits will be checked to ensure all materials are available.

Accident/Incident Reports:

Incidents or accidents resulting in injury to a child shall be reported on the day of the incident in writing to the parent or person authorized to pick up the child. The Incident/Accident Report shall be prepared by the staff member who observed the incident or accident and shall include a general description of the accident and of the action taken, if any, by the staff at the Center. (Ex. The use of gloves by staff, cold packs, assistance to other staff members, parent notification and administration of aid). If there has been a major accident, the parent will be notified immediately, and appropriate action will take place. Emergency personnel will be called if necessary. This information is put into a report in Procare, the staff member presents signed it and upon request the coordinator can sign it. All forms are electronically saved in Procare and can be printed by request. Parents can request admin signature on documents electronically on reports.

Playground equipment stability and Fall Surfacing & inspection:

HCDC-ALC Staff are educated on active supervision and playground expectations in orientation and lead teachers model playground safety for teachers.

HCDC-ALC consists of 2 playgrounds and they both have a play structure. The play structure was built according to manufacturing instructions and included anchoring. The play structure is bolted into the cements and the cement is covered with rubber tiles to provide a safer fall surface for children. There is a fence dividing the 2 playgrounds and a fence around the playgrounds. 2 emergency exit doors are integrated into the fence and labeled for easy identification. The rubber tiles on the playground have drainage in them and have the water drains under them and off the area.

Staff conduct daily playground safety checks by looking over the playground every time they go outside. The director conducts monthly playground safety checks and document it in the DHS binder. Staff will be observing for the following:

- Missing or broken parts
- Protrusion of nuts and bolts
- Rust and chipping to peeling paint
- Sharp edges, splinters, and rough surfaces
- Stability of handholds
- Visible crack
- Stability of non-anchored large play equipment
- Wear and deterioration
- Safety hazards such as broken bottles and toys, stinging insect nests, and packed surfacing under frequently used slides
- Fall surfacing is at the required depth in all use zones, one rubber tile depth.

If staff notice anything from this list, they notify a lead teacher and director. They will put a high priority-maintenances request in to make the are safe again. The playground may be closed until it is safe for the children to play again.

No Smoking:

Smoking, use of tobacco, use of alcohol, use or possession of illegal drugs, over-use or inappropriate use of prescribed drugs, or unauthorized potentially toxic substances are prohibited in, on and in close vicinity of the Center's property. During all times when Staff are responsible for the supervision of children, including times when children are transported and during field trips, smoking is prohibited. At all times, smoking is not allowed for anyone (staff, parents, volunteers, and family members/guardians/students) on HCDC-ALC premises. The program will help provide information to Staff and parents about available drug, alcohol, and tobacco counseling and rehabilitation and Staff and parent assistance programs.

Sun Safety:

Exposure to sun is needed and children must be protected from excessive exposure. Practicing sun safe behavior during childhood is the first step in reducing changes of skin issues later in life. The Center playground provides sunlit and shaded areas. Sunscreen is used to block harmful rays from the sun. Sunscreen will be provided by each family (sunscreen lotion only). Staff will complete a parent authorization form when the sunscreen is brought in to the center. Staff will apply sunscreen 20 minutes before going outside.

Insect Exposure:

If public health authorities recommend the use of insect repellent due to a high risk of insect-borne disease, only repellents containing DEET will be used (no aerosol spray). The repellent will only be applied to children who are older than two months. Staff will apply insect repellent once a day with parents' written permission. Application will be

documented through the Procare Connect App to notify of application.

EMERGENCY PROCEDURES

Emergency Preparedness plan: The HCDC-ALC has an emergency preparedness plan in place for all types of emergencies. This plan reflects any of the following emergencies listed: Fire, Tornado, Flood, Power failures, Bomb Threats, Chemical spills, Earthquake (structure damage), lost or abducted child, intoxicated parent or visitor, and intruder within the center.

All Staff are trained on the procedures. If you have additional questions, please see the Coordinator. Children safety is our priority and information shared may be limited for confidentiality and safety.

Medical/Dental Emergencies:

In the case of an immediate emergency, staff will call 911.

In the case of an emergency (illness or accident) involving a child, the Lead Teacher will contact the Coordinator. The Coordinator will then contact the parents or designated emergency contact person. If parents, emergency contact, or designated person cannot be reached within 10 minutes and the emergency appears serious, the Coordinator will determine whether the child should be taken to the Emergency Room of a hospital. Transport will be made by ambulance. Emergency treatment may be provided in accordance to the wishes of the parents as expressed on the Authorization for Emergency Medical Treatment found in the child's folder (Emergency Folder). If parents or designated person cannot be located, the Lead Teacher or person familiar to the child, will accompany the child for emergency treatment. All Lead Teachers are certified in American Heart Association CPR and First Aid Training. Please see Emergency Guidelines displayed in each classroom by each exit.

The HCDC-ALC has a defibrillator on-site. (Located in the hallway)

Insurance:

Parents are responsible for health and accident insurance that would cover any sickness or accident the child might incur while attending HCDC-ALC.

Positive GUIDANCE STRATEGIES and reinforcement policy

The HCDC-ALC pledges to provide a caring, nurturing environment where every child feels secure and confident. We include this in our handbook to have open communication. Parents and staff can view and access our handbook at any time on our website. We share this information at orientation and share as changes arise. Our staff review this on our professional development days throughout the years. They also always have access to it to review.

The Center will provide interesting and challenging learning activities to help each child become more emotionally and physically mature in facing and solving the challenges of his/her daily living.

HCDC-ALC staff will work with each family to provide every child with positive classroom experience. Our program will provide experiences for children's mental, social, physical, and emotional development.

The HCDC-ALC classroom rules include:

- Take care of ourselves.
- Take care of each other.
- Take care of our center.

HCDC-ALC Staff model the center rules for the children to see and interact positively with. HCDC-ALC complies with federal and state civil rights laws. Staff are educated and trained Staff also complete trainings in their first 6 months ex. Passport that contain modules of videos on the topics of keeping children safe, interactions, guiding behavior, ex... Staff can reference the training at any time. Leads communicate with the director on tactic and resource to help a child. Lead teachers then model situations with staff which leads to continues informal training for staff.

Our staff are willing to work with each family to provide every child with a positive classrooms experience. Our program will provide experiences for children's mental, social, physical, and emotional development and will strive to promote the following goals:

1. Develop a sense of responsibility as an individual and member of the class.
2. Recognize the rights of others, taking turns, listen when others are speaking, share equipment and the teacher's time.
3. Enjoy music and literature.
4. Speak with spontaneity and confidence.
5. Improve fine and gross motor skills.
6. Explore the world though observations, walks, field trips, seasonal changes.
7. Achieve familiarity with appropriate concepts and skills.

HCDC-ALC follows the policy that is required by Iowa Department of Human Services.

Our positive Guidelines and Reinforcement policy is as follows:

1. No verbal abuse or threats-instead will use a calm, kind, but firm voice when disciplining/ re-directing.
2. No corporal/physical punishment will be used.
3. Set limits or behavior expectations which are developmentally appropriate
4. Be consistent
5. Act with confidence, fairness, and patience in disciplining
6. Praise and encourage positive behavior
7. State suggestions or directions in a positive form
8. Consequences for misbehavior will be immediate and of short duration, and be related to the act, reasonable and respectful-logical and /or natural consequences (ex. Take out things/put things away, cutting in line/go to the back of the line, spill/wipe it up...)
9. Choices will be given to redirect negative behaviors
10. Punishment's which is humiliating or frightening shall not be used
11. Will not withhold or threaten to withhold food as a form of discipline.

This means that, when disciplining a child, staff will never:

- Use physical punishment
- Use psychological abuse
- Use of force or threatening harm
- Use coercion

HCDC-ALC uses positive reinforcement to guide appropriate behavior. It is a typical part of a child's development to test boundaries and choose to not follow rules. In these cases, the child will be given a choice to change his/her behavior. This may include some thinking time in the chill zone in the classroom. That is a space for the children to be by themselves. The center contains poster for feeling and fidget toys. This could also include time away from the group to make the decision. Once the child is ready and takes a deep breath, they can rejoin the group. If a child is a behavior and it was small. They will put a note in the child Procare. This allows the parents to see and be kept up to date.

If a child exhibits persistent and serious challenging behaviors, the staff will explore all possible steps and utilize outside resources. They will document all steps taken to address such problems and facilitate the child's safe participation in the program. Staff in the room will document the behavior in the ProCare app under observations.

Observations are for staff only and allows lead teachers and assistant teachers to collect data. This allows lead teacher to communicate with the family and collaborate on steps for the child's actions. Parents and the lead teachers will make a plan and charts to give visuals. If the child harms themselves or another they will get an incident report types up in ProCare for their parent to be aware.

The staff may use these strategies:

- “FLIP IT” – Four Supportive steps to help young children learn about their feelings, gain self-control and reduce challenging behaviors (Feelings-Limits-Inquiries-prompts)
- “PBIS” – Positive Behavioral Interventions and Support, based on the Pyramid Model (Fox, Dunlap, Hemmeter, Joseph & Strain, 2003) is an effective, evidence-based approach for supporting social competence and addressing challenging behavior in young children. Various modules are offered specific to infant/toddler, preschool and mixed group care in a home and/or center setting.
- “Conscious Discipline” -Dr Becky Bailey-Seven Skills to help children learn about social emotional feelings to help self-regulate, self-control, and brainstorm. (Composure-Encouragement-Assertiveness-Choices-Empathy-Positive Intent-Consequences) Staff are being mindful and showing children that we value how we act and respond and when we're practicing it, we're noticing situations instead of blindly judging and reacting to them.

All Steps are taken before a decision of exclusion/suspensions may occur: if the staff are needing more support after trying all these strategies along with communicating and working with the parents, then with parent's agreement, such steps must include, at a minimum, such steps may also include engaging a mental health consultant and/or Central Rivers AEA specialists or Child Care Resource and referral specialist:

(Exclusionary measures are not considered until all other possible interventions have been exhausted, and there is an agreement that exclusion is in the best interest of the child.)

- If the child has an individualized family service plan (IFSP) or an individualized education plan (IEP), HCDC-ALC staff must consult with the agency responsible for the IFSP or IEP to ensure the child receives the needed support services.
- If the child does not have an IFSP or IEP, HCDC-ALC staff may collaborate, with parental consent, with the local agency responsible for determining the child's eligibility

for services.

- If, after HCDC-ALC staff has explored all possible steps and documented all steps taken as described above, HCDC-ALC, in consultation with the parents, the child's teacher, the agency responsible for implementing the plan, and mental health consultant, determines that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines this program is not the most appropriate placement for the child, the HCDC must work with such entities to directly facilitate the transition of the child to a more appropriate placement. Our goal of our Positive Guidance and Reinforcement Policy is helping each child to gain self-control through learning appropriate behaviors. This Policy is intended to provide a happy, safe, and caring environment for all children at HCDC-ALC. Also, the goal of this policy is to limit or eliminate the use of suspension, expulsion and other exclusionary measures.

BITING POLICY

Even in the best child care center, periodic outbreaks of biting occur among infants, toddlers and sometimes preschoolers and occasionally older children. This is an unavoidable consequence of grouping young children together. When it happens, it can be scary and very frustrating for children, parents and teachers. Understanding the reason for biting is the first step to changing a child's behavior. Children bite for a variety of reasons: teething, simple sensory exploration, cause and effect, imitation, crowding, seeking attention, frustration and stress. Childcare group situations are difficult: dealing with others constantly around, sharing attention and toys, and too much or too little stimulation are all very difficult for children. Biting is not something to blame on children, their parents or their teachers. When biting breaks out, a high-quality childcare program immediately takes action, not to blame the biters but to change the environment and help children change their behavior.

It is important that the caregivers remain calm and in control of their emotions when biting occurs. Staff should not show anger or frustration towards the child. The caregiver should calmly respond to the child, letting them know that biting is not ok. In addition, the following steps will be taken.

1. The teacher will remove the child from the situation and focus caring attention on the child who was bitten.
2. Encourage the biter to help take care of the child that was bitten (hold ice pack, comfort the child).
3. The caregiver should talk to the child who bit (if able to communicate) and talk about different strategies that the child can use next time (give them appropriate words-if able) instead of biting. This should be done in a short, simple way.

It is important to explore the reasons for biting when it occurs. Staff need to work with parents to gather information about the child's behavior and begin observations to determine the reasons for biting. Examples of some triggers would be: communication deficits, transitions, hunger, lack of sleep, need for oral stimulation or teething pain. Once triggers are identified, staff can work on prevention strategies and start teaching

replacement skills. Below are some examples of how the teacher will begin this assessment.

Teachers act right away; they will not be able to communicate all steps with parents. They will communicate what they can when they can.

1. The teacher will examine the context in which the biting is occurring and look for patterns. The teacher will use the Center Action Plan for documentation and ask the following questions:

- Was the space too crowded?
- Were there too few toys?
- Was there too little to do or too much waiting?
- Was the child who bit getting the attention and care he/she deserved at other times, other than when he/she was biting?

1. The teacher will change the environment, routines or activities, if necessary.
2. The teacher will work with the child who is biting to resolve conflicts and frustrations in more appropriate manners, including using words, if they are capable of them.
3. The teacher will observe the child to get an idea of why and when they are likely to bite.
4. The teacher will reflect on data collected and may reach out to CCR&R to observe the classroom.
5. The teacher will identify children who are likely to be bitten and make special efforts to reduce their chances of being bitten.
6. The teacher, parent and administration will meet regularly to regulate an action plan and to measure the outcome of these changes.
7. If biting continues, the teacher will observe the group more closely and work with the parents to seek out additional resources as necessary to shadow the child who is biting.

First Aid in response to biting (both child and adult):

1. Wear gloves, clean wound with soap and water. Run water over wound for 5 minutes.
2. Apply ice or cool compress to help reduce the pain or swelling.
3. Bandage the wound as necessary.
4. Write a detailed incident report for both children involved with the incident.

First Aid if bite breaks the skin (both child and adult):

1. Wear gloves, clean wounds with soap and water. Run water over the wound for 5 minutes.
2. Control the bleeding.
3. Cover the wound with sterile dressing and bandage.
4. Contact parent of BOTH children involved and encourage them to contact their healthcare provider to determine if they need to be seen.

5. Write a detailed incident report for both children involved with the incident.

When children bite, their parents are informed personally and privately the same day in the Procare app in an incident report. All information is confidential and names of the children involved in the incident are not shared between parents. In addition, biting is always documented in our procare incident form, which is completed and signed by the teacher, and upon request an administrator, parents are notified. Reports are digitally stored in every child's procare account and can be printed out by parents or the center upon request.

When biting occurs, here's what you can expect from us:

- We will put the child's safety first and provide first aid as well as comfort, support and advice to any child who is bitten.
- We will provide appropriate programming for children to help prevent biting.
- We will make current information and resources on biting available to you.
- We will provide teachers with adequate knowledge and training to deal properly and effectively with biting.
- We will take your concerns seriously and treat them with understanding and respect.
- We will tell you what specific steps we are taking to address biting and explain the reasoning behind those steps.
- We will respond to your questions, concerns and suggestions—even when our response to some suggestions is no.
- We will work to schedule conferences about biting with you, at a time you can attend.
- We will keep your child's identity confidential if he or she bites. This helps avoid labeling or confrontations that may prolong the behavior.

We wish we could guarantee that biting will never happen in our program, but we know there is no such guarantee. You can count on us to deal appropriately with biting so it will end as quickly as possible. We want the best for all the children in our program. If you want more information on biting or have questions or concerns, please let us know. We are here to help you and your child on his/her journey to independence!

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USDA Program Discrimination Complaint Form, (AD-3027) found online at:

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: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 or fax: (202) 690-7442 or email: program.intake@usda.gov. *The statement is available in Spanish.*

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COMMUNITY RESOURCES

Child Care Resource and Referral: (855) 244-5301

Black Hawk County Health Department: (319) 291-2413

Department of Human Services: (319) 291-2441

Family and Children's Council: (319) 234-7600

Operation Threshold: (319) 291-2065

Northeast Iowa Food Bank: (319) 235-0507