

LAKE MILLS COMMUNITY PRESCHOOL & DAYCARE

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PARENT HANDBOOK

“To provide quality, affordable and safe child care and preschool services for all children.”

Revised 12/17/2008

STATEMENT OF PHILOSOPHY

The Lake Mills Community Preschool & Daycare is an environment organized and arranged to provide for the care and development of all children.

Infants	6 weeks to 11 months
One-Year-Olds	12 months to 23 months
Toddlers	24 months to 35 months
Preschoolers	3 years to Kindergarten
School Age	Kindergarten to 12 years

To respond to the needs of families, the Center and its Board of Directors declares that services provided will meet or exceed the following principles:

1. To radiate a positive and vibrant learning center.
2. To hire and maintain a qualified, competent staff who meet or exceed Department of Human Services requirements. All staff are required to hold high esteem for the individuality of a child and the child's need for compassionate care.
3. To communicate regularly and fully with parents concerning their child's development on a day-to-day basis and to involve parents in decision making through membership on the Board of Directors.
4. To provide a facility that is clean, well-maintained, and safe.
5. To provide flexible programming and services to better aid the working schedules of parents.
6. To provide nutritional meals and snacks that meets the standards of the Department of Education's Child and Adult Care Food Program.
7. To act as a parenting resource center able to provide or refer parents to sources of information or aid in coping with the process of parenting.
8. To provide the balanced program of activities designed to develop characteristics necessary to live in the world as an individual capable of cooperation, and to tolerate competition. All of the programs offered at the center are designed to meet the emotional, social, physical, and intellectual needs of its children.
9. To insure an atmosphere for employees of the Center and its clients that is non-racist, non-sexist, and honors individuality.

The responsibility for the welfare of the child will be shared by the home and the Center. Parents have the opportunity to be involved with the health, nutrition, education, and parenting components of the program. The program goals for the Center will focus on the development of a child's healthy personality through the process of quality daily living. Play is recognized as the primary way for a child to develop his/her identity. With the support of inventive adults and a variety of stimulating learning materials, a child in the Center will develop an enthusiasm for learning through purposeful play.

The daily program will be as individualized as possible within a group setting. For each child we will offer: a stimulating environment, structure, learning materials available to help children explore, experiment, and discover. There will be time during the day to play, rest, and "just be a kid".

GENERAL INFORMATION ABOUT LMCPD

HOURS OF OPERATION

The Lake Mills Community Preschool & Daycare is open Monday - Friday, 5:30 a.m. to 5:45 p.m. We will make every effort to be open regardless of the weather. However, please listen to the local radio stations regarding closure of the Center in the event of severe weather. The Center will be closed for the following holidays: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. Please note any additions or corrections to our list of closed days in the newsletter and also posted on the Parent's Bulletin Board in the foyer area.

ENROLLMENT PROCEDURE

Children are enrolled to the Center on a first come first serve basis with priority given to children who have a sibling already in the program. To enroll your child, we must have the following on file prior to their first day at the center:

1. Enrollment application (with permission forms)
2. Up-to-date Immunization Card
3. Physical Examination Form completed by a physician/physician's asst./nurse practitioner
4. Emergency Medical and Dental consent form
5. Application for Free/Reduced Price Meals
6. Payment Agreement
7. Rate Agreement Form

This information will be entered into the child's file and kept by the Director. Each child's file will be open to the child's parents or legal guardians at all times. Written permission will be obtained from parents if information is to be shared. Each child's file must be updated annually or when any changes occur. All required forms are available upon request.

An updated medical form signed by a doctor is required annually in order for enrollment to continue. (Once the child is officially enrolled in school, they will only need an update signed by their parent/guardian.) Parents/Guardians are also responsible for informing staff when there needs to be a change and/or update on your child's enrollment forms or Immunization Record. All required forms are available upon request.

VISITATION

The Lake Mills Community Preschool & Daycare has an open door policy for parents and legal guardians. You may visit your child at the Center at any time during the day without prior notice. We encourage siblings, grandparents, friends, and relatives to visit also, but ask that you make arrangements prior to these visits. Short stays of less than 30 minutes seem to be the least disruptive to the child.

Volunteer help is always welcome. If you are interested and have even a small amount of time to share with us, please contact the Director. We also welcome donations of books, toys, and supplies that are clean and in good condition.

GRIEVANCE PROCEDURE

In every Center, there can be honest differences of opinion regarding your child's individual care or Center operations. Conferences with parents, staff members, and/or administrators will be scheduled as needed.

Grievances of parents against staff, or staff against parents, should only be dealt with by the persons involved and the Director, or at a meeting facilitated by the Director. If needed, the President of the Board of Directors will facilitate and/or attend such a meeting.

LMCPD FEE POLICIES

NEW FAMILIES New families enrolling at LMCPD will be charged a non-refundable deposit of \$25.00. This deposit will serve as insurance to the center that the family will be starting and ensure the parents that their child(ren) will be on the schedule for the first week they need care. Once the family starts coming, the \$25.00 will be deducted from the first week's bill. All new families will experience a "payment probation" period upon which they will be required to pay in advance during the first two weeks their child(ren) are enrolled. After the first two weeks, families can then pay when they receive their statement.

REGISTRATION FEE There is a non-refundable registration fee of \$30.00/family that is due upon admission to the center. If a family terminates services and re-enrolls at a later date another \$30.00 registration fee applies.

HOURLY RATES See current **Rate Agreement Form**.

- Your child will be charged for the hours that they attend at the rate agreed to on the Rate Agreement Form or the minimum weekly charge agreed to, whichever is greater. If your child attends for 42 hours and the rate you agreed to was the 30-39 hour range, you will be charged for all 42 hours at the 30-39 hour rate.
- If your child is scheduled for more hours than they attended, your child will be charged for the hours that they are scheduled for that week, regardless of what hours they attended, unless an absentee day is requested (see Absentee Day policy). These hours will be paid for at the rate agreed to on the Rate Agreement Form. Please note if the hours attended or the minimum weekly charge is greater, the greater amount will be paid.

DROP-IN RATE The drop-in rate for non-enrolled children is \$5.00/hour per child.

SCHEDULING AND BILLING:

All parents are required to fill out a schedule for when their children will be in attendance at LMCPD. **Parents are then billed according to the schedule submitted, the rate agreement form signed, and any minimum weekly charges that may also apply.**

Families have three options when scheduling care:

- Option 1: Full-time and part-time families can schedule care with a consistent weekly schedule.
- Option 2: Full-time and part-time families with schedules that consistently change, must submit a at the minimum, a weekly schedule, to the Director by Monday at the end of the business day of the week preceding the change. This does not mean that families can periodically submit days when a child is going to be absent, it means consistently submitting a schedule on a weekly basis.
- Option 3: Drop-in daycare is available for families who are not enrolled at LMCPD. Advance notice is required when scheduling care. Once a family finalizes drop-in daycare, they will be responsible for paying for the time requested no matter if they attend or not. Also, families requesting drop-in care are responsible for paying the charges at the time they pick up their children.

CHANGING YOUR SCHEDULE MID-WEEK **If you need to change your schedule after the Monday deadline we will only accept your children if we have room.** This needs to be directly

requested and approved by LMCPD administration before it can take place. For this additional time your family will be charged at the rate specified on the current rate agreement form. If prior approval was not obtained from LMCPD administration, the drop-in rate of \$5.00/hour per child will apply for enrolled families. This also applies to school age children on Early Dismissal, No School Vacation Days, and School In-Service Days. We will assume that your child will be at the center as scheduled unless a schedule change has been submitted by the Monday deadline.

ABSENTEE DAYS

Hours Rate Agreed On	Infant	Toddler	3yrs & up	School Age
40 +	10 days	10 days	10 days	3 days – summer only
30 – 39	10 days	10 days	10 days	3 days – summer only
20 – 29	5 days	5 days	5 days	0 days
0 – 19	0 days	0 days	0 days	0 days

- Infant, Toddler and 3 years & up children who are not of school age, and who are classified under the 40+ or the 30-39 hour categories on the rate agreement form, will receive the full 10 absentee days if they remain in that category for at least 75% of the year.
- Infant, Toddler and 3 years & up children who are not of school age, and who are classified under the 20-29 hour category on the rate agreement form, will receive the full 5 absentee days if they remain in that category for at least 75% of the year and do not fall below into the 0-19 category of which there are not absentee days.

Absentee days need to be requested in writing in order to receive them. A family must complete an Absentee Day Request form located in the front entry (or obtain a form from a staff member) and **submit it to LMCPD administration within 5 business days after the absence occurs.** Absentee Day Requests can be submitted in advance as well.

One absentee day equals one calendar day. There are no partial absentee days. If you use an absentee day your minimum weekly fee will be prorated. For example: If your infant is scheduled for 30 hours, and your minimum weekly fee is \$94.50, and you wish to use one absentee day, your minimum weekly fee will be \$75.60 ($\$94.50 \times 4/5$). Meaning, your minimum charge will be \$75.60 or the hours your infant attends charged by the hourly rate, whichever is greater.

Once all absentee days are used, the family will pay for the additional time the child is absent from the center.

- Provision 1: Families who quit attending and then re-enroll, must pay the registration fee and will not receive any additional absentee days.
- Provision 2: If five days go by without hearing from a family, they will be withdrawn from the program and must re-enroll before returning.

HOLIDAYS when the center is closed will also be prorated like absentee days. For example, the week of Memorial Day, if your infant is scheduled for 30 hours, and your minimum weekly fee is

\$94.50, your minimum weekly fee will be \$75.60 ($\$94.50 \times 4/5$) since the center will only be open 4 days in that week. Meaning, your minimum charge will be \$75.60 or the hours your infant attends charged by the hourly rate, whichever is greater. Children scheduled for the optional day will be responsible to pay for the hours they are scheduled to attend the center.

CHILDREN WHO LEAVE AND THEN RETURN DURING THE DAY remain checked in while absent. Staff/child ratio needs to be maintained for their anticipated return. This applies to all times children leave during the day and return later (ex: doctor and dentist appointments, SonShine Preschool, dance class, etc.). The only exception is Kindergarten Prep and before/after school children.

OPTIONAL DAYS During the Lake Mills Community School's Christmas break each year (official dates are announced), LMCPD operates with limited staff. Families are required to schedule care by the deadline announced. If a family schedules care and then does not attend, they will be charged (absentee days cannot be used during this time). If a family does not schedule care but attends, they will be charged the drop-in rate. Periodically the day after Thanksgiving and the day before or the day after Independence Day are treated as optional days. If occurring in a given year, this will be announced.

SUMMER PROGRAM FEE Summer activity fees are set by the LMCPD Board of Directors each April. There is not a second child discount. This fee goes to pay for admission fees, extra craft supplies, gasoline for trips, etc. This fee is non-refundable.

PAYMENT DUE DATE Bills are distributed each Monday for services that were provided the prior week (Monday-Friday). (Charges are generated by the computer at 5-minute intervals. Children who are here for less than one hour will be billed for one complete hour.) Payment must be made every two weeks and all accounts must be paid in full at the end of each calendar month. Families with a balance at the end of the calendar month may be dismissed and will be charged a \$25.00 fee. LMCPD understands family hardships. We will work with families experiencing hardships on an individual basis. In the event of a hardship, please notify the Director or Assistant Director.

LATE PAYMENT FEE Accounts that are not paid every two weeks will be assessed a late fee of \$10.00 **each week** the account is past due.

NSF CHECKS Checks which are returned to us labeled "Non-Sufficient Funds" will be assessed a \$35 processing fee. Families who continually have checks returned by the bank will be required to pay on their accounts in cash.

NO SHOW FEE Families need to call and tell us within 2 hours of their start time if they will not be attending for the day. Families who fail to do this will be charged a \$5.00 no show fee (per child), in addition to the scheduled time. Absentee days may not be used.

LATE PICK-UP CHARGE The center closes at 5:45 p.m. and there is a charge of \$5.00 for each 15 minutes that a child remains after that time.

TERMINATION OF CARE A family that no longer wishes to use the center must give the director a written two week notice prior to their desired last day of attendance. If a family fails to do this, they will be assessed a \$25.00 charge on their last bill.

HEALTH POLICIES

SMOKING

Smoking is prohibited in the facility, on the property and in vehicles owned or leased by LMCPD. Persons violating this policy shall be asked to leave the property or to refrain from smoking.

CHILD ABUSE

The State of Iowa requires that all members of childcare institutions be on the lookout for, and report to the proper authorities, any and all cases of abuse to a child. The Center is therefore obligated to report any suspected cases of child abuse and/or neglect.

BLOOD BORNE PATHOGENS

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

CARING FOR AN INJURED CHILD

All staff are trained in first-aid and CPR and will treat minor injuries happening at LMCPD. All accidents that occur to children will be documented on an Incident Report detailing what happened, who was involved and what action was taken. This is to be signed by the parent (who may receive a copy) and one copy will be kept on file at the Center.

MEDICATION

The Center will administer medication supplied by the parents or legal guardian if:

1. The parent/legal guardian has first properly completed and signed a Monthly Medicine Record Form.
2. The medication is stored in its original container, **with accompanying physician or pharmacist's instructions and label intact**. This label must be legible. The instructions may be written by the licensed health care provider or given over the telephone by the licensed health provider's office to LMCPD staff.
3. It is prescribed specifically for your child (we will not administer prescriptions to siblings).

***Acetaminophen and Ibuprofen will not be given to children to "mask" a fever.

All medications will be stored so they are inaccessible to children and the public. This includes all ointments, cough drops, inhalers, and any prescriptions or over-the-counter medications that your doctor has ordered and authorized.

Although a parent may come over at any time to give medications themselves, **the Center staff reserves the right to refuse giving any medication**. We are not responsible for medications left at the Center and encourage parents to take medications home with them when their child no longer needs them. The Center will send home or dispose of medications left at the Center.

ILLNESS

Illness is a part of every child's life and will be exposed to it from time to time. When

a child becomes ill at the center, a determination will be made by the Director, Assistant Director or On-Site Supervisor whether the child requires exclusion from the center. Most illnesses do not require exclusion. Determination will be made according to the following criteria:

1. **Illness prevents the child from participating comfortably in activities.**
2. **Illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.**
3. **Illness poses a risk of spread of disease to others.**

If any of these criteria is met, the child will be excluded, regardless of the type of illness. The following information should assist you in deciding when to keep your child at home as well.

Conditions Requiring Temporary Exclusion:

- The illness prevents the child from participating comfortably in activities as determined by the staff of the child care program.
- The illness results in a greater need for care than the staff of the program determine they can provide without compromising their ability to care for other children.
- The child has any of the following conditions, unless a health professional determines the child's condition does not require exclusion:
 - **Appears to be severely ill.**
 - **Fever** (temperature above 101 degrees orally, above 102 degrees rectally, or 100 degrees or higher taken axillary (armpit) or measured by an equivalent method) *and* behavior change or other signs and symptoms (sore throat, rash, vomiting, diarrhea, etc.) An unexplained temperature above 100 degrees axillary (armpit) or 101 degrees rectally in a child younger than 4 months should be medically evaluated. For example, an infant with a fever but behaving normally on the day after an immunization that is known to cause fever does not require exclusion. Exception: *Any infant younger than 2 months with a fever should get medical attention within an hour.* Note: LMCPD staff takes axillary temperatures only, as recommended by our Child Care Nurse Consultant. **This means fever not masked by antipyretic medication.**
 - **Diarrhea** – defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool that is not contained by the child's ability to use the toilet – until the diarrhea resolves. Exceptions include: Toxin-producing *E Coli* or *Shigella* infection until the diarrhea resolves and the test results of 2 stool cultures are negative for these organisms. Also *S typhi* infection until the diarrhea resolves, the test results of 3 stool cultures are negative for these organisms, and the child has been cleared by a health professional or health department.
 - **Blood in the stools** not explained by dietary change, medication, or hard stools.
 - **Vomiting** more than 2 times in the previous 24 hours, unless the vomiting is determined to be caused by a noncommunicable condition and the child is not in danger of dehydration.
 - **Abdominal pain** that continues for more than 2 hours or intermittent pain associated with fever or other signs or symptoms.
 - **Mouth sores** with drooling.
 - **Rash** with fever or behavioral changes.
 - **Pink or red conjunctiva** (whites of the eyes) with white or yellow eye mucus drainage (signs of bacterial infection), often with matted eyelids after sleep and eye

pain, or redness of the eyelids or skin around the eye until treatment has been started (viral conjunctivitis usually has a clear, watery discharge that may not require exclusion).

- **Tuberculosis**, until the child's physician or local health department states child is on appropriate treatment and can return.
- **Impetigo**, until 24 hours after treatment has been started.
- **Streptococcal pharyngitis (strep throat or other streptococcal infection)**, until 24 hours after treatment has been started.
- **Head lice or nits**, until after the first treatment (note: exclusion is not necessary before the end of the program day).
- **Scabies**, until after treatment has been given.
- **Chickenpox (varicella)** until all lesions have dried or crusted (usually 6 days after onset of rash).
- **Pertussis**, until 5 days of appropriate antibiotic treatment.
- **Mumps**, until 9 days after onset of parotid gland swelling.
- **Measles**, until 4 days after onset of rash.
- **Hepatitis A virus infection**, until 1 week after onset of illness or jaundice or as directed by the health department when immune globulin has been given to the appropriate children and adult contacts.
- **Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.**

Conditions That Do Not Require Exclusion:

- Common colds, runny noses (regardless of color or consistency of nasal discharge), and coughs.
- Fever without any signs or symptoms of illness in children who are older than 4 months. For this purpose, fever is defined as temperature above 101 degrees orally, above 102 degrees rectally, or 100 degrees or higher taken axillary (armpit) or measured by any equivalent method. Fever is an indication of the body's response to something, but is neither a disease nor a serious problem by itself. Body temperature can be elevated by overheating caused by overdressing or a hot environment, reactions to medications, and response to infection. If the child is behaving normally but has a fever, the cause of the fever should be sought, but the child does not require exclusion for fever alone.
- Watery eye discharge without fever, eye pain, or eyelid redness.
- Yellow or white eye drainage that is not associated with pink or red conjunctiva (whites of the eyes).
- Rash without fever and behavioral changes.
- Lice or nits without lice (may delay treatment until the end of the day).
- Ringworm (may delay treatment until the end of the day).
- Thrush (white spots or patches in the mouth).
- Fifth disease (slapped cheek disease, parvovirus B19) in a child without immune problems.
- Cytomegalovirus infection.
- Chronic hepatitis B virus infection.
- Human immunodeficiency virus (HIV) infection, with consideration of risk to the HIV-infected child or others decided on a case-by-case basis by health professionals.
- The presence of infectious germs in stool or urine without illness symptoms. Exceptions include potentially serious organisms (Escherichia coli O157:H7, Shigella, Salmonella typhi).
- Children with chronic infectious conditions that can be accommodated in the program according to the legal requirements of federal law in the Americans with Disabilities Act (HIV

infection). The act requires that child care programs and schools make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

If your child becomes ill with a communicable disease, please inform the Center so that other families may be notified. When in doubt of your child's health condition, play it safe for him/her and other children in the Center and keep the child home.

The staff at LMCPD do their best to prevent the spread of illness at the center. This includes handwashing, assisting children with handwashing, sanitizing surfaces, equipment, toys and other materials used on a daily basis, the laundering of bedding and other items. Staff members also make daily health assessment checks of children by observing them, speaking with their parents and talking with the children. This helps everyone to be on the lookout for signs and symptoms of illness. The staff will do its best to inform parents when their child has been exposed to a communicable illness and will give them examples of sign and symptoms to look for.

LMCPD's health policies were derived from the American Academy of Pediatrics – "Managing Infectious Diseases in Child Care and Schools." **The conditions listed above are not an inclusive list. Additional information regarding policy can be found in this reference guide and on the chart listed on the following pages.**

SIGNS & SYMPTOMS CHART OF COMMON DISEASES

Disease	Signs/Symptoms	Incubation Period	Contagious Period	Exclusion Criteria
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Chickenpox (Varicella-Zoster Infections)	Rash (small, red bumps blistering over 3-4 days, then forming scabs. Blister crops will come out over several days. Rash more noticeable on trunk. Rash may appear inside mouth, ears, genital areas, and scalp. Fever, runny nose, cough.	14-16 days, as short as 10 days and as long as 21 days after contact.	Most contagious period is from 1 to 2 days before the rash appears until right after it appears.	Can return to child care when all blisters have scabs (usually 6 days after start of rash), and when the child is able to participate without compromising the staff's ability to care for the health and safety of the other children in the group.
Diaper Rash/Thrush (Candidiasis)	Candida diaper rash: redness in diaper area, worse in the creases, redness often bordered by red pimples, shiny appearance, sores or cracking or oozing of skin in severe cases. Thrush: white patches on the inside of cheeks and on gums and tongue. Usually causes no other signs/symptoms.	Unknown	Yeast that causes thrush and infects diaper area is widespread in the environment, normally lives on skin and is found in the mouth and stool. Mild infection of the lining of the mouth is common in healthy infants. May occur with antibiotic use.	Child does not need to be excluded from child care.
Diarrhea	Frequent loose or watery stools, abdominal cramps and tenderness, fever, generally not feeling well, blood in stool, individuals can be infected and infectious with minimal signs or symptoms.	See specific disease sheets in American Academy of Pediatrics Reference Guide for incubation and contagious periods.	Infectious causes include viruses (rotaviruses, enteric adenoviruses, astroviruses, caliciviruses, hepatitis A, enteroviruses), bacteria (<i>Shigella</i> , <i>Salmonella</i> , <i>Campylobacter</i> , <i>Escherichia coli O157:H7</i> , <i>Clostridium difficile</i>), and parasites (<i>Giardia lamblia</i> , <i>Cryptosporidium parvum</i>). A health professional must clear the child for readmission for all cases of bloody diarrhea or diarrhea caused by <i>Shigella</i> , <i>Salmonella</i> , <i>E coli O157:H7</i> , or <i>G lamblia</i> .	Exclude if: diarrhea not contained in toilet (all infants and children in diapers with diarrhea must be excluded), blood or mucus in stool, abnormal color of stool for the child (all black or very pale), no urine output in 8 hours, fever and behavior change, jaundice (yellow skin or eyes), appearance of being ill. May return to child care when stool is contained in toilet (for toilet trained children). Even if stools stay loose, may readmit when the child seems well and stool consistency has not changed for a week. When child is able to participate without compromising the staff's ability to care for the health and safety of the other children in the group.
Fifth Disease(Human Parvovirus B19)	Fever, muscle aches, joint pain (uncommon in children but more common in adults), headache, red "slapped cheek" rash 1 to 3 weeks after these signs or symptoms. Rash followed shortly by a lace-like appearing rash proceeding from trunk to arms, buttocks, and thighs.	4 to 14 days, but can be as long as 21 days.	Until the rash appears (except in rare cases of infection in patients with certain blood disorders or compromised immune functions).	No exclusion unless the child has sickle cell disease or a compromised immune system, or the child is unable to participate because staff cannot care for child without compromising their ability to care for the health and safety of the other children in the group.
Hand-Foot-and-Mouth Disease (Most Commonly Enterovirus)	Tiny blisters in mouth and fingers, palms of hands, buttocks, and soles of feet that last a little longer than 1 week. May see common cold signs or symptoms with fever, sore throat, runny nose and cough. Other signs such as vomiting and diarrhea can occur.	3 to 6 days.	Virus may shed for several weeks after the infection starts; respiratory shedding of the virus is usually limited to a week or less.	No exclusion is necessary unless child is unable to participate because staff are unable to care for the child without compromising the ability to care for the health and safety of the other children in the group, or if the child meets other exclusion criteria such as fever with behavior change.
Influenza	Sudden onset of fever, headache, chills, muscle aches and pains, sore throat, cough, mild pinkeye, decreased energy, abdominal pain, nausea and vomiting. In young infants, croup, bronchiolitis or	1 to 3 days.	From the day before signs or symptoms appear until 7 days after the onset of flu.	Child does not have to be excluded from child care unless is unable to participate because staff are unable to care for child without compromising the health and safety of the other children in the group. Or if the child meets

	pneumonia.			other exclusion criteria such as fever with behavior change.
Pink Eye (Conjunctivitis)	Bacterial: red or pink, itchy, painful, tiny amount of green or yellow discharge, may be crusted shut in the morning, may affect one or both eyes. Viral: pink, swollen, watering eye(s) sensitive to light. May affect only one eye. Allergic: itching, redness, and excessive tearing, usually of both eyes. Chemical: red, watery eyes, especially after swimming in chlorinated water.	Bacterial: Unknown Viral: Sometimes occurs early in the course of a viral respiratory disease that has other signs or symptoms. Allergic: Reaction may be immediate or delayed for many hours or days after contact. Chemical: Usually appears shortly after contact with the irritating substance.	Bacterial: Contagious period ends when the course of medication is started. Viral: Contagious period continues while the signs or symptoms are present. Allergic & Chemical: No contagious period.	Exclude from child care for bacterial conjunctivitis (i.e. red eyes and green or yellow discharge). May return after treatment has begun with antibiotic eye drops or ointment. No exclusion for all other forms, except on recommendation of the health department or the child's health professional.
Pneumonia	Cough, fast, difficult breathing, fever, muscle aches, loss of appetite, lethargy.	Will vary depending on the germ causing it.	Depends on the germ causing the pneumonia.	No exclusion unless the child is unable to participate because staff is unable to care for the child without compromising the health and safety of the other children in the group, or the child meets other exclusion criteria such as fever with behavior change.
Respiratory Syncytial Virus (RSV)	Cold-like symptoms for most children. Very young infants exhibit irritability, poor feeding, lethargy, cyanosis (turn blue with cough or brief periods of no breathing). Respiratory problems include bronchiolitis (wheezing from narrowed airways in lungs), pneumonia.	2 to 8 days; 4 to 6 days is most common.	The virus can be shed for 3 to 8 days (3 to 4 weeks in young infants, usually beginning a day or so before signs or symptoms appear).	Child does not have to be excluded from child care unless exhibits rapid or labored breathing or cyanotic (blue) episodes, is unable to participate because staff cannot care for the child without compromising the health or safety of the other children in the group, or the child meets other exclusion criteria such as fever with behavior change.
Strep Throat (Streptococcal Pharyngitis)	Sore throat, fever, stomachache, headache, swollen lymph nodes in neck, decreased appetite. Is much less likely if there is a runny nose, cough or congestion. Children younger than 3 years with group A streptococcal infection rarely have a sore throat. Commonly have a persistent nasal discharge (which may be associated with a foul odor from the mouth), fever, irritability and loss of appetite.	2 to 5 days.	The risk of spread is reduced when a person is treated with antibiotics, but many people carry the bacteria that cause strep throat in their nose and throat and are not ill.	Exclude from child care until after 24 hours of antibiotic treatment and when the child is able to participate and staff can care for the child without compromising their ability to care for the other children in the group.

DIAPER POLICY

It is the policy at LMCPD to use only commercially available disposable diapers or pull-ups for infants and toddlers, who are not toilet trained, while they are attending the Center, unless the child has a medical reason that does not permit their use (a health care provider must document the medical reason). For those 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. Cloth diapers and clothing that is soiled by urine or feces is immediately placed in a plastic bag and sent home that day for laundering (without rinsing or avoidable handling). Parents are responsible to provide diapers or pull-ups and commercial baby wipes for their children. If LMCPD diapers or pull-ups are used, parents will be charged a diaper fee of \$.25 per diaper.

COLD, HEAT, SUN & INSECT-BORNE DISEASE PROTECTION

In cold weather, please dress your child appropriately, preferably in layers. When children are in the sun, LMCPD staff members will apply sunscreen with an SPF of 30 or higher with parental permission. When public health authorities recommend the use of insect repellents due to high risk of insect-borne disease, repellents containing DEET will be used and will only be applied on children over 2 months of age with parental permission. Insect repellents will only be applied once a day.

SLEEP POLICY

According to licensing standards, all children under age six (and not enrolled in school) who are present at the center for five or more hours need to have a supervised nap and/or quiet time. Children are never forced to sleep, but are encouraged to lie quietly for the designated rest times.

LMCPD will follow the recommendations of the American Academy of Pediatrics and place infants (children under the age of one year) on their backs, on a firm tight-fitting mattress, for sleep in a crib. Waterbeds, sofas, soft mattresses, pillows, and other soft surfaces shall be prohibited as infant sleeping surfaces. Bumper pads, pillows, stuffed toys and other soft products shall not be placed in a crib. The infant's head shall remain uncovered during sleep. Unless the child has a note from a physician specifying otherwise, infants shall be placed in a supine (back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS). The doctor's order should include the following: medical diagnosis for why infant should sleep in position other than his or her back, the position the baby should be placed for sleep based on this medical diagnosis, and the date the practice should begin. An **Authorization for Exception to Policy** form can be obtained from the administrative office.

BITING POLICY

Biting is quite common among young children. It happens for different reasons with different children and under different circumstances. Understanding the reason for biting is the first step to changing the behavior.

Caregivers are instructed to temporarily remove the child who is biting from the group setting. Behavior modification techniques will be implemented following the guidance policy to prevent further incidents. To address the issue of a child who is biting other children or staff, the child's parents, the caregiver, and the Director will cooperatively seek solutions to the problem. Confidentiality will be adhered to in all incidents. LMCPD reserves the right to discontinue childcare for any child whose behavior is detrimental to the general well being of other children receiving child care at the Center.

An accident report is filed for all bites. For a child who is severely bitten, the wound will be immediately cleansed with soap and water. If the skin is broken, parents will be notified promptly so they can consult with their medical practitioner if other measures should be taken.

DENTAL HEALTH CARE

LMCPD promotes the habit of regular tooth brushing. In the Infant Room, an infant who is awake will have its teeth and gums wiped with a moist cloth to remove any remaining liquid that coats the teeth and gums and which turns to plaque causing tooth decay. The Yellow, Blue, Purple and Green classrooms have designated a time for tooth brushing in their daily schedules. These classrooms will use an appropriate size brush to brush the teeth. A ½ pea sized portion of toothpaste will only be used with children over the age of 2 years.

EMERGENCY PROCEDURES

EMERGENCY MEDICAL CARE

For serious injuries, the Caregivers and Administration at LMCPD, will take whatever steps are necessary. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the parent through any of the persons listed on the emergency information form the parent completed for us.
3. Attempt to contact the child's physician.
4. If we cannot contact the parent or the child's physician, we will do any or all of the following: (a) call another physician or paramedics, (b) call an ambulance, (c) have the child taken to the hospital in the company of a staff member.
5. Any expense under #4 will be borne by the child's family.

EVACUATIONS

LMCPD has special procedures set up to deal with such emergencies as fire and tornados. Our center is inspected on a yearly basis by a representative from the Iowa State Fire Marshall's Office and monthly tornado and fire drills are practiced with staff and children to prepare for an emergency situation. Should it be necessary to evacuate for fire, staff has been instructed in procedures for exiting the building. If alerted by authorities regarding a severe storm or Tornado Warning, children gather in the storm shelter areas of the Center. Families will be notified if we are forced to evacuate the Center due to a fire.

In the event of a bomb threat, chemical spill, or structural damage, LMCPD employees and children will evacuate to Salem Lutheran Church. The Lake Mills Community School may assist in the process. Parents will be notified after all children are safely evacuated and accounted for. Children will be released to parents only through verbal and visual contact with LMCPD administration.

INFORMATION ABOUT LMCPD CLASSROOMS

INFANT & TODDLER PROGRAM

Our Infant/Toddler program is founded on the principles of developmentally appropriate practice. Program staff make decisions about the well-being and education of young children based on three sources of knowledge: 1) What is known about child development and learning – an understanding of characteristics within a given age group helps determine what activities, materials, interactions, and experiences will be safe, healthy, interesting, achievable and challenging. 2) What is known about each child – an understanding of the unique strengths, interests, and needs of each child in the group helps guide caregivers to respond and provide support to individual children. 3) Knowledge of the social and cultural context in which children live – knowing about a child's family and community helps caregivers ensure that learning experiences are meaningful for, relevant to, and respectful of each child and family.

The Creative Curriculum for Infants & Toddlers is based on accepted theories of child development. We know that at each stage of life, children take on special developmental tasks and challenges related to their social, emotional, physical and cognitive development. For infants and toddlers, development occurs in all of these areas as they use their senses to gain a sense of security and identity and to explore the people and objects in their world.

The Creative Curriculum for Infants & Toddlers is individualized to meet the needs of every child. A knowledge of child development tells us what is age appropriate – that is, what children, in general, are like at a given age. The information we gather from working with children and talking with their families enables us to make the program individually appropriate for each child. We do this by making changes to the environment, planning activities, and developing strategies that build on our intimate knowledge of each child's temperament, interests, culture, emerging capabilities, and preferred learning styles.

Each family's culture is respected and family members are encouraged to participate in the program. Parents and early childhood professionals are natural partners in promoting children's growth and development. In programs for infants and toddlers, it is almost impossible to serve children without also serving their families.

The physical environment is safe, healthy, and contains a variety of toys and materials that are both stimulating and familiar. Every high quality early childhood program provides an environment where children can be safe and healthy, yet free to move around, explore, and experiment. Infant and toddler environments also need to be warm and engaging so that children and families feel welcome and comfortable.

Children select activities and materials that interest them, and they learn by being actively involved. During the earliest years, children are learning to trust the world, to actively explore their environment, and to do things for themselves. The more opportunities that are provided children to follow their own interests, the more they learn from experience, and the greater the chances that they will continue to be successful learners throughout their lives.

Adults show respect for children and interact with them in caring ways. We know from research that if any single factor defines quality in an early childhood education program, it is the caring nature of adult-child interactions. Children's healthy development depends on being cared for by adults who will respond immediately and appropriately to their needs and communications.

INFANT ROOM

Throughout the day the infants in the classroom are involved in many daily routines and activities. Each infant is on his or her own planned schedule so individualizing is very important in our classroom. Some of the activities and daily routines are: daily routines (feeding, diapering, napping, nurturing), literacy/reading time (focusing on communication/language skills), music and movement, exploration of objects and gross motor development (crawling, pulling up, standing, taking steps).

YELLOW ROOM (OLDER INFANTS/ONE YEAR OLDS)

When children transition from the Infant Room to the Yellow Room, they begin to see more structure in their daily schedule of routines and activities.

YELLOW ROOM

5:30 a.m.	Arrival & Free Play
7:30 a.m.	Breakfast
8:00 a.m.	Centers
9:00 a.m.	Diapering
9:30 a.m.	Snack & Brush Teeth
10:00 a.m.	Large Motor Play
10:45 a.m.	Diapering
11:30 a.m.	Lunch
12:00 p.m.	Nap
2:00 p.m.	Diapering
2:30 p.m.	Snack
2:30 p.m.-5:45 p.m.	Centers

Parents are required to provide diapers (Infant, Yellow & Blue Room), as well as 2 or 3 bottles (Infant Room) for their child's use while at the Center. Please have these items labeled with your child's name for easy identification.

BLUE ROOM (TODDLER)

Our daily routine allows for regular diaper changes, rest times, meals and snacks, and learning activities. All children will be given many opportunities to explore and develop according to each child's developmental stage. Our program and routine provides stimulation, exploration, noises and sounds to encourage language development. We provide lots of opportunities to play independently or in groups.

BLUE ROOM

5:30 a.m. – 7:30 a.m.	Arrival & Centers
7:30 a.m. – 8:00 a.m.	Breakfast
8:00 a.m. – 9:00 a.m.	Large Motor Activity – Outdoors/Gym & Diapering
9:00 a.m. – 9:30 a.m.	Circle Time/Music
9:30 a.m. – 10:00 a.m.	Snack & Brush Teeth
10:00 a.m. – 10:30 a.m.	Individual Activities & Centers
10:30 a.m. – 11:30 a.m.	Large Motor Activity – Outdoors/Gym
11:30 a.m. – 12:00 p.m.	Lunch
12:00 p.m. – 12:30 p.m.	Diapering
12:30 p.m. – 2:30 p.m.	Quiet Music/Nap Time
2:30 p.m. – 3:00 p.m.	Snack
3:00 p.m. – 4:00 p.m.	Large Motor Activity Outdoors
4:00 p.m. – Close	Centers

PURPLE & GREEN PRESCHOOL CLASSROOMS

Preschool classes are provided at the center for anyone ages 3, 4, or 5. These classes are taught by two licensed teachers and are open to children in daycare and from the public.

Classes meet Monday through Friday from 8:00-11:30 a.m. For any child enrolled in either the Purple Room (3 Year Old Preschool) or Green Room (4 Year Old Preschool), it is strongly recommended to attend preschool classes a minimum of 3 days per week during the hours of preschool. Families may choose to schedule which days of the week they want their child to attend. A child who does not regularly attend during the hours of 8:00-11:30 a.m. is not considered a preschool student. There is no additional fee for preschool, children are charged their hourly rate. Parent/Teacher conferences are held three times a year: prior to the start of the preschool year, Fall, and early Spring. Attendance at conferences is strongly encouraged.

LMCPD follows the Lake Mills Community School calendar for preschool classes. When school is off due to holidays and in-services, preschool classes will not be held. We also follow LMCS in regards to canceling due to bad weather. When school is 1 hour late, we will still hold classes. When school is 2 hours late or cancelled for the day, our classes will be cancelled as well.

The Creative Curriculum For Preschoolers is a developmentally appropriate curriculum that is implemented at LMCPD. *Creative Curriculum* is consistent with NAEYC (National Association for the Education of Young Children) guidelines for developmentally appropriate practice and is the leading curriculum model used by Head Start programs. It is effective in helping children acquire social competence and the skills they need to succeed as learners. This includes clearly stated objectives for children's development and learning in all the developmental areas – social/emotional, cognitive, physical and language. It is based on theory and research that inform decision-making in the early childhood field (work of Piaget, Maslow, Erikson, Smilansky, Vygotsky, Gardner, as well as brain and resiliency research).

Children develop confidence, independence, the ability to get along with others, and stimulate curiosity. Children gain skills in the cognitive, language, fine motor, large motor, and social/emotional development areas. Interest areas might include: blocks, dramatic play, art, sand and water table, library, music/movement, cooking, computer, discovery, toys and games, and outdoor play. These areas support children's development. Content areas include: literacy, mathematics, science, social studies, the arts and technology. Children learn content and process skills (methods of learning – observing and exploring, connecting, problem solving, organizing information, communicating and representing) through daily experiences.

The teacher's role is to provide an environment that invites children to observe, to be active, to make choices, and to experiment. The teacher partners with parents to develop goals and objectives and incorporates goals and objectives into daily activities and interest areas. The child's growth is assessed throughout the year.

According to *The Creative Curriculum*, it is the parent's role to partner with the teacher to: share knowledge of their child, give input into the goals and objectives for their child and participate in the daily program.

The goal at LMCPD is to prepare children for their first year at public school by learning to recognize and write names, recognize numbers, learn colors and shapes, learn how to get along with others, color, paste, and cut. Early literacy skills are introduced by singing and reading books in both large and small groups. Field trips are taken to various locations around Lake Mills to study the community. A sharing time gives children the experience of speaking in front of others.

Approximate Daily Schedule for the Purple and Green Preschool Classrooms

5:30 a.m.	Arrival and Free Play
7:30 a.m.	Breakfast
8:00 a.m.	Centers
8:55 a.m.	Bathroom
9:00 a.m.	Large Motor (Gym or Outdoor Play)
9:30 a.m.	Snack & Brush Teeth
10:00 a.m.	Large Group
10:15 a.m.	Small Group and Music
10:55 a.m.	Bathroom
11:00 a.m.	Large Motor (Gym or Outdoor Play)
11:30 a.m.	Lunch
12:00 p.m.	Quiet Time & Bathroom
12:30 p.m.	Rest Time
2:25 p.m.	Bathroom
2:30 p.m.	Snack
3:00 p.m.	Large Motor/Free Play
4:00 -5:45 p.m.	Free Play

KINDERGARTEN/KINDERGARTEN-PREP PROGRAM

Currently children who attend Lake Mills Community School in the Kindergarten-Prep program attend school all day on Tuesdays and Thursdays. Kindergarten-Prep students attending LMCPD will either be assigned to the Green Room or School Age room depending on the number of Kindergarten-Prep students in a given year. The Kindergarten program at the Lake Mills Community School has students attend only part-time at the beginning of the school year. Some students attend Kindergarten on Monday, Wednesday and Friday morning. The other students attend school on Tuesday, Thursday and Friday afternoon. The Lake Mills Community School transports Kindergarten students to and from school during the week and midday on Fridays. Friday morning Kindergarten students arrive at LMCPD around 11:15 a.m. and Friday afternoon Kindergarten students depart from LMCPD at approximately 12:15 p.m. In mid November, Kindergarten students begin attending school all day, every day.

SCHOOL AGE BEFORE & AFTER SCHOOL PROGRAM

During the school year, the Lake Mills Community School currently provides a school bus that transports school age children to and from school. The bus arrives to pick students up around 8:00 a.m. and brings them back to the Center after school around 3:30 p.m. LMCPD makes every effort to ensure that we are receiving the children that we are expecting off of the Lake Mills Community School bus. This means that it is very important for parents to give us an accurate schedule for their child as well as informing us of any changes to the schedule. It is the responsibility of the parent, to communicate with the school about whether your child is to ride the bus after school, on any given day. LMCPD staff members do not ride along on the school bus. When children are riding the school bus, they are in the care of the Lake Mills Community School and its bus driver. If you have concerns about anything that takes place on the school bus, please direct them to the Lake Mills Community School.

SCHOOL AGE SUMMER PROGRAM

During the summer months LMCPD offers a special summer program for school age children. We take the children (weather permitting) on field trips each week and other days are spent either at the LM pool, around Lake Mills, or at the center. On days we are not on field trips, we do art projects, cooking activities, play games and other fun events.

We also encourage the children to be active participants in the LM Library summer reading program and provide transportation to the One In Christ Vacation Bible School, LM Park & Rec. Tee Ball and Coach Pitch programs, and the 2nd session of swimming lessons at the Lake Mills Aquatic Center.

FIELD TRIP POLICY

Field trips are a very important part of the pre-school and school-age curriculum. Field trips allow children to explore and learn about new places in Lake Mills as well as in surrounding areas. Only children with the field trip permission form on file will be taken from the Center (this form is included in the registration packet). Parents will be informed of the places their children will visit prior to the trip and the daycare will always send at least one extra staff person with on field trips. As Iowa state law requires, all children under age 6 will be secured in an approved safety or booster seat while riding in the vans. If behavior concerns arise, the teacher or caregiver will consult with the Assistant Director or Director and a decision will be made by the teacher/caregiver and Assistant Director/Director whether or not the child will attend the next field trip/activity away from the center.

Parents occasionally request to accompany our classes on various field trips and we always welcome the parents to join us. Due to the limited capacity of the vans, at times we do not have additional room for the adults to ride with us, but parents are always welcome to drive themselves and join us once we reach our destination. If you are interested in accompanying us on a field trip, please talk with your child's teacher to make arrangements.

TRANSPORTATION POLICY

LMCPD owns three 15-passenger vans which are used in transporting children ages 3-12 to various field trips and area parks. It is our policy to not transport children under the age of three in a motor vehicle unless in an emergency situation (fire, bomb threat, etc.). All children transported in a motor vehicle will be individually secured into a booster seat in accordance with federal motor vehicle safety standards and the manufacturer's instructions. No child will be allowed to ride in the front seat of any vehicle. All drivers will be age 23 or older and will possess a valid driver's license. Drivers will not operate a vehicle under the influence of alcohol, illegal drugs, prescription or nonprescription drugs that could impair their ability to operate a motor vehicle.

OUTDOOR PLAY

The daily program provides for regular outdoor play when weather, air quality, and/or environmental safety conditions do not pose a health risk as defined by local health authorities. In cold weather, please provide appropriate clothing (snow boots, mittens, scarves, etc.). When outdoor opportunities for gross motor activities are not possible because of weather conditions, LMCPD will provide similar activities inside in our gym.

LOCKERS AND BOXES are provided in each classroom to provide the child with a place of his/her own to store outer clothing, treasures, or to put art projects for safekeeping.

DAMAGES

Responsibility for damage to toys, equipment, and the facility by children will lie with the Center. In cases of deliberate destruction parents will be notified. Repeated acts of deliberate destruction may result in dismissal of the child from the Center. LMCPD discourages bringing toys from home. If a child chooses to bring personal objects or property, the Center is not responsible for damages.

CLOTHING

1. What to wear – Think of your child's comfort and provide simple clothing that is free of complicated fasteners. Provide clothing that is washable. Children should wear clothes that will allow them to play outdoors comfortably. (PLEASE LABEL ALL GARMENTS INCLUDING HATS, SNOWPANTS, AND BOOTS).
2. Footwear – Shoes are mandatory at the Center for children who are able to stand independently and are ambulatory. Please consider the child's daily activities when choosing shoes. Flip flops and sandals with only toe straps prevent your child from running, climbing, jumping, and pedaling safely. Bare feet are not allowed!
3. Extra Clothing – Please send an extra set of clothing for your child. Please label these items and include a sweater or sweatshirt that can be left at the Center. The extra set of clothing should be sent with your child's name clearly labeled. These clothes will be kept in your child's locker. The Center will not be responsible for lost items.

MEDIA USE POLICY

Active media that children can control, such as cameras, video cameras, audio recorders, and developmentally appropriate software may be used in the preschool and school age classrooms as active learning materials. Use of passive media such as televisions, film, and videotapes/DVDs will be limited.

DROP OFF/PICK UP POLICY

All families will be required to inform the center of authorized individuals allowed to pick up and drop off your child. Any changes must be reported to the Director.

Staff may be required to ask for picture identification if they do not know the person picking up the child. If someone other than the parent will be picking up the child, the Center must be notified. We release children to authorized individuals only. Staff will release a child to either biological parent UNLESS we have a copy of a custody order or court document on file stating otherwise. If there is no court document available, or if there is any doubt that the child should leave with the non-custodial parent, the following precautionary steps may be taken: Call the parent/guardian that the child lives with and/or the legal custodian; and/or call the police department.

NUTRITION POLICY

The Center participates in the Department of Education's Child and Adult Care Food Program (CACFP) and therefore will provide nutritional, well-balanced meals and snacks for the children. Menus are planned weekly and are posted on the parent's bulletin board and in each classroom. Foods with a high incidence rate of choking will be avoided or modified.

All children under 12 months will be fed on demand, unless the parent provides other written instructions. The Center will provide Parent's Choice Milk Based Formula with Lipids, DHA, and ARA for those infants whose parents have made written request with the director. If an infant requires a different kind of formula, the parents must supply it. We also ask all parents to bring bottles and nipples for their infant to use at the Center.

For all other children, breakfast will be available between 7:30 a.m. – 8:00 a.m. and consists of milk, juice or fruit, and a whole grain product. Lunch (served between 11:30 a.m. -12:30 p.m. depending upon the classroom schedule) will be whole-grain product, protein, fruit & vegetable, and milk. Morning snack (served between 9:30 a.m. - 10:30 a.m.) & afternoon snack (served between 2:30 p.m. -3:30 p.m.) will consist of 2 components, either a whole-grain product, meat or meat alternate, a fruit or vegetable, and milk ,juice or water.

FOOD BROUGHT FROM HOME

We encourage families not to send food with their child (under age 6) to daycare, unless necessary for a documented medical condition. All foods and beverages brought from home are labeled with the child's name and the date. (According to licensing guidelines, the Center will not monitor or restrict parents from providing meals or snacks for their school-age child.)

We would like to strongly encourage families to bring non-food items into the center when celebrating a birthday or special holiday. Some ideas of acceptable items include: pencils, stickers, etc. Families who wish to bring food treats in for a birthday or special holiday are strongly encouraged to bring either whole fruits or commercially prepared packaged foods in factory-sealed containers. Please try to avoid foods high in calories and sugar. Food brought into the center will be monitored and supplemented to ensure that our food program guidelines are being maintained. Please let us know if the item you are bringing in needs to be refrigerated.

ALLERGIES

If your child has special health care needs or food allergies or other special nutrition needs, please discuss them with the Center Director and/or your child's teacher. LMCPD has a special form for the child's health care provider to complete which will assist LMCPD in developing an individualized care plan, prepared in conjunction with the child's family and specialists involved in the child's care. Parents with children who have a documented food allergy have the option of providing their own food; however no discount will be given. LMCPD staff will do everything in its power to protect children with food allergies from contact with the problem food, this includes obtaining consent from the parents or guardian of a child with food allergies to post information about the child's food allergy in the food preparation area and in the areas of the facility the child uses as a visual reminder to all those who interact with the child during the day.

For children with disabilities who have special feeding needs, LMCPD staff will keep and provide families with a daily record documenting the type and quantity of food a child consumes.

CACFP ANTI-DISCRIMINATION STATEMENT

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800)795-3272 or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.

BEHAVIOR GUIDANCE POLICY

Increasing evidence suggests that an effective approach to addressing problem behavior is the adoption of a model that focuses on promoting social-emotional development, providing support for children's appropriate behavior, and preventing challenging behavior.

LMCPD believes that the foundation of an effective early education program must be positive, supportive relationships between teachers and children as well as with families and other professionals. Good relationships are key to effective teaching and guidance in social, emotional, and behavioral development. As adults build positive relationships with children, their potential influence on children's behavior grows significantly. Children pay particular attention to what an adult says and does, and they seek out ways to ensure even more positive attention from that adult. Children develop positive self-concept, confidence, and a sense of safety that helps reduce the occurrence of challenging behavior.

LMCPD recognizes the relationship of classroom design to challenging behavior as well. Staff members use classroom preventive practices, including specific adult-child interactions and classroom design, to support development and use of appropriate behavior. The combination of giving children positive attention for their prosocial behavior, teaching them about routines and expectations, and making changes in the physical environment, schedule, and materials may encourage children's engagement in daily activities and prevent or decrease the likelihood of challenging behavior. For example: providing children with choices, creating well-organized learning centers, eliminating wide-open spaces, limiting the number of children in learning centers and so on.

LMCPD realizes the importance of using social and emotional teaching strategies also. Many children need explicit instruction to ensure they develop competence in emotional literacy, anger and impulse control, interpersonal problem solving, and friendship skills.

- Key emotional literacy skills include being able to identify feelings in self and others and act upon feelings in appropriate ways. Discriminating among emotions such as anger, sadness, frustration, and happiness requires a vocabulary of feeling words. Young children can be taught new and complex feeling words directly through pairing pictures of emotional expressions with the feeling word and reading children's literature featuring feeling words. Playing games such as "Feeling Face Bingo" can also provide practice. Children can also learn when family and teachers label the children's emotions as well as their own throughout the day. Over time, children will match feeling words with their physiological sensations and the emotions of others.
- Controlling anger and impulse includes being able to recognize anger, understand that anger can interfere with problem solving, and use strategies to calm down instead of acting out.
- Problem solving includes recognizing when a problem exists, generating multiple alternative solutions, evaluating the consequences of solutions, acting on a solution, and then evaluating how effective the solution was.
- Friendship skills include sharing and turn taking, making suggestions in play, requesting and receiving help, giving compliments, and dealing with common peer problems such as teasing and bullying.

In the last decade, research has demonstrated that *positive behavior support* (PBS) is a highly effective intervention approach for addressing severe and persistent challenging behavior. PBS is based on research and humanistic values. It offers a method for identifying the environmental events, circumstances, and interactions that trigger problem behavior, the purpose of problem behavior, and the development of support strategies for preventing problem behavior and teaching new skills. The focus of PBS is to:

- Help the child develop new social and communication skills
- Enhance relationships with peers and adults
- Experience an improved quality of life

For children with persistent, serious challenging behavior, intensive individualized interventions are planned and implemented by a team for application in home, early education and community environments. The team includes classroom staff, the child's family, and other professionals who may be supporting the teacher, child or family (for example, mental health consultant, social worker, etc.). Once established, the team completes a functional assessment (a process of observing the child in key situations, reviewing the child's records, interviewing caregivers and teachers, and analyzing the collected information) to identify the factors related to the child's challenging behavior. The functional assessment leads to the development of a behavior support plan that includes prevention strategies, techniques for teaching new skills, and changes in responses to the challenging behavior.

The team implements the plan at home and in the classroom and monitors changes in the problem behavior and the development of social skills and other child outcomes.

In October 2007, LMCPD piloted the Program Wide - Positive Behavior Support (PBS) model in the Green Room (4 year old preschool) in conjunction with the State of Iowa Department of Education Bureau of Early Childhood Services. Director, Lori Westcott and Assistant Director, Rachel Monson along with Keva Hale, AEA 267 Early Childhood Supervisor have been attending on-going training and are supervising the pilot project. This is a lengthy process and the ultimate goal for the future is to implement PBS program – wide at LMCPD.

DISCHARGE POLICY

It is desired that each child involved in the LMCPD be happy and secure, and that the Center meets all the needs of the child. If one or more of the following conditions exists, the Director of the Center along with the Board of Directors does have the authority to dismiss the child from the Center in a confidential conference with the parents.

- A. If the physical, emotional, or intellectual needs of the child are not met through regular programming; if the child requires equipment and/or individual staff attention which prevents care-givers from meeting the needs of other children enrolled.
- B. If a child is not able to adjust to this type of group setting, a conference will be scheduled to discuss possible alternatives for the child until such time when he/she will be ready to make the adjustment to a group situation.
- C. Nonpayment of childcare bill at the end of the calendar month.
- D. If the child poses a physical or emotional threat to other children or staff after other methods have failed to correct the behavior.