

Union Community School District Preschool Program Policies & Procedure Manual

La Porte City Preschool - 515 Fillmore Street - La Porte City, IA 50651

Dysart-Geneseo Preschool - 411 Lincoln Street - Dysart, IA 52224

UPDATED FOR 2023-2024 SCHOOL YEAR

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1. WELCOME (QPPS 10.1)

Welcome to Union Community School District's Preschool. The overall goal of our program is to provide a high quality preschool program meeting each child's needs, including children with disabilities and those from a diverse background. The preschool provides a rich learning environment that encourages natural curiosity and supports children to take risks that lead to new skill development. It is a setting where children feel safe, respected, and cared for. This is an opportunity for all four-year-old children to take part in planned, active learning experiences to build their readiness skills. The preschool program has adopted and meets the Iowa Quality Preschool Program Standards, administered by the Iowa Department of Education. The Iowa Early Learning Standards are used to guide expectations for the children and instructional practices.

2. MISSION, BELIEFS, GOALS, AND PROGRAM PHILOSOPHY (IQPPS 10.1)

A. Union CSD Mission:

The mission of the Union Community School District is to insure our students develop their abilities, realize their opportunities and become prepared for a changing world. We partner with the school staff, parents and community, to prepare students to be life-long learners who can become successful, productive future citizens. This will be accomplished by recognizing the value of each individual and promoting academic and personal growth in a challenging and caring environment.

B. Union CSD Beliefs (PreK-12th):

We believe we can teach all children. We believe that all children can learn well but not in the same way or on the same day. We believe, as a school community, that we must continually search for approaches and strategies to help us reach each child and thereby assure his/her mastery of the essential curriculum. We believe that to improve learning for all our students, all personnel and resources must be directed toward school improvement. We believe that successful change cannot

be mandated by board policy or directed by administration but must be planned collaboratively by all the major stakeholders in a supportive environment that encourages risk taking on the part of the staff and students to try new approaches in day-to-day instruction. Student learning is the most important element of our society. Students learn best in a safe and caring environment. Innovative learning activities and various teaching strategies enhance learning. Respect for diversity develops tolerance with the school and our society. Effective learning produces life-long skills. Learners never lose sight of best practice. Teaching the importance of respect for each other and our school benefits the school and home environment. Productive discipline incorporates respect for the students, control, consistency, and care. Memorable and enjoyable activities foster learning. School, home and community cooperation facilitates and reinforces learning.

C.Goals for Children:

Children will show competence in social/emotional, physical, cognitive, and language development skills.

Children will be enthusiastic and curious learners.

Children will be safe and healthy.

D. Goals for Families:

Families will feel welcome in the classroom and school.

Families will work with the school in a meaningful partnership to help their children be better prepared to learn to read and write.

Families will advocate for their children.

E. Union CSD Preschool Philosophy

We provide hands-on learning experiences through math, science, art and literacy activities. Young children need to have lots of time to play and explore their environment. Through a balance of self-directed and teacher-directed activities, we strive to enrich a child's social, emotional, intellectual, and physical development. In addition to being well qualified and experienced in early childhood education, we believe that a teacher should be trained and experienced in classroom management, positive reinforcement techniques, and have excellent parent/teacher communication skills. Quality early childhood and school-age programs value and actively promote a partnership with children's families. Parents are encouraged to visit often and participate in their child's classroom daily activities. We have selected the Creative Curriculum based on its developmentally appropriate approach to learning. The philosophy behind the Creative Curriculum is that young children learn best by doing. Learning isn't just repeating what someone else says; it requires active thinking and experimenting to find out how things work and to learn firsthand about the world we live in. In their early years, children explore the world around them by using all their senses (touching, tasting, listening, smelling, and looking). In using real materials such as blocks and trying out their ideas, children learn about sizes, shapes, and colors, and they notice relationships between things.

3. ENROLLMENT

A. Equal Educational Opportunity

The Union Community School District does not discriminate on the basis of age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, or family status in its education programs, services, employment practices, or extracurricular activities. Students, parents of students, applicants for employment, and employees of the Union Community School District shall have the right to file a formal complaint alleging non-compliance with equity regulations. Inquiries concerning the application of this statement should be addressed to: Wayne Slack, Equity Coordinator, Union Middle School, 505 West Street, Dysart, Iowa 52224, Telephone 319-476-5100.

B. Eligibility

Children must be four years of age prior to September 15th of the current school year. Pre-registration will begin in the spring of the year prior. Registration materials are available from the elementary secretaries or preschool teachers. Final registration will occur in the fall after a birth certificate is submitted to ensure correct age.

C. Hours

A minimum of ten hours of instruction is required each week. Union Community School District offers thirteen hours. The schedule for each preschool session will vary depending on enrollment and the number of sections offered. The preschool follows the Union school calendar; however, preschool will start one week after the regular students begin school in the fall.

AM Sessions 8:00-11:20 Tuesday - Friday

PM Sessions 11:50-3:10 Tuesday - Friday

D. General Information (IQPPS 5.1, 10.4, 10.8)

Prior to a child beginning the program, health records that document the dates of service shall be submitted that show the child is current for routine screening tests and immunizations according to the schedule recommended and published by the American Academy of Pediatrics. The following forms must be provided to enroll your child: A physical exam signed by a physician. A current immunization record signed by a physician and parents. An emergency medical and dental care consent form. A health history. A family information form. A field trip form. A child release consent form. A video and picture release consent form. An individual emergency care plan is in place for any child with known medical or developmental problems or other conditions that might require special care in an emergency (Allergy, asthma, seizures, orthopedic or sensory problems, and other chronic conditions, conditions that require regular medication or technology support). The above information is maintained on file for each child in one central location within the facility. The files are kept current by updating as needed, but at least quarterly. The content of the file is confidential, but is immediately available to: administrators or teaching staff who have consent from a parent or legal guardian for access to records, the child's parents or legal guardians, regulatory authorities, upon request. The maximum class size is 20 children in each session. A staff-child ratio of at least 1:10 will be maintained at all times to encourage adult-child interactions and promote activity among children. The class size

also is based on square footage of the current location. A list of qualified substitutes for both the teacher and teacher assistant positions will be maintained. Should one of the teaching staff need to temporarily leave the room, the teacher will call the elementary office and the principal and or arrange coverage of the classroom to maintain the staff-child ratio. (QPPS 10.4)

E. Inclusion (IQPPS 9.4, 9.10)

The preschool program provides all children, including those with disabilities and unique learning needs. The indoor space is designed and arranged to provide children with disabilities full access (making adaptations as necessary) to the curriculum and activities in the indoor space. Modifications are made in the environment and staffing patterns in order to include children with special needs. Staff are aware of the identified needs of individual children and are trained to follow through on specific intervention plans. It is our belief that inclusion in our program will enrich the experience for teachers, students, other children and their families. The preschool facilities meet the Americans with Disabilities Act accessibility requirements.

4. THE CHILD'S DAY

4A. Who Works In the Preschool

Program Administrator (IQPPS 10.2)

The La Porte City Elementary Principal is designated as the program administrator supervising all three classrooms in Union's preschool program. The principal meets all qualifications described in the Iowa Quality Preschool Program Standards.

Teacher (IQPPS 6.2)

A teacher licensed by the Iowa Board of Educational Examiners and holding an early childhood endorsement is assigned to each preschool classroom.

Teacher Assistants (IQPPS 6.3)

One or more teacher assistants will be employed in each classroom to carry out activities under the supervision of the teacher. Teacher assistants will have specialized training in early childhood education.

School Nurses (IQPPS 10.8)

The preschool classrooms will have the assistance of the school nurse at each location. All of Union's school nurses are Registered Nurses with current certifications. Nurses maintain student health records by updating them quarterly, and attend to the health needs of the students while they are at school. Nurses are available for parent consultation when necessary.

Support Staff

Central Rivers AEA support staff provide resources and assistance to the teachers and classrooms upon request to help all children be successful in the preschool setting. Such staff may include: early

childhood consultant, speech and language pathologist, social worker, occupational therapist, physical therapist or others.

4B. Daily Activities (IQPPS 2.6, 3.12, 9.4)

A consistent daily schedule is planned to offer a balance of learning activities. Indoor space is designed and arranged to accommodate children individually, in small groups and in large groups. The space is divided into areas that are supplied with materials organized in a manner to support children's play and learning. Semi private areas are provided in which children can play or work alone or with a friend. The schedule provides children learning opportunities, experiences, and projects that extend over the course of several days and incorporates time for play, creative expression, large group, small group, and child-initiated activities. Learning is both formal and informal. Play is planned for every day. Listening is balanced with talking, group activities with solitary time, indoors with outdoors, quiet play with noisy play. Your child will have the opportunity for the following types of activities every day: Large and Small Group Activities, Self-directed Play, Snack, Learning Center Activities: Art, Science, Writing Table, Games and Put together toys, Book, Center, Blocks and Wheel Toys, Pretend Play, Story Time, Computers, Outdoor Activities, and Individual Activities. Lesson plans for each week are available in the classroom showing how these activities are incorporated into the daily schedule. Weekly notes will be sent home to families in children's backpacks.

4C. Curriculum (IQPPS 1.7, 2.1, 2.3, 2.5)

Curriculum is a framework for learning opportunities and experiences. It is a process by which learners obtain knowledge and understanding, while developing life skills. It is continually revised and evaluated to make learning fun and exciting. It guides teacher's development and intentional implementation of learning opportunities consistent with the program's goals and objectives. The curriculum guides the development of a daily schedule that is predictable yet flexible and responsive to individual needs of children. The schedule provides time and support for transitions, including both indoor and outdoor experiences, and is responsive to a child's need to rest or be active. The curriculum guides teachers to incorporate content, concepts, and activities that foster social development, emotional development, physical development, language development, and cognitive development, while integrating key areas of content including, literacy, mathematics, science, technology, creative expression and the arts, health, and safety, and social studies.

It is the policy of this district that the curriculum content and instructional materials utilized reflect the cultural and racial diversity present in the United States and the variety of careers, roles, and lifestyles open to women as well as men in our society. One of the objectives of the total curriculum and teaching strategies is to reduce stereotyping and to eliminate bias on the basis of sex, race, ethnic origin, religion, and physical disability. The curriculum should foster respect and appreciation for the cultural diversity found in our country and an awareness of the rights, duties, and responsibilities of each individual as a member of a multicultural nonsexist society.

The preschool program uses Creative Curriculum, a research and evidence based comprehensive curriculum designed for four-year-olds. It addresses all areas of early learning: language and literacy, math, science, physical skills, and social skills. It is based on thematic units familiar and meaningful to young children such as Wheels, Water, Trees, Balls, Buildings, Clothing, Exercise, and Reduce, Reuse, Recycle. It provides children an opportunity to learn in a variety of ways - through play, problem solving, movement, art, music, drawing and writing, listening, and storytelling. Suggestions for modifications and adaptations are an integral part of the curriculum. We also implement Really Great Reading-Launchpad and Handwriting Without Tears.

4D. Child Assessment (IQPPS 4.1-4.4, 4.8)

Teachers and other professionals associated with the program use assessment methods and information to design goals for individual children as well as to guide curriculum planning and monitor progress. Guiding principles: It is the school district's belief that assessment of young children should be purposeful, developmentally appropriate, and take place in the natural setting by familiar adults. The results will be used for planning experiences for the children and to guide instruction. Assessment will never be used to label children or to include or exclude them from a program. A family's culture and a child's experiences outside the school setting are recognized as being an important piece of the child's growth and development. All results will be kept confidential, placed in each child's file, and stored in a secure filing cabinet.

Children are assessed in the following ways: Observational data provides an ongoing anecdotal record of each child's progress during daily activities. Creative Curriculum GOLD assessment is used for each child. Child portfolios are organized by the teaching staff and include the assessments, observational data, and child work samples collected on an on-going basis. Families are asked to contribute information about their child's progress, including but not limited to monthly take home activities. Parents are asked to do a certain activity with their child, record and reflect on how their child did. Young children often show different skills in different settings. Working together, the teaching staff and families can gather a complete picture of a child's growth and development. The information from the above is used in the following ways: To provide information about children's needs, interests, and abilities in order to plan developmentally appropriate experiences for them; To provide information to parents about their children's developmental milestones; To indicate possible areas that require additional assessment. Assessment information will be shared formally with families during Parent Teacher Conferences twice per year. Parents will receive formal report cards three times per year. The preschool teachers will communicate weekly regarding children's activities and developmental milestones. Informal conferences are always welcome and can be requested at any time.

If, through observation or the GOLD assessment, the teacher feels that there is a possible issue related to a developmental delay or other special need, they will communicate this to the family during a conference, sharing documentation of the concern. Suggestions for next steps may include the following, with the knowledge and consent of the parents: The teacher requests assistance from the Central Rivers AEA teacher of record as an early intervention process. This team engages in problem identification, plan interventions, provide support, and make outside resources available to those individuals requesting assistance. A request made to Central Rivers AEA for support and additional

ideas or more formalized testing. The preschool teacher would assist in arranging for developmental screening and referral for diagnostic assessment when indicated. If a child is determined to need special accommodations, those accommodations are included in the materials, environment, and lesson plans for that child. Examples include sign language and visuals for children with hearing impairments or language delays and behavior plans for children whose behavior does not respond to the typical strategies used by teaching staff in the classroom.

4E. Program Assessment

Union's Preschool classrooms implement the Iowa Quality Preschool Program Standards. We received a verification visit during the 2015-16 school year to confirm that we are meeting these standards. Administrators, families, staff, and other routinely participating adults were involved annually in a program evaluation that measures progress toward the program's goals and objectives. The annual evaluation process includes gathering evidence on all areas of program functioning, including policies and procedures, program quality, children's progress and learning, family involvement and satisfaction, and community awareness and satisfaction. A report of the annual evaluation findings is shared with families, staff, and appropriate advisory and governance boards. The program uses this information to plan professional development and program quality-improvement activities as well as to improve operations and policies.

4F. Supervision Policy (IQPPS 9.2)

The preschool teacher will monitor daily and complete the following monthly safety checklist indoors and outdoors: All safety plugs and electric outlets covered, heat/AC, water temperature, and toilets, etc. in working order. All cleaning supplies/poisons out of children reach and are stored properly. Classroom and materials checked for cleanliness/broken parts, etc. including playground. Supplies checked - first aid kit, latex gloves, soap, paper towels, etc. Daily monitoring of the environment - spills, sand, etc. Other serious problems are reported to the head custodian. Upon arrival, each child is observed by the teacher for signs of illness or injury that could affect the child's ability to participate in the daily activities. No child will be left unsupervised while attending preschool. Staff will supervise primarily by sight. Supervision for short intervals by sound is permissible as long as teachers check every two to three minutes on children who are out-of-sight (e.g. those who can use the toilet independently)

4G. Child Guidance and Discipline (IQPPS 1.9)

Teaching staff will equitably use positive guidance, redirection, and planning ahead to prevent problems. They will encourage appropriate behavior through the use of consistent clear rules, and involving children in problem solving to foster the child's own ability to become self disciplined. Where the child understands words, discipline will be explained to the child before and at the time of any disciplinary action. Teaching staff will encourage children to respect other people, to be fair, respect, property and learn to be responsible for their actions. Teaching staff will use discipline that is consistent, clear, and understandable to the child. They will help children learn to persist when frustrated, play cooperatively with other children, use language to communicate needs, and learn turn taking.

Challenging Behavior (IQPPS 1.2, 1.8, 1.10)

The teaching staff in the preschool is highly trained, responsive, respectful, and purposeful. The teachers anticipate and take steps to prevent potential challenging behaviors. They evaluate and change their responses based on individual needs. Teaching staff vary their interactions to be sensitive and responsive to different abilities, temperaments, activity levels, cognitive and social development. When children have challenging behaviors teachers promote prosocial behavior by: interacting in a respectful manner with all children. Modeling taking turns and sharing as well as caring behaviors. Helping children negotiate their interactions with one another and with shared materials. Engaging children in the care of their classroom and ensuring that each child has an opportunity to contribute to the group. Encouraging children to listen to one another and helping them to provide comfort when others are sad or distressed. Teaching staff will guide children to develop self-control and orderly conduct in relationship to peers and adults. Children will be taught social, communication, and emotional regulation skills. If a child displays persistent, serious, and challenging behavior, the teaching staff, parents, and Central Rivers AEA support staff will work as a team to develop and implement an individualized plan that supports the child's inclusion and success. Aggressive physical behavior toward staff or children is unacceptable. Teaching staff will intervene immediately when a child becomes physically aggressive to protect all of the children and encourage more acceptable behavior.

Permissible Methods of Discipline

For acts of aggression and fighting (biting, scratching, hitting) staff will set appropriate expectations for children and guide them in solving problems. This positive guidance will be the usual technique for managing children with challenging behaviors rather than punishing them for having problems they have not yet learned to solve. In addition, staff may: (1) Separate the children involved; (2) Immediately comfort the individual who was injured; (3) Care for any injury suffered by the victim involved in the incident.; (4) Notify parents or legal guardians of children involved in the incident; (5) Review the adequacy of the teaching staff supervision, appropriateness of program activities, and administrative corrective action is there is a recurrence.

Prohibited Practices

The program does not, and will not, employ any of the following disciplinary procedures:

1. Harsh or abusive tone of voice with the children nor make threats or derogatory remarks.
2. Physical punishment, including spanking, hitting, shaking, or grabbing.
3. Any punishment that would humiliate, frighten, or subject a child to neglect.
4. Withhold nor threaten to withhold food as a form of discipline.

4H. Water activities (IQPPS 5.7, 9.15)

We have a water table in the classroom for children to stand and play with their hands in the water. During water play children are involved in active experiences with science and math concepts. Children with sores on their hands are not allowed to participate with others in the water table to ensure that no infectious diseases are spread. Children are not allowed to drink the water during water play activities. When the activity period is complete, the water table is drained and refilled with fresh water before a new group of children comes to participate. Outdoor water play is limited to tubs and

buckets or containers as well as the water table. We do not participate in swimming pool activities. Staff supervise all children by sight and sound in all areas with access to water in tubs, buckets, and water tables.

4I. Snacks/Foods and Nutrition (IQPPS 5.9 - 5.17)

Attitudes about food develop early in life. The food children eat affects their well-being, their physical growth, their ability to learn, and their overall behavior. We have an opportunity to help children learn about foods, to enjoy a variety of foods from their own culture and others, and to help them begin to appreciate that their bodies need to be strong, flexible, and healthy. Eating moderately, eating a variety of foods, and eating in a relaxed atmosphere are healthy habits for young children to form. Children are served a snack at a regularly scheduled time. Two food groups will be represented at each snack time as outlined in USDA guidelines. A written snack menu is posted in the classroom and available to families. All menus are kept on file for review by a program consultant. The preschool serves a wide variety of nutritional snacks, and encourages children to expand their tastes by at least trying a portion of the food offered. To ensure the safety of any foods that may be brought from home for sharing among the children, we ask that foods sent are either whole fruits or commercially prepared packaged foods in factory-sealed containers. The teacher will provide families a list of foods meeting the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) guidelines. We ask that all foods and beverages brought from home are labeled with the child's name and the date. Staff will make sure that food requiring refrigeration stays cold until served. The preschool will also ensure that foods are kept on hand to supplement food brought from home, in the event that this becomes necessary. All food is prepared, served, and stored in accordance with the USDA's CACFP guidelines. Clean, sanitary drinking water is made available to children throughout the day. Staff discards any foods with expired dates. Foods requiring refrigeration will be kept cold until served.

For each child with special health care needs, food allergies, or special nutrition needs, the child's health care provider should provide the program in an individualized care plan prepared in consultation with family members and specialists involved in the child's care. Children with food allergies shall be protected from contact with the problem food. With family consent, the program posts information about the child's allergies in the food preparation area and in areas of the facility the child uses to serve as a visual reminder to all adults who interact with the child during the day. Program staff will keep a daily record documenting the type and quantity of food a child consumes when any child with a disability has special feeding needs and provide parents with that information. High risk foods, often involved in choking incidents, will not be served. For children younger than four years, these include hotdogs, whole or sliced into rounds; whole grapes; nuts; raw peas and hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole. The school district does not use foods or beverages as rewards for academic performance or good behavior, and will not withhold food or beverages as a punishment, nor will teaching staff ever threaten to withhold food as a form of discipline.

4J. Outside Play and Learning Curriculum (IQPPS 5.4, 9.5-9.7)

We have daily opportunities for outdoor play as the weather permits and provided the weather air quality and environmental safety conditions do not pose a threat. This allows children the opportunity

to develop their large muscle skills, get exercise, and be active. Sometimes we spend longer getting bundled up than we spend outside. We use the Child Care Weather Watch guidelines produced by Healthy Child Care Iowa to determine if the Wind Chill Factor or Heat Index is safe for outdoor play. In cases when we cannot go outside (due to weather conditions) children are given the opportunity to use indoor equipment for similar activities inside and are supervised at the same level as outdoor equipment. In order to make sure that your child can play comfortably outside it is important to dress them according to the weather. When it is cold outside he needs a warm coat, mittens or gloves and a hat (labeled with your child's name). For the warmer days dressing your child lightly is just as important. For those in-between days dressing your child in layers is a practical idea. There are areas on the playground for children to be in the shade and still be active. We encourage you to bring a hat or other clothing for your child to wear as another protection from the sun. Sunscreen or sunblock with UVB and UVA protection of SPF 15 or higher will be applied to your child's exposed skin (only with your written parental permission to do so). We will also use an insect repellent containing DEET (only with your written permission) no more than once a day to protect your child from insect bites when the public health authorities recommend its use. Staff will complete the National Program for Playground Safety's Suggested General Maintenance Checklist on a monthly basis.

4K. Clothing

Your child will be learning through creative, active play that can sometimes be messy. Your child should wear comfortable, washable clothing as well as rubber-soled and closed-toe shoes to school. While we encourage the use of paint smocks or shirts during art projects, we can't guarantee that spills or stains will not occur. Clothing should be free of words, graphics, or pictures that are profane, immoral, illegal, or disruptive in nature. All families are asked to provide an extra set of clothing for their child in case of an "accident" or messy play. Please clearly label the clothing with your child's name to reduce the possibility of mistakes.

4L. Toilet Learning (IQPPS 5.5)

Toilet learning is an important time in a child's development. For children who are unable to use the toilet consistently, the following procedures are in place:

1. Diapering will only be done in the designated diaper area, i.e., the bathroom adjacent to the classroom with a fold down changing table. Food handling will not be permitted in this diapering area.
2. Staff will follow all diapering guidelines set forth in the Iowa Quality Preschool Programs Standards: Standard 5, Criteria 7:
 - a. For children who require cloth diapers, the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit.
 - b. Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.
 - c. Staff check children for signs that diapers or pull-ups are wet or contain feces at least every 2 hours.
 - d. Staff check children for signs that diapers or pull-ups are wet or contain feces at least every two hours when children are awake.
 - e. Diapers are changed when wet or soiled.

- f. Staff change children’s diapers or soiled underwear in the designated changing areas and not elsewhere in the facility.
 - g. Each changing area is separated by a partial wall or at least three feet from other areas that children use and is used exclusively for one designated group of children.
 - h. At all times, caregivers have a hand on the child if being changed on an elevated surface.
 - i. The container will be clearly labeled to show its intended use.
 - j. Diapering and gloving posters will be posted in the changing area showing procedures through the use of visuals and words.
 - k. Changing procedures are posted and changing procedures are followed.
 - l. These procedures are used by the program administrator to evaluate teaching staff that change diapers.
 - m. Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding.
 - n. Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly using a hands-free device (e.g., a step can).
 - o. Containers are kept closed and are inaccessible to children.
 - p. Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day.
3. Potty chairs will not be used due to the risk of spreading infectious diarrhea.
4. All families are asked to provide an extra set of clothing for their child in case of an “accident” or messy play. Please clearly label the clothing with your child’s name to reduce the possibility of mistakes.

4M. Objects From Home

Because the preschool program provides ample toys and learning materials for your child, we ask that you limit toys brought from home. If your child brings an “attachment” item from home, we ask that it is small enough to fit inside his/her backpack or cubby. Please do not allow children to bring gum, candy, money, or toy guns to school. The program cannot be responsible for lost or broken toys brought from home.

4N. Weapon Policy

No student shall carry, have in his or her possession, store, keep, leave, place or put into the possession of another student any real weapon or a look-alike weapon on any school premises, in any school vehicle or any vehicle used by the school or for school purposes, in any school building or other buildings or premises used for school functions, whether or not any person is endangered by such actions. "Look-alike weapon" means any item that resembles or appears to be a weapon. A zero tolerance policy on dangerous weapons (real or toy) is in effect; i.e., guns, squirt guns, water rifles or pistols, slingshots, toy guns, toy grenades and other similar items knives, etc. Violation may result in a student suspension/expulsion.

4O. Classroom Animals and Pets

If you, as a parent or legal guardian, want to bring your family pet to share with your child’s classroom you are welcome. However, all animals must remain outside the school buildings during the visit. The preschool teacher ensures that the animal does not create an unsafe or unsanitary condition. The

animal would appear to be in good health and have documentation from a veterinarian or an animal shelter to show that the animal is fully immunized (if the animal should be so protected) and suitable for contact with children. The teacher would ensure staff and children practice good hygiene and hand washing when coming into contact with the animal and after coming into contact with the animal. Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. Any children allergic to the pet will not be exposed to the animal. Reptiles are not allowed because of the risk for salmonella. The classroom teacher is responsible for checking requirements have been met.

4P. Birthdays

Birthdays are an important and significant event in the life of a child. They afford the opportunity for children to be given special recognition. Accordingly, students who wish to bring treats for the class on their birthday may do so. Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers. The teacher will provide families a list of foods meeting the USDA's Child and Adult Care Food Program guidelines. Those who have summer birthdays are welcome to choose a school day to celebrate with their class. Invitations to parties outside of school that do not include the entire class will not be distributed at school.

4Q. Building Power Failure

In the event of a power failure the following steps will be taken. Call the office to see if it is building wide. The office will make the necessary calls to find out if it will be necessary to cancel school. We have good window light, so we will continue with normal activities. Flashlights are ready and hung by the restrooms if needed. If the power outage is storm related, we will follow storm warning procedures as found in the district Crisis Plan Manual.

5. COMMUNICATION WITH FAMILIES (IQPPS1.1,7.4)

The program will promote communication between families and staff by using written notes as well as informal conversations, e-mails, newsletters, and/or social media. Families are encouraged to send written notes with important information so all the staff who work with the child can share the parent's communication. Teaching staff will write notes for families no less than weekly. Staff will use these notes to inform families about the child's experiences, accomplishments, behavior, and other issues that affect the child's development and well-being. Parents are encouraged to maintain regular, on-going, two-way communication with the teaching staff in a manner that best meets their needs - email, in person, notes, or phone calls.

5A. Open Door Policy

Parents and legal guardians are always welcome to visit the preschool classroom. As a safety feature, all parents and visitors will check in at the elementary school office. Visitors are asked to please use discretion with regard to bringing babies and toddlers to school as young children may disrupt class sessions. Photo identification will be required for any unknown visitor to the classroom.

5B. Arrival and Departure of Children

All motor vehicle transportation provided by parents, legal guardians or others designated by parents or legal guardians will include the use of age-appropriate, and size-appropriate seat restraints. When bringing your child to school, we ask that you park your car in the parking lot and turn off the engine before entering the building. Please hold your child's hand as you enter the building to decrease the possibility of an accident. Parents or legal guardians must either accompany children to the classroom at the beginning of the day or leave their child in the care of one of the teaching staff. No child will be permitted to leave the building without an adult. Other than parents or legal guardians, only persons with prior written authorization (Parent Consent Form) will be allowed to pick up a child from the school. Anyone who is unfamiliar to teaching staff, including authorized individuals, will be asked to present photo identification before a child is released to them. In the interest of students' safety, parents/guardians/authorized individuals are requested to report directly to the classroom through the front doors of the building when picking up their child. When all children have arrived, the preschool teacher will record attendance for the day. Throughout the day each time children transition from one location to another, i.e. classroom to outdoor, the teacher will be responsible for counting the number of children whenever leaving one area and when arriving at another to confirm the safe whereabouts of every child at all times.

5C. Transportation

The Union Community School district does provide school bus transportation for preschool students. For children who have special needs for transportation, the facility will use a plan based on a functional assessment of the child's needs related to transportation that is filled out by the child's physician and may also be dictated by their IEP. This plan will address special equipment, staffing and care in the vehicle during transport. Any accommodations indicated in the child's Individualized Educational Program will be implemented as described.

5D. Field Trips

An important learning opportunity can take place in the form of a field trip that is relevant and reinforces what has been taught in the classroom. Union school buses are used for these field trips. Parents will be informed of each field trip through a newsletter or note well in advance. A parent or legal guardian must sign an informed consent form for trips for each child before each trip. Adult family members are asked to volunteer to go on these trips to provide increased supervision and adult/child ratios. Each child will be assigned to an adult for every part of the trip. Before every trip, the teaching staff will instruct children and all adults using the bus about the 10-foot danger zone around the vehicle where the driver cannot see. A first aid kit, emergency contact information, and emergency transport authorization information for the children in the group will be taken on all trips. Children will be counted every 15 minutes while on a field trip. Children may only use a public restroom if they are accompanied by a staff member. Children will never be left alone in a vehicle or unsupervised by an adult.

5E. Attendance

Students who are enrolled for classes in the Union Community School District are expected to be in school for the full session and are expected to be punctual in their arrival and departure. Students are not expected to be absent any more than is necessary for health reasons or appointments. Irregular

attendance interferes with the progress of your child and others as teachers find themselves taking class time to repeat information and make adjustments for those students who have been absent. Please contact the elementary office or preschool teacher with the reason for an absence. For safety's sake, if a student is absent without notification, the school secretary/teaching staff will attempt to contact the family to verify the child's absence from school.

5F. Ethics and Confidentiality

Staff follow an important code of ethics to guide their involvement with children and families. It is essential to protect the confidentiality of all information concerning children and their families. Maintaining a professional attitude includes being responsive to the needs of children and their families while balancing the need for confidentiality. Children are people who deserve respect. One way we demonstrate this respect is to refrain from talking about the children in their presence unless the child is part of the conversation and to refrain from labeling a child negatively or positively. No information about any particular child shall be shared with another child's parent. We continually strive to model such qualities as patience, tolerance, cooperation, acceptance, understanding of others, and enthusiasm for children as well as for other adults. All teaching staff will receive training on ethics and confidentiality on the National Association for the Education of Young Children's Code of Ethical Conduct as part of their orientation. Each staff person will sign a Statement of Commitment to document their willingness to hold close the values and moral obligations of the field of early childhood education.

5G. Children's Records

Student records containing personally identifiable information, except for directory information, are confidential. Only persons, including employees, who have a legitimate educational interest are allowed to access a student's records without the parent's permission. Parents may access, request amendments to, and copy their child's records during regular office hours. Parents may file a complaint with the United States Department of Education if they feel their rights regarding their child's records have been violated. For a complete copy of the school district's policy on student records or the procedure for filing a complaint, contact the board secretary in the district administration office. Parents or guardians will be asked to sign a release of information form should they or the school request information be shared with another agency, stating to whom the information is to be released, the reason or purpose for the release of information, when it expires, and ways the parents can withdraw permission if they choose to do so.

5H. Preschool Advisory Committee (IQPPS 7.2)

The Union Community School District's School Teacher Leader Committee Improvement shall function as the preschool advisory committee. This group is composed of parents, school staff, and other community members interested in the school. This group meets to provide feedback on services that meet children and family needs. They also serve as a sounding board for new ideas and services.

5I. Grievance Policy (IQPPS 7.5)

Open and honest communication between families and the preschool program is an essential component of a high quality early childhood program. We want you to be confident that your child is

being well cared for and is having a quality experience. If there is ever a time you have a concern regarding your child, we want to encourage you to address your concern to your child's teacher. If additional help is needed, either party may ask for the assistance from the principal of the elementary building where your child's preschool classroom is located. If you have a concern regarding some aspect of the program or policy, please contact the principal of the elementary building where your child's preschool classroom is located. If you remain dissatisfied, you may contact the Superintendent of Union Community School District. As part of our program assessment, twice a year, (winter and spring), we provide a family questionnaire to evaluate our program. This information helps us to assess how the program is meeting the needs of families and children, as well as to identify strengths and weaknesses.

6. FAMILY INVOLVEMENT (IQPPS 7.1, 7.2, 8.1, 10.15)

The Union Community School District encourages preschool families to be very involved in their child's education by observing their children during the day when possible and meeting with staff. Family members are welcome to visit with prior communication with the teacher regarding daily schedules. Teachers and administrators use a variety of formal and informal ways to become acquainted with and learn from families about their family structure and their preferred means of child-rearing practices and communication; and information about their socioeconomic, linguistic, racial, religious, and cultural backgrounds as they wish to share. Families are surveyed in enrollment paperwork and through other questionnaires during the year regarding their family, beliefs, and preferences three times a year. Home visits are conducted at the beginning of the school year. Program staff communicate with families on at least a weekly basis regarding children's activities and developmental milestones, shared care-giving issues, and other information that affects the well-being of their children. Parent teacher conferences are held twice per year, as well as when either party requests. Twice per year Family Nights are planned to involve families in student learning. Our preschool values the time spent talking and interacting with families and developing strong, reciprocal relationships. As the teacher learns from the families' expertise regarding their child's interests, approaches to learning, and developmental needs, goals for your child's growth and development can be incorporated into ongoing classroom planning. Families are encouraged to share any concerns, preferences or questions with the preschool teacher or administration at any time. The program offers staff and families the opportunities to assist in making decisions to improve the program. Collaborative and shared decision making is used with all participants to build trust and enthusiasm for making program changes. Staff and families meet at least annually to consult on program planning and ongoing program operations.

Although in-person daily contact cannot be replaced, preschool staff also rely on notes home, emails, phone calls, newsletters, and bulletin boards as alternative means to establish and maintain open, two-way communication. We invite you to become involved in one or all of the following ways, and we welcome other ideas as well.

1. Support your child's daily transition to school by sharing information about your child's interests and abilities. Keeping the teacher informed of changes and events that might affect your child allows the teacher to be more responsive to your child's needs 3 times a year.
2. Attend family meetings.
3. Return all homework, forms, questionnaires and so on promptly.

4. Attend Family/Teacher conferences twice per year or more often as necessary.
5. Take time to read the family bulletin board.
6. Check your child's backpack each day.
7. Participate in field trip activities.
8. Share some of your talents in your child's class through activities such as: reading or storytelling, cooking, art, music, sewing, crafts, hobbies, your profession, or artifacts from trips you have taken.
9. Share any of your families' cultural traditions, celebrations, or customs.
10. Help prepare snacks and enjoy it with your child.
11. Read all the material sent home with your child.
12. Help with special events. Helping takes many different forms such as preparation of materials at home, making telephone calls, preparing or posting flyers, recruiting other volunteers, collecting donations or prizes, running errands, photography, setup before the event, or clean afterwards.

It is the policy of the Union Community School District not to discriminate on the basis of age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, or family status in its education programs, activities, or employment policies as required by Title VI or VIII of the 1964 Civil Rights Act, Title IX of the 1972 Education Amendments, and the Federal Rehabilitation Act of 1973.

The Union Community School District will, to the extent possible, provide full opportunities for meaningful participation of the families with children with limited English proficiency, families with children with disabilities, including providing information and school reports in an understandable and uniform format and, including alternative formats on request, and, to the extent possible, in a language families understand. The school district believes that families should be supported in making decisions about services that their children may need. The teaching staff will provide information to families about available community resources and assist as requested in helping the family make connections. The program staff maintain a current list of child and family support services available in the community based on the patterns of needs they observe among families and on a families and based on what families request(health, mental health, oral health, nutrition, child welfare, parenting programs, early interventions/special education screening and assessment services, and basic needs such as housing and child care subsidies.) They share the list with families and assist them in locating, contacting, and using community resources that support childrens and families wellbeing and development.

6A. Home Visits

Home visits are made prior to the start of school. This is an opportunity for the preschool teacher to get to know you, your child, and your family and for you to begin to create a partnership between home and school in order to best meet your child's needs. This is a great time for you to share what makes your family unique, how you prefer to communicate with the teacher, and share your knowledge about your child's interests, approaches to learning, and developmental needs. You can help the teacher understand what your goals are for your child and whether you have any concerns you'd like

addressed. Parents are encouraged to share these preferences, concerns, and questions at any time with either the classroom teacher or administrator.

6B. Parent Teacher Conferences

The preschool program will have formal parent teacher conferences twice per year. During the conference the teacher will share results of classroom assessments and samples of your child's work. Together we can make a plan to continue to encourage your child's growth and Development.

6C. Family Night

Family night is an opportunity for you and your family to come to school to participate in fun as well as educational activities. With help from family volunteers, the night will be planned to meet the needs of the children and families in the classroom.

6D. Transitions (IQPPS 7.7)

Home-school connections are crucial to the transition to kindergarten or any other program, such as special education. The child's family provides the consistency and continuity necessary for a young child to be successful. Making a change from one program to another can sometimes be difficult for a young child whether the transition is within the same building or in another location. Teaching staff will partner with the family to make the transition as smooth as possible by connecting family members with the next program's staff. Preschool staff will provide information about enrollment policies and procedures, program options, and arrange for a classroom visit whenever possible.

7. HEALTH AND SAFETY (IQPPS 5.2)

The Union Community School District is committed to promoting wellness and to safeguarding the health and safety of children and adults who participate in our program. In order to provide a safe and secure environment for every child and adult, we follow guidelines required by the Quality Preschool Program Standards, regulatory agencies and pediatric authorities in the field. At least one staff member who has a certificate showing satisfactory completion of pediatric first-aid training and satisfactory completion of pediatric CPR is present with each class of children. An additional building Crisis Manual Plan can be found at the end of procedures manual in Additional Pages 9F.

7A. Health and Immunization Certificates

Before the child begins the program, health records that document the dates of service shall be submitted that show the child is current for routine screening tests and immunizations according to the schedule recommended and published by the American Academy of Pediatrics. When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child's entry into the program and as a condition of remaining enrolled in the program, except for immunization for which parents are using religious exemption.

7B. Health and Safety Records (IQPPS 5.1)

Health and safety information collected from families will be maintained on file for each child in the school nurse's office. Files are kept current by updating as needed, but at least quarterly. The content of the file is confidential, but is immediately available to administrators or teaching staff who have consent from a parent or legal guardian for access to records; the child's parent or legal guardian; and regulatory authorities, upon request. Child Health and Safety Records will include:

1. Current information about any health insurance coverage required for treatment in an emergency;
2. Results of health examination, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results;
3. Current emergency contact information for each child, that is kept up to date by a specified method during the year;
4. Names of individuals authorized by the family to have access to health information about the child;
5. Instructions for any of the child's special health needs such as allergies or chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes);
6. Individual emergency care plans for children with known medical or developmental problems or other conditions that might require special care in an emergency (allergy, asthma, seizures, orthopedic or sensory problems, and other chronic conditions; conditions that require regular medication or technology support; and
7. Supporting evidence for cases in which a child is under-immunized because of a medical condition (documented by a licensed health professional) or the family's beliefs. Staff implement a plan to exclude the child promptly if a vaccine-preventable disease to which children are susceptible occurs in the program.

An additional preschool Communicable Diseases - Students Policy can be found at the end of procedures manual in Additional Pages 9D

An additional preschool Universal Precautions Policy can be found at the end of procedures manual in Additional Pages 9E.

7C. General Health and Safety Guidelines

All staff must be alert to the health of each child, known allergies, or special medical conditions. Under the supervision of the preschool teacher, all staff must be alert to the whereabouts of all children. Systems are in place for accounting for children at regular intervals, especially during periods of transition. All staff are to follow proper procedures for hand washing, using disinfectant, and following universal precautions to prevent infections. All staff are familiar with evacuation routes and procedures.

All teaching staff and support staff complete "Occupational Exposure to Bloodborne Pathogens" Annually. At least one staff member who has a certificate of satisfactory completion of pediatric first-aid training, including managing a blocked airway and providing rescue breathing for infants and children, is always present with each group of children. When a child in the group has a special health condition that might require CPR, one staff person who has successfully completed training in CPR is present in the program at all times.

7D. Illness Policy and Exclusion of Sick Children

For the health and safety of all the children, it is mandatory that sick children not be brought to school. If your child has any of the following symptoms during the night, they will not be admitted the following morning for the safety of the other children: fever greater than 100 degrees, vomiting and/or diarrhea. The preschool's established policy for an ill child's return: Fever free for 24 hours, Chicken pox: one week after onset (or when lesions are crusted). Strep: 24 hours after initial medication, Vomiting/Diarrhea: 24 hours after last episode, COVID: follow local county health guidelines.

Upon arrival at school, each child is observed by teaching staff for signs of illness or injury that could affect the child's ability to participate comfortably in the daily activities. Children will be excluded when a child is not able to participate comfortably; if the illness requires more care than staff are able to provide without compromising the needs of the other children in the group; or if keeping the child at school poses an increased risk to the child or to other children or adults with whom the child will come in contact.

When a child develops signs of an illness during their day at preschool, parents, legal guardians, or other person authorized by the parent will be notified immediately to pick up the child. For this reason, please be sure that we have current, accurate phone numbers for you, your authorized emergency contact person and your child's pediatrician. In the meantime, we will provide the child a place to rest until the parent, legal guardian or designated person arrives under the supervision of someone familiar with the child. If the child is suspected of having a contagious disease, then until she or he can be picked up, the child is located where new individuals will not be exposed.

7E. Biting Policy

Our perspective: Biting is a very common behavior among children from birth to three years. It is important to think positively of children who bite. Biting is a form of communication, as biting is almost always a response to the child's needs not being met or coping with a challenge or stressor. If we label children as 'biters' we will harm children's self-perceptions and intensify biting behaviors. How the school will respond: If a biting incident occurs in the classroom the caregivers response will include the following: caregivers will keep their feelings in check and not express frustration or anger to the child, ensure all are safe, will in a firm calm voice address the child that bit in a short, simple and clear way, will shift their attention to the child who was bitten and show concern and support for that child, go back and talk with the child (if the child is verbal and able to talk) and the different strategies sh/he can use next time, instead of biting, and help the children move on. How the school will assess the adequacy of caregiver supervision and the context and the environment in which the biting occurred: the center will ask questions on the quality of relationships between the child and caregivers, consider environmental influences on the child's behavior, and identify targeted social-emotional supports. The school may conduct observations with parent permission, use the data from observations to find patterns and potential solutions, respond immediately to any unsafe behaviors, and meet with family to collect information about the child's behavior at home, share information, and demonstrate a commitment to working together to address the child's needs.

The school will respond to the individual child or caregiver who was bitten by: showing immediate concern and support to the person being bitten, the child with the challenging behavior should be taught in a caring and firm way that the behavior is not acceptable as well as alternative behaviors; the center will also examine the needs of the child including potential changes to the environment and routines to prevent future incidents, if a child is provided developmentally appropriate and individualized care in a purposefully planned environment, discharging a child is needed only in rare, extreme situations. The notification process to parents will include: a confidential report to parents of involved children using the school's incident report. The school will document the incident: a confidential report will be included in the child's file. First aid procedures will be used to address the appropriate care for injuries and human bites.

An additional preschool Biting Policy can be found at the end of procedures manual in Additional Pages 9A.

7F. Dental Exam

All students are encouraged to complete a dental exam prior to enrollment in the preschool program. You will be asked to indicate the name, address, and telephone number of your dentist in the event your child is injured at preschool and we can not reach you.

7G. Reporting Communicable Diseases (IQPPS 5.3)

Staff and teachers provide information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that the families should implement at home. The program has documentation that it has cooperative arrangements with local health authorities and has, at least annually, made contact with those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.

7H. Medication Policies and Procedures (IQPPS 5.8)

Policy: The school will administer medication to children with written approval of the parent and an order from a health provider for a specific child. Because administration of medication in the school is a safety hazard, medication administration will be limited to situations where an agreement to give medicine outside preschool hours cannot be made. Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction.

Procedure: The school nurse coordinates and/or administers medication during school hours only if the parent or legal guardian has provided written consent and the medication is available in an original labeled prescription or manufacturer's container that is child-resistant. Any other person who would administer medication has specific training and a written performance evaluation, updated annually by a health professional on the practice of the five right practices of medication administration: (1) verifying that the right child receives the (2) right medication (3) in the right dose (4) at the right time (5) by the right method with documentation of each right each time the medication is given. Medication errors will be controlled by checking and recording these five right practices each time medication is

given. Should a medication error occur, the Regional Poison Control Center and the child's parents will be contacted immediately. The incident will be documented in the child's record at the school. For prescription medications, parents or legal guardians will provide the school with the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name and strength 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; and administration, storage, and disposal instructions. For over-the-counter medications, parents or legal guardians will provide the medication in a child-resistant container. The medication will be labeled with the child's first and last names; specific, legible instructions for administration and storage supplied by the manufacturer; and the name of the health care provider who recommended the medication for the child. Instructions for the dose, time, method to be used, and duration of administration will be provided to the teaching staff in writing (by a signed note or a prescription label) or dictated over the telephone by a physician or other person legally authorized to prescribe medication. This requirement applies both to prescription and over-the-counter medications.

Medications will be kept at the temperature recommended for that type of medication, in a sturdy, child-resistant container that is locked and prevents spillage. Medication will not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions which state that the medication may be used whenever needed will be renewed by the physician at least annually. A medication log will be maintained by the school staff to record the instructions for giving the medication, consent obtained from the parent or legal guardian, amount, the time of administration, and the person who administered each dose of medication. Spills, reactions, and refusal to take medication will be noted on this log.

An additional preschool Administration of Medication to Students Policy can be found at the end of procedures manual in Additional Pages 9C.

7I. Cleaning and Sanitization (IQPPS 5.18, 5.19)

The facility will be maintained in a clean and sanitary condition. When a spill occurs, the area will be made inaccessible to children and the area will be cleaned immediately. Toys that have been placed in a child's mouth or that are otherwise contaminated by body secretion or excretion will be removed immediately and disinfected after they are cleaned with soap and water. This also applies to other surfaces in the classroom. Toys and surfaces will be disinfected using a non-toxic solution of one tablespoon household bleach to one quart of tap water made fresh daily. To disinfect, the surfaces will be sprayed until glossy. The cleaning solution will be left on for at least 2 minutes before it is wiped off with a clean paper towel, or it may be allowed to air dry. Machine washable cloth toys that have been placed in a child's mouth or that are otherwise contaminated by body secretion or excretion must be laundered before another child's use. Toys that cannot be cleaned and sanitized will not be used.

Staff will be trained in cleaning techniques, proper use of protective barriers such as gloves, proper handling and disposal of contaminated materials, and information required by the US Occupational Safety and Health Administration about the use of any chemical agents. All teaching staff and support staff complete "Occupational Exposure to Bloodborne Pathogens" annually. Procedures

learned in this training include the following: Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized; Staff use barriers and techniques that minimize contact of mucus membranes or of openings in skin with potentially infectious body fluids and reduce the spread of infectious disease. When spills of body fluids occur, staff clean them immediately with detergent followed by water rinsing. After cleaning, staff sanitize nonporous surfaces by using the procedure described in the Cleaning and Sanitation table. Staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning. Staff dispose of contaminated materials and diapers in a plastic bag with a secure tie that is placed in a closed container. Routine cleaning will be performed or supervised by the preschool staff and will follow the NAEYC Cleaning, sanitizing and disinfecting frequency table. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/accreditation/early-learning/clean_table.pdf

A checklist will be completed as indicated in the table. Facility cleaning requiring potentially hazardous chemicals will be scheduled when children are not present to minimize exposure of the children. All cleaning products will be used as directed by the manufacturer's label. Non Toxic substances will be used whenever possible.

7J. Hand Washing Practices (IQPPS 5.6)

Frequent hand washing is key to prevent the spread of infectious diseases. Teachers teach children how to wash their hands effectively. Posters of children using proper hand washing procedures are placed by each sink. The program follows these practices regarding hand washing: Staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored. Hand washing is required by all staff, volunteers, and children when hand washing reduces the risk of transmission of infectious diseases to themselves and to others. Staff assist children with hand washing as needed to successfully complete the task. Children and adults wash their hands: upon arrival for the day; after diapering or using the toilet (use of wet wipes is acceptable for infants); after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or any touching of mucus, blood or vomit); before meals and snacks, preparing or serving food, or handling any raw food that requires cooking (e.g., meat, eggs, poultry); before and after playing in water that is shared by two or more people; after handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and Adults also wash their hands before and after feeding a child; before and after administering medication; after assisting a child with toileting; and after handling garbage or cleaning. Proper hand-washing procedures are followed by adults and children and include In situations where sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food.

7K. First Aid Kit (IQPPS 9.12)

A first aid kit is located in each preschool classroom. It is inaccessible to children, but readily available for adult use. It is fully equipped according to guidance from Healthy Child Care Iowa. Following each use of the First Aid kit, the contents will be inspected and missing or used items replaced immediately. The First Aid kit will be inspected monthly. The first aid kit is taken to the outdoor play areas as well as

on field trips and outings away from the site. Dental Emergencies will be handled by the staff if a child loses a tooth, falls and breaks a tooth or has any other mouth and teeth injury, the parents will be notified. Parents will determine if the child should be taken to a dentist. If the mouth is bleeding, the teacher will follow all precautions regarding blood injuries. We will have the child rinse their mouth with water so we can determine the extent of the injury. We will call the parents.

7L. Fire Safety (IQPPS 9.13)

A fire extinguisher is installed in the preschool classroom with a tag indicating its annual service date. The fire alarm system is serviced annually. Smoke detectors, fire alarms, and carbon monoxide detectors are tested monthly. A written log of testing dates is maintained and upon request. Fire drills are conducted monthly and recorded on lesson plans.

7M. Medical Emergencies and Notification of Accidents or Incidents (IQPPS 10.10)

The Union Community School District has in place an "Crisis Plan" that describes the following situations and procedures to follow: Fire procedures, Utility Failures (electric power failure, water line break, gas line break), Severe weather, Bomb threats, Physical Threats/Armed Intruder, Evacuations, Crisis Intervention Plan, Crisis Intervention Steps, and Media Procedures, Accidental Injury or Illness procedures for life threatening and non-life threatening situations. This booklet will be posted by the telephone and included in the first aid kit. The booklet will be reviewed by each staff member at the beginning of each school year and when changes are made to it. In the event that your child receives a minor, non-life threatening injury during their time at preschool, our teacher will assess the situation and apply first aid as needed. Minor cuts and scrapes will be treated with soap and water and bumps will be treated by applying ice to the injured area. Any incident or injuries will be documented on an "Injury and Illness" form and a copy will be given to the parent within 24 hours of the incident. All staff will have immediate access to a device that allows them to summon help in an emergency. The telephone numbers of the Fire Department, Police Department, Hospital, and Poison Control will be posted by each phone with an outside line. Emergency contact information for each child and staff member will be kept readily available. The list of emergency telephone numbers, and copies of emergency contact information and using liquid soap and running water; rubbing hands vigorously for at least 10 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water). Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement, but not a substitute, for hand washing in any situation listed above. Staff must wear gloves when contamination with blood may occur. Staff do not use hand-washing sinks for bathing children or removing smeared fecal material. authorization for emergency transport will be taken along anytime children leave the facility in the care of facility staff. Emergency phone numbers will be updated at least quarterly. Emergency phone numbers will be verified by calling the numbers to make sure a responsive, designated person is available.

7N. Inclement Weather

When school must be closed due to weather or emergencies, the following media will be notified:
AM Radio: KXEL 1540, KWLO 1330, & WMT 600

FM Radio: KOKZ 105.9, KFMW 108, WMT 96.5

T.V.: KGAN 2, KWWL 7, Local Cable

Online: kwwl.com, kgan.com, kcrq.com

The stations vary on procedures for announcements. Some are every half-hour, some every hour, and some as calls come in. Become familiar with your favorite station policy.

7O. Protection From Hazards and Environmental Health

Program staff protect children and adults from hazards, including electrical shock, burns, or scalding, slipping, tripping, or falling. Floor coverings are secured to keep staff and children from tripping. The preschool classroom has been tested for lead, radon, radiation, asbestos, fiberglass, and other hazards that could impact children's health with documentation on file. Water is tested. Custodial staff maintain the building's heating, cooling, and ventilation systems in compliance with national standards for facility use by children. The program maintains facilities so they are free from harmful animals, insect pests, and poisonous plants. Pesticides and herbicides, if used, are applied according to the manufacturer's instructions when children are not at the facility and in a manner that prevents skin contact, inhalation, and other exposure to children. The program uses the techniques known as Integrated Pest Management (IPM) so that the least hazardous means are used to control pests and unwanted vegetation.

7P. Smoke Free Facility (IQPPS 9.15)

In compliance with the Iowa Smokefree Air Act of 2008, Union Community School District buildings and grounds are smoke free. A "No Smoking" sign meeting the law's requirements is posted at the entrance to the building to inform people that they are entering a non-smoking place. No smoking is allowed on the school grounds or within sight of any children.

7Q. Child Protection Policies (IQPPS 10.6. 10.12)

The health and well being of every child in our care is of the utmost importance and the protection of children is our responsibility. An applicant or volunteer for temporary or permanent employment with the preschool program involves direct interaction with or the opportunity to interact and associate with children must execute and submit an affidavit of clearance from any and all crimes against a child or families. In addition no person with a substantiated report of child abuse or neglect will come in contact with children in the program or have responsibility for children. The program has written school board policy for reporting child abuse and neglect as well as procedures in place that comply with applicable federal, state, and local laws. The policy includes requirements for staff to report all suspected incidents of child abuse, neglect, or both by families, staff, volunteers, or others to the appropriate local agencies. Staff who report suspicions of child abuse or neglect where they work are immune from discharge, retaliation, or other disciplinary action for that reason alone unless it is proven that the report is malicious. All teaching staff complete "Mandatory Reporter: Child and Dependent Adult Abuse" at least every five years and within six months of employment. The school district does not tolerate employees physically, or sexually abusing or harassing students. Students who are physically or sexually abused or harassed by an employee should notify their parents, legal guardians, teacher, principal, or another employee. The Iowa Department of Education has established a two-step

procedure for investigating allegations of physical or sexual abuse of students by employees. That procedure requires the school district to designate an independent investigator to look into the allegations. The school district has designated building principals (Jim Cayton DG Elementary 319-476-7110) (Todd Parker LPC Elementary 319-342-3033) as level I investigators. The alternate investigators are building nurses Christy Wurzer at 319-476-7110 or Alyssa Linderer at 319-342-3033.

7R. Substance Abuse

Persons under the influence of drugs or alcohol will not be permitted on the premises of the Union Community School District. At no time will children be released to a person under the influence of alcohol or drugs. A policy is in place if a parent is intoxicated and wants to pick up a child. We will not release a child to a parent who is obviously intoxicated or suspected of being intoxicated as indicated by their behavior or the smell of alcohol. We will also not release a child to anyone with visible signs of being under the influence of drugs. We will call an alternative emergency number from the child's emergency card to come for the child. The staff will call the office to tell the principal to come to the classroom. If we believe the parent is not fit to drive or walk or presents a danger to him/herself or others around, we will call the local police department.

7S. Volunteers (IQPPS 10.11)

Parents, friends, grandparents, and other adults are encouraged to take an active part in the educational process of the children. Please contact the teacher, the elementary principal, or our office secretary if you would like to be a school volunteer. For safety's sake, if a volunteer will be working with children, a formal criminal background check will be conducted. In addition no person with a substantiated report of child abuse or neglect will come in contact with children in the program or have responsibility for children. If a volunteer works more than 40 hours per month with children, they will also need to provide a current health assessment, not more than one year old.

8. Staff

8A. General Information (IQPPS 10.11-10.14)

The Union Community School District has written personnel policies that define the roles and responsibilities, qualifications, and specialized training required of staff and volunteer positions. The policies outline nondiscriminatory hiring procedures and policies for staff evaluation. Policies detail job descriptions for each position, including reporting relationships; salary scales with increments based on professional qualification, length of employment, and performance evaluation; benefits; and resignation, termination, and grievance procedures. Personnel policies provide for incentives based on participation in professional development opportunities. The policies are provided to each employee upon hiring. Hiring procedures include completion of the following checks: criminal-record check, free from history of substantiated child abuse or neglect check, education credentials, verification of age, completion of high school or GED, personal references and a current health assessment.

8B. Orientation (IQPPS 6.1-6.5)

Employees must know their role and duties. New and returning preschool teaching staff will participate in an orientation program that introduces or reviews the fundamental aspects of the program operation

including: Program philosophy, mission, and goals; Expectations for ethical conduct; Individual needs of children they will be teaching or caring for; Accepted guidance and classroom management techniques; Daily activities and routines of the program; Program curriculum; Child abuse and reporting procedures; Program policies and procedures; Iowa Quality Preschool Program Standards and Criteria; Regulatory requirements. All emergency procedures. Review of the building Crisis Manual. Follow-up training expands on the initial orientations. The employee's immediate supervisor should provide the new employee with a review of the employee's responsibilities and duties. The superintendent or designee will explain payroll procedures, employee benefit programs and accompanying forms to the employee. Regular employees ineligible for the school district's group health plan will be given information regarding where they can obtain health care or health care insurance. Teachers hold an Iowa teaching license issued by the Iowa Board of Education Examiners (BOEE) and must hold an early childhood endorsement that reflects their current teaching assignment. Assistant teachers (Associates) will have a high school diploma or GED and 50% of assistant teachers will have at least a Child Documentation required annually by a licensed health professional showing that the employee is free from active TB disease. Confidential personnel files, including applications with record of experience, transcripts of education, health- assessment records, documentation of ongoing professional development, and results of performance evaluation, are kept in a locked filing cabinet in the Superintendent's office. Child Development Associate Credential (CDA) or equivalent. 100% of assistant teachers who do not have at least a Child Development Associate Credential (CDA) or equivalent are enrolled in a program leading to a CDA or equivalent, are actively participating in the program, and are demonstrating progress towards the CDA or equivalent. College-level courses and/or online coursework also applies. All teaching staff will have specialized coursework or professional development training in the QPPS curriculum as well as in communication and collaboration skills that prepare them to participate as a member of a team. All teachers and assistants will have specialized professional development training in how to accurately use the program's assessment procedure for assessment of child progress and program quality. The training is used to adapt classroom practices and curriculum activities. All teaching staff will evaluate and improve their own performance based on ongoing reflection and feedback from supervisors, peers, and families. They add to their knowledge and increase their ability to put knowledge into practice. They develop an annual individual professional development plan with their supervisor and use it to improve their continuous professional development.

8C. Staffing patterns and schedule

The preschool program is in compliance with staff regulations and certification requirements. Our program follows requirements for staffing for Iowa's Quality Preschool Program Standards of maintaining an adult/child ratio of at least 1:10 at all times. The program administrator will maintain lists of current substitutes for both the preschool teacher and the preschool teaching assistant in case of absence. If one of the teaching staff needs to temporarily leave the classroom, the person will call the elementary office to arrange for coverage in order to maintain the adult/child ratio. Staff are provided space and time away from children during the day. Should staff work directly with children for more than four hours, staff are provided breaks of at least 15 minutes in each four-hour period. In addition, staff may request temporary relief when they are unable to perform their duties.

8D. Staff development activities

Personnel policies provide for incentives based on participation in professional development opportunities. All teaching staff continuously strengthen their leadership skills and relationships with others and work to improve the conditions of children and families within their programs, the local community, and beyond. Teaching staff are encouraged to participate in informal and formal ways in local, state, or regional public-awareness activities. They may join an early childhood group or organization, attend meetings, or share information with others both at and outside the program. Teaching staff will be informed of professional development activities provided by Child Care Resource and Referral, the local Empowerment areas, and the area education agency. Staff are expected to attend staff training and meetings throughout the year. Training will focus on early childhood topics relevant to the program and community. Health related Staff Development concerning CPR and Mandatory reporting is found at the end of procedures manual in Additional Pages 9B.

8E. Evaluation and Professional Growth Plan

All staff are evaluated at least annually by an appropriate supervisor or, in the case of the program administrator, by the superintendent. Staff also evaluate and improve their own performance based on ongoing reflections and feedback from supervisors, peers, and families. From this, they develop an annual individualized professional development plan with their supervisor and use it to inform their continuous professional development.

BITING POLICY

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

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

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

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

1. The teacher will examine the context in which the biting is occurring and look for patterns. The teacher will use the Center Action Plan for documentation and ask the following questions:
 - Was the space too crowded
 - Were there too few toys
 - Was there too little to do or too much waiting
 - Was the child who bit getting the attention and care he/she deserved at other times, other than when he/she was biting
2. The teacher will change the environment, routines or activities if necessary
3. The teacher will work with the child who is biting to resolve conflicts and frustrations in more appropriate manners, including using words, if they are capable of them.
4. The teacher will observe the child, to get an idea of why and when they are likely to bite.
5. The teacher will identify children likely to be bitten and make special efforts to reduce their chance of being bitten.
6. The teacher, parent and administration will meet regularly to regulate an action plan and to measure the outcome of these changes.

BITING POLICY

7. If biting continues the teacher will observe the group more closely and work with the parents to seek out additional resources as necessary to shadow the child who is biting.

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

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

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

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

***If a staff member is bitten we will use the Cedar Rapids School District Exposure Control Plan.**

When children bite, their parents are informed personally and privately the same day. All information is confidential and names of the children involved in the incident are not shared between parents. In addition, biting is always documented on our standard incident form which is completed and signed by teacher, parents and an administrator is notified. One copy is give to the parent and one copy is kept a locked file cabinet in office.

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

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

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

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109.7(2) *Center directors and staff employed 20 hours or more per week.* The requirements of this subrule apply to all center directors, regardless of whether the director works on a full-time or part-time basis.

a. During their first year of employment, all center directors and all staff employed 20 hours or more per week shall receive the following training:

(1) Certification in American Red Cross or American Heart Association infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.

(2) Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, the National Safety Council, and Emergency Medical Planning (Medic First Aid) or an equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.

(3) Ten contact hours of training from one or more of the following content areas:

1. Planning a safe, healthy learning environment (includes nutrition).
2. Steps to advance children's physical and intellectual development.
3. Positive ways to support children's social and emotional development (includes guidance and discipline).
4. Strategies to establish productive relationships with families (includes communication skills and cross-cultural competence).
5. Strategies to manage an effective program operation (includes business practices).
6. Maintaining a commitment to professionalism.
7. Observing and recording children's behavior.
8. Principles of child growth and development.

(4) At least four hours of the ten contact hours of training shall be received in a group setting as defined in subrule 109.7(7). Six hours may be received in self-study using a training package approved by the department as defined in subrule 109.7(8). Training received for cardiopulmonary resuscitation (CPR), first aid, mandatory reporting of child abuse, and universal precautions shall not count toward the ten contact hours. A provider shall not use a specific training or class to meet minimum continuing education requirements more than one time every five years.

(5) Center directors and on-site supervisors shall receive all ten hours of training in a group setting as defined in subrule 109.7(7).

(6) Staff who have completed a comprehensive training package of at least ten contact hours offered through a child care resource and referral agency or community college within six months prior to initial employment shall have the first year's ten contact hours of training waived.

b. Following their first year of employment, all center directors and all staff who are employed 20 hours or more a week shall:

(1) Maintain current certification for Iowa's training for the mandatory reporting of child abuse; infant, child and adult CPR; and infant, child and adult first aid.

(2) Receive six contact hours of training annually from one or more of the content areas listed in subparagraph 109.7(2)"a"(3). A provider shall not use a specific training or class to meet minimum continuing education requirements more than one time every five years.

(3) Center directors and on-site supervisors shall receive eight contact hours of training annually from one or more of the content areas listed in subparagraph 109.7(2)"a"(3). At least four of the eight contact hours shall be in a group setting as defined in subrule 109.7(7).

109.7(3) *Staff employed less than 20 hours per week.*

a. During their first year of employment, all staff who are employed less than 20 hours a week shall receive the following training:

(1) Five contact hours of training from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence.

(2) At least two of the five contact hours shall be in a sponsored group setting.

(3) Staff who have completed a comprehensive training package of at least ten contact hours offered through a child care resource and referral agency or community college within six months prior to initial employment shall have the five contact hours required in the first year waived.

b. Following their first year of employment, all staff who are employed less than 20 hours a week shall:

(1) Maintain current certification for Iowa's training for mandatory reporting of child abuse.

(2) Receive four contact hours of training annually from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence. At least two of the four contact hours shall be in a sponsored group setting.

109.7(4) *Staff employed in centers that operate summer-only programs.* Staff who are employed in centers that operate only in the summer months when school is not in session shall receive the following training:

a. Two hours of Iowa's training for mandatory reporting of child abuse.

b. At least one hour of training regarding universal precautions and infectious disease control.

c. At least one staff person on duty in the center and outdoor play area when children are present and on field trips shall have certification in American Red Cross or American Heart Association infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.

d. At least one staff person on duty in the center and outdoor play area when children are present and on field trips shall receive certification in infant, child and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, the National Safety Council, and Emergency Medical Planning (Medic First Aid) or an equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.

109.7(5) *Training plans.* Training shall supplement educational and experience requirements in rule 441—109.6(237A) and shall enhance the staff's skill in working with the developmental and cultural characteristics of the children served.

109.7(6) *Substitution.* A provider who submits documentation from a child care resource and referral agency that the provider has completed the Iowa Program for Infant/Toddler Care (IA PITC), ChildNet, or Beyond Business Basics training series may use those hours to fulfill a maximum of two years' training requirements, not including first-aid and mandatory reporter training.

109.7(7) *Group training.* Training received in a group setting is not self-study, but is training received with other adults, either in or out of the child care center.

a. The training must be conducted by a trainer who is employed by or under contract with one of the following entities or who uses curriculum or training materials developed or obtained with the written permission of one of the following entities:

(1) An accredited university or college.

(2) A community college.

(3) Iowa State University Extension.

(4) A child care resource and referral agency.

(5) An area education agency.

(6) The regents' center for early developmental education at the University of Northern Iowa.

(7) A hospital (for health and safety, first-aid, and CPR training).

(8) The American Red Cross, the American Heart Association, the National Safety Council, or Medic First Aid (for first-aid and CPR training).

(9) An Iowa professional association, including the Iowa Association for the Education of Young Children (Iowa AEYC), the Iowa Family Child Care Association (IFCCA), the Iowa After School Alliance, and the Iowa Head Start Association.

(10) A national professional association, including the National Association for the Education of Young Children (NAEYC), the National Child Care Association (NCCA), the National Association for

(3) Staff who have completed a comprehensive training package of at least ten contact hours offered through a child care resource and referral agency or community college within six months prior to initial employment shall have the five contact hours required in the first year waived.

b. Following their first year of employment, all staff who are employed less than 20 hours a week shall:

- (1) Maintain current certification for Iowa's training for mandatory reporting of child abuse.
- (2) Receive four contact hours of training annually from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence. At least two of the four contact hours shall be in a sponsored group setting.

~~100.764) Staff employed in centers that operate summer child programs. Staff who are employed in~~

ADMINISTRATION OF MEDICATION TO STUDENTS

Some students may need prescription and nonprescription medication to participate in their educational program.

Medication shall be administered when the student's parent or guardian (hereafter "parent") provides a signed and dated written statement requesting medication administration and the medication is in the original, labeled container, either as dispensed or in the manufacturer's container.

When administration of the medication requires ongoing professional health judgment, an individual health plan shall be developed by the licensed health personnel with the student and the student's parent. By law, students with asthma or other airway constricting diseases may self-administer their medication upon approval of their parents and prescribing physician regardless of competency.

Persons administering medication shall include the licensed registered nurse, parent, physician, and persons who have successfully completed a medication administration course reviewed by the Board of Pharmacy Examiners. A medication administration course and periodic update shall be conducted by a registered nurse or licensed pharmacist, and a record of course completion kept on file at the agency.

A written medication administration record shall be on file including:

- date;
- student's name;
- prescriber or person authorizing administration;
- medication;
- medication dosage;
- administration time;
- administration method;
- signature and title of the person administering medication; and
- any unusual circumstances, actions, or omissions.

Medication shall be stored in a secured area unless an alternate provision is documented. Emergency protocols for medication-related reactions shall be posted. Medication information shall be confidential information.

Legal Reference: Iowa Code §§124.101(1), 147.107, 152.1, 155A.4(2), 280.16, 280.23 (2005)
Education [281]—§41.12(11) IAC
Pharmacy [657]—§8.32(124, 155A), IAC
Nursing Board [655]—§6.2(152), IAC

Cross Reference: 506 Student Records
507 Student Health and Well-Being
603.3 Special Education
607.2 Student Health Services

Approved May 16, 2005

Reviewed Aug. 15, 2011

Revised Jan. 15, 2007

Union Community School

Parental Authorization and Release Form for the Administration of Medication to Students

If it becomes necessary for a student to take medication at school, these guidelines must be followed. Authorization for medications is reviewed annually.

1. Over the counter medication, such as Tylenol, Ibuprofen, and cough medication can be given if sent in the original container and accompanied by a dated, written permission from parents that includes why it needs to be given. Product label recommendations for administration will be used for medication dosage. If medication dosage needs to be given outside the guidelines of product labeling a doctors prescription needs to be provided.
2. Prescription medications must be sent to school in the original pharmacy bottle with a medication label that includes student's name, name of medication, directions for use, date and physician's name. You may need to ask your pharmacist to give you two containers, one for school and one for home. Written permission from parent is also required.
3. Self-administration of medication for students with asthma or other airway disease is allowed under the following guidelines. It is the provider and parent who will decide if the student is capable of carrying and using his/her inhaler. The school (nurse) will not be responsible for determining if the student is competent to use inhaler, nor will the school nurse have to record how often the student is using the inhaler. The school must have a written statement from the physician, physician's assistant or advanced nurse practitioner indicating the need for the inhaler and permission to carry the inhaler at all times. The school must also have a written consent from the parent for the student to carry their inhaler at all times. The inhaler must have a prescription label on the inhaler itself, not the box. Students who fail to comply with the self-administration or abuse the privilege (example: incorrect technique, overusing, or sharing medication) can by law, have the privilege to carry an inhaler revoked. Authorization is reviewed annually. If changes occur in the medication dosage or time of administration, the parent is to notify school officials immediately.
4. Medication that is prescribed for three times a day or less does not need to be given during the school day. We prefer, if it is okay with the physician that this medication be given before school, immediately after school, and at bedtime.
5. On special occasions, such as field trips, when students are out of the building at the time their medication is scheduled to be given, their medication will be packaged and sealed in individual envelopes, labeled with the student's name, name of the medication, and time it is to be given. The supervising instructor will then administer the medication at the appropriate time.

Please complete this form for medication to be administered at school.

Student's Name _____

Name of Medication _____ Dosage _____ Time _____

Reason for Medication to be given _____

Parent's Signature _____ Date _____

For self-administration of asthma or airway disease medication (inhalers or nebulizer treatments) a physician's recommendation and signature is required.

_____ has my permission to carry at all times and self-administer their inhaler.

Physician's signature _____ Date _____

Union Community School

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Code No. 507.3

COMMUNICABLE DISEASES - STUDENTS

Students with a communicable disease will be allowed to attend school provided their presence does not create a substantial risk of illness or transmission to other students or employees. The term "communicable disease" will mean an infectious or contagious disease spread from person to person, or animal to person, or as defined by law.

Prevention and control of communicable diseases is included in the school district's bloodborne pathogens exposure control plan. The procedures will include scope and application, definitions, exposure control, methods of compliance, universal precautions, vaccination, post-exposure evaluation, follow-up, communication of hazards to employees and record keeping. This plan is reviewed annually by the superintendent and school nurse.

The health risk to immunosuppressed students is determined by their personal physician. The health risk to others in the school district environment from the presence of a student with a communicable disease is determined on a case-by-case basis by the student's personal physician, a physician chosen by the school district or public health officials.

UNIVERSAL PRECAUTIONS

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ALL blood and body fluids are to be treated as potentially infectious.

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

Handwashing

The best possible means to prevent disease and control infection is good handwashing. This should be done as soon as possible after:

1. helping children with toileting
2. after nose-blowing (your own or assisting children)
3. changing diapers or undergarments
4. before and after changing or applying dressings to wounds
5. After your own toilet use, combing hair, applying make-up, etc.
6. before setting tables, working with foods or feeding children
7. after cleaning up spills, body fluids or other potentially dangerous materials
8. after outdoor activities
9. AFTER REMOVING GLOVES

Method:

1. wash hands under running water
2. wet hands with water and apply a heavy soap lather
3. wash all areas of the hands-between fingers, around nail beds, under finger nails and back of hands
4. rinse well under running water holding hand so water flows from wrist to finger tips
5. dry with disposable towel, using a new towel
6. use towel to turn off faucet and discard
7. use hand lotion to prevent cracks in the skin which are openings for germs

Special antibacterial cleaning towelettes should be used when soap and water are not available, to be followed by soap and water washing AS SOON AS POSSIBLE thereafter.

Clean-Up

Disposable gloves should be worn anytime staff or volunteers need to clean up a blood spill, vomitus, or a child who has had a diarrhea-like accident. Paper towels should be used for clean ups. Changing soiled clothes should take place on a disposable surface or a non-porous surface which can be disinfected. Where a diaper changing area is available, ALWAYS disinfect after each use.

Use a solution of 1 part bleach to 10 parts water or to disinfect, ¼ C bleach to 1 gallon water. Clean up surfaces that have been contaminated with blood, mucus or any other body fluid. Mops should be cleaned and rinsed in the bleach solution.

Put cloth soiled or wet diapers or other clothing in a plastic bag and tie securely. Label with child's name and send home with a parent.

Sharps:

The greatest chance for blood exposure comes from skin punctures from contaminated articles.

1. Use a broom and dustpan or tongs to pick up sharp objects like needles or broken glass.
2. Dispose of sharp items in puncture resistant containers.

Bloody Materials:

Gauze, sponges or towels that have been saturated with blood should be placed in leak proof plastic bags and tied off so they cannot be emptied and reused. Call the nurse for further instructions.

Employee/Student Health Status:

1. Employees with open lesions or broken skin should keep these areas covered.
2. Children in child care programs who have open sores should have these covered by a dressing to keep them from being contaminated, from touching others who may have scratches, or accidentally be contaminated from any oozing or bleeding.

Food, Drink, and Cosmetics:

Eating, drinking, applying cosmetics or handling contact lenses should not be done in areas where there is a potential for exposure to blood borne pathogens.

Person Protective Equipment:

All personal protective equipment will be provided to employees. This equipment has been chosen based upon anticipated exposure to blood and other potentially infectious materials. The equipment provided consists of disposable protective gloves for use when attending to any situation in which exposure to blood, potentially infectious materials, non-intact skin, and mucous membranes may occur. Gloves are available and located in the following locations:

Red Building Crisis Manual

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