

Family Policy & Procedures Handbook

University of Northern Iowa

Child Development Center



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1 Introduction to the UNI CDC

1.1 Mission Statement

Our mission is to provide a nurturing and safe environment to support learning for the families and students of the University.

1.2 CDC Purpose¹

The UNI Child Development Center (CDC) is a non-profit early learning facility designed to meet the needs of young children by providing quality programming within a safe and nurturing environment. The CDC serves as an educational laboratory for UNI students majoring in Early Childhood Education and other related fields, facilitating the students' learning about young children. Inclusionary Special Education services are integrated within our classrooms and serve identified students who need an individualized education program. When a child is enrolled with special needs, center staff is oriented in understanding that child's special needs and ways of working with the child in the group setting.

1.3 Philosophy²

The CDC recognizes the uniqueness of each child by providing a developmentally appropriate, child-directed learning environment in which the child can construct his/her own knowledge through teacher-guided, hands-on experimentation and exploration in the areas of social, emotional, physical, and cognitive development.

Children are encouraged to be autonomous to the degree that they are able to do so. Autonomy, in this context, means the ability to govern one's self, taking into account all relevant factors. Personal autonomy is encouraged by giving children choices that are structured to their level of development. This includes making a conscious decision about the learning center that they choose to visit and the activity that they choose to engage in. The children have the opportunity to find solutions to problems that are acceptable to everyone involved. This could include determining rules for a game that is being played, solving a social conflict between two children, deciding the best way to get their toys picked up, analyzing what type of silverware is needed for lunch, and hypothesizing and testing their conjectures for a science experiment.

The climate in the classroom is one of mutual respect with the teacher being a facilitator of learning rather than a dispenser of knowledge. Children are encouraged to respect others in the classroom, as they are themselves respected. In working toward the development of autonomy, the children are encouraged to become responsible for their own behavior and make decisions reflecting that responsibility. This guidance approach uses encouragement and natural or logical consequences. The CDC also recognizes the importance of family and the development of each child and welcomes the involvement of parents and family members in the program.

1.4 Objectives

Strategic Plan Goals 2012-2013

1. Continue to implement a pro-active communication plan taking advantage of various forms of technology (on-going)
2. Continue to implement a public relations/marketing plan including staff involvement and public recognition (on-going)

3. Provide high quality professional development through conference presentation, field experience supervision and research development and participation (on-going)
4. Create opportunities to engage and support emerging leaders from our staff, from our families, and from our student employees
5. Continue to educate the ECE field by increasing attendance and presentation at local, state and national conferences
6. Renew our Iowa Quality Rating System (QRS) certificate
7. Renew our National Association for the Education of Young Children (NAEYC) accreditation
8. Work with the Iowa Department of Human Resources (DHS) for licensure in our new building.

1.5 Purpose and Upkeep of this Manual

The CDC staff wants to be as transparent and open as to the way the center is operated as possible. This manual attempts to show the 'how and why' of everything we do.

Our Parent Policy board and the center staff are tasked with keeping the manual up to date and accurate. Parents are invited to bring noted discrepancies or questions to the staff for resolution.

No changes shall be made to this manual without the full consideration and approval of the policy board.

The manual shall be made available on the website and parents are asked to read and familiarize themselves with its contents before bringing issues or concerns to the staff. If a printed copy is required, the parents are responsible for that action.

2 General Information

2.1 Calendar³

The Center will observe the UNI academic calendar, including summer sessions, being closed whenever classes are not in session. Written notice of other closings shall be made to parents. An exception is the emergency closing policy.

2.1.1 Observation of Holidays⁴

The Center does not observe any holidays. We welcome family participation to share specific holidays or traditions in order to supplement the learning activities in the classroom (i.e. preparing a special snack or providing a game indicative of the culture).

We do not allow candy or sweets to be brought anytime.

Although we do not promote Valentine cards or Halloween costumes, dress up and card giving is always encouraged on any day. We do not stifle or discourage any classroom discussion prompted by children. On occasion a classroom may choose to learn about various cultures, which could include holidays.

2.2 Hours of Operation⁵

The CDC shall be open from 7:30 AM to 5:30 PM Monday through Friday during the academic year. Summer session hours are 7:00 AM to 5:00 PM Monday through Friday.

2.3 Emergencies

2.3.1 Emergency Closing of the Center⁶

Under emergency conditions affecting the UNI Child Development Center, the CDC will operate in the following ways:

1. The UNI CDC will follow the University of Northern Iowa's weather policies.
2. In a weather emergency, if there is not enough staff to keep classrooms at ratio, children may be turned away and/or the center would have to close down for the day.
3. Parents should call the CDC before bringing their children in order to know whether adequate staff is available to maintain ratios.
4. Iowa DHS licensing requires that our classrooms be at ratio at all times. Please see the following ratio requirements. Rooms may need to be combined.
 - a. 2 weeks to 2 years (1:4)
 - b. 2 years (1:6)
 - c. 3 years (1:8)
 - d. 4 years (1:12)
 - e. 5-9 years (1:15)
 - f. Mixed age group (DHS Licensing requires maintaining the ratio for the youngest child in the group)
5. Some lead teachers or student staff may not be able to get to campus. If substitute teachers are available, we will cover for teachers. Please know that a lead teacher may not be present in the classroom, but the student staff may be here.
6. Typical curriculum and activities may be suspended for the day.
7. Meals and snacks should be served as usual throughout the day.
8. If there is a need, any announcements regarding having to close will be made on the KWWL television station, www.kwwl.com, or Twitter (@UNICDCenter).
9. If the university closes during the day, the CDC will also close and parents will be called to pick up their children immediately.
10. No refunds for emergency closings due to unexpected circumstances.

2.3.2 Fire, Tornado, and Other⁷

Emergency plans for fire and tornado are written and posted by each main classroom door. Emergency plan procedures are practiced at least once per month for fire and tornado. For other emergencies, such as flood, earthquake, bomb threat, or power failure, the staff will inform parents as quickly as possible so that they can pick up their children from CDC site or evacuation site. In the case of evacuation of the CDC, staff and children will be located at the Bender Hall recreation room, located on the ground floor of Bender, directly South of the building. Children will walk to the designated evacuation area.

2.3.3 Lost or Abducted Child⁸

In the event that staff is unable to locate a child, or the child is thought to be abducted from the care of the CDC, the following procedures will be followed:

- 1) Police will be notified.
- 2) A cursory or initial search will be conducted.
- 3) The parents will be contacted.
- 4) A thorough search of the school and grounds will be conducted.

2.3.4 Medical Emergency⁹

In the event of a medical emergency, the staff of the CDC is authorized to obtain emergency medical or dental care even if the CDC staff is unable to immediately make contact with the parents/guardian. During an emergency the CDC staff is authorized to contact the listed emergency contacts on the child's release information.

2.4 Parking¹⁰

When dropping off or picking up children at the Center, parents should park in the B lot at the north end of the building by the gym and track. Any unauthorized parking will be subject to the rules and regulations of the Department of Public Safety or the City of Cedar Falls. Please ensure your child's safety by watching traffic closely as you enter the building.

2.5 What to bring to school

2.5.1 Infant Possessions¹¹

Parents will not bring additional equipment to the Infant program (swings, walkers, johnny jump ups, etc.) with the exception of infant car seats. These items are not permissible in our program.

Parents will supply the following items for their Infant child's care.

- Plastic bottles and liners if needed.
- Pacifiers and/or a favorite stuffed animal or blanket for naptime. Sleep sacks are used during naptime, which are provided by the center. Stuffed animals and blankets are not allowed in cribs.
- Three (3) changes of clothes.
- An adequate supply of disposable diapers and wipes except for Head Start eligible children.
- Diaper ointment/applications.

Parents have the option of using Center provided formula and baby food.

2.5.2 Children's Possessions (2-5 year olds)¹²

Children shall bring the following items to the Center with them:

- Change of clothing, several if the child is potty training.
- A favorite stuffed animal or blanket for naptime, if desired, which will be kept on the child's cot until naptime.
- Weather appropriate outdoor clothing, including boots and extra mittens.

The children SHOULD NOT have the following items in their possession at the Center:

- Money
- Toys from home
- Candy or gum
- Food of any kind as allergies are a serious concern

Special arrangements may be made in the case of an item which benefits the curriculum of the Center classroom, such as books or CDs. In such cases, the parent and classroom teacher will agree on the conditions under which an item may be used.

2.6 Family Involvement

The UNI Child Development Center strives to create a community focused on the importance of relationships between our families and staff. We view the UNI CDC as a place where families will all grow and develop together. We strive to nurture a culture of respect and trust, where the children and

adults experience a sense of connection and new possibilities. The main purpose is to advance and promote the educational experience of young children and their parents. We wish to support teachers and staff at UNI CDC. Parents are encouraged to participate in family involvement opportunities. The following are existing committees on which a parent/guardian can serve:

2.6.1 Policy Board

2.6.1.1 Membership

The UNI Child Development Center Policy Board will consist of seven members.

1. The Coordinator of the Center shall serve as the chairperson of the Policy Board.
2. Six parents of children who are currently enrolled in the Center will be elected. These positions should reflect the percentage of parents who are students and/or staff.
3. These parents will remain on the Board until their child(ren) are no longer enrolled in the Center, or until they submit a letter of resignation.
4. The President of the Parent Advisory Committee, if this organization is active, will always be an ad hoc voting member of the Policy Board.

The Policy Board will meet on a regular, as needed basis during the academic year. If necessary, a meeting may be called during the summer session.

2.6.1.2 Responsibilities

1) Chair

- a) Presides at all Board meetings
- b) Notifies members of board meetings
- c) Sets agenda for meetings

2) Secretary

- a) Records proceedings of all meetings.
- b) Prepares correspondence for the policy board
- c) Maintains files of all Board records and correspondence

3) Other members

- a) Support and assist, when necessary the Coordinator in the following areas:
- b) Public relations for the Center.
- c) Recruitment and enrollment of new students.
- d) Policy enforcement
- e) Make recommendations for growth and development of the Center.
- f) Review, revise, and develop appropriate policies for the Center.

The policy board is also responsible for the contents of this policy and procedures handbook as noted in "Purpose and Upkeep of this Manual".

2.6.3 Fundraising

Participants work on fundraising events for the Center. In addition they may also assist in marketing the Center. Center staff typically determines the spending trend for these events. Fundraisers cover cost associated with committee expenditures. This fund makes donations for Center expenditures such as playground updates, helmets for bikes, sandbox toys, faculty/staff appreciation, and teacher symposiums. The fundraising committee assists the Center in any additional events.

2.7 Family Communication

The CDC strives for a constant dialog between the staff members and the parents. In addition to daily verbal communication we prepare a variety of written communications to aid in our conversations. Some of those are listed here:

- Each teacher posts the daily schedule and daily activities for their classroom.
- The Center welcomes Parents/Guardians at any time.
- Information updates are emailed to parents on an on-going basis.
- Each classroom emails regularly and blogs about the classroom with pictures; the daily activities are also posted outside each classroom.
- Teachers schedule conferences with parents/guardians each semester and/or by request of the family/teacher.
- Teachers record the daily events or family information on dry erase boards located in each classroom.
- Information is also shared on Twitter (@UNICDCenter) and Facebook (University of Northern Iowa Child Development Center) and the website (www.uni.edu/cdc).

2.7.1 Confidentiality

All information regarding children or families of the UNI Child Development Center is regarded as confidential and the property of the Center and the family involved. Requests for release of information to other agencies will be honored only if made in writing and with the permission from the parent. Students who conduct studies at the Center are not provided with personal information about the children's families. Family phone numbers and addresses will be released to other families only by permission.

2.7.2 Attendance Records¹³

Parents should sign their children in and out daily on the appropriate form in each child's classroom indicating the time of arrival and departure. The Center staff use these sign in and out sheets to verify the presence of children during emergency procedures. This is a state of Iowa licensing requirement.

2.7.3 Parent-Teacher Conferences¹⁴

Family members are provided information, either verbally or in writing, about their child's development and learning on at least a quarterly basis, with written reports at least two times a year.

Teachers, families, and relevant specialists have regular opportunities to participate in two-way communication conferences to discuss each child's progress, accomplishments, and difficulties in the classroom and at home. This is also an opportunity for families and teachers to plan learning activities together.

2.7.4 Report Forms¹⁵

Written daily report forms to parents will be used for all children under 24 months of age. For children over 24 months of age, the information will be shared verbally and are recorded in the classroom. Classroom and outdoor activities, food intake, naps and diaper/toilet activity will be reported.

2.7.5 Accident and Incident Reports¹⁶

Accidents or incidents resulting in injury to a child shall be reported on the day of the incident, in writing, to the parent or person authorized to pick up the child. The written report shall be prepared by the staff member who observed the incident or accident, and shall include a general description of the incident and of the action taken, if any, by the Center staff. A copy of the report will be kept in the child's file.

2.7.6 Daily Health Assessment

Every day, a CDC staff member shall conduct a health check of each child. This health check shall be conducted as soon as possible after the child enters the Center and whenever a change occurs while that child is in care. The health assessment shall address:

1. Changes in behavior or appearance from behaviors observed during the previous day's attendance.
2. Skin rashes, itchy skin, itchy scalp
3. Elevated body temperature, if behavior indicates
4. Complaints of pain or of not feeling well.

The CDC shall keep a written record of concerns it identifies for each child.

3 Enrollment

3.1 Enrollment Policies and Procedures¹⁷

Enrollment shall be open to any child(ren) of UNI faculty, staff, or students, provided the Center can meet the needs of that child. Children will be enrolled for full-day care. Enrollment shall be determined by the date the child's name was placed on the waiting list.

Enrollment priority for the Center will be the following:

1. CDC teacher's children
2. Siblings of currently enrolled children
3. Head Start eligible children if a Head Start slot is available

3.1.1 Enrollment Term – Academic Year

Children shall be enrolled for not less than one full semester, or for the balance of the current semester if enrolled after the start of the semester. Children enrolled in the academic year program will have space reserved for the following term if parents so desire.

3.1.2 Waiting List

A waiting list will be maintained for enrollment of children in all classrooms based on a first-come, first serve policy. Parents will be called or notified in writing of an opening for their child with a deadline for responses.

If parents refuse an offered enrollment space, they may remain on the waiting list in their current position. Two refusals of an offered enrollment space will result in the child being placed at the bottom of the waiting list as of the date of the second refusal.

3.2 Registration¹⁸

A one-time per child registration fee, non-refundable, will be required upon acceptance into the Center program, with the exception of Head Start eligible children. Payment of this fee is considered to be acceptance of the enrollment agreement between parent(s) and the Center.

3.3 Late Termination of Enrollment¹⁹

Parents must notify the Center at least two weeks prior to terminating their child's enrollment. If parents fail to give the Center two weeks notice, the Center will charge a fee of \$100 to cover administrative fees.

This policy applies if the parent(s) decide to terminate enrollment either before OR during the desired session AND applies for children already enrolled OR enrolling as a new student.

3.4 Financial Arrangements²⁰

Parents can pay for their childcare bill either in full or in pre-determined installments via cash or check made to UNI through their billing system. Installments via payroll deduct are recommended for faculty and staff of UNI. The fee for summer session enrollment is made in pre-determined installments for May, June, and July.

A binding enrollment agreement will be signed between the parent and the Center stating the agreed upon payment option.

All fees due must be collected as specified on the enrollment agreement or enrollment for the next semester may be affected.

In order to maintain adequate funds for daily operation, there will be no refunds for a child's absence from the Center during his or her period of enrollment.

3.5 Late Fees²¹

Late fees will be assessed at the rate of \$1 per minute per child for every minute parents are late to pick up their children. Although a phone call is appreciated if parents are going to be late, this does not affect the late fee charge fee.

Staff will highlight the sign-out sheet at closing each day in order to maintain documentation of late pick-ups.

Time will be counted based on the atomic clocks in each classroom.

Charges will be billed through UNI on a monthly basis.

3.6 Enrollment Forms²²

Enrollment shall be contingent upon the receipt of all enrollment forms including:

1. Enrollment Application
2. Enrollment agreement form
3. Intake/Update Sheet
4. Physical Exam
5. Medical Release
6. Immunization Record
7. Medicine Administration Form (If needed)
8. Ointment Usage Form
9. Parent Permission Form
10. Sunscreen/Insect Repellent Permission Form
11. Parent Schedule
12. Research Release Form
13. Policy and Procedure Form
14. Participation Release
15. Family Partnership Agreement Form
16. CACFP Eligibility Form

Note: Iowa law requires that these items be on file before a child may attend the Center. Specific health and safety information will be collected from families and maintained on file for each child in the Center office. These files are kept current by updating as needed, but at least quarterly. The content of the file is confidential, but is immediately available to administrators or teaching staff who have consent from the parent or legal guardian for access to records, or regulatory authorities, on request.

4 Curriculum

4.1 Essential Characteristics

The UNI Child Development Center provides programs that are age and interest appropriate for all children. Staff members use several elements from the following programs to meet the needs of the children:

- Creative Curriculum
- The Project Approach
- Conflict Resolution
- Constructivism
- Reggio Emilia

Our mission is to provide a nurturing and safe environment to support learning for the families and students of the University by three interwoven elements: age appropriateness, individual appropriateness, and cultural/social appropriateness. Our curriculum is based on accepted theories of child development such as Piaget, Vygotsky, Adler, and Erikson. The curriculum is individualized to meet the needs of every child. Each family's culture is respected and family members are encouraged to participate in the program. The physical environment is safe, healthy, and contains a variety of toys and materials that are both stimulating and familiar. Children select activities and materials that interest them, and they learn by being actively involved. Adults show respect for children and interact with them in caring ways. Staff and assistants have specialized training in child development and appropriate programming.

Curriculum goals and objectives guide staff's ongoing assessment of children's progress, allowing them to individualize learning for each child. The curriculum guides the development of a daily schedule that is predictable yet flexible and responsive to individual needs of the children. The schedule provides time and support for transitions; includes both indoor and outdoor experiences; and is responsive to a child's need to rest or be active.

4.2 Field Trips²³

Field trips will be planned from time to time to augment the children's learning. These trips include spontaneous walking trips on campus grounds as well as those that may require transportation to our destination. The Center utilizes buses from Exceptional Persons, Inc. and are equipped with restraining harnesses for each individual child.

A Field Trip Permission Slip is included with registration forms and will be kept in your child's file. The signed permission form covers outdoor activities such as short walks or nature activities on campus grounds. Destinations for these field trips are posted in advance whenever possible. Center

administration will always be aware of the trips and staff members are able to contact the Center via cell phone whenever necessary.

If a field trip away from the Center is planned, parents will be notified well in advance and may be asked to participate as volunteer chaperones. Since ALL Staff members are needed on field trips, no one can be assigned to stay at the Center. If you do not wish your child to go on a scheduled outing, please make alternate childcare arrangements.

5 Teaching

5.1 Supervision

During the school year we have many UNI students involved in our program on a weekly basis as teacher assistants. These students are typically taking Education, Psychology, Family Services and Social Work courses. These teacher's assistants support our teaching staff during the day. All such college students receive an orientation to the CDC's philosophy, goals, learning activities and discipline. The purpose of such college student orientation is to provide the children with consistent role models. Each classroom has several college students during the day. Teacher assistants enable the teachers to provide more individual attention as well as to provide a great support system for the many different activities the children enjoy.

As a part of the Department of Curriculum and Instruction, the UNI CDC is called upon to provide opportunities for university students to interact with children as part of their studies. Many UNI, Hawkeye Community College, Upper Iowa University, and Allen Nursing students will fulfill their pre-service teaching requirements at the Center. All interactions with children are conducted under the supervision of Center staff. If an activity is to be carried out without direct supervision of Center staff, a special parental permission form will be utilized.

Staff will be able to hear all infants and toddlers at all times. All infants and toddlers should be easily seen by direct sight at least by one member of the teaching staff. Staff do not need to be directly looking at each child at all times.

5.2 Child Expulsion from Center²⁴

As a child development program, we value ongoing communication and building strong relationships with families. Parents are encouraged to initiate conversations with staff about their child's experience and to consult with staff about their child's needs. Also, staff will communicate with families if the program is having challenges meeting their child's need.

Some of the behaviors that might occasion staff to be concerned about a child are:

- The child repeatedly displays hurtful and/or unsafe behavior
- The child's behavior is consistently disruptive
- The child's needs exceed the program's resources

If staff determines that the behavior is not developmentally appropriate for the child and/or that they often behave in such a manner, the following steps will be thoughtfully and considerately followed:

- 1) Staff observes the child and observations are documented: the focus is on the environment, curriculum, schedule, and teaching strategies. The concern will be identified. Staff may ask for ideas from the Area Education Agency 267 (if Center has family's permission).
- 2) Center staff will meet with the family to discuss concerns and observations as well as gather further information.
- 3) A plan is written with family input to support the child and the program.
- 4) The plan is implemented
- 5) The plan is reviewed after a determined amount of time.
 - i) If the plan is working, review and revise periodically.
 - ii) If plan is not working seek support (through physician, and community services such as: AEA 267, Child Care Resource and Referral (CCR&R).
 - iii) If through an evaluation by the team, a more suitable environment is determined, a transition plan will be written and implemented.
 - iv) Communication with the family will be extensive and support given to find a more suitable environment if possible.

Note: It is a very rare and unusual situation that would cause the program to choose to transition a child out of our program. This would not be done unless the program felt that they had carefully exhausted all possible options and was approved by Policy Board/Council.

5.3 Discipline²⁵

The staff will provide positive guidance to children in the UNI CDC program. This includes conflict resolution strategies, setting well-defined limits, and using logical and natural consequences.

Discipline strategies that are NOT permitted in child care centers by Iowa licensing code include: corporal punishment, punishment that causes humiliation, fear, pain or discomfort, locking children in an area or using mechanical restraints, associating punishment with illness, toilet training, food or rest, or the use of verbal abuse, threats or derogatory remarks about a child's family.

Parents are encouraged to communicate frequently with staff about expectations for their child's behavior. Concerns about serious behavior problems will be documented by the staff on incident report forms and shared with parents.

5.4 Grievance Procedures

A cornerstone of our philosophy is building relationships among families and teachers. There are times however when differing opinions or questions may arise. If this occurs families need to meet with the staff to discuss the issue and try to resolve difficulties together. If there is no resolution, parents and/or teachers should contact the Coordinator for additional assistance. If the Coordinator is unable to resolve the issue, then families may forward the grievance to the Dean of the College of Education.

5.5 Research Participation²⁶

The Center is a research and practicum site serving UNI faculty, staff, students, and alumni. All research projects to be carried out in the center will be cleared first through UNI's Human Subjects Review Committee. If your child is a potential subject to be included in a research project you will be fully informed in advance of the purpose and procedures involved in the planned study, and your written consent will be obtained before the study begins. You may choose to keep your child from participating in any study without consequences to you or your child's participation at the Center.

Children also have the right of refusal. From time to time you will encounter students observing at the Center as well as participating at the Center. Field experience students in the classroom are always under the visual supervision of one of our staff members. All visitors to the Center, including observers, must check in with the classroom teacher before being allowed access to the classrooms.

5.6 Research Release

As a part of the Department of Teaching, the UNI CDC occasionally is called upon to provide opportunities for interactions with children as a part of University studies. If these activities are carried out under the direct supervision of CDC personnel, either inside or outside the CDC classrooms, no additional permission will be sought from parents. If the study is to be carried out without direct supervision of CDC personnel, a special parent permission form will be utilized. The following information must be provided by the instructor of the class seeking participation of CDC children:

1. Department and course
2. Instructor
3. Specific Activity Description
4. Objectives of the Activity
5. When the study will take place (e.g. dates and time: _____ through _____.)
6. Where the child will be during the activity
7. Name and phone number of the student conducting the study/activity.

All individual research studies done must also pass the Human Subjects Review as per University policy.

5.7 Parent Participation²⁷

Parents are invited to observe and participate in the classroom at any time, including occasional meals or snacks (please notify teachers in advance to ensure adequate supply of food). The Center also provides a variety of opportunities for parent or family activities during each year. Whenever possible the Center will provide child care during parent meetings. The center staff will provide information about community events and resources. Parents will be included in program improvement efforts including a yearly program evaluation. Parents will receive information about the findings.

6 Assessment of Child Progress

6.1 Assessment Plan

As a part of our program, we provide assessment of your child's development on an on-going basis. The assessment system used is Creative Curriculum Gold. This online assessment *is* used with our developmentally appropriate early childhood curriculum and is based on 38 research-based objectives that include predictors of school success and are aligned with the Common Core State Standards, state early learning guidelines, and the Head Start Child Development and Early Learning Framework. These help teachers focus on what matters most for children's success.

6.2 Identifying Children's Interests and Needs

Staff observe children for strengths, interests, and needs on an on-going basis to determine individual curriculum planning. Teaching teams meet at least weekly to interpret and use assessment results to align curriculum and teaching practices to the interests and needs of individual children. They also use them to plan program improvement. Individual goals are prepared and planned for every child on an on-going basis. Families are an integral part of this planning process. Families have ample opportunities to share results of observations from home to contribute to the individual planning process. Teachers work

closely with families to ensure that the assessments used are sensitive to family values, culture, identity, and home language.

6.3 Curriculum Adaptation and Individual Planning

The benefits of child-centered, or individualized planning are easy to see. Children get fully involved in activities, actively explore their environments, feel proud when they can do things for themselves, and enjoy playing and learning with others. Individualizing gives each child the capacity to grow and learn now and in the future.

At the CDC, classroom teachers engage in an ongoing cycle of individualization: assessment--planning--implementation and ongoing assessment. Staff use a variety of strategies to get to know and plan for children, build partnerships with parents, and assess children's progress.

Individualizing is most successful when staff and families build strong partnerships and communicate frequently about a child. By combining the information gained from the two perspectives, families and staff can use the curriculum to plan and implement an individualized education.

Child-centered planning is an ongoing process that continues throughout a child's participation in our classrooms. To effectively individualize, teachers must remember to:

- Use multiple sources of information including parent reports, ongoing observations, and results of standardized screening and evaluation instruments to learn about needs, interests, abilities, culture, home language, and life experiences.
- Develop a partnership with each family to share information about a child's culture, life experiences, skills, needs, interests and abilities, and plan how to encourage growth and development at home and in the classroom.
- Plan ways to address individual needs through all aspects of the curriculum—the learning environment, daily routine, and interactions.
- Document children's work using a variety of strategies including observation, parent reports, and examples of children's work.

6.4 Assessment Forms

We use a variety of assessment tools to screen the children in our classroom. Within forty-five days we do an ASQ with all children under age 4. The 4-year-old Brigance Screening is done on 4-5 year olds. After a four-week observation period we do a DECA Assessment on each child. This addresses social and emotional development in children. Creative Curriculum Gold is completed during the fall, winter, and spring.

These assessments meet our curriculum goals and align with our philosophy. We feel these assessments provide an accurate picture, as they are comprehensive of all areas of development. They are also widely used and are recommended by Head Start Performance Standards.

7 Health & Safety

7.1 General

7.1.1 Smoking²⁸

Smoking shall not be allowed in any program area, child-occupied room, or in a facility-operated vehicle. In addition, the laboratory school building and grounds are posted as smoke-free.

7.1.2 Release of Child (510)

Only those persons authorized by the parent(s) on the parent's schedule may sign-out, pick up or visit a child. Parents should have a person's permission before placing names on these release forms.

Parents must call the CDC if they are unexpectedly delayed in picking up their child. **If the parent or other authorized adult(s) are unavailable or cannot be reached by 30 minutes after closing time, the CDC will contact the Department of Human Services, Child Protective Services to pick up the child.**

In families where the parents are separated or divorced, the custodial parent must have on file at the CDC a copy of the legal documents stipulating custody and/or visitation. Only the parent who is listed on the child's most recent update form as having legal custody is authorized to pick up the child. That parent designates the other parent as authorized pick up to the child.

7.1.3 Impaired Parent (508)

The CDC and grounds are considered to be a drug-free zone. In addition, the CDC considers safety and well-being of children of primary importance. If a parent or other adult with permission to pick up a child is visibly impaired due to alcohol consumption, substance abuse, prescription drugs, or other conditions, the following procedure will be followed:

1. Staff will ensure the child's safety by offering to telephone another authorized adult or a cab to assist in picking up the child and impaired adult.
2. If the parent or designated adult insists that the child be released into his or her custody, the staff will immediately telephone the appropriate law-enforcement officials.

7.1.4 Mandatory Reporting of Child Abuse or Neglect²⁹

All employees of the Center are mandatory reporters of child abuse or neglect, as required by Iowa law. Procedures are posted in each classroom on the parent information board. Reporting procedures and licensing regulations are also available in the Center office. Staff who report suspicions of child abuse or neglect where they work are immune from discharge, retaliation, or other disciplinary action for that reason alone unless it is proven that the report is malicious.

Absolute confidentiality is required concerning any report of child abuse or neglect.

The Center coordinator may immediately suspend a staff person with pay or terminate any personnel at the Center if the action is necessary to ensure safety, health and/or welfare of the children, parents and/or staff. An investigation will be done by the coordinator regarding the alleged or proven child abuse, neglect, and/or immoral behavior. Findings will be turned over to the authorities.

7.1.5 Animal and Pet Policy

All interactions between children and animals must be respectful and staff must instruct children on safe behavior when in close proximity to animals. The staff will make sure that classroom pets and visiting animals appear to be in good health. These animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children. The teaching staff will supervise all children and know who is allergic to which type of animals and is not exposed to the animals. Reptiles are not allowed as classroom pets because of the risk of salmonella infection.

7.1.6 Cleaning and Sanitization

One of the most important steps in reducing the spread of infectious diseases among children and Center staff is cleaning and sanitizing surfaces that could possibly pose a risk to children or staff. Household bleach with water is recommended. It is effective, economical, convenient, and readily available. The solution is non-toxic and safe if handled properly, and kills most infectious agents. The standard solution is ¼ cup of household bleach to one gallon of cool water. This mixture is actually safer to ingest than swimming pool water. It also loses its strength over time and is weakened by heat and sunlight. New solution should be made daily and left over solution discarded at the end of each day.

7.1.7 Diapering and Toileting Procedures

For children who are unable to use the toilet consistently, the Center makes sure that:

- Staff use only commercially available disposable diapers or pull-ups unless the child has a medical reason that does not permit their use (the health provider documents the medical reason).
- For children who require cloth diapers, the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer coverings are changed as a unit.
- Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.
- Staff will check children for signs that diapers or pull-ups are wet or contain feces a) at least every 2 hours when children are awake and b) when children awaken.
- Diapers are changed when wet or soiled.
- Staff will change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility.
- Each changing area is separated by a partial wall or is located at least three feet from other areas children use and is used exclusively for one designated group of children.
- At all times, caregivers have a hand on the child when the child is being changed on the elevated surface.
- In the changing area, staff post and following changing procedures.
- Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding.
- Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a hand-free device.
- Containers are kept closed and not accessible to children.
- Staff members whose primary function is preparing food to not change diapers until their food preparation duties are completed for the day.

7.1.8 Hand washing Policies and Procedures

The Center follows these practices regarding hand washing:

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

Children and adults wash their hands:

- On arrival for the day.
- After diapering or using the toilet.
- After handling body fluids.
- Before meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking.
- After playing in water that is shared by two or more people.
- After handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals.
- When moving from one group to another that involves contact with infants and toddlers/twos.

Adults also wash their hands:

- Before and after feeding a child.
- Before and after administering medication.
- After assisting a child with toileting.
- After handling garbage or cleaning.

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

- Moistening hands with water and using liquid soap.
- Rubbing hands together away from the flow of water for 20 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just washed hands. Throwing the used paper towel into a hands-free trashcan.

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 required hand-washing situation listed above.

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

7.1.9 Infant Sleeping Requirements

To reduce the risk of Sudden Infant Death Syndrome (SIDS):

- Infants, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission.
- Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for infants younger than eight months.
- Center sleep sacks are utilized by the staff to keep children warm.
- The infant's head remains uncovered during sleep.

After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position. When Infants and toddlers/twos are sleeping, mirrors, video, or sound monitors may be used to augment supervision in sleeping areas, but such monitors may not be relied on in lieu of direct visual and auditory supervision.

- Teachers, assistant teachers, or teacher aides are aware of, and positioned so they can hear and see, any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.

7.1.10 Oral Health Policies

After each feeding, infant's teeth and gums are wiped with a disposable tissue (or clean cloth used only for one child and laundered daily) to remove liquid that coats the teeth and gums. At least once daily where children older than one year receive two or more meals, teaching staff provide an opportunity for tooth brushing and gum cleaning to remove food and plaque. Toothpaste is not used with children under 12 months of age.

7.1.11 Staff Training

All staff shall be oriented to, and demonstrate knowledge of, the items listed:

- Infant and Child CPR and Pediatric First Aid, including the management of a blocked airway and rescue breathing
- Child abuse detection, prevention, and reporting
- Occupational Safety and Health Administration (OSHA)
- Recognizing and responding to communicable illnesses
- Handling ill children appropriately

7.1.12 Certificate of Health

A certificate of good health, signed by a physician is required at the time each child is admitted to the CDC. This health certificate must be renewed annually as required by licensing standards.

In accordance with the State of Iowa and Department of Human Services licensing standards, all enrolled children must have current required immunizations. Both the physical or up-date and the immunization record must be on file before the child may attend the CDC.

If a religious exemption from these immunizations is sought, the appropriate card must be signed by a physician and kept on file in the CDC office. If a vaccine-preventable disease in which children that have not been immunized presents itself, the disease would be communicated to families and precautions will be taken to ensure children's safety. This means the child that has not been immunize because of a medical condition or family beliefs, the child will be excluded promptly.

7.2 Food Safety

Note: See also the entries in: "Observation of Holidays"

7.2.1 Child and Adult Care Food Program³⁰

The Center is a participant in the federally funded Child and Adult Care Food Program (CACFP), serving breakfast, lunch, and snacks. These meals are prepared according to the CACFP guidelines ensuring that they are nutritionally balanced.

The Child Care Food Program also designates time increments for serving meals and snacks. To comply with these guidelines; the Center will serve meals at the following times:

- Breakfast—8:00 a.m.
- Morning Snack—9:45 a.m. (optional)
- Lunch—11:30 a.m.
- Afternoon Snack—2:30 p.m.

While the Center makes every effort to be family-friendly in terms of planning and serving foods, limited staff and facilities prevent the Center from serving meals and snacks outside the scheduled times. Staff takes steps to ensure the safety of food brought from home:

- Staff members will work with families to ensure that food brought from home to meet the USDA's CACFP food guidelines.
- All foods and beverages brought from home are labeled with the child's name and the date.
- Staff members make sure that food requiring refrigeration stays cold until served.
- Food is provided to supplement food brought from home if necessary.
- Food that comes from home for sharing among the children must be either whole foods or commercially prepared packaged foods in factory-seals containers.

For each child with special health care needs or food allergies or special nutrition needs, the child's health care provider gives the Center an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. The Center protects children with food allergies from contact with the problem food. The Center asks families of a child with food allergies to give consent for posting information about the child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day.

The Center prepares written menus, posts them where families can see them, and has copies available for families. These menus are also posted on the Center's website.

7.2.2 Preparation and Handling of Bottle Feeding

All staff will thoroughly wash hands prior to preparing and feeding bottles. Only cleaned and sanitized bottles and nipples shall be used. No bottle, formula or human milk will be heated in the microwave. All filled containers of human milk shall be identified with a label which won't come off in water or handling, bearing the date of collection and child's full name. The filled, labeled containers of human milk shall be refrigerated until immediately before feeding. Any contents remaining after a feeding shall be discarded. Prepared bottles of formula shall be labeled with the child's identification.

An open container of ready to feed or concentrated formula shall be covered, refrigerated, and discarded after 48 hours if not used.

Unused expressed human milk shall be discarded after 48 hours if refrigerated, or by three months if frozen, and stored in a freezer at 0 degrees F. Unused frozen human milk, which has been thawed in the refrigerator, shall be used within 24 hours. Frozen human milk shall be thawed under cool water or in the refrigerator. 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 shall not be served to an infant.

Bottles are not given to children in their cribs. Bottles are not propped at any time, rather infants are held while being bottle-fed. Older infants or children with bottles or cups do not carry them around the room. Families and teachers decide together if a child is ready to use a cup.

7.3 Play Safety

7.3.1 Outdoor Play³¹

Children of all ages have daily opportunities for outdoor play (when weather, air quality, and environmental safety conditions do not pose a health risk). All children must be able to play outside

daily. If your child is not well enough to participate in outdoor activities, then the child will need to remain at home until well enough to participate in normal program activities. In the event of cold induced conditions, a doctor's note will be required with diagnosis of condition, start and end date of exclusion, and temperature at which the exclusion should occur. If staffing is not available, the child may be required to stay home if the classroom is not able to provide one-on-one supervision. When outdoor opportunities for large-motor activities are not possible because of conditions, the Center provides similar activities inside. Indoor equipment for large-motor activities meets national safety standards and is supervised at the same level as outdoor equipment.

Examples of activities that may occur both indoor and outdoor may include: parachute play, scooters, balls, hula hoops, balance beam, bikes, jump rope, group games, etc. To protect against cold, heat, sun injury, and insect-borne disease, the Center ensures that:

- Children wear clothing that is dry and layered for warmth in cold weather.
- Children have the opportunity to play in the shade. When in the sun, they wear sun-protective clothing, applied skin protection, or both. Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin (only with the written parental permission to do so).
- When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are applied only on children older than two months. Staff apply insect repellent no more than once a day and only with written parental permission.

7.3.2 Water Play

Precautions are taken to ensure that communal water play does not spread infectious disease. No child drinks the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water is used, and the water is changed before a new group of children comes to participate in the water play activity. When the activity period is completed with each group of children, the water is drained. Alternatively, fresh potable water flows freely through the water play table and out through a drain in the table.

7.4 Sick Child Policies³²

If a child's health is in doubt, he or she will not be admitted. Any of the following symptoms will result in the child being isolated and the parent notified to pick up the child promptly within one hour:

- a fever of 100 degrees auxiliary or higher (parents or Center staff may not administer fever reducer to lower a child's temperature with the purpose of keeping the child at the Center).
- Vomiting illness (two or more episodes in the previous 24 hours)
- Diarrhea (more than one episode in an hour), children whose stools remain loose but otherwise, seem well and whose stool cultures are negative

If an illness prevents the child from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of other children or if a child's condition is suspected to be contagious and requires exclusion as identified by the above symptoms, then the child is made comfortable in a quiet location where she or he is supervised by a familiar caregiver. If the child is suspected of having a contagious disease, PROMPT pick up by the family within one hour is necessary. The child will be located where new individuals will not be exposed. The child may return to the Center after her or she has been free of fever (without the use of fever reducing medication), vomiting, or diarrhea for 24 hours or until he or she has been on medication for 24 hours. A certificate of health signed by a doctor may be required before a child may re-enter the Center after any communicable disease or illness, and is always required if under 24 hours. Such a

certificate should address the child's inability to infect other children as well as his or her capacity to tolerate the day's activities.

7.4.1 Exposure to Disease³³

If a child is exposed to or contracts a communicable disease, it is essential that this information be reported to the Center staff. Information of possible exposure to a communicable disease will be posted for the class(es) involved. If a child will be absent from the Center because of illness, the Center staff should be notified.

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

The Center has documentation that it has cooperative arrangements with local health authorities and has, at least annually, made contact with those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur. If children have special considerations, health concerns or recognizable patterns of symptoms for teething, nosebleeds, predisposition to retch, above-average body temperature, etc. parents should notify teachers and provide documentation from their physician.

For children who carry HBV chronically and who have no behavioral or medical risk factors, such as aggressive behavior (biting and frequent scratching), generalized dermatitis (weeping skin lesions), or bleeding problems shall be admitted without restrictions. A statement from the health care provider must indicate that the child is free from infection and any other contagious diseases. See chart at the link below for childhood illnesses from the Healthy Child Care Iowa and Iowa Department of Public Health.

http://www.idph.state.ia.us/hcci/common/pdf/childhood_illness_guide.pdf

7.4.2 Administration of Medication³⁴

Staff administers both prescription and over-the-counter medications to a child only if the child's record documents that the parent or legal guardian has given the program written permission. The child's record includes instructions from the licensed health provider who has prescribed or recommended medication for that child; alternatively, the licensed health provider's office may give instructions by telephone to the staff.

All staff members who administer medication has:

- 1) completed specified training and
- 2) undergone an annual written performance evaluation by a health professional

The five rights practices of medication administration are:

- 1) Verifying that the right child receives the
- 2) Right medication
- 3) The right dose
- 4) At the right time
- 5) By the right method with documentation of each right each time the medication is given.

Medications are labeled with the child's first and last names, the date that either the prescriptions was filled or the recommendation was obtained from the child's licensed health care provider, the name of the licensed health care provider, the expiration date of the medication, or the period of use of the medication. All medications are kept in a locked container.

8 Appendix A – Policy or Procedure Change Records

Note: Policy #'s are maintained as a link to the previous Policy Board Manual which was determined to be superfluous by a Policy Board meeting in May 2009. All policies were linked to entries in the Parent Handbook and verified to be properly covered in June 2009. The new, combined handbook was renamed "Family Policy & Procedures Handbook".

1	Policy 103 last changed 5Mar94	last reviewed 5Jun09
	Policy 105 last changed 5Mar94	last reviewed 5Jun09
2	Policy 102 last changed 5Mar94	last reviewed 5Jun09
3	Policy 301 last changed 5Feb07	last reviewed 5Jun09
4	Policy 603 last changed 3May94	last reviewed 5Jun09
5	Policy 302 last changed 5Mar07	last reviewed 5Jun09
6	Policy 303 last changed 30Nov12	last reviewed 1Nov12
7	Policy 308 last changed 4Aug97	last reviewed 5Jun09
8	Policy 509 last changed 23Apr98	last reviewed 5Jun09
9	Policy 308 last changed 4Aug96	last reviewed 5Jun09
	Also NAEYC regulations	
10	Policy 305 last changed 5Mar94	last reviewed 5Jun09
11	Policy 413 last changed 5Feb07	last reviewed 5Jun09
12	Policy 414 last changed 9Dec02	last reviewed 5Jun09
13	Policy 304 last changed 5Mar96	last reviewed 5Jun09
14	Policy 306 last changed 5Mar96	last reviewed 5Jun09
15	Policy 507 last changed 2Dec99	last reviewed 5Jun09
16	Policy 506 last changed 26Mar99	last reviewed 5Jun09
17	Policy 401 last changed 19Jun07	last reviewed 5Jun09
18	Policy 404 last changed 5Mar07	last reviewed 5Jun09
19	Policy 406 last changed 25Nov02	last reviewed 5Jun09
20	Policy 407 last changed 5Mar07	last reviewed 5Jun09
21	Policy 411 last changed 10Oct11	last reviewed 5Oct11
22	Policy 405 last changed 3May94	last reviewed 5Jun09
	Policy 503 last changed 4Aug97	last reviewed 5Jun09
23	Policy 502 last changed 26Mar99	last reviewed 5Jun09
24	NAEYC Guidelines	last reviewed 5Jun09
25	Policy 311 last changed 25Mar99	last reviewed 5Jun09
26	Policy 405a last changed 26Sep94	last reviewed 5Jun09
27	Policy 307 last changed 3Dec96	last reviewed 5Jun09
28	Policy 309 last changed 5Mar94	last reviewed 5Jun09
29	Policy 511 last changed 13Nov00	last reviewed 5Jun09
30	Policy 601 last changed 5Dec02	last reviewed 5Jun09
	Policy 610 last changed	last reviewed 5Jun09

31	Policy 512 last changed 29Jan04	last reviewed 5Jun09
32	Policy 501 last changed 22Feb05	last reviewed 5Jun09
33	Policy 505 last changed 3May94	last reviewed 5Jun09
34	Policy 504 last changed 3May98	last reviewed 5Jun09