

POLICIES AND PROCEDURES  
FOR CHILD CARE



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TLC Policies and Procedures For Child Care

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### **MISSION OF TLC**

TLC: The Learning Center will provide a safe, loving, and nurturing environment available to all children with educational opportunities provided by professionally qualified staff; while having fun!

### **GOAL OF TLC**

It is our goal to offer a quality environment with learning opportunities that foster the development of the whole child: intellectually, physically, and socially/emotionally. We will provide a foundation that will help children enter school ready to learn, with emphasis on literacy, numeracy, and social competence.

### **INTRODUCTION**

These policies and procedures will be reviewed annually by the Director and the Board of Directors and can be changed at any time by the Board of Directors without notice. Any changes will be presented to each staff and will become an addendum to this Policies and Procedures for Child Care Handbook.

### **ACCESS POLICY FOR PARENTS/GUARDIANS**

TLC has an open door policy for parents/guardians. Unless parental contact is prohibited by court order, parents/guardians shall have unlimited access to their children during the Center's hours of operation. If a parent/guardian is a convicted sex offender, the restrictions outlined in the Visitor Access Policy will be followed. Parents/guardians may stop in at any time to spend time with their child. Schedules will be posted by the classroom so parents/guardians will know where to find their child if the group is out of the Center or at an activity. In addition, the staff will sign out at the front desk if the class is leaving the Center. During a parent's/guardian's visit, responsibility for the supervision of the other children in the classroom will remain with the TLC staff.

### **SAFETY POLICY**

Parents/guardians will be required to complete an Authorization to Release form for the child(ren) enrolled at the Center. This form will contain the names, phone numbers and relationship to the child of any person(s) authorized to pick up the child from the Center. It is the parents'/guardians' responsibility to make sure this form is updated as needed or annually.

Any authorized person who is not recognized by staff will be required to provide photo identification such as a driver's license, work ID, or school ID before the child is released. The parent/guardian may provide a photo of authorized persons, which will be kept in the child's file at the Center.

No child will be released without the presence or authorization of the custodial parent/guardian. If a person not listed attempts to pick up the child, staff **WILL NOT** release the child. In such cases, the Director will notify the parent/guardian immediately and will contact the police. If parents/guardians choose to change the persons on their form, they must meet with the office staff to update the form. In case of a custody

situation, the custodial parent/guardian must supply the Center with a court order if the non-custodial parent is not allowed to pick up or have contact with the child.

### **VISITOR ACCESS POLICY**

While TLC welcomes parents/guardians and other visitors, we need to ensure that people do not have unauthorized access to the children. Only staff or volunteers who have passed the record check required by licensing regulations will be permitted to be alone with a child or be directly responsible for child care. The Director or the Director's designee will monitor any visitors who have not undergone a formal record check process. This will include parents/guardians, volunteers, maintenance people, observers, prospective clients, etc.

For the safety of the children in the Center, these visitors will be required to sign the Visitor's Log in the lobby monitored by the receptionist and the Director will assign a staff member to visually and physically supervise the visitor the entire time the visitor is near children on TLC property. The staff member will not be allowed to supervise or monitor a visitor who is a blood relative, related by marriage, or a personal friend. These staff supervising requirements will not apply to a parent/guardian spending time with their own child.

A sex offender who has been convicted of a sex offense against a minor and is required to register with the Iowa Sex Offender Registry shall not be allowed on the property of TLC without the written permission of the Director, except for the time reasonably necessary to drop off and pick up the offender's own child and will be accompanied to and from the child's room by the Director or Director's designee. The written permission will follow DHS licensing regulations. The Director is not obligated to provide written permission and the DHS licensing consultant must be consulted before written permission is given.

This policy will be made available upon request and will be posted on the parent/guardian information board in the lobby of TLC.

### **HEALTH POLICY**

Our policy is set up to protect the children against the spread of illnesses. To prevent the spread of illness or disease, all staff and children shall wash their hands upon arrival at the Center, immediately before and after eating or serving food, after using the restroom or assisting a child in the restroom, diaper changing, sneezing or coughing into hand or blowing nose, handling animals or cleaning cages, and before and after administering first aid. Each child must have an annual physical exam or obtain a statement of health condition and an up-to-date immunization record or a Religious/Medical Exemption Form. Parents/guardians should keep the staff informed of any changes in their child's health and/or eating habits. (example: a child who develops an allergy or an infant changing formula, teething, immunizations, etc.)

Children who are ill should not be brought to the Center. Each child shall have direct contact with a staff member upon arrival at the Center to detect any apparent illness, communicable disease or unusual condition or behavior that may adversely affect the child or other children. Children should be able to participate in daily activities, not

compromise the health and safety of other children, or demand greater care than staff can provide. Parents/guardians should alert the staff if their child has been exposed to a communicable disease. TLC does not have the staff or facilities to care for a child if they are too ill to participate in regular activities. If children are too sick to go outside, they are too sick to be at the Center.

If a child attending TLC has been exposed to, or is being treated for, a communicable disease, a notice shall be posted by each classroom. This notice will include the symptoms of a disease and the period of communicability.

### ***Admission and Permitted Attendance***

Children with the following conditions may be permitted to attend TLC if they can participate in the usual daily activities with the other children, or the care provider is not leaving the other children unattended to care for the ill child:

- Infants and young children may have as many as six respiratory illnesses each year. These diseases include the common cold, croup, bronchitis, pneumonia, respiratory syncytial virus (RSV), and otitis media (ear infection). Exclusion of children with these illnesses from TLC has not helped in preventing these infections.
- Children who are carriers of an infectious disease in their stool or urine that can cause illness, but who have **no** symptoms, exceptions include *E. coli* 0157:H7, *Shigella* or *Salmonella typhi*
- Children with a rash, but **no** fever or change in behavior, however, TLC may require proof of medical evaluation
- Children with cytomegalovirus (CMV) infection, parvovirus B19, HIV or carriers of Hepatitis B
- Shingles (herpes zoster), children shall keep sore covered by clothing or a dressing until sores have crusted
- Children with influenza may return to child care when the child feels well enough
- Children with Methicillin-resistant *Staphylococcus aureus* (MRSA) **do not** need to stay home as long as the wound is covered and drainage is contained
- Children with norovirus infection who have **no** diarrhea and are not otherwise ill, may remain in the program if special attention is paid to hand washing, proper diaper disposal, and maintaining a clean environment
- Children who have ringworm, if covered (treatment may take at least four weeks)
- Children with viral meningitis may return to child care when the child feels well enough

### ***Exclude Children with the Following Conditions***

To ensure the overall health and safety of all the children, we ask that you not bring your child to TLC if one or more of the following exists:

- The illness prevents the child from participating comfortably in the activities planned, including outdoor play
- The illness results in a greater care need than the staff can provide without compromising the health and safety of the children
- The child has any of the following conditions:

- Fever, 100°F or higher, accompanied by behavior changes or signs or symptoms of illness until medical professional evaluation finds the child able to return to the Center, or child has been symptom free for 24 hours
- Symptoms or signs of possible severe illness, such as lethargy, uncontrolled coughing, inexplicable irritability or persistent crying, difficulty breathing, wheezing, or other unusual signs for the child
- Persistent abdominal pain (continues more than two hours) or intermittent pain associated with fever or other signs or symptoms
- Diarrhea, defined as loose, watery, and frequent stools; children may be allowed to return once the diarrhea resolves for 24 hours
- Norovirus, children and child care center staff with diarrhea and/or vomiting should remain at home until 24 hours after diarrhea and/or vomiting cease, and until stools are formed
- Blood in stools not explainable by dietary change, medication, or hard stools
- Vomiting illness (two or more episodes within the last 24 hours) should not return until they have been symptom free for 24 hours
- Mouth sores with drooling, unless a health care provider determines the condition noninfectious
- Rash with fever or behavior change, until a health care provider finds the child able to return to the Center
- Scabies or other infestation, until 24 hours after treatment
- Pediculosis (Lice) if found while at the Center, the parent/guardian will be notified to pick up the child; may return after appropriate treatment is completed and child is free of live lice
- Tuberculosis, until medically cleared by a health care provider
- Impetigo, until 24 hours after treatment
- Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever
- Chickenpox, until 6 days after onset of rash or until all sores have dried and crusted
- Pertussis, until 5 days of appropriate antibiotic treatment has been completed
- Erythema infectiosum (5<sup>th</sup> Disease), keep child at home if fever is present
- Mumps, child may return to child care five days after start of symptoms or after symptoms are gone, whichever is longer (usually about 9 days after onset of parotid gland swelling)
- Hepatitis A virus, until 1 week after onset of illness or as directed by the health department when passive immunoprophylaxis has been administered to appropriate children and staff
- Herpes simplex, children with herpetic gingivostomatitis, an infection of the mouth caused by the herpes simplex virus, who do not have control of oral secretions
- Measles, until 6 days after onset of rash
- Rubella, until 6 days after onset of rash
- Meningitis (bacterial), until 24 hours after starting antibiotics.

- Unspecified respiratory tract illness
- Coxsackie (Hand, Foot, and Mouth Disease), until there is no weeping lesions or excessive drooling and child has been fever free for 24 hours
- Conjunctivitis (pink eye) with white or yellow discharge, until 24 hours after treatment, however, children who have a clear, watery eye discharge and **do not** have any fever, eye pain, or eyelid redness do not have to be excluded

### ***Illness While in Child Care***

If a child becomes ill while in child care and it is determined that the child should be excluded, staff will:

- Contact the parent/guardian immediately, with the expectation that the child be picked up within an hour
- Care for the child apart from the other children
- Give appropriate attention and supervision until the parent/guardian picks up the child
- Give extra attention to hand washing, diaper changing, and disinfecting surfaces
- Use universal precautions

### **MEDICATION PROCEDURES POLICY**

TLC staff will administer prescribed medication ordered by a health care provider for a specific child with written permission of the parent/guardian. TLC will also administer non-prescription medications recommended by a health care provider for a specific child or specific circumstances, with written permission of the parent/guardian.

#### Prescription Medication

- Medication must be in the original, child resistant container that is labeled by a pharmacist.
- The label must include the child's name, the name of the medication, the date the prescription was filled, the name of the health care provider who wrote the prescription, the medication's expiration date, administration instructions, and storage instructions.
- Whenever possible, the first dose of medication should be given at home to see if the child has any reaction.
- Staff must have written permission from the parent/guardian before administering any medication.
- Staff will keep a record of all doses given.

#### Non-Prescription Medication

- Parents/guardians will provide the medication in the original child-resistant container.
- The medication will be labeled with the child's first and last names.
- Specific, legible instruction for administration and storage will be provided.
- Staff must have written permission from the parent/guardian before administering any medication.
- Staff will keep a record of all doses given.

It is critical that a parent/guardian notify staff of all medication to be given and hand the medication to the staff. The staff will put all medicine in a locked cupboard. Medications shall not be left in a child's bag.

### **FIRST AID POLICY**

If a child requires first aid, a complete first aid kit, stocked according to DHS licensing standards, is located in the medical cabinet behind the Director's desk. A backpack is located in each classroom that also contains a complete first aid kit. This backpack accompanies staff and children when they leave the Center to use the playground, go on walks and field trips, or evacuate. Staff will practice universal precautions each time they administer first aid.

### **MEDICAL EMERGENCY POLICY**

If a child becomes seriously ill, has an accident resulting in injury, has a dental emergency or needs medical or dental attention while at the Center, the staff will attempt to contact the parent/guardian or authorized person listed on the consent form. If TLC is unable to reach the contact listed, a staff member will care for the ill or injured child until the authorized person can be reached.

If the illness or injury is serious and requires immediate attention, an ambulance will be called and the child will be transported to the facility listed on the form or to the Floyd County Medical Center if the emergency treatment team determines it necessary. A staff member will accompany the child and will remain with the child until full care has been given or a parent/guardian arrives to assume responsibility for the child. These procedures will also apply to any medical emergencies that happen during field trips. Any charges incurred will be the responsibility of the child's parents/guardians.

### **INCIDENT/ACCIDENT REPORTING POLICY**

If an accident occurs resulting in the injury of a child, staff shall complete an Incident Report. This report will include the name of the child, date of incident, type of injury, location of incident, treatment required, description of incident, witnesses, and medical professionals consulted when applicable. If other children are involved in the incident, they shall not be identified by name in the report. An Incident Report should also be filled out when a child exhibits an unusual behavior or unexplained change of behavior (such as change in napping habits, unusual crying or whimpering, and sudden changes in self-care, i.e. refusing to do previously learned developmental skills such as walking and self-toileting).

This report will be given to the Director to be kept in the Center's files. A copy shall be placed in the child's file and one sent home with the parents/guardians. If the injury is not serious, staff will report the incident to the parents/guardians when the child is picked up at the end of the day. In case of serious injury, parents/guardians will be notified immediately. In the case of an accident involving the need for emergency care, an Accident Requiring Medical Attention Report needs to be completed and returned to the Director.

### **NUTRITION POLICY**

All meals and snacks, (including baby food, preparation, service, and storage) shall meet the requirements for meals of the child care component of the USDA Child and Adult Care Food Program (CACFP). TLC shall ensure that children in care are offered breakfast, lunch, afternoon snack, and evening snack as schedules allow. Children shall be offered food at intervals not less than two hours and not more than three hours apart unless the child is asleep.

Dietary modifications, if needed for health reasons, shall be made under the direction of a trained health care provider. TLC will modify and/or supplement a child's diet because of food allergies or special dietary needs only with written permission from the child's parent/guardian and the child's health care provider. The parent/guardian or health care provider will supply TLC with a list of foods that the child cannot consume along with a list of acceptable substitutes. Dietary modification requests due to religious preferences will be handled as specified in the CACFP guidelines.

Written menus showing all foods to be served shall be posted at the front desk of TLC and in each room. These menus will be posted on Friday for the following week. If substitutions are made, they shall be of equal nutrient value.

### **FOOD FROM HOME POLICY**

We prefer that the children eat the meals provided by TLC; however, parents/guardians may bring treats to celebrate special occasions such as birthdays. If bringing treats, parents/guardians need to contact the Director to ensure the food will comply with TLC's Nutrition, Food Allergy, and Peanut/Nut Free Policies.

### **FOOD ALLERGY POLICY**

If a child has a food allergy, the parents/guardians must provide written notice to the Director, including documentation of the food allergy from the child's health care provider, instructions on precautions that need to be taken to avoid the allergic food and the health care provider's order for medication, if any. A Food Allergy Action Plan form must be completed.

TLC will take the necessary precautions to keep the allergic foods away from the child and train staff on the proper management of the specific food allergy, including emergency procedures and how to administer medication.

### **PEANUT/NUT FREE POLICY**

To provide a safe child care and learning environment for all children and staff, TLC is a Peanut and Nut Free Facility. Food products containing peanuts, peanut oil, peanut butter, and tree nuts including almonds, brazil nuts, cashews, filbert/hazelnuts, hickory nuts, macadamia nuts, marzipan/almond paste, nougat, nut butters, nut oil and nut paste, pecans, pine nuts/pignolia/pinons, pistachios, and walnuts will not be allowed in the Center. Coconut, mace, nutmeg, and water chestnuts are not considered tree nuts. Food labels will be checked to make sure peanuts/tree nuts or nut oils are not an ingredient in other foods such as salad dressing, barbecue sauce, etc. Parents/guardians

bringing treats for special occasions need to check with the Director to ensure that the treats will meet these restrictions. Children eating peanut butter at home should wash their hands and face and brush their teeth before entering the Center.

### **REST TIME POLICY**

All children enrolled at TLC, regardless of age; need to have at least 30 minutes of quiet rest time each day. They do not have to sleep but need to lie quietly so that other children can rest and fall asleep. After a minimum rest time, the child who has not fallen asleep will be given something quiet to do (books, lacing cards, small puzzles, pattern blocks, paper, and crayons/markers, etc.). If at all possible we will try to follow parent's/guardian's wishes about rest time. No child two years or older should sleep past 3:00 p.m. In cases where a child requires more sleep than the classroom schedule allows, arrangements should be made to have the child nap earlier or, if possible, have office staff monitor the sleeping child while the rest of the group continues with the class schedule.

### **SMOKE FREE AIR POLICY**

To comply with federal and state laws regarding smoking in child care centers, TLC is a completely smoke free property. This includes inside the Center building, playground, and parking lot.

### **DISCIPLINE POLICY**

We believe that discipline is best obtained through leading and guiding children in an environment that is safe and nurturing. All staff will serve as role models for appropriate behavior. The environment and the activities offered at TLC will be structured to provide appropriate limits for children to help them develop self-control while maintaining self-esteem. Within those limits, children will have the opportunity to make choices, interact with others (peers and adults), work with materials, and express themselves; all with the support of caring adults. If children are given this type of environment, it is believed that fewer discipline problems will occur.

It is natural, however, for some problems to arise. When these problems occur, the staff will handle them calmly with respect for the individuals involved. If there is a conflict between children, the following steps will be used:

- Acknowledge the children's feelings and gather information about what happened
- Restate the problem according to what the children say
- If verbal, ask children for possible solutions
- Restate the solutions given and have the children decide which one to use
- Encourage the children to act on their decision
- Offer follow-up support

If this problem solving/conflict resolution does not work, other techniques used may include the following:

- Redirection to another activity

- Temporary separation from the group/activity until the child is ready to return
- Modeling
- Conferencing with the staff in the room

The technique(s) used will depend on the nature of the discipline issue and the child/children involved and will be based on the principles of the Positive Behavior Supports method of dealing with challenging behaviors.

Aggressive physical behavior toward staff or children is unacceptable. If a child becomes physically aggressive, caregivers will intervene immediately to protect all of the children and encourage more acceptable behavior. For acts of aggression or fighting, the following steps shall be followed:

- Separation of the children involved
- Immediate comfort for the individual who was injured or on the receiving end of the teasing/bullying
- Care of any injuries suffered by the victim involved in the incident
- Completion of an incident report
- Notification of parent/guardian of the children involved in the incident
- Review of the adequacy of caregiver supervision and appropriateness of Center activities
- Administration of corrective action if behavior continues without improvement or behavior worsens

Physical restraint (restricting a child's movement) will not be used except as necessary to ensure a child's safety or that of others and then only for as long as is necessary for control of the situation.

No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family. Corporal punishment, including spanking, shaking, and slapping is prohibited. Punishment or the threat of punishment, which is humiliating, frightening, causes pain or discomfort to the child or is associated with a child's illness, lack of progress in toilet training, or in connection with food or rest is not allowed.

Medications or drugs that affect behavior will not be used except as prescribed by the child's health care provider and with specific written instructions from the child's health care provider for the use of the medication.

If necessary, the staff may request a conference with the parents/guardians regarding a child's behavior. If such a conference is requested, the Director will sit in on the meeting. At this meeting a plan will be put into place for resolving the issue. This plan will detail what actions the staff, the child, and the family will take and what consequences may be enacted. After a trial period for the plan, the child's behavior will be reviewed. If there is little or no improvement, the child may be dismissed from the program. Parents/guardians will have the right to appeal to the Board of Directors concerning the issue. The decision of the Board of Directors is final.

### **BITING POLICY**

TLC recognizes that biting is a common behavior exhibited by young children as a part of normal child development and will address this challenging behavior in a positive and appropriate manner. Children bite for reasons relating to their developmental stage, expression of feelings or their environment so TLC's response to biting behavior will include observation, understanding, teaching and environmental changes.

When a biting incident occurs, staff will immediately move the biter away from the victim. The staff's response to the biter will be age-appropriate but will send a firm message of disapproval using such words as "Biting hurts!" or "No Biting!"

The victim will be comforted, wound examined, and first aid administered. If the skin is not broken, the area of the bite will be washed with soap and water and an ice pack used to reduce the swelling. If skin is broken, pressure will be applied to stop bleeding if necessary, the wound washed using mild soap and rinsed under running water. The wound will be bandaged and an ice pack applied. Due to possible blood exposure, staff will have the child who has bitten immediately rinse his mouth with water.

If the skin is broken or the bite located near the eye, on the face or on the fingers, the parent/guardian of the victim will be notified immediately since medical attention may be necessary. If blood is present, the parent/guardian of the child who has bitten will also be called immediately because the child may have come in contact with blood from the victim. The parent/guardian may choose to seek medical attention.

After the victim's needs have been met, staff will talk with biter and the victim (if verbal) to determine why the incident happened.

Staff will complete a Bite Fact Sheet to be signed by biter's parent/guardian and an Incident Report to be signed by the victim's parent/guardian with the original forms kept in the appropriate child's file. A Bite Incident Report will also be completed by staff and given to the Director.

The Director will review the Bite Incident Report and work with staff to determine actions that should be taken to prevent future biting incidents. Actions may include shadowing the biter, changes in the classroom environment, and/or teaching the biter appropriate ways to express his feelings.

Ongoing biting behavior will be handled as any other ongoing challenging behavior following the policy as described under Discipline in the Policies and Procedures for Child Care Handbook.

All staff and volunteers will maintain the confidentiality of the children involved in biting incidents.

### **DISMISSAL POLICY**

TLC is designed to meet the developmentally appropriate needs of all children and their families. However, there may be times that we need to re-evaluate a child's placement in the Center. If a child is not ready for the group experience, or if his/her needs are not met in the group setting, we may ask for removal of the child in a confidential conference with the parents/guardians. We do not believe that the child

should remain in the Center unless he/she derives some benefit from the program and/or experiences.

If dismissal is a possibility, the lead staff in the room will notify the Director, including detailed information on why dismissal is being considered. The Director and lead staff in the child's classroom will meet with the parents/guardians to determine future action, which may include a trial period. This trial period, with monitoring, will be for a one week duration. At the end of the trial period, the child's experiences will be re-evaluated in a meeting with the parents/guardians, lead staff and the Director. At this time, the decision will be made whether or not the child can continue the program. If a child is dismissed, a parent/guardian may appeal to the Board of Directors of TLC. The decision of the Board of Directors is final.

Children who pose a serious threat to themselves or others may be dismissed immediately from the program until further support is arranged.

Other causes for dismissal: families who are one week behind in payments will not be able to bring their child to TLC until arrangements are made with the office to pay their bill in full; children who are absent from the Center for more than one week without notification will be dismissed from the program, with readmission only if there is an opening available and may be subject to an enrollment fee.

### **PROGRAM OF ACTIVITIES**

TLC follows Creative Curriculum guidelines for assessment purposes. Weekly lesson plans are completed by lead and assistant staff members as age appropriate for each of the 5 classrooms and follow a predetermined theme. In the Junior Preschool (3 year olds) and Preschool (4 and 5 year olds) rooms a curriculum time is conducted each morning from 8:30-11:00am. During these hours staff lead circle time, table activities, and movement activities. Math, science, language, literacy, and social skills are the basis for our learning activities, which are woven in throughout the day.

### **PLAYGROUND POLICY**

The playground is a fun place for children and staff to visit and really should be used as much as possible within reason, and with expectations. The playground can be used as an outdoor classroom and staff may take their lessons and activities outdoors when the weather is nice.

The following are playground expectations:

- Before the children go onto the playground an inspection will be done daily by staff to ensure that the playground is safe and free of any hazards.
- Staff will maintain required staff to child ratios at all times.
- A water jug is to be filled and taken out, along with cups, for children to get drinks. Staff should not leave the playground to bring children in for drinks.
- Children should have used the restroom right before going outside and should not have to use the restroom while outdoors. If a child does have to use the restroom, the staff should make sure that ratios are still being maintained before leaving the area.

- An emergency backpack must be taken out to the playground and kept out until all of the children are back inside. Staff should not be leaving the playground for scraped knees and band-aids. If an injury is in need of more attention, the receptionist will have to take that staff's place on the playground or tend to the child while the staff returns to the playground.
- The staff must spread out throughout the play area to ensure that all areas are being properly monitored. This is not a time for staff to group up and talk. The staff might not be consciously interacting directly with the children, but must give them their undivided attention and supervision. If staff continually group up and talk, specific areas will be designated for each staff while out on the playground.
- The playground equipment is for the children to play on and not for the staff to sit on. Staff members are to be on their feet unless needed to be otherwise for play reasons, ready to assist any child in need.
- When on the playground, staff members are responsible for their own children as well as other children from other groups. Supervision and discipline are to be shared amongst all staff present outdoors.
- All toys and small equipment must be picked up before children come indoors.
- Immediately remove any broken toys and equipment from the playground. Report any broken toys and equipment to the Director to be replaced.
- Staff will follow classroom schedules for playground times in order to maintain adequate staff to child ratios.

### **FIELD TRIP POLICY**

Children at TLC may be involved in field trips designed to add to the curriculum. Children may take field trips to neighboring cities to see special places or take part in special events. When a field trip is planned, parents/guardians will receive written notification in advance. The notification will include the destination, time leaving and returning, method of transportation, and any special items each child may need. Extra adults will be present for all field trips

If a parent/guardian does not want their child attending a specific field trip, they must submit a written note requesting that the child not attend the trip. In this case, we will find an appropriate placement for the child within the Center, but it may be with a different age group.

Transportation for field trips will be arranged through the school district, YMCA, or public transportation carrier such as the Charles City Taxi.

Each lead staff shall carry a cell phone and emergency information on all field trips. In the event of a medical emergency, the staff will immediately notify the Director and the parent/guardian of the child. If child is in need of immediate medical attention 911 would be called and TLC's Medical Emergency procedures will be followed.

### **EMERGENCY POLICY**

#### ***Intruder in the Center***

An unknown person entering the Center will be asked by staff to show photo identification. If the person has no connection to TLC, the staff shall notify the Director

immediately. The Director shall determine if the person has a reason to be at the Center. If there is no identified reason, the person shall be asked to leave and the police department will be notified. While the intruder is on TLC property, the children and staff will be required to remain in their classrooms until released by the Director.

### ***Intoxicated Parent/Guardian or Visitor***

The staff shall notify the police to manage an adult under the influence of alcohol or drugs or any individual who poses a safety risk. Staff will offer to contact the emergency contact to make transportation arrangements for the child and adult to a place of safety. If an intoxicated parent/guardian or adult removes a child from the Center, the staff should notify the police immediately. The staff will notify the Director of the incident.

### ***Lost or Abducted Children***

To prevent lost or missing children, staff will count children frequently while on a field trip or on the playground. A staff member will be responsible for performing a “sweep” of the area or vehicle that the children are leaving to make sure that no child is overlooked. Staff will identify and implement specific systems for speedy recovery of missing children, such as: same colored shirts, tags, etc. Staff will not make the child’s name visible to a stranger.

If it is determined that a child is missing, lost, or abducted, the staff in charge of the group will notify the police or sheriff, the Director, parents/guardians, and other authorities as required by state regulation. If on a field trip, the staff will notify the facility management to assist in their search for the child.

### ***Fire Evacuation Procedure***

The following procedures will be followed in the case of a fire (or fire drill) in the TLC building:

- Remain calm!
- Remember R.A.C.E.E.
  - **Rescue** those in immediate danger
    - Line up the children in the room by the designated exit to be used in a fire evacuation
    - Infants and Wobblers are put into evacuation cribs (4 per crib) (AEA Personnel will assist if available)
    - Take the backpack (contains first aid kit, emergency cards & extra supplies), clipboard (contains departure log), and walkie-talkies
    - Make sure all children are present before leaving the room
  - **Alarm** Activate the nearest fire pull station (located by each exit)
    - Director will call 911 (or designate someone)
  - **Contain** the fire by closing all doors and windows
  - **Evacuate** persons threatened by fire or smoke
  - **Extinguish** only if your safety can be assured
- Designated Exits:

- Infants: Exit through door in room
- Wobblers: Exit through door in room
- Twos: Exit through door in room
- Junior Preschool: Exit through main entrance door
- Preschool: Exit through door in room

If outside, have children line up as quickly as possible against fence. Get backpack and clipboard and do a head count. After all children are accounted for, immediately exit playground and proceed to the designated meeting area. If Infants or Wobblers are outside, they should meet just inside playground gate nearest the lobby door and office staff will bring evacuation cribs out front lobby door.

- Designated Meeting Area:
  - All rooms are to meet at the Chamber of Commerce parking lot along the garage wall, keeping children out of the parking lot. In bad weather, we are to meet inside the Chamber of Commerce office at the receptionist area.
- Roster Check:
  - All groups are to do a roster check of children to make sure all children are present.
  - Keep children grouped together and calm.
- Parent/guardian Notification:
  - Begin to notify parents/guardians upon Director's request. All phone numbers should be located in backpack with first aid kit. Parents/guardians may come and pick up their child/children but are required to sign out on the departure log and record the time of departure.

### ***Tornado Response Procedure***

The following procedures will be followed in the case of a tornado warning (or tornado drill) affecting TLC:

- Remain Calm!
  - AEA personnel will assist if available
- Line up children by room's door that enters/exits into the main lobby (center area that contains the Junior Preschool)
- Infants and Wobblers are put into evacuation cribs (4 per crib) (kitchen workers will help as needed)
- Take the backpack (contains first aid kit, emergency cards, and extra supplies), the clipboard (contains departure log) and walkie-talkies
- Make sure all children are present before leaving the room by doing a head count.
- Exit room and proceed to designated shelter:
  - Infants and Wobblers go to Head Start Room B
  - Twos, Junior Preschool, and Preschool go to Head Start Room A (Twos and Preschool go thru the Junior Preschool room)

If outside, have children line up as quickly as possible against fence. Get the backpack and clipboard and do a head count. After all children are accounted for, move inside using the front lobby doors. Office staff will meet the Infants or Wobblers in lobby with evacuation cribs. Everyone proceed immediately to designated shelter.

- Sit children along wall farthest from windows (Classroom B) or in or near the bathroom (Classroom A) in the “tornado safety position” (criss-cross on bottoms, head down, hands behind head)
- Infants and Wobblers - place blankets over cribs to shelter children
- Last person close classroom door(s) and Check Roster
- Lower guards over windows if not already done
- Staff sits with the children...safety of the children is first priority / if necessary cover child’s body with yours
- After the “all clear”, wait for further instructions from the Director. You will either be able to return to your rooms or remain in shelter area. In the event of a real tornado, this will be the time parents/guardians may be contacted. All phone numbers should be located in the backpack with first aid kit. Parents/guardians may come and pick up their child/children but are required to sign out on the departure log and record the time of departure.

### ***Chemical Emergency***

If a chemical emergency threatens the air quality of TLC, the staff and children will shelter-in-place until the Director receives official notification that all danger has passed.

The Director will follow local official’s emergency action steps to ensure the safety of everyone in the building. To maintain a secure seal in the building’s air supply, all doors and windows will be closed and locked, heating and air conditioning systems will be turned off and air intakes will be switched to the closed position. Exhaust fans in kitchens, bathrooms, and other spaces will remain off, and range and dryer vents sealed using tape and plastic food wrapping, wax paper, or aluminum foil. Gaps around external windows and doors will be sealed, and drapes, curtains and shades closed for additional protection. If vapors begin to bother staff and children, wet cloths will be held over the nose and mouth. Parent/guardian notification will be made through telephone calls or local radio and television stations.

### ***Blizzard Emergency***

If at all possible, TLC will issue an emergency closure before a blizzard exists; however, if the Center experiences a blizzard emergency and children remain at the Center because parents/guardians are unable to reach the Center for pick up, staff and children will shelter-in-place until such time as parents/guardians are able to reach the Center and pick up their children. If there is no heat, unneeded rooms or areas will be closed off, if possible, towels and rags stuffed under cracks in doors and windows covered. Parent/guardian notification will be made through telephone calls or local radio and television stations.

### ***Building Failure***

In the event of a building failure (fire, flood, earthquake, or power failure) all children and staff will immediately be evacuated to the Charles City Chamber of Commerce directly behind TLC. In the case of a bomb threat, the children will be evacuated to First Citizens National Bank at 300 North Main Street. Parents/guardians will be notified of the evacuation as soon as all of the children and staff have been safely moved. This notification will be made through local radio and television stations. An attempt will be made to telephone all parents/guardians.

### ***Other Security Threats***

Other dangers or threats to the security of the children and staff of TLC will be handled at the Director's discretion, using closure, evacuation, or safe-shelter, depending upon the nature of the threat. Notification of TLC's response to the threat will be made through local radio and television stations. An attempt will be made to telephone all parents/guardians.

### ***Emergency Management***

If TLC experiences a medical emergency, natural disaster, or other crisis situation all staff will follow the policies and procedures set forth in this handbook for the management of the emergency, disaster, or crisis. Staff will follow TLC's confidentiality policy and all public, media, and governmental inquires will be referred to the Director or the President of the Board of Directors of TLC, who will act as the spokesperson for TLC.

## **MANDATORY REPORTING POLICY**

All staff members of TLC are mandatory child abuse reporters. If any staff suspects child abuse, he/she must follow procedures learned during Mandatory Child and Adult Abuse training to report the suspected abuse to DHS. To report child abuse call the local office at 641-228-5713 or toll free statewide anytime at 1-800-362-2178. When a staff member suspects abuse, the staff member should call DHS immediately and then inform the Director. When a report is made, staff should make a written record of the report and submit this to the Director. This document will be placed in the child's locked file, accessible only to administration and licensing personnel. Staff members do not need the permission of the Director to report suspected abuse, however notifying the Director ensures that documents are properly filed in case of a follow-up investigation. Within 24 hours of any suspected abuse, DHS must be contacted by phone. A written report must follow within 48 hours.

## **EXPOSURE CONTROL PLAN**

TLC is committed to providing a safe and healthy work environment for our staff. This Exposure Control Plan (ECP) will eliminate or minimize occupational exposure to blood-borne pathogens.

The Director will be responsible for implementation of the ECP and will review the plan annually and update whenever necessary to include new or modified procedures as recommended by OSHA.

All staff will take universal precautions training within the first six months of employment and each year thereafter. New staff will receive initial training on TLC's Exposure Control Plan during orientation and all staff will receive refresher training annually. Records of all training will be maintained in personnel files. Staff can access this ECP plan in TLC's Policies and Procedures for Child Care Handbook.

Staff members who are determined to have occupational exposure to blood or other potentially infectious materials must comply with the procedures in this Exposure Control Plan. Hepatitis B vaccine will be offered to those staff.

TLC will maintain and provide all necessary personal protective equipment (gloves), proper waste disposal containers, and other materials required by OSHA regulations. The Director will ensure that adequate supplies of personal protective equipment are available in the appropriate sizes and will be responsible for ensuring that all universal precautions required are performed and that appropriate health and OSHA records are maintained.

#### ***Exposure Determination***

Job classifications that have a "High Risk" of occupational exposure; Hepatitis B vaccine is required: Director and classroom supervisors

Job classifications that might have occupational exposure; Hepatitis B vaccine recommended: classroom staff or support staff

Job classifications that have "Low Risk" of occupational exposure; Hepatitis B vaccine encouraged but not required: all other staff

#### ***Risks and Safety Measures***

Staff members are encouraged to discuss their risks versus benefits of receiving Hepatitis B vaccine with their health care provider.

After receiving blood-borne pathogens training, staff members in the job classifications that face a high risk of occupational exposure will decide if they wish to receive the vaccination series at TLC's cost. Staff members in other job classifications may choose to receive the vaccination series at their own cost. In all cases, staff members will sign a statement indicating their intentions.

Tasks or procedures that have a high risk of exposure, such as cleaning and eliminating any visible blood spills or blood in stools, care of open skin areas, bloody noses, or open bites, or administering injections (insulin and epipen) will be performed by staff members who have received the Hepatitis B vaccine. Other tasks or procedures that could have a risk of exposure include diaper changing and cleaning body fluids. All staff members facing exposure should protect themselves with hand washing and gloves regardless of job classification.

Staff members with questions regarding the Exposure Control Plan, their job classification or procedures that they perform which could place them at risk should contact the Director.

Proper first aid supplies and gloves are kept in each classroom's backpack and in the medical cabinet in the front lobby. Gloves are also available in each classroom where diapering and bathroom assistance is required. A sharps container will be maintained in the medical cabinet.

***Summary of Universal Precautions***

The following universal precautions are intended to prevent exposure of staff to blood-borne pathogens and are intended to supplement rather than replace recommendations for routine infection control such as hand washing. Specifying barrier types or procedures for every possible clinical situation is impractical; therefore some staff judgment must be executed.

Materials that contain blood, vomit, vaginal secretions, urine and feces must be placed in double plastic bags and tied. Universal precautions do not apply to materials that contain sputum, sweat, tears and nasal secretions unless visible blood is evident.

Use protective barriers as necessary to reduce the risk of exposure. Routinely wear gloves to prevent skin exposure when in contact with blood and when handling items soiled with blood.

Minimize the risk of transmission by following these guidelines:

- Utilize protective barriers appropriate to the task and anticipated exposure
- Immediately and thoroughly wash hands and other skin surfaces that are contaminated with high risk body fluids
- Learn which body fluids are high risks and protect yourself accordingly. Any fluid that contains visible blood is considered high risk.
- Wear gloves when appropriate to the task being performed. Change gloves and wash hands between each child contact.
- "High Risk" staff members with lesions or contract dermatitis on their hands will be evaluated by the Director before performing child care procedures which would put the staff at risk of exposure. In most cases, these staff members will refrain from such procedures until the condition resolves.
- "High Risk" staff members should remove visibly contaminated material and then the area should be decontaminated using a chemical germicide (bleach solution). Gloves should be worn during the cleaning and decontamination procedures.
- Any items soiled with blood will be double bagged before disposal.
- According to State License, 109.10 "...due to the small amount of infectious waste in a child care center, we recommend that you treat potentially hazardous waste, especially in infant rooms, as 'first aid waste'. Double bag and tie the plastic bags used to contain articles that are contaminated with blood, feces, or other potentially infectious material."
- According to State License, 109.10, "A solution of ¼ cup household chlorine liquid bleach to 1-gallon of cool water, mixed daily, is a cheap and effective disinfectant for nonporous surfaces. For smaller quantities, use 1-tablespoon

- bleach to 1-quart water, mixed daily. Using hot water breaks down the bleach and renders it ineffective.”
- According to State License, 109.10, “Although human milk may carry various bacteria or virus, the Centers for Disease Control and Prevention has found that people who handle human milk in child care settings are at low risk of getting an infection from the human milk. Universal precautions are no longer recommended when feeding or handling human milk.”
  - Wash basins or basins used for vomiting should be cleaned and decontaminated as soon as possible after visible contamination.
  - Broken glassware, which may be contaminated, should be picked up using mechanical means, such as a brush and dustpan.

### ***Exposure Incidents***

The Director should be immediately informed of an exposure incident. After receiving appropriate first aid, such as cleaning the wound, or the flushing of eyes or other mucous membranes, the staff member will seek medical attention. The Director will document the route of exposure and how the exposure occurred. The source will be identified and documented. Consent will be obtained and arrangements made to have the source individual tested as soon as possible to determine HIV, HCV, and HBV exposure. The source individual’s test results will be forwarded to the staff member’s health care provider. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed. If testing indicates an exposure, the staff will be offered a blood test for HBV and HIV status.

The Director will review all exposure incidents to determine if appropriate universal precautions were followed and will recommend revisions to the exposure control plan if needed. The incident will also be evaluated to determine if the case meets OSHA’s record keeping requirements.

### ***Training Records***

Detailed training records for all staff will be kept for at least three years in the staff personnel file. Confidential medical records for staff with incident exposure will be kept in the staff member’s personnel file. Such records will be kept for the duration of employment plus 30 years. These records will be available to the staff upon request.

## **ADDITIONAL POLICIES AND PROCEDURES**

The additional policies and procedures contained in the Family Handbook and Employment Handbook shall be considered part of TLC’s Policies and Procedures for Child Care Handbook.

## **STAFF TRAINING**

All staff will receive training on the Policies and Procedures contained in this Handbook, including the emergency response procedures, at the annual in-service. New staff will receive this training during orientation.

**ACKNOWLEDGEMENT**

I have been given the Policies and Procedures for Child Care Handbook and I am fully aware of the policies and procedures of TLC and my responsibility to follow the guidelines of these policies and procedures as a staff member of TLC.

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

TLC Policies and Procedures

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Staff Member \_\_\_\_\_

Date \_\_\_\_\_