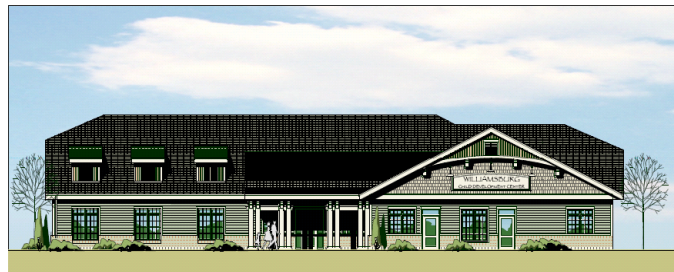


Williamsburg Community Childcare Center/K.I.N.D. Care Parent Handbook



Williamsburg Community Child Care Center
Kids In Need Of Daily Care

Welcome to the Williamsburg Community Child Development Center (W4C's/K.I.N.D. Care). We are so happy that you have selected us to care for your most precious possession! We look forward to getting to know you and your child and watching them learn and grow.



Williamsburg Child Development Center
Williamsburg, Iowa

Area: 9,600 Square Feet
Capacity: 141 Children
ahts
ARCHITECTURE

W4Cs/K.I.N.D. Care is an equal opportunity provider and employer.
To file a complaint of discrimination write the USDA, Office of Civil Rights, 1400 Independence Avenue, SW,
Washington DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD) History

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Section I: General Information

W4CS: Mission/Philosophy:

We believe that each child is special and holds the future in their hands. We offer high quality childcare and educational programs for children ages 6 weeks -12 years of age. By establishing and maintaining open communication with families, we are able to strengthen the ties that connect the home to our center. This important relationship with our families allows us to enhance the development of the children in our care.

History:

The Williamsburg Child Care Center (W4C's) and K.I.N.D. Care (Kids In Need of Daily Care) were both founded in 1993 by a group of parents who wanted quality care for their children in a group setting. Both programs were licensed through DHS, classified as 501c (3) organizations and housed in different locations for 17 years. In 2005 they collaborated to pursue building a new facility. The City of Williamsburg helped with this endeavor by donating land and applying for and receiving, on the behalf or W4C's and K.I.N.D. Care programs a CDBG (Community Development Block Grant) and also a low interest USDA Loan. The group was able to build and move into their new facility the winter of 2010. In August of 2012 both programs financially merged and now operate under one business name; W4C'S. The Center is fully licensed by the Department of Human Services to care for up to **162 children**. W4C'S is governed by a voluntary group of parents and/or community members who serve as Board of Directors.

Location: 802 Franklin St Williamsburg, IA



Hours of Operation:

- W4C'S operates 6 am – 6 pm Monday – Friday year round.
- K.I.N.D. Care operates Monday –Friday before school 6:00 a.m. – 8:00 a.m. and after school from 3:15 p.m. -6:00 p.m., including extended hours on late start and early release days and scheduled no-school days.
- K.I.N.D. Care Summer Camp operates Monday-Friday 6:00 a.m. – 6:00 p.m. Camp start date is the first business day after the Williamsburg school district's last school day and runs all summer up to the day before school starts.

Annual Center Closings:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- A Friday in Mid-September or early October for Annual Staff Training at the Iowa AEYC Conference. (this is determined on an annual basis) (closing fee credits apply)
- Thanksgiving Day
- The Day after Thanksgiving (closing fee credit applies)
- Christmas Day
- Christmas Eve Day **or** the Day after Christmas: This is determined on an annual basis. (closing credits apply)

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When the center is closed on a major holiday, full weekly fees are due so qualified staff can receive holiday pay. Any other additional center closings parents will receive a *fee credit to their account. The center reserves the right to close early if attendance is low when we are open on Christmas Eve or the Day after Christmas. A sign-up sheet will be posted to find out how many families need the center's services on that day. A week's notice will be given if low numbers warrant being closed.

* Annual Center Calendars are available in the office.

Board of Directors



Board meetings are held on a quarterly basis and more often as needed. Meetings are open to all parents who want to attend. In accordance with W4C's/K.I.N.D. Care bylaws, there is one parent meeting in September that all families are required to attend to do child updates.

Current officers: See Insert

Confidentiality: Information concerning a child will not be made available to anyone other than the child's teacher/caregiver and other staff members who are involved in caring for the child. An exception applies to DHS Licensing and Health Nurse Consultants, for review of records pertinent to meeting licensing of the program's operations.

Quality Rating System (QRS)

W4C's participates in the Iowa Quality Rating System and is currently at a Level 5 status. More information about this program is available on: www.dhs.state.ia.us/iqrs/index.html.

I.Q.P.P.S. (Iowa Quality Preschool Program Standards):

W4C's 4 year old pre-school classroom is one of four contracted sites in the Williamsburg School District participating in the Iowa Quality Preschool Program Standards. Our program is under the supervision of the Williamsburg Community School District, which is required by the Department of Education in order to be a voluntary preschool classroom for four year old children. These standards are 45% of the National Association for the Education of Young Children accreditation standards. **When operating State-wide Voluntary Pre School*

Front Entrance Card Access Security System

You will receive 1 - 2 cards that will gain you entry to the Williamsburg Child Development Center when your child starts attending W4C's or K.I.N.D. Care. You will not be charged for the cards unless you lose them or do not turn them in when your child is no longer attending. The cost is \$5.00 per card.

DO NOT write on the cards. You will be charged the \$5.00 if you write on the card because we will not be able to give that card out to someone else at a later date.

We understand that occasionally you may forget your card and need to be buzzed in. This will become a problem when it happens on a regular basis as it does disrupt the classrooms and takes the teacher's attention away from the children.

If you have other people picking up your child, please make sure you include them on the Pick-Up Authorization sheet. If they are not listed as an authorized person, they will not be allowed to pick up your child. They will need to push the button and be buzzed in once they give their name and are verified to be on your pick up list. They may also be asked to show identification.

You may lend your card to an authorized person when they are coming to pick up your child, but you will still be responsible for the card if it is damaged or lost.

Section 2: Overview:

Staff



All staff and persons involved in any kind of instruction to the children (including volunteers) are finger printed and screened through a National Fingerprint and Iowa Criminal Records, Child Abuse Check. To prepare the staff to give your child a safe school year, all staff is also required to have a health screening upon employment and every 3 years thereafter.

Staff Health screenings: shall be done by a Licensed Health Care Provider and shall include:

- Health History
- Physical exam
- TB assessment or skin test as determined by a licensed physician
- Upon hire, staff are offered at the expense of the center Hepatitis B shot series. When a staff declines they will sign a waiver.
- A review and certification of up-to-date immunizations
- Assessment of orthopedic, psychological, neurological, or sensory limitation that may require accommodations or modifications for the staff to perform tasks that typical adults do.

The Director and On-Site Supervisor check in with all staff on a daily basis and take notice of any obvious signs of ill health. Staff are to report immediately to their supervisor any injuries or illnesses they experience that might affect their health or the health and safety of the children.

Staff shall be trained in:

- Universal pre-cautions renewed on an annual basis
- CPR/First Aid, renewed every 2 years
- Mandatory Child Abuse Reporters, renewed every 5 years
- Staff receive a full orientation to center activities, routines, policies, health and safety and discipline and emergency procedures before being counted in classroom staff ratio.
- All staff read and receive a copy of center policies and procedures.
- Staff receive additional ongoing extensive training by various professionals on topics that are relevant to early childhood and school age development and practices.

Staff performance:

- Is monitored on an on-going basis and formally evaluated annually.
- All regular classroom staff have One-On-One meetings with the Director one to two times per month or individual feedback, setting goals, identify areas of need before they become problems, and to provide support, resources, and motivation.

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Volunteers: All volunteer staff are required to be a minimum of 16 years old.

Parents, friends, grandparents, and other adults are encouraged to take an active part in the educational process of the children. Please contact the Director if you are interested in volunteering. The center has a volunteer job description that defines the role and responsibilities of a volunteer.

For safety's sake volunteers undergo the record check process if the volunteer is included in meeting the required child-to-staff ratio, the volunteer has direct responsibility for a child or children, or the volunteer has access to a child or children with no other staff present.

All volunteers, regardless of the amount of time they volunteer to work in the center, **must** complete the statement indicating whether they have a criminal conviction or history of child abuse or dependent adult abuse and are free of communicable diseases or have any health concerns. Volunteers working with the children, will be expected to execute and submit an affidavit of clearance of any and all crimes against children or families. In addition, no person with a substantiated report of child abuse or neglect will come into contact with children in the program or have responsibility for children.

If a volunteer works more than 40 hours per month with the children, they need to provide a current health assessment that is not more than one year old.

Curriculum Team:

The Curriculum Team involves all staff. The purpose is to provide continuity between each of the center's rooms in order to make transitions easier for the children and teachers. Rooms work together to form ideas about how to make curriculum, rules, general classroom approaches and consequences more consistent. Components are individualized based on the ages in each room; however, the framework brings the rooms together and builds upon one another in a positive way. Leads will attend meetings and inform teachers in their rooms about anything new that is happening. They also get input of the staff in their room to bring to meetings. The Curriculum Director for the center will lead the team.

Curriculum/Approaches to Learning

W4C's early childhood programs use Creative Curriculum as a research and evidence-based comprehensive curriculum designed for children ages infant to five.

- Social/Emotional
- Cognitive Skills
- Language
- Math
- Science
- Social Studies
- Arts
- Physical Development

The Iowa Early Learning Standards are the foundation to our early childhood approaches to learning. When adults know what young children should be learning, they can create environments and provide experiences that support and nurture the following developmental areas.

- Curiosity and Initiative
- Engagement and Persistence
- Reasoning and Problem Solving
- Play and Senses

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K.I.N.D. Care's Before and After School and Summer Programs allows school-age children to balance learning and fun through a variety of experiences. From homework help, fun physical activities, art, dramatic play, math and science to problem-solving, language, motor skills and more, school age children will continue learning and developing essential life skills, before and/or after the school day and all the way through summer.

Children May Expect:

1. To have a pleasant environment.
2. To have a safe environment.
3. To have their ideas and feelings respected.
4. To have discipline that is fair, equal, and in their best interest.
5. To have staff members that care about them, and help them grow and build their self-esteem.
6. To be taught classroom PBIS behavior expectations to be Caring, Confident, Cooperative and Creative.

Children Responsibilities

1. To respect the staff and center rules.
2. To remain with the group and staff at all times.
3. To learn to accept the consequences of their actions.
4. To respect the materials and equipment.
5. To keep their hands and feet to themselves.
6. To follow the Center PBIS expectations (Positive Behavior Strategies') to be Caring, Confident, Cooperative, and Creative.

Center Provisions Parents May Expect:

- Licensed to care for up to 174 children
- Year-round care for children ages six weeks to 12 years of age.
- All meals (breakfast, lunch, and snack) are healthy and in accordance with the CACFP nutritional guidelines.
- Parent Choice Formula for Yellow Duck Infants (6 weeks-12 months)
- Their children are cared for in a safe environment
- Each child is treated with love and respect.
- They may visit with the Director or staff about concerns related to their child or center.
- To know if their child is misbehaving and to spend time talking with the director finding a solution.
- The Director and Lead Teachers will regularly inform parents about center activities.
- The center will screen, train and hire quality staff.
- Parent Teacher Conferences to discuss their child's development (infant – preschool)
- Daily schedules that offer both indoor and outdoor (weather permitting) activities.
- A variety of play equipment and activities to keep children engaged all day.
- Health protection, including daily inspection by a staff member and consultation with the Public Health Nursing Association if needed. Proper hand washing is taught in all classrooms. Brushing teeth is taught and practiced twice per day in the Blue Horse and Purple Cat classrooms.
- Year round curriculum in all classrooms.
- Five days each week of 3 & 4 year old preschool, September – May

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Family Provisions & Responsibilities

- A child dressed to play. Please send your child in attire that is OK to get messy and is easy to get on/off. We have many messy indoor and outdoor activities that allow children to show their creativity.
- Children ages 1 and up will need the following items during the winter season: coat, hat, snow pants, boots and mittens.
- At least one extra set of clothing that is left at the center in the child's room. These need to be checked regularly and replaced as the seasons change or as the child grows.
- A blanket from home to nap with (1 year old - preschool). W4C's can supply upon request.
- Label everything with your child's name on items your child brings to W4C's. This includes clothing, extra shoes, boots, snow pants, mittens, hats, bags and backpacks etc.
- Diapers and wipes (Yellow Ducks, Red Birds and Green Frogs)
- Sunscreen (**NO SPRAY TYPE**)
- Water Bottle (classrooms with ages 2-12)
- Sippy Cup for a one year old when in the Red Birds Room
- Formula for young infants (if you do not wish to use the center's Parent's Choice brand) and bottles.
- For safety reasons, wearing the proper footwear will help prevent any potential injuries to your child and prevent the frustration of them coming off during active play. **Do not send your child/ren in flip flops, open toed sandals or Crocs!** While **tennis shoes are best**, below are examples of acceptable and unacceptable footwear.



Tennis Shoes are Best



Acceptable Sandals



Unacceptable Sandals or Crocs

- To pay fees on time as explained in the handbook.
- To keep child's records up to date.
- To log-in/out their child daily, and check communication board for messages.
- To pick up their child on time.
- To notify the center if their child will be absent or late.
- Help their child understand and support classroom expectations.
- Open communication with the staff about how your child is doing at home and in the center
- A positive attitude toward staff, parents, and children in the center.
- Do the ASQ (Ages & Stages Questionnaire) and return in a timely manner, when it is given to you (infant – Pre School).

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Family Involvement

W4C's/K.I.N.D. Care observing their regular basis. Family



encourages families to be very involved in their child's education by children during the day when possible and meeting with staff on a members are welcome to visit at any time during the day.

Teachers and the director use a variety of formal and informal ways to become acquainted with and learn from families about their family structure, their preferred means of child rearing practices and communication; and information about their social, economic, linguistic, racial, religious, and cultural backgrounds. Families are surveyed in enrollment paperwork and through other questionnaires during the school year regarding their family, beliefs, and preferences. Program staff communicate with families on at least a daily basis regarding children's activities and developmental milestones, shared care-giving issues, and other information that affects the well-being of their children. Family teacher conferences are held annually in March as well as when either party requests. At least one Family Night is held during the year.

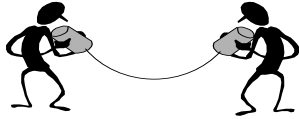
W4C's/K.I.N.D. Care values the time spent talking and interacting with families and developing strong, reciprocal relationships. As the teacher learns from the family's expertise regarding their child's interests, approaches to learning, developmental needs, and goals for the child's growth and development, these can be incorporated into ongoing classroom planning. Families are encouraged to share any concerns, preferences, or questions with the staff or Director any time.

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, two-way communication.

W4C's/K.I.N.D. Care invites families to become involved the following ways and welcomes other ideas as well:

- Support children's daily transition to childcare/preschool by sharing information about the child's interests and abilities. Keeping the teacher informed about changes and events that might affect the child allows the teacher to be more responsive to the child's needs.
- Attend family meetings.
- Promptly return all forms, questionnaires, etc.
- Attend conferences annually in March. (W4C's)
- Take time to read the Parent Bulletin Board.
- Check child backpack each day.
- Participate in fieldtrips and classroom activities.
- Share talents in the child's class through activities such as: reading or storytelling, cooking, art, language, music, sewing, crafts, hobbies, profession/job experience, artifacts from trips/vacations, etc.
- Share cultural traditions, celebrations, or customs.
- Help prepare a snack and enjoy it with the children.
- Read all materials sent home.
- Come to the classroom to play.
- Assist with special events. Helping takes on many different forms, such as preparation of materials at home, making phone calls, preparing and/or posting flyers, recruiting other volunteers, collecting donations or prizes, running errands, writing grants, taking pictures, setting up before an event or cleaning up after an event, etc.
- Serve on the W4C's/K.I.N.D. Care Board of Directors.

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Communication:

If you need to get a message to the Program Staff/Director you may call please call 668-9515 and press 1 for K.I.N.D. Care or 2 for W4C'S. The person answering can connect you with the party you are trying to reach. You can email the Office Administrator at bblattner@williamsburgchildcare.com and the Director at sjoseph@williamsburgchildcare.com

Other forms of communication you can expect:

- Face to Face at drop off and pickup times
- Email
- Daily Sheets (Yellow Ducks, Red Birds, Green Frogs)
- Parent Teacher Conferences (infant-preschool)
- Incident Forms as needed
- Daily notes taped to cubbies
- Classroom News Letters
- Center News Letters
- Parent Mailboxes (please check **daily**)
- K.I.N.D. Care: There will be a communication book and marker board in **each classroom** for you to **write/date** any messages you would have, **and to whom**.

Section 3: Policies and Procedures

Limited Access Policy:

your children at the center not only the children, but prohibited by court order, time during normal



W4C's/K.I.N.D. Care are responsible for ensuring the safety of and preventing harm by being proactive and diligent in supervising other people present at the facility. Unless parental contact is all parents are encouraged to visit and welcome at the center any operating hours when their child is at the center.

1. Any person in the center who is not a staff member or volunteer who has had a record check and approval to be involved with the children, shall be under the direct supervision and monitoring by a paid staff member at all times and will not be allowed to assume any child care responsibilities.
2. Center staff will approach anyone who is on the property of the center without their knowledge and ask what their purpose is. If the staff are unsure about the reason they will contact the Director to get approval for the person to be in the center. Non-emergency persons 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 premise.
3. 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:
 - Shall not be employed or act as a contractor or volunteer at the center
 - Shall not be on the property of the center without the written permission from the Director, except for the time reasonably necessary to transport the offender's own minor child or ward to and from the center.
 - a. The center director is not obligated to provide written permission and must consult DHS licensing consultant first.
 - b. If written permission is granted it shall include where the sex offender may be present, the reason, duration, and how the center staff will supervise the sex offender.
 - c. The written permission shall be signed and dated by the Director and sex offender and kept on file for review by the licensing consultant.

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Admissions/Enrollment/Parent Orientation



Admissions:

1. Diversity: W4C'S/K.I.N.D. Care serves children from the ages of 6 weeks through 12 years of age without regard to race, religion, color, sex, national origin, disability, or any other basis prohibited by law. Children are educated in programs that foster knowledge of and respect/appreciation for the historical and contemporary contributions of diverse cultural groups to society.
2. Admissions Agreement: The Parent or guardian will complete, sign, and date an admission agreement for each child. Content of the Agreement:
 - Attendance Expectations
 - Fees
 - Parent Responsibilities
3. Parents will be provided a parent handbook for them to get acquainted with our center policies and procedures. Accommodations will be made for families that need assistance with reading, language interpretation or understanding the content of the parent handbook.
4. Children will be toilet trained prior to enrollment in 3 or 4 year old preschool programs.

Enrollment: (Orientation and Completion of Required Tasks before Attendance)

- A. Orientation: Is completed with the Director prior to the child's first day.
 - A center tour
 - Pre School (4 yr. old) children will have a home visit by their lead teacher within 30 days of their first day.
 - The child must visit the center before their first day which includes meeting their classroom teachers. This helps children have less fear and move into the group setting with more ease.
 - Newborn - 12 months: will visit the center for 2 two hour visits, prior to their first day. Visits are typically on a Thursday or Friday between the hours of 1-3 pm when Monday is a start day. On the first visit, a parent will remain with the infant and on the second visit, the parent will drop off their newborn and return for pickup in two hours. This will provide the parent and the teacher to become acquainted with our young infant practices and answer any questions.
 - Toddlers: 1two hour visit
 - Preschool age: 1 half hour visit.
- B. Parents/legal guardians will complete the following forms and submit them prior to the child's first day of attendance.
 - Enrollment Application
 - Pick up Authorization
 - Admissions Agreement of Fees
 - Parents must provide a medical examination prior to attendance for Infants through Preschool and annually thereafter.
 - Parents must provide an Annual Health Status Form prior to attendance for **school- age children kindergarten through sixth grade** and update annually thereafter.
 - A signed immunization card by a physician or health nurse must be supplied to the center prior to all children attending. Religious or medical exemptions are honored when correctly documented and notarized according to the Iowa Department of Public Health

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Certificate of Immunization Exemption.

- Consent for Medical Care to be used by the center in emergencies.
- Center Sleep Policy agreement (newborn – 12 months)
- CACFP Enrollment
- Free and Reduced Meal Eligibility
- Release Form (photo, fieldtrip, liability, creams and ointments, medications)

Attendance:

Regular attendance will ensure that your child will gain the maximum benefit from our program. Children who are sick need additional attention, love, care and comfort, which are best provided by the parent. Caring for an ill child at home or out of the center until s/he has recovered helps us protect against the spread of infection. If your child is unwell, please refer to the W4C'S/K.I.N.D. Care health policy, or call the staff to discuss your concerns. Please call the center and give a reason if your child is unable to attend or running late before 8 am so breakfast and lunch counts can be processed accurately. Families receiving DHS Child Care Assistance are allowed to miss up to 4 days of care per month; additional missed days will become the parent's financial responsibility. Head Start funded slots require children to attend 85% of the allotted time. Attendance that becomes less will result in loss of funding.

Supervision Policy:

100% supervision is always maintaining contact with the children in your care. To maintain quality care at all times, an important, fundamental understanding of "supervision" is necessary. No child is left unsupervised while attending childcare. Staff will supervise primarily by sight. Supervision for short intervals by sound is permissible as long as the teacher checks every two to three minutes on children who are out of sight (e.g., those who can use the toilet independently, who are in the library area, etc.).

A. Supervision is not:

- Looking up once in a while, assessing with a glance that things and children are okay.
- Only paying attention to what and who is right in front of you.
- Extended and unnecessary talking with other staff or parents.
- Standing or sitting on the edge of the group, detached and observing.

B. Supervision is:

- Being directly engaged and physically participating in activities with the children.
- Accommodating and adjusting to the changing circumstances of the children, area, and activity.
- Being aware of children's interactions and surroundings. Asking, Is it safe? Can the children participate safely? Does this location/environment provide adequate space and support learning as well as accommodate expansion of play? Are there any potential hazards or problems with the area, materials, or groupings of children?

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- Extending children's play and learning by letting the children take the lead as well as introducing new ideas and materials.
- Encouraging, mentoring, and coaching children toward developing good social problem-solving skills, by modeling appropriate and desirable behavior and words while actively engaged.
- C. Before children arrive in the classrooms, the teachers complete the following safety checklist, both indoor and outdoor:
 - All safety plugs and electric outlets are covered, heat/air conditioning, water temperature, toilets, etc., are in working order.
 - All cleaning supplies/poisons are out of children's reach and stored properly.
 - Classroom and materials are checked for cleanliness, broken parts, etc., including the playground area.
 - Checking the environment for spills, sand, etc. Serious problems are reported to the Director.
 - Children are observed for signs of illness or injury that could affect their ability to participate in the daily activities.

Fees: (See Fee Sheet Insert for Weekly Rates)

Fee Changes:

- Fees are reviewed annually.
- The Center will provide a 4 week notice of any fee increase.
- W4C'S/Kind Care reserves the right to charge during the event of any unforeseen closures.

Payments can be made weekly, bi-weekly, or monthly as arranged with the Director. Based on your agreement fees are always due in advance.

- If you pay weekly, the payment is due on Monday of the current week.
- If you pay bi-weekly, payment is due on Monday of the first week, not the second.
- If you pay monthly, payment is due by Monday of the first week of the month.

If payment is not received by 10:00 a.m. on Monday, a late fee of \$25 may be assessed to your account. Late fees will be assessed each time there is a late payment. If your payment is short for some reason, a reminder will be put in your mailbox, but if the payment is short a second time, a late fee will be assessed at that time. If you don't pay the late fee at your next scheduled payment, you may be given a reminder, but if it remains unpaid at the next payment due date, you will be assessed another late fee and they will continue to accrue until paid in full.

Accounts that become two weeks delinquent, my child/ren must be withdrawn from the center until the entire balance is paid in full.

Payment is due even if the child is not here in order to hold the slot. This includes time off taken for family vacations, illness, etc.

Those on assistance such as a DHS Block Grant or Promise Jobs will be held responsible for any difference in charges and agency payments. Co-pays are due in advance of each month. Head Start families are required to pay for days if they need care when Head Start is not in session (typically between mid-May through August). These must be paid for in advance of service.

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Returned Checks

Insufficient funds
form of cash or



will be considered nonpayment and future payments must be made in the money order. There is a \$25.00 charge on all returned checks.

Withdrawal Requirements

A two week PAID and written notice is required when withdrawing your child from the program. Regular fees are charged during the two week period, regardless of your child attending or not. Any Deposit Fee paid at registration to hold a slot will be applied to any unpaid fees or your child's last week of tuition when notice is given. Please meet with the Director or Office Administrator on your child's last day to ensure all business matters are taken care of.

1. Key Cards are turned in
2. Mail boxes cleared
3. Accounts are paid in full (or reasonable arrangements made during hardship times)
4. Your children's belongings are accounted for
5. Forwarding address and current phone number is on file so we can get in touch with you as needed (year-end tax statements)
6. DHS families will need to sign their child's final monthly attendance sheet.

When withdrawal notices are given in the middle of the week the two weeks will begin the following Monday.

A written notice needs to state:

- Child's name and classroom
- The effective date
- Reason for withdrawal
- Signature and date. Please date to go in to effect on a Monday, as we bill in full week increments.

K.I.N.D. Care Parent Note: Contract changes: I may change my contract at any time with a two week written notice. I will be responsible for regular payments during the two week period. A \$25 fee will apply for **each** reduced contract change.

Example:

1. When enrolled in both Am & Pm and then need to reduce to just using either Am or just PM
2. Reducing any Am/Pm or summer fulltime enrollment usage to drop-in.

Late Pickups

Parents who, do not pick up their child by 6:00 p.m. are charged \$25.00 for every fifteen minutes beginning at 6:01p.m.

We ask parents who arrive **shortly before or at 6:00** to be courteous to all our staff and have all their children **picked up and clocked out by 6:05**. This will allow the closing staff to clock out on time and parents will avoid a late pick up fee of \$25. **To avoid a late pick up fee of \$25 by detaining our staff after the center is closed (6 pm). General non-emergency conversations with staff can be made by appointment or at a pick up time earlier in the day.**

If a parent is running late, a courtesy call must be made to W4C's/K.I.N.D. Care to let staff know. We are Mandatory Child Abuse reporters and have to call the police if no one is here to pick up the child by 6:30

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p.m. when the center has not heard from anyone.

Arrivals and Departures



Parents are required to come into the facility with the child, log their child in to the computer upon arrival, and escort their child to the appropriate room and make contact with a staff member.

When leaving, the parent needs to acknowledge their child's departure to a staff and also log their child out of the computer.

Please notify the center by 8:00 a.m. when a child is not attending for the day or the child's attendance will alleviate from their normal schedule. The center needs this information to ensure enough food is prepared for daily meals/snacks. Your cooperation ensures the safety of your child.

K.I.N.D. Care Parents Please Note:

- School year Before School children will be picked up at the center at 7:50 A.M. and bused to their respective schools. Staff will escort and supervise the children until they get on the bus.
- School Year P.M. A center staff will greet the children at the center bus stop and escort them into the building. Parents need to inform the school if their child needs to come to the after school program so the teachers can get them on the correct bus.
- Mary Welsh children will be bused from their school directly to the center.
- Lutheran Interparish School children will ride the bus to the High School and then to the center.
- A waiver must be signed if you plan to have your child walk or bike home. These are available from the Director. Please state the time established for your child to sign out and who will be responsible for your child and return it to a staff on duty.



Authorizing Individuals to Pick Up

All legal parents and guardians are allowed to pick up their children unless there is a legal document on file stating otherwise.

Our enrollment forms contain information of the names, phone numbers, and relationships to the child of individuals authorized to pick up the child. Parents may authorize as many individuals as necessary as long as it is noted in writing on the form. Parents must provide a written note if you need to add someone to the list. Authorization may be done over the phone for temporary persons that may pick up on a given day.

- Staff will not, under any circumstances, allow a child to leave with an unauthorized person. This is to ensure the complete protection and safety of the children.
- If parents have any changes to employment, phone numbers, etc., remember to update this form.
- Staff may ask for ID when there is a change in authorized person. Typically this happens on a day when there's a last minute change or phone call from a parent informing the center of someone else that's not on file and when a staff has not met the person picking up.

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Inclement Weather



The Center will be open 6am-6pm, in accordance with the Center's annual calendar. The only exceptions may be:

1. All children have been picked up and we can close early
2. Loss of any form of utility (water, electricity, heat) that we are unable to maintain an adequate temperature within the building as per DHS.
3. In accordance to KINZE Manufacturing Weather Policy. Any delays or cancelations will be announced through KCRG online and TV channel. If KINZE delays second shift we will close early.
4. As approved by the Board of Directors.
5. The Center will not be giving credits back to family accounts for these types of closures.

If an emergency closing happens unexpectedly, staff and parents will be contacted directly through **ALERT Iowa- Emergency Announcement Communication**. The Center has the ability to use the Iowa County Emergency Information System to contact staff and families via text message and/or email when the center has an emergency (lockdown, closings, evacuation etc.).

Please note: K.I.N.D. Care will be open for the school-age children when the school district has delays to the start of school or early release due to inclement weather. K.I.N.D. Care will also be open on no-school days including those days closed for inclement weather.

Child Protection Policies

The health and well-being of each child in our care is important and the protection of each child is the center's responsibility. Any employee or volunteer with W4C's/K.I.N.D. Care who has direct interaction with children must execute and submit an affidavit of clearance from any and all crimes against a child or family. In addition, no person with a substantiated report of child abuse or neglect will come in contact with children in the center or have responsibility for children.

W4C's/K.I.N.D. Care has a written policy for reporting child abuse and neglect as well as procedures in place that comply with applicable federal, state, and local laws. The policy includes requirements for staff to report to the appropriate local agencies all suspected incidents of child abuse, neglect, or both by families, staff, volunteers, or others. Staff who report suspicions of child abuse or neglect where they work are immune to discharge, retaliation, or other disciplinary action for that reason alone unless it is proven that the report is malicious. All staff must complete "Mandatory Reporter: Child and Dependent Adult Abuse" at least every five years and within three months of employment.

W4C's/K.I.N.D. Care with section 235A of the Iowa Code mandates that any employee of a license child care center make a report to the Department of Human Services when child abuse or neglect is suspected.

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“What staff must report is their suspicion that someone may have purposely hurt your child. They have no choice under the law. Thorough investigators decide whether or not abuse actually took place. All children get bumps, bruises, and scrapes as part of growing up. It is important, however, that you tell your child’s staff member about any unusual injuries or conditions.”

To report suspected child abuse, please call 1-800-362-2178.

W4C'S/K.I.N.D. CARE does not tolerate employees physically or sexually abusing or harassing children who are physically or sexually abused or harassed by an employee should notify their parents, legal guardians, teacher, Director, or another employee. The Iowa Department of Education has established a two-step procedure for investigating allegations of physical or sexual abuse of children by employees. That procedure requires notifying the Director, and the Director is to call DHS to determine if an independent investigator is needed to look into the allegations.

PBIS: Positive Behavior Intervention Strategies is a center-wide strategy to help all children achieve important social and learning goals. PBIS is not a curriculum, but a process of planning and problem solving that includes direct teaching of social behaviors like we teach academics. We know that when good behavior and good teaching come together, our children will excel in their learning. Center-wide behavior expectations have been decided and are used as a tool for teaching expected behaviors. The acronym, W4C's, is the format to present these expectations; the 4 C's stand for:

- Caring- Thinking of others first. I can help my friends, I am nice, I can say please and thank you and ask nicely, I can comfort someone who is upset.
- Confidence- Stepping up to be a good leader. I will try, let me show you how.
- Cooperation- Working together. I can help, I will take my turn, I can listen, I can share.
- Creativity- I can try to figure it out in a positive way. I can help, I can find a solution, I can comfort myself, I can calm down.

The children at W4C'S and K.I.N.D. Care will learn about these specific behavioral expectations on a daily basis which is an effective way to be proactive in managing behaviors. Center staff are trained in Positive Behavior Intervention Strategies. We also encourage parents to apply these techniques at home as families play a key role in improving the important work we do here at the center.

Classroom Approaches to Emotions: All teachers will label emotions while interacting with the children.

- **Specific Positive Feedback:** Teachers will make sure to use key vocabulary related to the 4C's or rules when praising children. Kids should know why a teacher said “Good job” or why they like something.
- **Emotions:** Teachers and caregivers will label emotions while interacting with children. Teachers will label their own emotions and provide action statements about what they will do about their emotions. They will teach that all emotions are ok, but not all expression. Teachers will use visual pictures and posters to display emotions. They will validate the emotions they see in the children and show they understand.
 - Red Birds will begin looking at how other people feel (for example, when they get hit).
 - Green Frogs will have children label their own feelings and the feelings of others.
 - Blue Horses, Purple Cats and K.I.N.D. Care will review emotions and talk about why people feel a certain way. Teachers will assist children in recognizing and understanding how other people

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might feel by pointing out facial expressions, voice tones, and body language and focus on what children can do with their emotions.

- **Solution Cards:** Green Frogs, Blue Horses, Purple Cats and K.I.N.D. Care will have solution cards (play together, share, get a teacher, etc.). Green will choose just a few to focus on. Blue Horses, Purple Cats and K.I.N.D. Care will use more of the solutions. Teachers will help children understand that all solutions have consequences; children should ask themselves if something is safe, if something is fair, and how everyone would feel.
- **Anger:** Each room will have a Happy Bucket. The bucket will contain Anger Cards. These cards show things children can and cannot do when they are angry. Teachers will teach that it is ok to be angry, but that we still have to make good choices. They will talk about how anger affects others, how their body feels when it is angry, and how to be the “boss” of anger. The Happy Bucket will contain choices on the Anger Cards and other things that may be helpful for the children to calm down.
- **Cubbies/Participation/Toys:** Cubbies can be used for breaks if the teacher feels the child needs a break. Cubbies may not be used by children to get out of an activity or to play in. If children do not want to participate in an activity, they will be provided an alternate activity. Toys will only be brought in if approved for sharing that day. The toys must stay in cubbies (backpacks if they have one) until sharing time. Food brought in will be kept by the teacher and given back to parents at the end of the day.

Class Room Approaches In General:

1. **Raider Ready-** Is a universal attention getter that is visual and nonverbal. Hold three fingers up as a “W”. When the children see this, they silently raise their three fingers. Raider Ready means:
 1. **Voices Off**
 2. **Eyes on Teacher**
 3. **Ready to Listen**
2. **Lining up/walking in Lines:** Teachers will try to keep the amount of time in lines to a minimum. One teacher can take the children who are ready and another teacher can finish getting the rest of the children ready. If this is not possible or doesn't make sense at the time, we keep the children busy in line- sing, Simon Says, play silent copying game, etc. Raider Ready is used to get the children ready for the hall.
3. **Naps (Red, Green, Blue, and Purple):** Back patting will end in the Green Frog room. Teachers can sit by children as necessary. Books or other quiet activities are offered after 45 minutes of rest. A “lovey” will be allowed for naps; this must be a blanket or animal that the child regularly uses to sleep. Children can bring an extra blanket to sleep with or use one of the center's. Purple Cats will cut down on length of naps before the transition to Kindergarten. Length of nap will vary according to age. Younger classrooms (Blue, Green and Red) will nap for up to 2 - 2 ½ hours.
4. **Imaginary Play:** Toy guns or weapons of any kind are not allowed at the center. Children are not allowed to use imaginary guns.
5. **Washing Hands:** Hand washing will be taught and monitored. It will be done as needed and especially at arrival, before/after sensory play, before/after eating, and after restroom/coughing

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/sneezing.

6. **Activity Transitions:** There will be planned ways to transition with transition activities. There will be warnings before major transitions. Transitions include arrival, clean up, time between activities, lining up, naptime, meals and tooth brushing.
7. **Voice Levels:** There will be three voice levels for (W4C's) and five levels for K.I.N.D. Care

W4C's:

0 means voices off (color red)

1 means inside voices (color yellow)

2 means outside voices (color green). Outside voices will be used in the gym and outside only. Songs and dancing will be done with inside voices when in the classrooms.

K.I.N.D. Care: *follows the same as used at Mary Welsh Elementary*

0 means voices off

1 means whisper

2 means quiet conversations

3 means normal talking

4 means presentation voice

5 means outdoor voice

Transition Meetings: Purple Cat, Blue Horse, and Green Frog teachers will have transition meetings in August to get to know the new students coming up. Children will have transition time the week before they move up to experience their new classroom.

- **Primary Care:** Each infant/toddler (Yellow Duck, Red Bird, and Green Frog) are assigned a primary caregiver. Primary Caregiving promotes caring one-on-one relationships that infants and toddlers thrive on. Infants and toddlers develop trust as his/her primary caregiver learns to respond appropriately to his/her unique temperament, needs and his/her interests by being the one who almost always diapers, feeds, puts him/ her to sleep, and communicates with their family. The child's security deepens as her primary caregiver develops a positive relationship with his/her family and comes to know their values and wishes for their child. This approach provides the security and trust that enables the child to explore and flourish in group care. Teaming is also important. Primary care works best when infant/toddler care teachers team up and support each other and provide a back-up base for security for each other's primary care children. Primary Care does not mean exclusive care, however, all parties know who has primary responsibility for each child.

Child Guidance and Discipline for Challenging Behaviors

The teaching staff are trained, responsive, respectful, and purposeful. The teachers 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 pro-social 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.
- Ensuring each child has an opportunity to contribute to the group.
- Encouraging children to listen to one another and help provide comfort when others are sad or

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distressed.

Teaching staff guide children to develop self-control and orderly conduct in relationships with peers and adults. Children are taught social, communication, and emotional regulation skills. If a child displays persistent, serious and challenging behavior, the teaching staff, parents, and AEA support staff will work as a team to develop and implement an individualized plan that supports the child's inclusions and success.

Aggressive physical behavior towards staff or children is unacceptable. Teaching staff will intervene immediately when a child becomes physically aggressive to protect all the children and encourage more acceptable behavior.

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 is 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:

- Separate the children involved
- Immediately comfort the individual who was injured
- Care for any injury suffered by the victim involved in the incident
- Notify parents or legal guardians of children involved in the incident
- Review the adequacy of the teaching staff supervision, appropriateness of program activities, and administrate corrective action if there is a recurrence.

This program does not or will not employ any of the following disciplinary procedures:

- Harsh or abusive tone of voice with the children; making threats or derogatory remarks.
- Physical punishment, including spanking, hitting, shaking, or grabbing.
- Any punishment that would humiliate, frighten, or subject the child to neglect.
- Withhold or threaten to withhold food as a form of discipline.

Discipline and Dismissal Policy

Every effort is made to create classroom environments that minimize behavioral challenges or problems. W4C's/K.I.N.D. Care believe discipline should be first and foremost, which includes:

- **Positive reinforcement** (praise a child for listening, sharing, cooperating, following directions, etc.)
- **Redirection** (give the child a different toy; ask the child if they would like to play in a different area, etc.)
- **Communication** (teach the child skills to communicate through the problem)
- **Taking a break away from the group** (for children over age of two, this will not exceed one minute per year of age). Children under two will be redirected to another activity.

If a child is experiencing a change in the home environment that may result in behavioral challenges, it is important for parents to notify the child's classroom teacher or the Director. Good communication between families and the center is vital for quality child care.

Occasionally a child will experience difficulty adapting to a center environment and/or abiding by certain rules of behavior in group settings. If this happens, a behavioral form will be completed to inform parents/guardians about the behavior, what led to the behavior, and what happened after. This helps to find

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patterns and identify problem situations before they arise.

A conference will be scheduled with the Director if there is a pattern and/or if the behavior is causing the child or other children distress. W4C's/K.I.N.D. Care works closely with parents to find a resolution.

If a child's behavior and attitude continues and becomes **chronically disruptive** to teachers, the group and/or other children's welfare, W4C's/K.I.N.D. Care reserves the right to ask parents to withdraw their child from the center

All children and staff are entitled to a pleasant environment in the classrooms.

Chronically disruptive behavior is defined as:

Verbal or physical activity which may require constant attention from the staff, children, abuses the staff, ignores or Program time. When the child cannot appropriately.



include, but is not limited to, such behavior that: inflicts physical and emotional harm on other disobeys rules set up to guide behavior during the adjust to the Program setting and behave

Grievance Policy

Open and honest communication between families and the center is an essential component to a high quality early childhood program. W4C's/K.I.N.D. Care wants parents to be confident that their child is being well cared for and having a quality experience. If there is ever a time that a parent has a concern regarding their child, the center encourages bringing this concern to the child's teacher. If additional assistance is needed, either party may ask for assistance from the Director.

If parents have concerns regarding an aspect of the program or policy, please contact the Director. If parents remain unsatisfied, they may contact the Board of Directors.

As part of W4C's/K.I.N.D. Care program assessment, the center provides families with an annual questionnaire to evaluate the programs. This information helps the center assess how well the programs are meeting the needs of families and children, as well as identify opportunities for improvement.

Nutrition Policy

Attitudes about their physical Care has the from their own culture healthy. Eating moderately, eating a variety of foods, and eating in a relaxed atmosphere are healthy habits for young children to form.



food develop early in life. The foods children eat affect their well-being, growth, their ability to learn, and their overall behavior. W4C's/K.I.N.D. opportunity to help children learn about foods, enjoy a variety of foods and others, and learn that their bodies need to be strong, flexible, and

All food is prepared, served, and stored in accordance with the US Department of Agriculture Child Adult Care Food Program (CACFP) guidelines. Clean, sanitary drinking water is made available to children throughout the day. The center discards any food with expired dates and all food that was not consumed during mealtime. Foods hotter than 110 degrees Fahrenheit are kept out of children's reach. Foods that require refrigeration are kept cold until served.

Meals are served family style beginning in our 3 year old preschool classroom. Meals are served pre-plated to infants old enough for solids until the child has transitioned to the 3 year old preschool program. Monthly

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menus are posted on the center's Parent Bulletin Board, in each classroom and kept in a file to be reviewed by our program consultant. Copies of the menu are emailed and available upon request; please contact the Director.

- Before and after food preparation, food preparation surfaces are cleaned, rinsed and sanitized.
- Gloves are worn or utensils are used for direct contact with food, (no bare hands come in contact with prepared food) when served.
- Staff wash hands in the handwashing sink before preparing food. The food preparation sink is not used for handwashing or general cleaning.
- Children are not allowed to walk around with food or cups.
- Teachers sit at the table with the children, and eat the same food served to the children. This provides the opportunity to model appropriate table manners and engage in positive social interaction.

For children with special health care needs, food allergies, or special nutrition needs, the child's health care provider should give the center an individualized plan. This plan should be prepared by the family and the specialist involved with the child's care and provided to the Director. The parents will need to meet with the Director and any classroom staff to go over their child's individual health care plan. Children with food allergies will be protected from contact with the problem food. With family consent, the center will post 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 those who interact with the child throughout the day. When a child with a disability has special feeding needs, W4C's/K.I.N.D. Care will document the type and quantity of food the child consumes and provide this information to parents.

High risk foods often involved in choking incidents are modified or not served.

For children younger than four, this includes hotdogs (when hot dogs are served they are minced), whole grapes, nuts, popcorn, raw peas, hard pretzels, spoonful's of peanut butter, chunks of raw carrots, or meat larger than can be swallowed whole.

Children 6 weeks-11 months are served iron fortified formula or breastmilk.

Children 12-23 months are served whole milk.

Children 24 months and older are served low-fat milk.

Children ages 12 months and older are served juice that is 100% fruit juice.

W4C's/K.I.N.D. Care do not use foods or beverages as rewards for good behavior and will not withhold food or beverages as punishment. Teaching staff will never threaten to withhold food as a form of discipline.

Food brought from home:

Children, families, and staff may NOT bring food items in to the center to eat in the classrooms. Parents should offer their child something at home if they believe their child cannot wait for the center breakfast served between 8:15 – 8:45 Am.

If you would like to bring in a snack to celebrate your child's birthday or other special event, please talk with your child's classroom Lead Teacher beforehand so that we can avoid any unfortunate incidents involving allergies. For sanitation reasons and to meet IQPPS standards, treats brought to share with the class need to be whole fruit or commercially prepared or packaged foods or a mix that the children can prepare on site as a learning experience. If treats are brought from home, they are served with a meal and not as a

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replacement for a meal or snack.

Please help keep our children with allergies healthy by observing our policy that does not allow families or staff to bring food in from outside the center without permission. We carefully monitor and check for particular allergens or cross-contamination in all of the food that we serve the children.

K.I.N.D. Care Parent Note:

- Children going to Mary Welsh Elementary may eat breakfast at school, available until 8:20 Am. Breakfast is provided by the school and a ticket may be purchased through the school office. If your child will be eating breakfast, please remind them to go to breakfast first when they arrive to their school.
- On no-school days and in summer, we will offer breakfast, lunch and snacks at no extra cost to all children.
- On delayed starts and no school days the center will provide K.I.N.D. Care children a breakfast.

Iowa Nondiscrimination Statement—"It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.7 and 216.9. If you have questions or grievances related to compliance with this policy by this CNP provider, please contact the Iowa Civil Rights Commission, Grimes State Office Building, 400 E 14th St., Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; web-site: <http://www.state.is.us/government/crc/index.html>."

Transportation Policy

Transportation to and from W4C's/K.I.N.D. Care is provided by the parents or an adult the parent has arranged.

Every effort is made to make sure children arrive and return from field trips safely. No child is allowed to leave the facility for a field trip without a permission slip signed by a parent or guardian. The Williamsburg Community School District transportation is used in the majority of fieldtrips. All classrooms may walk to different locations in Williamsburg when applicable.

K.I.N.D. Care Parent Note:



During the school year transportation is provided by the Williamsburg School District to transport children from the center to school each morning; and back to the center after to school.

During the summer months the center leases bus transportation and driver from the Williamsburg Community School District for outbound fieldtrips.

Inclusion Policy

W4C's/K.I.N.D. Care is committed to provide programs for all children, including those with special health care needs such as asthma and allergies, as well as children with emotional or behavior disabilities and unique learning needs. Parents will meet with the Director to begin to establish a plan of inclusion for the child. Staff are aware of identified needs of individual children and are trained to follow through on specific intervention plans. It is the center's belief that inclusion in the programs will enrich the experience for teachers, students, other children, and families.

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1. Our facility meets the Americans with Disabilities Act accessibility requirements.
2. Confidentiality is assured with all families and staff in our program
3. All families will be treated with dignity and with respect for their individual needs and/or differences.
4. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with our public health nurse and other area support agencies/organizations as needed.
5. An individual plan of care is developed for each child with special health care need. The plan of care includes information and instructions for:
 - Daily care
 - Potential emergency situations
 - Care during and after a disaster emergency
6. Teachers, cooks, and other staff will also be orientated to any special needs or diet restrictions and updated as specific needs change.

Completed plans are requested from health care provider annually or more often as needed for changes. Plans are reviewed, initialed and dated annually by the parent or guardian.

W4C's/K.I.N.D. Care reserves the right to charge a higher weekly fee if accommodations are made above and beyond normal center cost. For example, if a child requires more one-on-one assistance or extra help with daily tasks, such as eating or toileting, additional fees will be discussed before service is agreed upon. The fees can change as the child progresses.

Lost, Stolen, or Damaged Items

W4C's/K.I.N.D. Care is not responsible for lost, stolen, or damaged items that you and your child bring to the center. All items you and/or your child bring should be labeled (as noted in Section 2 under Provisions). Lost and Found containers are located in the two hallways.

Pet Policy

Classroom pets and visiting animals must be in good health. Any animal in the classroom must have documentation from a veterinarian or animal shelter stating that they have been fully immunized. The animal should be suitable for contact with children. Reptiles and certain birds are not allowed as classroom pets because of salmonella.

Teaching staff must supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. W4C's ensures that any child allergic to any type of animal is not exposed to that animal. Each classroom pet has its own plan for care and cleaning. Children and adults wash hands after feeding or touching/handling animals, cages or equipment. Parents will be notified in writing when a new animal will be on the premises.

Water Activities

- **W4C's** has a water table/sensory table in each classroom (Red, Green, Blue, Purple, and K.I.N.D. Care) for the children. Children can stand and play in the water with their hands. Using water play provides children an active experience with science and math concepts. Children with sores on their

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hands are not allowed to participate with others in the water table to ensure no infectious diseases are spread. Children are not allowed to drink the water in the table 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 participate. Outdoor water play is limited to tubs, buckets and containers as well as the water table. W4C's does not participate in swimming pool activities. Staff supervise all children by sight and sound in all areas with access to water in tubs, buckets and water tables. During the summer the center has a sprinkler that is occasionally used.

- **K.I.N.D. Care** participates in water activities during its summer program. Children are grouped according to age and escorted (walked) by staff in groups no larger than 25 to swim at the Williamsburg Aquatic Center once per week. Staff remain with the children during a 2 -3 hour swim to supervise. The group follows all Aquatic Center rules, breaks, and are monitored by the Aquatic Center Life Guards. During pool check breaks, the children meet the staff and remain in one area until the pool is all clear for reentrance. Children check in with staff for any restroom and water fountain breaks, and check back with staff before returning to the pool area. Swim fees are paid by the parent either via punch card, daily cash or by pool membership. Swim lesson sign up is the responsibility of the parent. K.I.N.D. Care provides a courtesy service to escort K.I.N.D. Care children during any swim group lessons for the 9:30 and 10:00 am sessions. Parents must sign a center liability waiver to participate in K.I.N.D. Care public pool water activities. If a child is not authorized to swim with their group they will remain at the center and join another group until their classroom group returns from swimming.

Outside Play and Learning

W4C's/K.I.N.D. Care has daily opportunities for outdoor play as the weather permits, and the air quality and environmental conditions do not pose a threat. This allows children the opportunity to develop their large muscle skills, get exercise, and be active. The center uses 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.

When the children cannot go outside (due to weather conditions), they are given the opportunity to use the indoor equipment in the motor room for similar activities and are supervised at the same level as outdoors. For example, tumbling mats or balls may be offered for upper body activities. In order to ensure children can play comfortably outside, it is important that they are dressed according to the weather. When it is cold outside, children need a warm coat, mittens or gloves, and a hat (all should be labeled with the child's name). For warmer days, dressing children lightly is just as important. For those in-between days, dressing children in layers is a good practice. Scarves and hooded sweatshirts with strings pose a strangulation hazard and are not allowed on the playground.

There are areas on the playground for children to be in the shade and still be active. Parents are to provide a hat or other clothing for children as another protection from the sun. Sunscreen with a UVA and UVB protection of 15 SPF or higher to apply to children's exposed skin (with parent's written permission to do so).

Family Teacher Conferences

W4C's holds conferences annually in March for all children enrolled in W4C's. Conferences are a great time to come into the center and view some of the child's work, talk to the teacher about any concerns, and ask questions about behavior being seen at home.

Transitions to a new classroom:

Transitions are about change, a passage from one experience or one stage to another. Some of these transitions have naturally happened due to internal forces, such as physical development. As your child also approaches different kinds of transitions due to external forces in new classrooms that include a change in caregiver, routine, foods, feeding practices, room arrangement, new toys and friends. Caregivers partner with the family to make the transition as smooth as possible by connecting family members with the next program's staff.

- **Infant to Toddler:** To help make this a smooth and positive transition for the infant/toddler, we invite parents to help us create a transition plan to facilitate just that. It is important for caregivers to recognize that; sometimes unexpected things happen even with the best of plans; as infants and toddlers can react to the smallest changes. Our lead teachers are responsible for providing sensitive, responsive transitions that respect the infant/ child's individual abilities to cope and are prepared and open to make adjustments according to your child's needs and pace. Parents will be notified by the director to schedule a transition meeting that will include the director, current lead teacher and the new lead teacher. The transition meeting typically lasts up to 30 minutes to discuss what they can expect as their infant/toddler transitions from their current classroom to the new classroom. We strive to be flexible with parent schedules as we coordinate with our staff schedules.
- **Toddler to Three Year Old Preschool:** This age group transitions to preschool as a whole group at the beginning of a new school year; typically the last week in August. Before the transition the classroom lead teachers meet to discuss the upcoming transition and learn more about each child's needs. Parents will register their preschooler on a formal registration evening and also attend Open House night. Prior to the first day of school, small groups of children will visit their new classroom for a couple of two hour sessions.
- **Three Year Old Preschool to Four Year Old Preschool** will follow these same procedures as the Toddler to 3 year old preschool with the addition of home visits by their teacher.
- **Four Year Old Preschool to Kindergarten:** Preschool staff will provide information about enrollment policies and procedures, program options, and arrange for a K.I.N.D. Care visit whenever possible. Children moving to the school-age program, will be taken to visit their classroom and meet their teachers prior to their first day of class.

Section IV: Health and Safety Procedures

Health Policy



W4C's/K.I.N.D. Care is not responsible for any communicable disease acquired while a child is attending our center.

Health and Immunization Certificates

Upon enrollment, each child (infant – preschool) shall have a physical examination report and all children an immunization record signed by a licensed physician or designee in a clinic supervised by a licensed physician. This report will include health history, status of present health, and, if necessary,

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recommendations for continued care as recommended and published by the American Academy of Pediatrics. A statement of health condition signed by a physician or designee is required annually thereafter. School-age children will provide an annual Health Update Form filled out by the parent.

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 center is allowed. This also applies to continued enrollment at W4C's/K.I.N.D. Care. Immunizations for which parents have religious or medical exemption are the only allowable exception. It is the parent's responsibility to keep their child's health and immunization records up to date.

Health and Safety Records

Health and safety information is collected from families and maintained for each child on file in the center's Administrative office. Files are kept current by updating information as needed and on an annual basis.

The content of the child's file is confidential, but available to:

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

Child health and safety records will include:

- Name and number of health care provider and dentist
- Preferred Hospital
- Current information about any health insurance coverage required for treatment in an emergency
- Results of health examination, showing any screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results. (For K.I.N.D. Care school age an annual Health Statement signed by a parent is sufficient which is included in our intake packet.)
- Up to date Immunization record on an Iowa form (must be sign by a licensed Physician or nurse and parent). Out of state records must be transferred to an Iowa form by a licensed Physician or nurse.
- Current emergency contact information for each child that is kept updated annually.
- Names of individuals authorized by the family to have access to health information about the child.
- 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, etc.)
- Individual emergency care plans for children with known medical or developmental problems or other conditions that might require special care in an emergency (allergies, asthma, seizures, orthopedic or sensory problems, other chronic conditions, conditions that require regular medication or technology support, etc.). (QPPS 10.14)
- Supporting evidence for cases in which a child is under-immunized due to 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 illness, to which children are susceptible, occurs in the center.

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 teachers, all staff must be alert to the whereabouts of all children at all

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times. 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, sanitizing, using disinfectant and following universal precautions to prevent infections.
- All staff are familiar with evacuation routes and procedures.
- All staff annually complete the course: "Occupational Exposure to Blood Borne Pathogens."
- All staff over the age of 18 have a certificate of satisfactory completion of pediatric first aid, including managing a blocked airway, providing rescue breathing for infants and children, and CPR.
- All staff will have a pre-employment physical

Blood/Body Fluid Contact or Exposure:

Even healthy people can spread infection through direct contact with body fluids. Body fluids include blood, urine, stool (feces), drool (saliva), vomit, drainage from sores/rashes (pus) etc. All body fluids may be infected with contagious disease. Non-porous gloves are always used when blood or wound drainage is present. To limit risk associated with potentially infectious blood/body fluid, the following precautions are always taken:

1. Any open cuts or sores on children or staff are kept covered
2. Whenever a child or staff comes into contact with any body fluids, the exposed area is washed immediately with soap and warm water, rinsed and dried with paper towels.
3. All surfaces in contact with body fluids are cleaned immediately with detergent and water, rinsed, and disinfected with a bleach mixed fresh on a daily basis; (2 teaspoons per gallon) of cool water or with Oxivir-TB – (an EPA registered premixed peroxide based sanitizer/disinfectant.)
4. Gloves and paper towels or other materials used to wipe up body fluids are put in a plastic bag, tied closed and placed in a covered waste container. Any brushes, brooms, dustpans and mops, etc. used to clean-up body fluids are washed with detergent, rinsed and soaked in a disinfecting solution for 2 minutes and air dried. Machine washable items, such as mop heads, are washed with hot water and detergent in the washing machine. All items are hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach.
5. A child's clothes soiled with body fluids are put in a closed plastic bag and sent home with the child's parent/guardian.
6. Hands are always washed after handling soiled laundry or equipment, and after removing gloves.

Blood Contact or Exposure: When a staff or child comes into contact with blood (e.g. staff provides first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters the cut or mucous membrane of another person), the staff person will inform the Director immediately.

When staff report blood contact or exposure, we follow current guidelines set by the OSHA Blood borne Pathogens (BBP) Standards. See our full Blood borne Pathogen Exposure Control Plan (separate document) available from our center's office. This is reviewed and documented annually with all center staff.

Injury Prevention

1. Proper supervision is maintained at all times, both indoors and outdoors. Staff position themselves to observe the entire classroom or play area.
2. The staff inspect their classrooms for potential safety hazards and remove any broken or damaged

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equipment.

Hazards include, but are not limited to:

- Security issues, unauthorized persons, inadequate supervision or ratio issues
 - Broken toys and equipment, choke-able and sharp objects.
 - Strangulation hazards
 - Exposed cords
 - Poisoning (toxic supplies, plants or chemicals)
 - Tripping hazards
 - Sharp edges
3. The playground is inspected daily for broken equipment, environmental hazards, garbage, animal contamination, and required depth of cushion material under and around equipment. A monthly report is provided to the Board of Directors and recorded according to DHS documentation.
 4. Toys are age appropriate, safe and in good repair. Mirrors are shatterproof.
 5. Cords from window blinds/treatments are inaccessible to children.
 6. Both interior and exterior classroom doors used by children birth through preschool all have hinge guards installed.
 7. Infant cribs are in compliance with the federal guidelines.
 8. The center removes any toys or equipment that are recalled by the Consumer Products Safety Commission.
 9. Water temperature in classrooms used by children does not exceed 120 degrees F.
 10. Electrical outlets have either tamper resistant face plates or safety plugs.
 11. There are no open pails or buckets of water in child occupied rooms.

Illness Policy and Exclusion of Sick Children



Our staff members are trained to perform a morning health check. If a child shows any signs or symptoms of infectious or contagious disease, a fever over 101 degrees Fahrenheit, vomiting, or diarrhea, the child cannot attend the Center. The Center uses a digital thermometer to get a temperature on all children; no rectal or ear temperatures are taken.

Children who are sick need additional attention, love, care and comfort, which are best provided by the parent. Caring for an ill child at home or out of the Center until s/he has recovered helps us protect against the spread of infection. W4C'S/K.I.N.D. Care follows the exclusion policies for contagious disease set up by the Iowa Department of Public Health. A notice will be posted on every classroom door and entrance when a contagious disease is found among the children.

Please note: This policy is not all inclusive. The lead teachers along with the support of the On-Site Supervisor and the Director make the final call regarding whether your child can stay and when they will be allowed to return to the Center.

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In order to keep track of contagious illnesses (other than the common cold), an Illness Log is kept. Each entry includes the child's name, classroom, and type of illness. This is located with the On-Site Supervisor or Director.

If your child becomes ill at the Center or complains of symptoms, the following steps are taken.

- The child's temperature is taken
- If the child's temperature is normal, she/he is allowed to rest and is monitored for further symptoms.
- If the child has a fever of 101 degrees F or greater, s/**he is isolated** in the classroom and the parent or other authorized person is called to pick up the child. (100 degrees for infants under 6 months)
- Children with diarrhea, vomiting or suspected contagious disease will be sent home.
- A child that is not feeling well enough to participate in classroom activities will be sent home.
- If the child requires more care than the staff can give, which may result in compromising care for the other children, s/he will be sent home.

Following an illness, children will be re-admitted to the Center when they have been symptom free for 24 hours, have begun appropriate treatment, and/or no longer have significant discomfort and feel well enough to participate. A doctor's note does not guarantee re-admittance if the child still requires more care than the staff can provide, unless approved by the Director.

Vomiting, Diarrhea, or Evidence of Severe Illness, such as lethargy, unusual sleepiness, uncontrollable coughing, prolonged crying, obvious discomfort, difficulty breathing, wheezing, or poor appetite: Your child may return when symptom-free for 24 hours. Diarrhea is defined as:

- Stool that is not contained in the diaper for diapered children (We send home after 2 occurrences.)
 - Note: Yellow Ducks: Breastfed baby's stools are typically loose, and we take into account what is normal for the baby. The lead teacher, On-Site Supervisor, and Director make the call on what is/isn't Diarrhea.
- Diarrhea is causing accidents for toilet trained children (We send home after 2 occurrences.)
- There is blood or mucus in the ill child's stool.
- **Your child is not feeling well enough to participate in classroom activities:** Please follow up with your child's teacher before returning your child to the Center.
- **Cold, accompanied by one or more of the following symptoms:**
 - Your child is in respiratory distress (ex: red or blue in the face, or makes a high-pitched croup or whooping sound after they cough).
 - Your child has an elevation in temperature.
- **Ear Infection:** Your child has purulent drainage (containing pus, indicating an infection) and, upon positive diagnosis, must be on medication for 24 hours before returning to the Center.
- **Eye Infection, Mattering or drainage of the eye/eyes:** Your child cannot return to the Center until they have been on antibiotic ointment or drops for 24 hours or the eyes have shown significant improvement.
- **Fever**, a temperature of 101°F for children 6 months or older, 100°F for infants under 6 months using a Temporal Artery thermometer: Your child cannot return to the Center until they have been fever free for at least 24 hours without the use of medication.
- **Head Lice and/or Scabies:** Your child has evidence of head lice or scabies, and can return when they have been treated with appropriate medication and, in the case of Lice, nits removed. All clothing worn by the child prior to treatment must be laundered and it is advisable that family members also be treated.
- **Impetigo:** Your child has evidence of impetigo and, upon positive diagnosis, shall be excluded from the Center for 24 hours after treatment has begun and the infected area is dried and healing.

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- **Pinworms:** Your child has evidence of pinworms and, upon positive diagnosis, shall be restricted from the Center for 24 hours after appropriate medication has been administered. All clothing worn by the child prior to treatment must be laundered and it is advisable that family members also be treated.
- **Rash:** Your child has a suspicious-looking rash and, upon positive diagnosis, may return to the Center with a written release from a physician and Director's approval or when the rash has disappeared.
- **Sore Throat:** Your child may return when a strep culture is negative or when the child has been on antibiotics for 24 hours.

Please Note: If the child has a temperature of a minimum of 100° but it has not reached 101°, W4C's/K.I.N.D. Care will give a courtesy call to the parents to let them know. If a child is listless, fussy, and generally uncomfortable, the Center may ask the parent to pick up the child since they are unable to actively participate in the activities or rest comfortably in group care.

You are required to pick up your child within an hour of being called unless other arrangements have been made and approved with the Director. If you do not pick up your child within the hour, we will begin calling emergency contacts as needed.

Sunscreen Policy

During specified months, sunscreen will be applied to all children over six months of age enrolled in a center-based classroom 30 minutes prior to sun exposure.

Procedure:

- Sunscreen will be applied during the months of April through October
- Parent/guardian must sign a consent form:
 - a. Allowing staff persons to apply sunscreen to their child prior to outdoor activities.
 - b. Stating their child is not allergic to any of the ingredients in the sunscreen.
- Sunscreen will have a SPF 45-50 and be provided by parents.
- Staff will keep a log as to when and how often the sunscreen was applied.
- While wearing gloves staff will apply sunscreen in a thick layer evenly on all exposed skin areas except eyelids, mouth, and palms of hands and fingers 30 minutes prior to outside activities.
- Staff persons will reapply the sunscreen according to label directions every 2 hours.
- Sunscreen will not be used on infants less than 6 months of age due to skin sensitivity.
 - a. Infants will be kept out of direct sunlight by using shade and cover-up clothing.

BITING POLICY (revised 10/25/2018)

Biting is a natural developmental stage for children and is usually a temporary condition. It can occur without warning, is difficult to defend against, and provokes strong emotional responses for all involved (the biter, the victim, the parents, and the caregivers). 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. 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

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stimulation are all very difficult for children. Biting is not something to blame on children, their parents or their teachers.

It is important to explore the reasons for biting when it occurs. Staff will work with parents to gather information about the child's behavior and begin observations to determine the reasons for biting. Examples of some triggers could 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.

I. When biting occurs, our parents can expect our Center staff to:

- a. Put your child's safety first and provide first aid as well as comfort, support and advice to any child who is bitten. (See BITING ACTION PLAN below for First Aid procedures.)
- b. Provide classroom staff with adequate knowledge and training to deal properly and effectively with biting.
- c. Chart each occurrence, including attempted bites, and document location, time, participants, behaviors, staff present, circumstances, etc. and will include this data in a confidential **Biting Report** that is submitted to the Center's Administration for analysis, examining the context in which the biting is occurring and look for patterns such as:
 - i. Was the space too crowded?
 - ii. Were there too few toys?
 - iii. Was there too little to do or too much waiting?
 - iv. Was the child who bit getting the attention and care he/she deserved at other times, other than when he/she was biting?
- d. Work with the biter's parents to schedule conferences with the Director and/or the Classroom Lead Teacher for advice, support, and strategy planning.
- e. Let you know when there is a problem in the classroom, make current information and resources on biting available, and assure you that procedures are being followed to deal with the situation (See below for BITING ACTION PLAN). We take your concerns seriously and will treat them with understanding and respect.
- f. Closely monitor children who are struggling with biting to, hopefully, avoid biting occurrences, teach non-biting responses to situations, and reinforce appropriate behavior.
- g. Provide appropriate programming for children to help prevent biting by making adjustments to the classroom program/structure to better fit the individual child's needs.
- h. Keep your child's identity confidential if he or she bites. This helps avoid labeling or confrontations that may prolong the behavior.

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.

BITING ACTION PLAN

II. When a child is bitten, our Center staff will take the following actions:

a. **CARING FOR THE VICTIM:**

- i. Separate the victim and the biter.
- ii. Administer First Aid:
 1. First Aid in response to biting (both child and adult)
 - a. Wear gloves, clean wound with soap and water. Run water over wound for 5 minutes.
 - b. Apply ice or cool compress to help reduce the pain or swelling.
 - c. Bandage the wound as necessary.

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2. First Aid if bite breaks the skin. (both child and adult)
 - a. Wear gloves, clean wound with soap and water. Run water over the wound for 5 minutes.
 - b. Control the bleeding.
 - c. Cover the wound with sterile dressing and bandage.
 - iii. If the bite breaks the skin, contact the victim's parents and encourage them to contact their healthcare provider to determine if their child needs to be seen.
 1. Comfort the victim.
 2. Write an **Injury Report** to notify the victim's parents. Make one copy. The original is to be signed by the staff and the parent. The copy is to be given to the victim's parent.
- b. **CARING FOR THE BITER:**
- i. Separate the victim and the biter.
 - ii. Administer First Aid:
 1. Rinse the biter's mouth with lots of water.
 - iii. With a firm but gentle approach, state that biting is not allowed; use words such as "biting is not okay – it hurts."
 - iv. Do not allow the biter to immediately return to the play area/environment but redirect the child to other play; discuss the situation with the biter on a level the child can understand. We may help them to find something nice to do for the child that they have bitten.
 1. Focus the caring attention on the victim, avoiding any immediate response that reinforces the biting or calls attention to the biter.
 2. Encourage the biter to help take care of the child that was bitten (hold ice pack, comfort the child).
 3. The child will be asked to say sorry if developmentally appropriate.
 4. Help develop their empathy skills by giving the child who has been bitten a favorite book or comforter.
 - v. If the bite breaks the skin, contact the biter's parents and encourage them to contact their healthcare provider to determine if their child needs to be seen.
 - vi. Write a **Behavior Report** to notify the biter's parents. Make two copies. The original is to be signed by the staff, administrator, and parent and kept in child's file at the Center. One copy goes to the biter's parent the second copy is to be placed in a chronological file at the Center.

Please Note: When children bite, their parents are informed personally and privately the same day. All information is confidential, and names of the children involved in the incident are not shared between parents.

When our Center has followed all of the biting protocol as stated above in our Biting Policy, regarding a child that has developed an **Excessive Biting Issue** (see definition below), the parents of that child will need to prepare for the possibility that their child may have to be removed from our Center. When an Excessive Biting Issue is identified, the Center Director will meet with the parents of the child to discuss the issue and initiate a Parent Contract – Re: Biting.

(For this policy, a "significant bite" is defined as when the skin of another child or staff member is broken or bruised or the bite leaves a mark that lasts for over 24 hours. An "Excessive Biting Issue" is defined as at least two bites in a 4-hour period OR at least 3 significant bites in a one-week period.)

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Excessive Biting Issue Protocol/Terms of the Parent Contract – Re: Biting:

If a child **bites twice in a 4-hour period**, we will require the child to be picked up from child care for the remainder of the day. (This will not count towards the 2-day suspension, below.)

- OR -

If a child inflicts **3 significant bites in a one-week period** (5 weekdays), the child will be suspended for 2 business days.

If a child has had an Excessive Biting Issue (above), but after returning to child care goes for 3 weeks (15 business days) without biting, the Center will terminate the Parent Contract – Re: Biting.

However, if the child who has had an Excessive Biting Issue and after returning to child care **continues** to have an Excessive Biting Issue, it is in the best interest of the child, our Center, and other children, that the Center **suspend the child from child care for no less than one calendar month**. Parents will receive a two-week notice to secure child care elsewhere before the one-month suspension goes into effect.

- 1) If parents wish to hold their child's spot during the suspension period (or longer if the parents feel the biting has not yet subsided) the parents will need to pay full tuition for the duration.

If, after the suspension period has concluded, and the parents feel the biting issue has been resolved, they may return their child for care at our Center.

However, if the child returns to child care after the month suspension and continues to have an Excessive Biting Issue, the child will be discharged from our Center.

If you wish, your child may return to child care when he/she has reached the age of three years and is able to enter our Blue Horses Three-Year-Olds' Preschool at the beginning of our academic year. NOTE: You will not be able to hold your child's spot following the discharge and he/she will need to be registered as a new preschool child.

It is not our intent to 'punish' the parents with the course of action. We are trying to create a space that is safe and caring for all children. Please help us to do so. 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 their journey to independence!

Reporting Communicable Diseases

Staff and teachers provide information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed, the signs and symptoms of the disease, the mode(s) of transmission, periods of communicability, and control measures being implemented at the center and that families should implement at home.

W4C's/K.I.N.D. Care has documentation that has cooperative arrangements with local health authorities and has made contact with those authorities annually to keep current on relevant health information and to obtain advice when outbreaks of communicable disease occur.

Medication Policies and Procedures



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The center director shall assign a staff person to oversee the administration and documentation of medication, hereafter referred to as “Medications Administrator” or “MA”.

- All medications are to be brought to the MA to be processed and stored along with corresponding medication forms and information. In the event that the MA is not available the MA will designate another staff person to receive medication and documentation from the parents, and/or to administer medication.
- All medications are to be stored by the MA away from the classrooms, inaccessible to children and the public, with the following exceptions:
 - Frequently-used dietary (such as gas drops or Miralax) or topical OTC medications (such as creams, ointments, including diaper cream and sunscreen) may remain in the classrooms but kept safely away from children. Each use of OTC medications kept in the classroom is to be documented by staff using the form provided by the center. This documentation may remain in the classroom for these medications.
- Whenever possible, the first dose or application of a prescription or an over-the-counter (OTC) medication should be given to the child at home by the parent and any possible adverse reactions observed and tended to appropriately.
- When a parent wants a child to be given a PRESCRIPTION MEDICATION:
 - Medication must be brought to the center in the original or a duplicate child-safe container, along with any dosing apparatus that comes with the medication.
 - Medication must be accompanied by the doctor’s instructions for use/pharmacy label with:
 - Child’s first and last name
 - Date prescription was filled
 - Name of health care provider
 - Medication’s expiration date
 - Name and strength of medication
 - Manufacturer’s instructions on label with specific legible instructions for administration, storage and disposal.
 - Medication must be accompanied by our center’s Medication Authorization Form completed by the parent. This form is provided by the center and is good for one month only. The medication will not be administered until this form is submitted by the parent.
- When a parent wants a child to be given an OVER-THE-COUNTER (OTC) MEDICATION:
 - OTC Medication must be brought to the center in the original child-safe container, along with any dosing apparatus that comes with the medication.
 - OTC Medication must be labeled with the child’s name and specific instructions for administration.
 - When we are asked by a parent to administer an OTC medication in a way that is contrary to labeling instructions, or when the usage/dosage instructions on the label are unclear, we must require a physician’s order to administer the medication.
 - OTC Medication must be accompanied by our center’s Medication Authorization Form completed by the parent, provided by the center and is good for one month only, with the following exceptions:
 - Sunscreen, insect repellent, lotions, diaper cream, antibiotic ointment, and acetaminophen: A separate form needs to be completed and is included in the registration packet. This form is updated annually.

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- The MA will administer medication after checking the following: correct child, correct medication, correct dose, correct time, and the right way to administer (oral, topical, breathing, shot, etc.).
- The MA will document the administration of medications and, if medication is forgotten by the parent, is not administered, is delayed, is administered incorrectly, or if the child is absent during the course of a medication, the MA will document accordingly.
- The MA will document when any medication, or empty medication container, is returned to a parent, and will return any empty medication containers to the parent, as well as medication in its original container when there is medication remaining after the authorization to dispense has ended, the child no longer requires the medication, or the medication has expired.
- If the medication is kept at the center for treatment of a chronic condition, no more than a one-month supply should remain at the center.
- Any special training required for administering medication will be the responsibility of the parent/guardian of the child.
- Emergency Medications:
 - When a child requires emergency medication (such as an inhaler, insulin, or seizure medication) to be located in the classroom or first aid kit, the MA will authorize and train the appropriate staff how to properly store and administer the emergency medication.

Oral Health Policy

Children in the Purple Cats and Blue Horses classrooms are provided the opportunity to brush their teeth and gums to remove plaque and food. Brushing will happen after breakfast and lunch.

Hand Washing Procedures

Frequent hand washing is the 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 posted by each sink.

W4C's/K.I.N.D. Care follows these practices for hand washing:



- Staff members and 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 as hand washing reduces the risk of transmitting infectious diseases to themselves and others.
- Staff assist children with hand washing as needed to successfully complete the task.

Children and staff wash their hands:

- Upon arrival for the day. (Parents will assist their child in hand washing upon arrival)
- 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 and after meals and snacks; preparing or serving food or handling raw foods that require cooking (e.g., meats, eggs, poultry, etc.).

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- After playing in water that is shared by two or more people.
- After handling pets and other animals or materials such as sand, dirt, or surfaces that might be contaminated by contact with animals.

Staff 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.

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

- Check to make sure a disposable paper towel is available
- Turn on warm water (no less than 60 degrees and no more than 120 degrees)
- Wet hands with water and apply soap to hands.
- Vigorously rubbing hands together for at least 20 seconds, including back of hands, wrists, between fingers, under and around jewelry, and under fingernails.
- Rinsing well at least 10 seconds.
- Drying hands with a disposable paper towel or air dryer.
- Avoiding touching the faucet with washed hands (e.g., by using the towel to turn off the 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 hand washing 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 used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food.

Cleaning, Disinfection and Sanitization



- W4C's/K.I.N.D. Care ensures classrooms are kept clean and in sanitary condition.
- All cleaning and sanitizing products are kept out of the reach of children.
- Staff are trained in cleaning techniques, proper use of protective barriers (gloves), proper handling and disposal of contaminated materials, and information required by the U.S. Occupational Safety and Health Administration about the use of chemical agents.
- Facility cleaning requiring any potentially hazardous chemicals is scheduled when children are not present to minimize exposure.
- All cleaning products are used as directed by the manufacturer's label. Nontoxic substances are used whenever possible.
- Air fresheners and room deodorizers are not used.

Cleaning Methods:

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1. Soap and water scrub – a few drops of liquid dish soap mixed with water and friction applied are used for the initial cleaning of soil.
2. Rinse: Spray bottle with clear water is used for classroom surfaces.
3. Washing Machine used for laundry is done on site in the janitorial room.
4. Professional Janitorial Service
5. Vacuuming
6. Carpet Steam Cleaning

Disinfection/Sanitization non-toxic solution methods:

1. Bleach Solution is prepared in the kitchen and mixed fresh on a daily basis; 2 teaspoons per gallon of cool water. Hard surfaces are sprayed until glossy; wait time is air dry or wipe after 2 minutes.
2. Oxivir-TB – is an EPA registered premixed peroxide based sanitizer/disinfected used to clean. Wait time is 1 minute.
3. Kitchen Mechanical Sanitizer

Schedule of Cleaning:

1. Tables & chairs including high chairs are cleaned, rinsed and sanitized before and after snacks and meals.
2. Kitchen counters and sinks are cleaned, rinsed and sanitized every day before and after preparing food.
3. When a spill occurs, the area is made inaccessible to children and the area is immediately cleaned.
4. Water and sensory tables are emptied and cleaned, rinsed and sanitized after each use.
5. Children wash hands before and after water /sensory table play.
6. Mouthed toys are put in a plastic “mouthed toy” container after use by each child then cleaned, rinsed and sanitized at the end of each day and allowed to dry overnight before use by another child.
7. Infant equipment: Infant saucers, seats, and swings are cleaned and sanitized and laundered (as appropriate) weekly and as needed.
8. Sheets, blankets, wash cloths, bibs and cloth toys are laundered after use and before another use.
9. Toilets and sinks are cleaned and disinfected daily or more often if necessary.
10. Cribs and cots are washed, rinsed and sanitized weekly, before use by a different child, after a child has been ill, and as needed.
11. Center Floors are deep cleaned, stripped and waxed twice per year and are maintained on a daily basis with dust mopping and scrubbing.
12. Center area carpets are vacuumed on a daily basis.
13. Center area carpets are professionally steamed cleaned twice per year, more often as needed.
14. Eating utensils and dishes, pacifiers and bottles are cleaned and sanitized with a mechanical sanitizer.
15. Both dust and wet mop heads are cleaned, rinsed and dried on a daily basis. A separate mop is used on restroom floors.

First Aid Kits



A First Aid Kit

is located in each classroom in a cupboard marked with the red first aid sign. It

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is inaccessible to children, but readily available for staff use. It is fully equipped according to guidance from Healthy Child Care Iowa. Following each use of the First Aid Kit, the contents are inspected and missing or used items are replaced immediately.

All classroom First Aid Kits are inspected monthly by classroom staff and restocked monthly or sooner if necessary. The center on-site supervisor or designee receives a monthly inspection report from each classroom and signs-off for approval that kits are in compliance with DHS standards.

The First Aid Kit is taken to the outdoor playground as well as on field trips and outings away from the center.

Emergency Plans

Introduction

The intent of this plan is to assist the Director/On-Site Supervisor and staff in responding to emergency situations and provide information to center family members concerning emergency practices. All staff have immediate access to a phone that allows them to summon help in an emergency. The telephone numbers of the Fire Department, Police Department, Hospital, and Poison Control are posted by each telephone with an outside line. Emergency contact information for each child and staff members are kept readily available in all classrooms and authorization for emergency transport are taken along anytime children leave the center in the care of staff.

The center has the ability to use the **ALERT Iowa- Emergency Announcement Communication System to contact families via text message and/or email when the center has an emergency (lockdown, closings, evacuation etc.).**

The following situations are included in our Health and Safety Policy:

1. Medical
2. Dental
3. Fire
4. Tornado
5. Physical/Emotional threats
6. Environment/Chemical Spills
7. Poison Information
8. Earthquakes
9. Utility disruption
10. Blizzards
11. Intruders
12. Intoxicated Parents
13. Lost or Abducted Child
14. Bomb threat
15. Emergency Crisis/Disasters
16. Evacuation Procedures and Process
17. Protection from Hazards and Environmental Health

1. Urgent Medical Emergencies and Notification of Accidents/Incidents

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Staff are trained in basic first aid and child/adult CPR and in Universal Precautions.

Non-life threatening injuries at W4C's/K.I.N.D. Care: Your child's teacher will assess the situation and apply the appropriate first aid as needed. Vinyl gloves are used if blood is present or other body fluids. Minor cuts and scrapes are treated with soap and water. Bumps are treated with an ice pack.

For incidents that are non-life threatening, but require the child to receive further medical treatment beyond what the center can provide, parents will be notified to immediately pick up the child to seek medical assessment and/or treatment.

For life threatening medical/injury incidents, **a staff will remain with the child until a parent/guardian or emergency contact arrives, including during transport to a hospital.** Appropriate first aid is administered while another staff calls 911 for immediate intervention, after which parents will be notified. **A substitute will be provided to the classroom in the event of a staff accompanying a child to a hospital for emergency treatment.** A child in need of emergency urgent medical or dental care will be transported via ambulance to the nearest hospital or parent preference stated on the child's emergency medical consent form.

Staff will record any incident or injury on an Injury Report

The report will include:

- date, time and place
- how many children and staff are present
- treatment provided
- names of staff providing treatment and persons contacted.

Both staff and parents will sign the form and a copy is given to the parent the same day or within 24 hours of the incident.

All injuries are recorded on the Injury Log, which is located in the On-Site Supervisor's or Director's office.

2. Dental Emergency Procedures

- **Toothache:** Staff will rinse the child's mouth with warm water to clean out debris and/or use dental floss to remove any food that might be trapped between teeth. If swelling is present, a cold compress will be put on the outside of the cheek. A parent will be called to pick up the child to seek dental treatment from a dentist. Heat or placing an aspirin on the aching tooth or gum tissue will not be allowed at the center as a temporary form of treatment.
- **Knocked out Tooth:** Parent will be informed immediately to pick up child to seek emergency treatment. If the tooth is dirty, a staff will rinse it gently in running water. If it is a permanent tooth, a staff will try to put the tooth back in its socket. If that is not possible, a staff will put the tooth in a container with cold milk and send with the child.
- **Broken Tooth:** Staff will rinse the mouth with warm water to clean the area. A cold compress will be used on the face in the area of the injured tooth to minimize swelling. Staff will call the parent to seek dental care.
- **Bitten Lip or Tongue:** A staff will clean the area gently with a cloth and apply direct pressure to the bleeding area. If swelling is present we will apply a cold compress. If bleeding does not stop a

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parent will be called to seek medical care.

- Orthodontic Problems: If a wire is causing irritation a staff will cover the end of the wire with a small piece of gauze until a parent can pick up and seek orthodontic care.
- Object Wedged Between Teeth: A staff will try to remove the object with dental floss. If not successful using floss, a staff will call the parent to pick up and seek dental care.
- Possible Fractured Jaw: A staff will immobilize the jaw by means of a towel or hanker chief. If swelling is present a cold compress will be applied. A parent will be called to seek emergency medical care.

3. Fire:



- Teacher pulls the alarm if it has not already been done if a fire is observed.
- Emergency routes are posted on each classroom exit wall.
- Everyone assembles quickly and quietly to exit their rooms, depending on where the fire is located. A head count will be immediately done and maintained until children are released to parents. Infants are placed into evacuation cribs and wheeled to a safe exit.
- Assistants check safety of exit and assist children's exit to the playground or down the hall and out the front door.
- Teacher checks areas for children, gets the emergency book, and daily attendance sheet, turns off lights, and shuts doors.
- Teacher joins group and rally on the K.I.N.D. Care basketball court and immediately takes attendance.
- In the event of an immobile child, teacher assistant will carry the child out of the building.
- If the building evacuation extends beyond customary time, children will be moved to the Williamsburg Rec Center and parents will be notified by the Director via Iowa Alert System
- If inclement weather interferes with walking the school district will be contacted for busing service.

4. Tornado:



- Teachers assemble children at their classroom door, get the emergency numbers book, evacuation bag & daily attendance sheet. A head count will be done and maintained until children are released to parents.
- Emergency routes are posted on each classroom exit wall.
- The cook and other extra staff will help with infants.
- Red Bird and Green Frog Teachers lead children to the Purple Cats classroom.
- Blue Horses go to their restroom area, but if space allows, Blue Horses can move to the Purple Cat room.
- Yellow Ducks will move infants to the evacuation cribs and put them along the sleeping room west wall. If possible infants are held in teachers' laps and protected. If there is not sufficient staff to hold infants, cots will be placed over the cribs to help protect them from falling and flying objects.

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- K.I.N.D. Care will move to the internal east hallway and Staff Workroom.
- Teachers instruct children to sit with their hands over their heads and take attendance.
- Staff remain with children until the all clear sounds. Then everyone returns to their own classroom.

5. Physical/Emotional Threats:

- 911 is called immediately.
- The Board of Directors are contacted and informed of the situation.
- Parents of involved children are notified.

6. Environment/Chemical Spills:



- If the situation arises, all instructions from authorities will be followed.
- The Director or On-Site Director will notify the appropriate authorities.
- Sheltering in place: Shelter in place involves keeping all windows and doors closed and covering all air intake vents to provide protection from airborne hazardous materials.
- Ensure all W4C'S/K.I.N.D. Care staff and children are in the building (outside playground areas are unoccupied).
- Ensure all doors and windows are closed and secured.
- If necessary, emergency response personnel will shut off all systems to isolate the outside air from the building if the system has not already shut down.
- Remain in the building until notified by the emergency response authorities that the situation has been resolved or that an evacuation has been ordered.
- Parents are notified via Iowa Emergency Alert System.

7. Poison Information:

- Poison Control emergency phone number that is posted by all telephones is called. Proper care is taken.
- Parents are notified.

8. Earthquakes:



- In the event of an earthquake, staff follow the same steps for a tornado.
- Parents are notified after the event.



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9. **Power Outages:** The decision to close the W4C'S/K.I.N.D. Care or delay its opening will be based on the following factors:

- The amount of natural light in the center
- The temperature in the center
- The ability and necessity of heating food and formula
- The risk to the health and well-being of children and staff.
- Alliant Energy is called to confirm the length of the outage.
- Parents are notified if the power will be off for more than one hour. The staff will begin calling parents/guardians to inform them of the situation after 1 hour of disrupted service. Infant families will be called first and may need to be called sooner depending on how much disruption has occurred to basic care giving routines. This time period will allow the W4C'S/K.I.N.D. Care to assess the situation and provide families with as much accurate information as is available.

10. **Blizzards:**

- W4C's/K.I.N.D. Care plan to be open. Likely numbers are low and we will utilize local staff that can make it to work.
- In the event we would lose utilities the center will close. Any closing decisions will be made by the Board of Directors and announced on KCRG channel 9. Parents are instructed to watch KCRG Channel 9 or contact the Director with any questions.
- If we need to close after children have arrived parents will be contacted first by telephone.

11. **Intruders in the Center:**

- All staff will monitor and escort intruders out, if possible. If not possible staff will follow A.L.I.C.E. training process.
- **A.L.I.C.E. Training:** All center staff and new employees will have A.L.I.C.E. Training that is specific to our center needs from the Iowa County Emergency Management Coordinator. This training will help us provide another layer of safety for all our children and staff.
- **What is A.L.I.C.E.?** ALICE is a proactive response to a man-made threat.
- **The purpose of ALICE** (Alert, Lockdown, Inform, Counter, Evacuate) training is to prepare individuals to handle the threat of an active shooter.
- **ALICE teaches** individuals to participate in their own survival, while leading others to safety. Though no one can guarantee success in this type of situation, this new set of skills will greatly increase the odds of survival should anyone face this form of disaster.
- **ALICE Acronym:** To make it easy to remember in a stressful situation, ALICE is broken up into five strategies: Alert; Lockdown; Inform; Counter and Evacuate.
 - The purpose of **ALERT** is to notify as many people as possible within the danger zone that a potentially life threatening risk exists.
 - The purpose of **LOCKDOWN** is to secure in place, and prepare to EVACUATE or COUNTER, if needed.
 - The purpose of **INFORM** is to continue to communicate the intruder's location in real time.
 - The purpose of **COUNTER** is to interrupt the intruder and make it difficult or impossible to aim. This is a strategy of last resort.

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- The purpose of **EVACUATE** is to remove yourself from the danger zone when it is safe to do so.



12. Intoxicated Parents:

In the event a staff believes a parent or guardian or designated pick up person is intoxicated when picking up their child. Staff are to implement the following: (We are Mandatory Reporters).

- Remain calm and polite (to stall the individual)
- Request that another adult be called to pick up the child or call the numbers listed on the Child Release Form.
- Staff members will alert other staff personnel of the problem
- Alerted staff members will close the doors of their areas of responsibility
- Staff will inform police.

13. Lost or Abducted Child:

- Immediate notification of the police once an initial search of the facility has been made and rapid attempts have been made to confirm whether or not a family member may have picked up the child.
- Conduct a search of all areas of the facility, including closets, cabinets, etc., and the immediate surrounding area.
- Make all other required notifications. (Parents)
- Continue searching while waiting for the police/security to show.

Bomb Threat Procedures



- Notify the Director or Onsite Supervisor
- Call 911
- The children will need to evacuate at the nearest exit.
- Staff will escort children to the grassy on the east side of Franklin Street.
- Attendance will be taken when the student are assembled away from the center.
- When all are accounted for, the children will be walked by the staff to the Williamsburg Recreation Center. During inclement weather, the children and staff will be transported via Williamsburg School Bus to the Williamsburg Recreation Center.

When a Bomb Threat is received at W4C'S/K.I.N.D. Care the person receiving the call will make every attempt to: **(A Threat Call Checklist will be used to track the following information)**

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1. Prolong the conversation as long as possible
2. Identify the background noise.
3. Note distinguishing voice characteristics.
4. Interrogate the caller as to the description of bomb, where it is, and when it is due to explode.
5. Determine the caller's knowledge of the facility.

14. Emergency Crisis/Disasters

Roles & Responsibilities

In the event of an emergency situation, the W4C'S/K.I.N.D. Care Director or On-Site Supervisor shall declare an emergency situation and institute the appropriate response actions. In the event that the Director is not available, the On-Site Director in authority shall assume the responsibilities of the Director.

W4C'S/K.I.N.D. Care Director: & or On-site Supervisor will:

- Work with the Williamsburg School to arrange transportation and the Recreation Center for our evacuation location.
- Familiarize all staff with the crisis/emergency response plan and ensure effective implementation.
- Ensure that W4C'S/K.I.N.D. Care practice drills are implemented and documented.
- Ensure supplies and equipment are present and checked at least monthly.
- Review each crisis/emergency situation to ensure that proper reports are completed and appropriate action is taken to prevent repetition of any ineffective efforts.
- Act as team leader in a crisis/emergency situation. Identify the emergency situation and determine the course of action.
- Activate contact with Iowa County Emergency Management in a potential or existing crisis/emergency situation.

Employee responsibilities:

1. Notify the Director of emergency situations as they become aware of them.
2. Follow emergency procedures as outlined and directed by the person in charge.
3. Safety and well-being of the children in their care.

This Emergency Response Plan

The Emergency Response Plan is a guide for how W4C'S/K.I.N.D. Care staff will handle crisis emergencies and disaster. Every staff member is aware of the existence of this plan and is knowledgeable of their roles and responsibilities in emergencies and disasters as set out in this plan. This plan is stored in an area where every staff member has easy access it. Should an emergency or disaster occur during the absence of the Director or On-Site Supervisor, Staff should have easy recourse to the plan. This plan is reviewed on an annual basis and copies are provided to all staff.

Testing of Plan: This will be done in two ways:

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- **Tests and Exercises** - These are tests of individual components and exercises that ensure that staff is familiar with the plan and that the supporting procedures are workable. There are two types of Exercises: Orientation, Drills.
- **Actual Event:** Though no one wants the experience of an actual disaster, the event provides the opportunity to test the validity of the assumptions within the plan. A review of responses after an event provides the opportunity to upgrade the disaster plan.

Training

It is recognized that to achieve the capacity and competency that will allow staff to function smoothly during a response, training will be an ongoing component of professional development.

Disasters can actually result from three (3) types -- or combinations -- of incidents, caused by:

- Natural or cataclysmic events (*e.g., earthquakes, fires, floods and storms*);
- Human behavior (*e.g., robberies, bomb threats, acts of arson and disgruntled person*)
- Technological breakdowns (*e.g., power outages, computer crashes and virus attacks*).

The **Emergency Response Plan** is controlled by the center Director to ensure appropriate updates, changes, and reviews are incorporated in all distributed copies of this plan. A copy of the plan is available in the following:

- W4C'S/K.I.N.D. Care Director's Office
- W4C'S/K.I.N.D. Care On-Site Supervisor's Office
- W4C'S/K.I.N.D. Care Staff Room
- W4C'S/K.I.N.D. Administrative Assistants Office

15. Emergency Evacuation Process

The decision to evacuate the center will be made by the Director or On-Site Supervisor in the absence of the Director. When the decision is made, the Director will make the announcement via phone intercom that all persons are to evacuate to their assigned assembly area and await further instructions and/or activate the building fire alarm. The On-Site Director will notify appropriate personnel.

- **W4C'S/K.I.N.D. Care staff will evacuate their children as follows:**
- **Infants and Immobile Children**
Put up to four **non-mobile babies** in an evacuation crib and move children to the evacuation assembly area. Take attendance sheets, emergency binder, and evacuation bag. For inclement weather, *if possible*, take appropriate supplies to protect the infants. Designated non classroom staff (cook, office staff) will assist **older immobile children** to the evacuation assembly area.
- **Toddlers and Preschool**
Each classroom will gather children in a group and supervise an orderly evacuation to the designated assembly area. Take attendance sheets, emergency binder, and evacuation bag. For inclement weather, *if possible*, take appropriate supplies to protect the children.
- **School-Age (Kindergarten – 6th grade)**
Each classroom will gather children in a group and supervise an orderly evacuation to the designated assembly area. Take attendance sheets, emergency binder, and evacuation bag.

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For inclement weather, *if possible*, take appropriate supplies to protect the children.

W4C'S/K.I.N.D. Care Searchers (Lead Teachers) will assist the staff with the evacuation and then proceed to perform their assigned duties.

Note: Under no circumstances is staff to stop for any of their own or children's personal belongings.

W4C'S/K.I.N.D. Care Accountability Process

- In the event of an evacuation, if it is available, the Director or On-Site Supervisor will take a printout of the children and employees logged into W4C'S/K.I.N.D. Care and the list of visitors in the building. These lists will be taken to the designated assembly area (K.I.N.D. Care Playground Basketball Court) and attendance will be taken.
- The Director or the On-Site Supervisor will notify appropriate authorities; i.e., Fire Department, Police Department the results and report any missing children, staff or visitors, providing information as to possible locations.

Signs and Postings

- A floor plan/diagram are posted in all classroom and common areas indicating the primary and secondary routes for egress from each area. The diagram identifies the building's shelter locations and evacuation assembly areas.
- Emergency phone numbers are displayed by all telephones in the center

Assembly area and Evacuation Site

- The designated evacuation areas for the W4C'S/K.I.N.D. Care are the farthest points from the building within the fenced outside playgrounds and the W4C'S/K.I.N.D. Care parking areas, (the North Basketball Court on the Kind Care Playground). If those area do not provide adequate protection for the children, they will evacuate the large grassy area on the east side of Franklin Street across the road from the building's entrance driveway.
- The Williamsburg Recreation Center, will become the evacuation site when an emergency requires an evacuation away from W4C'S/K.I.N.D. Care premises.
- The Williamsburg School Transportation will assist W4C'S/K.I.N.D. Care staff and children with bus transportation to the Recreation Center in the event of inclement weather or as deemed necessary.
- If necessary the Iowa County Emergency Response Team and/or Williamsburg Fire Department will assist in the orderly evacuation of the children.

16. Protection from Hazards and Environmental Health

W4C's/K.I.N.D. Care staff protects children and adults from hazards, including electrical shock, burns, scalding, slipping, tripping, or falling. Floor coverings are secured to keep staff and children from tripping.

The center staff and parents are notified if there would be a presence of toxic substances such as (asbestos, formaldehyde, or hazardous chemicals). The identified ingredients of any chemical or sanitizing products are listed in in the center Material Safety Data Binder located in the Staff Workroom or the front office. When

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nontoxic substances are available, nontoxic substitutes are used instead of toxic chemicals.

The center has been tested for lead, radon, radiation, asbestos, fiberglass, and other hazards that could impact children's health. Documentation of these tests are on file in the Directors' office. W4C's/K.I.N.D. Care uses city water. The heating and cooling system is maintained by staff and Belland's Heating and Cooling. Ventilation systems are in compliance with national standards for a facility used by children.

W4C's/K.I.N.D. Care maintain a facility so children are free from harmful animals, insects, and poisonous plants. Pesticides and herbicides, if used, are applied according to the manufacturer's instructions when children are not in the facility and in a manner that prevents skin contact, inhalation, and other exposure to children. W4C's/K.I.N.D. Care uses the technique known as Integrated Pest Management (IPM) so that the least hazardous means are used to control pests and unwanted vegetation. Bugs/Rodents: The center is treated with a Green product on a quarterly basis outside of business hours.

Smoke Free Facility



In compliance with the Iowa Smoke Free Air Act of 2008, W4C's/K.I.N.D. Care and their grounds are smoke free. A "No Smoking" sign meeting the law's requirements is posted at the entrance to inform people they are entering a non-smoking facility. No smoking is allowed on the grounds or within sight of the children. For more information or to register a complaint call 1-888-944-2247 or visit www.iowasmokefreeair.gov.

Substance Abuse

Persons under the influence of drugs or alcohol will not be permitted on the premises of W4C's/K.I.N.D. Care. At no time will children be released to a person under the influence of alcohol or drugs.

SECTION V: W4C's/K.I.N.D. Care Classrooms



Yellow Ducks (six weeks to twelve months)

This room allows infants to receive love and attention to all their needs. The infant room is street-shoe-free to reduce infant exposure to dirt, germs, chemicals, and pesticides. All staff and other adults entering the room wear socks, slippers or classroom inside classroom only shoes. With a separate play and nap area, there is plenty of space to learn how to roll over, sit up, crawl, and walk without disturbing babies who are sleeping. The classroom has three main areas, eating, sleep and active play which are visually open to each other. The sleeping and eating/active areas are divided by a less than half door and changing station that also hold each infant's individual daily supplies. The room has two sinks one for food prep and one for hand washing. The sleep area has up to 12 cribs and a rocker with separate lighting from the active play area. The eating/active play area is well lit with natural light from the north windows. Windows are low and allows infants to view the outdoors. The eating/active area consists of 2 rockers, low level shelving, floor mats, high chairs and carpet areas for comfort and has an adequate supply of age appropriate toys.

- Ages and Stages Assessments are used to assess and track individual development. Parents will be responsible to do an assessment at home at several benchmark periods and return the completed form back to the Lead Teacher. These assessments will continue and go with the child as they transition to each classroom.
- Each child also has their own crib to sleep in as their schedule demands. Evacuation cribs are available for all infants (max 4 per crib). Evacuation cribs have wheels capable of crossing terrain on our evacuation route. A clear pathway is kept between the evacuation cribs and the emergency exits.
- W4C's provides Parent's Choice brand formula. You may provide your own formula or breast milk. When your child is ready, the center also provides cereal, home and commercially made baby food.
- The classroom is staffed with one caregiver to every four infants, with a maximum of twelve children at any time.
- A staff person will be in the sleeping area 100% of the time to monitor infants sleeping.
- Children will move to the Red Birds when developmentally ready (walking steadily, eating table food, and drinking from a sippy cup) at approximately 12 months of age.

Infant Safe Sleep Policy

ABC's of Safe Sleep

A - Alone in crib

B - Back to sleep

C - Crib empty of all objects

Providing infants with a safe place to grow and learn is very important. For this reason, W4C'S has created a policy on safe sleep practices for infants up to 1-year-old. We follow the written guidelines for child care centers called Caring for Our Children – National Health and Safety Performance Standards written by The American Public Health Association and the American Academy of Pediatrics. These recommendations will provide a safe sleep environment and reduce the risk of accidental and sudden infant death syndrome (SIDS). SIDS is “the sudden death of an infant under 1 year of age, which

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remains unexplained after a thorough investigation.” The staff, substitute staff, and volunteers at W4C'S practice the following safe sleep policy.

1. Sleep Position:

- Infants will be placed flat on their backs to sleep every time unless there is a physician, practitioner, or clinician signed sleep position medical waiver up to date on file. In the case of a waiver, a waiver notice will be posted at the infant's crib without identifying medical information. The full waiver will be kept in the infant's file.
- Infants will not be placed on their side for sleep.
- Devices such as wedges or infant positioners will not be used since such devices are not proven to reduce the risk of SIDS. Devices can increase the risk of suffocation or accidental death.
- Infants who use pacifiers will be offered their pacifier when they are placed to sleep, and it will not be put back in should the pacifier fall out once they fall asleep.
- Pacifiers will be cleaned between each use, checked for tears, and will not be coated in any sweet or other solution.
- While infants will always be placed on their backs to sleep, when an infant can easily turn over from back to front and front to back, they can remain in whatever position they prefer to sleep.

2. Sleep Environment:

- Our program will use U.S. Consumer Product Safety Commission guidelines for safety-approved cribs and firm mattresses.
- Infants will not be placed to sleep on any standard bed, waterbeds, couches, air mattresses, or on other soft surfaces.
- Only one infant will be placed to sleep in each crib. Siblings, including twins and triplets, will be placed in separate cribs. Each infant will have their own assigned crib and bedding.
- The crib will have a firm tight-fitting waterproof mattress covered by a fitted sheet and will be free from blankets, loose bedding, toys, and other soft objects (i.e., pillows, quilts, comforters, sheepskins, stuffed toys, etc.)
- All bedding and coverings will be washed at least weekly, or immediately if the material becomes soiled or wet. Crib frames are wiped down and sanitized weekly.
- To avoid overheating, the temperature of the rooms where infants sleep will be checked and will be kept at a level that is comfortable for a lightly clothed adult.
- Sleep clothing, such as sleepers, sleep sacks, and wearable blankets, will be used as alternatives to blankets.
- Bibs and pacifiers will not be tied around an infant's neck or clipped on to an infant's clothing during sleep.
- Smoking will not be allowed in or on the W4C'S premises

3. Supervision:

- When infants are in their cribs, they will be within sight and hearing of staff at all times.
- A staff member will visibly check on the sleeping infants frequently (every 15 minutes)

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- When an infant is awake, they will have supervised “tummy time.” This will help babies strengthen their muscles and develop normally.
- Infants will spend limited time in car seats, swings, highchairs and bouncer/infant seats when they are awake.

4. Training:

- All staff, substitute staff, and volunteers at W4C'S will be trained on safe sleep policies and practices.
- Safe sleep practices will be reviewed with all staff, substitute staff, and volunteers each year. In addition, training specific to these policies will be given before any individual is allowed to care for infants.
- Documentation that staff, substitutes, and volunteers have read and understand these policies will be kept in each individual's file.
- All staff, substitutes, and volunteers at W4C'S will be trained on first aid for unresponsive infants as well as what to do when they have a question or need assistance before they are allowed to care for infants.
- W4C'S Yellow Ducks will practice Emergency Drill Procedures for an Unresponsive Infant on a monthly basis. Although SIDS does not occur often, it's important for centers to be prepared in case of an emergency situation involving an unresponsive infant.

5. When The Policy Applies:

- This policy applies to all staff, substitute staff, parents, and volunteers when they place an infant to sleep in W4C'S

6. Communication Plan for Staff and Parents:

- Parents will review this policy when they enroll their child in W4C'S and a copy will be provided in the parent handbook. Parents are asked to follow this same policy when the infant is at home. These policies will be posted in prominent places. Information regarding safe sleep practices, safe sleep environments, reducing the risk of SIDS in child care as well as other program health and safety practices will be shared if any changes are made. A copy will also be provided in the staff handbook.

Infant Bottle Feeding

- Infants are fed breastmilk or iron-fortified infant formula until they are one year old.
- Breastmilk will be used only with that mother's own child
- Written permission from the child's licensed health care provider is required if an infant is to be fed a special diet formula.
- No medication, cereal, supplements, or sweeteners are added to breastmilk or formula without the written permission from the child's licensed health care provider.
- Bottles will contain formula or breastmilk.
- Juice, if offered is served only in a cup after the age of 12 months.
- A cup is introduced around 8 months of age (water, formula, breastmilk).

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Storage

- All bottles are labeled with infant's full name
- Filled bottles are capped and refrigerated upon arrival or after being mixed, unless being fed to an infant immediately.
- Prepared bottles of formula from powder, concentrate or ready to feed shall be discarded after 24 hours if not used or discarded at the end of each day.
- Frozen breastmilk is stored for no longer than 3 months at 0° C. Unused frozen breastmilk which has been thawed in the refrigerator is used within 24 hours or sent home at the end of each day.

Handling/Preparation

- All bottle and food preparation is done in a separate food preparation area.
- Staff wash hands in the handwashing sink before preparing bottles. The food preparation sink is not used for handwashing or general cleaning.
- Breastmilk is thawed in warm water or in the refrigerator and then warmed as needed before feeding (bottle warming machine).
- Refrigerated bottles of formula are warmed in a bottle warmer.
- Bottles of formula mixed fresh that are served immediately are at room temperature.
- Formula is mixed as directed on the can and not used past expiration date.
- Temperature is checked before bottle is fed to infant (wrist method).
- If a bottle that has been fed over a period that exceeds an hour from the beginning of the feeding or has been unrefrigerated an hour or more is not served to an infant

Feeding

- Infants are fed on demand (we respect parent input to establishing a feeding schedule)
- During bottle feeding, infants are held by a caregiver who makes eye contact with the infant and talks to and touches the infant in a nurturing way. Bottles are NEVER propped.
- Older infants who can sit and hold a bottle independently are either held or placed in a reclined position within the view of a staff during feeding.
- Infants are not allowed to walk around with bottles and are never given a bottle while lying in a crib.
- Staff watch for and respond appropriately to fullness cues such as: falling asleep, decreased sucking, arms and hands relaxed, pushing or pulling away.
- Nursing mothers or staff are welcome to nurse their infant and are provided a private area for on-site nursing.

Bottle Cleaning

- All bottles and nipples kept at the center are sanitized in our Kitchen Mechanical Sanitizer.
- Upon parent request, or preference to clean bottles at home, are rinsed and sent home at the end of the day for cleaning.
- Families that choose to clean and sanitize bottles, nipples and caps at home will need to provide a sufficient number of bottles to meet the daily needs of the infant.
- When we re-use bottles during the day (or from day to day without sending them home); bottles, bottle caps and nipples are placed in a tub for dirty dishes then are washed and sanitize in our commercial Kitchen Sanitizer.

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Solid Foods:

- Food is introduced to infants when they are developmentally ready for pureed, semi-solid and solid foods.
- Food other than formula or breastmilk can be introduced around the age of 6 months but not younger than 4 months of age.
- Before food is prepared, preparation surfaces are cleaned, rinsed and sanitized
- The center cannot introduce new foods until parents have given to their baby first.
- New foods will be introduced one at a time and served 3 days before an additional food is introduced.
- When cereals are first introduced they will be mixed with iron fortified formula or breastmilk.
- Cups are encouraged at mealtime by 8/9 months of age.
- All infants are fed solids in a safely restrained, upright positioned high chair with an adult within arm's reach to help prevent choking hazards.
- Finger foods are placed directly on a highchair tray or on a bowl or plate.
- Infants are not allowed to walk around with food, bottles or cups.
- The center will provide baby food both vegetables and fruits that are homemade and commercially made.

Tummy Time:

When baby is awake and someone is watching, baby is placed on his or her stomach on either a thin blanket or boppy on the classroom carpeted area.

- **Benefits of Tummy time:**
 - Helps prevent flat spots on back of baby's head
 - Makes neck and shoulder muscles strong so baby can start to sit up, crawl and walk.
 - Develops coordination and motor skills.
 - Helps baby learn to play and interact with his or her surroundings

Diapering of infants and toddlers:

- Diapers worn by children at the center should be disposable with absorbent material. When a child is not able to wear a disposable diaper, a cloth diaper with an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine, may be used.
- If a cloth diaper is used there is no rinsing or dumping of the contents at the center. Soiled diapers will be completely wrapped in a non-permeable material, stored in a location inaccessible to children and given directly to the parent/guardian upon pickup time.
- Diapers are checked for wetness and feces hourly and minimally changed every 2 hours.
- Diaper changing procedures are posted in the changing area and followed by all staff who diaper.
 1. Get organized before bringing child to the diaper changing area. (diaper, wipes, disposable gloves, diaper cream)
 2. Carry child to the diaper changing table (never leave child unattended)

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3. Clean the child's diaper area and remove the soiled diaper.
4. Apply ointment as needed. Use a facial or toilet tissue or a clean glove to apply any ointment.
5. Place soiled diaper and wipes in a hands free covered can.
6. Remove gloves and dispose.
7. Use a diaper wipe on staff hands and a fresh wipe on the child's hands and dispose.
8. Put on clean diaper and dress the child
9. Wash the child's hands and return child to supervised area.
10. Clean, rinse and disinfect the diaper changing table surface.
11. Staff wash hands and put away all supplies
12. Log Diaper change on daily sheet.



Red Birds (twelve to twenty-four months)

This room is ready for the mobile child. There are many opportunities for children to explore their new movements. This room has a ratio of one staff to four children with a maximum of twelve children at any time.

Meals are eaten at the table with their peers. Children are on a schedule for eating and sleeping, but adjustments are made as needed to accommodate the individual child.

The Red Birds room is arranged according to Infant/Toddlers Environmental Rating Scale with a minimum of five interest centers (cozy, blocks, dramatic, books, nature, fine motor). The room arrangement allows the staff to supervise all children without leaving their view. The room walls display photos of the children/families and their art work. Each child has a cubby to keep his/her personal items. There are adequate child size table and chairs to sit for activities and meals. The classroom has easy to clean floors in the eating and messy areas as well as carpet in in the Soft Cozy area and dramatic and block play areas. The room has low windows that allow for natural lighting, fresh air and viewing the outdoor area. Toddlers enjoy large motor activities on the playground located outside the classroom exterior door which accommodates 3 types of surfaces to play: artificial grass, concrete, and natural grassy areas. The artificial grass area provides a safe fall zone around the infant play structures. The playground is 100% fenced in with 2 exit gates. Other large motor activities can be held in a small gym-like area available in the building.

Children move to the Green Frogs classroom after their second birthday. If there is not room for a child to move up on their birthday they will typically move in late August when the older classrooms transition for the next school year.

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Green Frogs (24 months to 36 months)

At this point, classes start moving to the next classroom together using the school formula for Kindergarten (age five by September 15); toddlers are ages 24 -36+ months. Children who turn 3 after September 15 will remain in this classroom until the following school year (late August). Capacity 18.

This classroom provides well-supervised play to help children develop self-control, cooperation, and communication through positive interaction with their peers. Children have many opportunities to play and assert their newly acquired independence of being a two-year old.

The lead teacher in this classroom has a minimum of an Associate of Arts degree and will implement appropriate curriculum.

Staff ratio in this classroom is one teacher to every six children with a group size up to 18. Meals are served pre-plated. Naps are taken every afternoon for two hours. Large motor time outside the classroom is scheduled daily as weather allows and in the gym.

Toilet training is an integral part of our two-year old program. W4C's appreciates parents who work with the center staff cooperatively in providing consistency (e.g., what the child wears at home is what they wear at school) and supporting the child (praise all efforts and don't force the issue). The center firmly believes toilet training should be a 50/50 goal and works closely with parents to obtain this goal. Parents need to ensure extra clothes are available at the center to allow children to change themselves as independence is a goal at this age. (Children are not able to unsnap/snap onesies or jeans, so sweatpants or elastic waist pants and shirts work best.)

The Green Frogs room is arranged according to Infant/Toddlers Environmental Rating Scale with a minimum of five interest centers (cozy, blocks, dramatic, books, nature, fine motor or sensory). The room arrangement allows the staff to supervise all children without leaving their view. The room walls display much of their art work along with science and nature items. Each child has a cubby to keep his/her personal items. There are adequate child size tables and chairs to sit for activities and meals which are divided according to primary care groups of 6. The classroom has easy to clean floors in the eating and messy areas as well as carpet in the soft cozy area and dramatic and block play areas. The restroom hand washing and diaper changing area is separated with a less than half door and a diaper changing center which allows supervision during restroom procedures, hand washing and diaper changing. The room has low windows that allow for natural lighting, fresh air and viewing the outdoor area. They children enjoy large motor activities on the playground located outside the classroom exterior door which is shared with the 3 and 4 year old classrooms. The completely fenced in playground accommodates 3 types of surfaces to play: concrete, natural grassy areas and rubber tile surfacing. The playground also offers various equipped learning centers, a sandbox, picnics tables, trikes, and trees for shade. Ages and Stages is used to monitor development and shared during parent teacher conferences.



Blue Horses (three-year old preschool)

This classroom introduces a preschool curriculum to children. Preschool is offered daily from 8:00 a.m. to 12:30 p.m. As busy three-year olds work and play together, they experience many opportunities to grow and develop socially, emotionally, physically, and cognitively. They begin to assume more responsibilities in the classroom, enter into group participation, and learn to cooperate with their teachers and peers.

The Creative Curriculum is used to plan lessons, to assess children three times a year, and to create goals that are shared with families at conferences.

Staff ratio in this classroom is one teacher to every eight children with a group size of 16. A third staff may be brought in during morning preschool to help with projects and activities.

Meals are served family style so children learn how to pass, scoop, pour, and wait until everyone is served before eating. Naps are taken every afternoon.

Large motor time is scheduled daily outside if the weather allows or in the motor room. The afternoon schedule includes a mixture of structured and free-play opportunities. (QPPS 10.4)

Creative Curriculum is used for preschool instruction. Head Start Children will have online Gold Assessments to assess and follow individual development which is shared at parent teacher conferences. This classroom has up to 8 contracted Head Start slots available. A classroom hamster is part of the Blue Horses classroom. The children enjoy large motor activities on the playground located outside the classroom exterior door which is shared with the 2 to 4 year old classrooms. The completely fenced in playground accommodates 3 types of surfaces to play: concrete, natural grassy areas and rubber tile surfacing. The playground also offers various equipped learning centers, a sandbox, picnic tables, trikes, and trees for shade.

The Blue Horse room is arranged according to Early Childhood Environmental Rating Scale with a minimum of five interest centers (blocks, dramatic, books, nature, and fine motor or sensory). The room arrangement allows staff to supervise all children without leaving their view. The room walls display much of their art work along with science and nature items. Each child has a cubby to keep his/her personal items. There are adequate child size tables and chairs to sit for activities and meals. The classroom has easy to clean floors in the eating and messy areas as well as carpet in the soft cozy area and dramatic and block play areas. The restroom and hand washing sink is open to the classroom; however short curtains are attached to each stall to allow for some privacy and allow staff to supervise rest room breaks. The classroom has SMART BOARD technology that allows for independent interactive activities and provides curriculum enhancement on-line opportunities.

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Purple Cats (four-year old preschool)

This room offers Preschool every day from 8:00 a.m. to 12:30 p.m. Children are given many opportunities to get ready for Kindergarten. They continue to build on skills they learned in the Blue Horse classroom and fine tune their small motor, language, cognitive, and social/emotional skills. This classroom is also a part of the State Wide Voluntary Pre School Program Creative Curriculum is used for preschool instruction with online Gold Assessments to assess and follow individual development which is shared at parent teacher conferences.

Children are encouraged to be independent in all areas, ranging from dressing themselves, serving food, and maintaining their cubbies, to solving problems with their peers.

Rest time is scheduled every afternoon for at least one hour. Outside time is offered every day if the weather allows or in the motor room. The afternoon schedule also includes a mixture of structured time with teachers and free-play opportunities.

This classroom has one teacher for every ten children with a maximum group size of twenty. Additional staff may be brought in during morning preschool to help with projects, activities, and field trips.

Home Visits:

Home visits are made prior to the start of the preschool year in late August to all children enrolled in the Purple Cats classroom. This is an opportunity for the preschool teachers to get to know the parents, the child, the family, and for the parents to begin to create a partnership between home and school in order to best meet the child's needs.

Purple Cats room is arranged according to Early Childhood Environmental Rating Scale with a minimum of five interest centers (blocks, dramatic, books, nature, and fine motor or sensory). The room arrangement allows the staff to supervise all children without leaving their view. The room walls display much of their art work along with science and nature items. Each child has a cubby to keep his/her personal items. There are adequate child size tables and chairs to sit for activities and meals. The classroom has easy to clean floors in the eating and messy areas as well as carpet in in the soft cozy area and dramatic and block play areas. The restroom and hand washing is open to the classroom; however short, curtains are attached to each stall to allow for some privacy and allow staff to supervise rest room breaks. The classroom has SMART BOARD technology that allows for independent interactive activities and provides curriculum enhancement on-line opportunities. The children enjoy large motor activities on the playground located outside the classroom exterior door which is shared with the 2 and 3 year old classrooms. The completely fenced in playground accommodates 3 types of surfaces to play: concrete, natural grassy areas and rubber tile surfacing. The playground also offers various equipped learning centers, a sandbox, picnics tables, trikes, and trees for shade.

Child Assessments (Purple Cats)

Guiding principles: It is the belief of W4C's that assessments of young children should be purposeful, developmentally appropriate, and take place in the natural setting by familiar adults. The results are used for planning experiences for the children and to guide instruction. Assessments are never used to label children or to include/exclude them from a program. A family's culture and a child's experiences outside the school

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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.

Children are assessed in the following ways:

- The Creative Curriculum Assessment tool is used three times a year for each child who is attending the program. This tool is online, and the teacher will enter data and generate a report for families.
- 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.
- Grant Wood AEA conducts child checks in the fall on all enrolled preschool children. Screening is also available in the spring for anyone that misses the fall check and wants/needs to be screened for delays.

The information noted above is used in the following ways:

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

Sharing Assessments with Families

Assessment information is shared formally with families during Parent Teacher Conferences each year in November and March. In addition, the Creative Curriculum Assessment report is sent home annually in May. The preschool teachers will communicate weekly regarding the child's activities and developmental milestones. Informal conferences are always welcome and can be requested at any time.

If, through observation, information on the Creative Curriculum Assessment, or Child Check, the teacher feels there is a possible issue related to a developmental delay or other special need, the teacher will communicate this to the family during a conference, sharing documentation of the concern. Suggestions for next steps include the following items, with the knowledge and consent of the parents:

- The teacher may request assistance from the other W4C's/K.I.N.D. Care preschool teachers to come up with a plan that will best serve the child.
- The teacher may request assistance from the Grant Wood AEA early childhood team. This team engages in problem identification, plans interventions, provides support, and makes outside resources available to those individuals requesting assistance.
- The teacher will assist in arranging for developmental screening and referral for diagnostic assessment when indicated. (QPPS 7.4)
- If a child is identified to need special accommodations, those accommodations are included in the materials, environment, and lesson plans for that child. Examples include sign language and visuals for children with hearing impairments or language delays, and behavior plans for children whose behavior does not respond to the typical strategies used by the teaching staff in the classroom.

This is a great time and opportunity for parents to share what makes the family unique, ongoing communication preferences with the teacher, and sharing about the child's interests, approaches to learning, and developmental needs. Parents can help the teacher understand what the goals are for the child and whether or not there are concerns to be addressed. Parents are encouraged to share these preferences, concerns, and questions at any time with the classroom teachers or Director.

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K.I.N.D. Care School Age ages 5-12: Capacity 78

The K.I.N.D. Care Program serves school age children kindergarten through sixth grade before and after school including delayed starts, early releases and no school days throughout the summer months. When you leave your child at K.I.N.D. Care, you are opening doors of learning and experience that go beyond providing basic childcare.

K.I.N.D. Care offers many opportunities for your child to grow, learn, and participate in the world around them. Each month, we have a theme from which activities are developed.

K.I.N.D. Care Transportation:

Before School

Williamsburg School District bus will arrive at 7:50 am to pick up before school participants and transport them to their respective school.

After School

At Mary Welsh Elementary all after school students will get on a Bus and remain on it until they arrive at the Center. A staff person will greet the students at the Center's bus stop on the east side of the building and escort them into the Center. L.I.S. students will Bus directly to the Center.

Four days a week (Mon -Thurs), Homework Support is available to students who like to get into their homework before heading home. This is limited to 20 children per day with priority given to 1st-6th graders and located in the K.I.N.D. Care Blue Room

Understanding who we are and how we relate to each other is an important part of growing up, so we also support Character Education through videos and skits throughout the month.

Those that do not participate in Homework Support will be able to pick from wide array of other enrichment activities, board games, blocks, arts & crafts, or just hangout and relax.

K.I.N.D. Care Summer Camp: K.I.N.D. Care offers summer care and enrichment opportunities that center on S.T.E.A.M. (science, technology, engineering, arts, math) activities for school age children Kindergarten through 6th grade. The lazy days of summer will include down-time for hanging out, reading, playing board and card games, movies, coloring, and crafts. Time covered in the summer begins the day after school ends and provides care and activities up to the first day of school. Campers are grouped in one of three different classrooms according to grade. Registration for summer camp is held in April each year.

Examples of Summer Camp Enrichment Activities:

- Auto B. Good—Character Education series featuring 9 animated vehicle characters that will captivate, entertain, and educate your child.
- Brick Lab by PCS Edventures — Multi-level hands on learning through plastic construction bricks that will provide curriculum based activities in Construction Engineering, Mathematics, Physics, and Communication
- Drama
- Nature
- Science
- Reader's Theater
- Music

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- Summer Reading Program

OFF-SITE ACTIVITIES

- Field trips, swimming, parks, library, rec center, and lots of local fun.
- We contract with the Williamsburg School District for bussing off-site.
- While off-site, staff will carry first aid kits and children's emergency contact information.
- Staff-to-child ratio will be maintained.

SPECIAL ACTIVITIES

- Spirit Week
- Staff appreciation Week

K.I.N.D. Care Space: During the school year K.I.N.D. Care offers two open classrooms and 2 second floor (loft-type) areas. During the summer months the gym like room becomes a classroom. K.I.N.D. Care classrooms are used to house the before and after school program. The classrooms are set up following SACERS with various activity centers (arts-crafts, books, and blocks, soft cozy, dramatic and sensory). Furnishings vary in size to accommodate the various age differences. Two classrooms have a second floor area that is open and protected with adequate railings. All three classroom main levels have two sinks, restrooms and a drinking bubbler. Each child has a cubby to keep his/her personal items. The classrooms have easy to clean floors in the eating and messy areas as well as carpet in in the second floor dramatic, block and soft cozy areas. Children can elect to participate in the Home Work Support Program offered in the K.I.N.D. Care Blue Room and choose from other enrichment activities in math, reading, science, chemistry, art and writing. The second floor consists of a wide variety of musical history and instruments, computers, a Lego table and larger toys.

Parent Handbook Addendum – Licensed Capacity and Operating Ratios

Yellow Ducks – 6 weeks to 12 months: Licensed for 12 infants, operate at 12 infants and 3-4 staff.

Red Birds – 12 to 24 months: Licensed for 12 infants, operate at 8-9 infants and 2-3 staff.

Green Frogs – 2 to 3 years: Licensed for 18 children, operate at 12-18 children and 3-4 staff.

Blue Horses – 3 to 4 years: Licensed for 16 children, operate at 14-16 children and 2-3 staff.

Purple Cats – 4 to 5 years: Licensed for 24 children, operate at 16-20 children and 2-3 staff.

KIND Care Purple – K through 6th grade: Licensed for 24 children, operate at 24 children and 2 staff.

KIND Care Blue – K^t through 6th grade: Licensed for 24 children, operate at 24 children and 2 staff.

KIND Care Green – K through 6th grade: Licensed for 30 children, operate at 24 children and 2 staff.

S. Joseph
07/09/2020