

Sioux Central Early Learning Center

Preschool Program Handbook 2016-2017



Sioux Central Community School District

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August 2016

**Preschool Policies and Procedures
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Sioux Central Preschool Handbook

WELCOME TO THE SIOUX CENTRAL PRESCHOOL PROGRAM

(IQPPS 10.1)

The program's goal is to provide 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 children's natural curiosity and supports them 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 eligible three-year and 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 or NAEYC Standards, administered by the Iowa Department of Education. The Iowa Early Learning Standards are used to guide expectations for the children and instructional practices.

MISSION, PHILOSOPHY, AND GOALS (NAEYC 2.A.01, 10.A.01; IQPPS 10.1)

Mission: The mission of Sioux Central Preschool, a partnership of school staff, parents, and community, is to prepare students to develop maximum knowledge and skills to become lifelong learners and responsible citizens. This will be accomplished by recognizing the value of each individual child and promoting academic and social growth in a challenging and caring environment.

Preschool Philosophy of Education:

The Sioux Central Preschool Program is based on the importance of children who are respected and valued in a nurturing, supportive, and caring environment. We take an interest in all aspects of children's development, both at home and at school. We work closely with families in helping the children achieve their potential, while letting them develop at their own pace. We implement Creative Curriculum which aligns to the following objectives for development and learning:

- Social-Emotional (emotions and social skills)
- Physical (fine and gross motor skills)
- Language (communicates and listens)
- Cognitive (thinking skills)
- Literacy (pre-reading and pre-writing skills)
- Mathematics (number concepts)
- Science and Technology (asks questions about their surroundings and tools)
- Social Studies (understands self, people and places)
- The Arts (drawing, music, dance, drama)
- English-Language Acquisition (listening, speaking, and understanding English)

Goals for Children:

- Sioux Central Preschool will promote physical, social, emotional, and intellectual growth for children and prepare them for future growth and development.
- Children will be enthusiastic and curious learners.
- Children will be safe and healthy.

Goals for Families:

- Sioux Central Preschool will promote family involvement and collaborate with families and agencies.
- Families will feel welcome in the classroom and school.
- Families will work with the school in a meaningful partnership to help their children with their early childhood development, socially, emotionally, physically, and academically.
- Families will advocate for their children.

ENROLLMENT**Equal Educational Opportunity**

It is the policy of the Sioux Central Preschool Program not to discriminate in its education programs or educational activities on the basis of race, color, national origin, religion, sex, disability, sexual orientation, gender identity, socioeconomic status, creed, or marital status. The board requires all persons, agencies, vendors, contractors, and other persons and organizations doing business with or performing services for the school district to subscribe to all applicable federal and state laws, executive orders, rules and regulations pertaining to contract compliance and equal opportunity. The board is committed to the policy that no otherwise qualified person will be excluded for educational activities on the basis of race, color, religion, sex, marital status, national origin, sexual orientation, gender identity, socioeconomic status, creed, or disability. Further, the board affirms the right of all students and staff to be treated with respect and to be protected from intimidation, discrimination, physical harm and harassment. Students who feel they have been discriminated against are encouraged to report it to the school district Equity and Affirmative Action Coordinator, Superintendent of Aurelia Schools, who can be reached at 712-434-5595. Inquiries may also be directed in writing to the Director of the region VII Office of Civil Rights, US Department of Education, 310 W. Wisconsin Ave., Ste. 800, Milwaukee, WI, 53203-2292, (414) 291-1111, or the Iowa Department of Education, Grimes State Office Building, Des Moines, IA 50319-0146, (515) 281-5294. Procedures and levels are outlined in district policy for resolving complaints and are available upon request from the superintendent's office.

Eligibility

Children must be three years of age for the three year-old program prior to September 15th of the current school year. Pre-registration will begin in the spring of the year. Registration materials are available in the Sioux Central Elementary office.

Children must be four years of age for the four year-old program prior to September 15th of the current school year. Pre-registration will begin in the spring of the year. Registration materials are available in the Sioux Central Elementary office.

Prior to enrollment, we recommend a visit to become familiar with our program, and to become acquainted with our staff. We feel we can serve you and your children best by establishing good communication from the start. Please feel free to visit our preschool anytime before or after your child is enrolled.

School Day Hours, Late Starts Early Dismissals (NAEYC 9.C.15, 10.D.06, 10.D.07)

The center is open for four year old children Monday – Thursday 8:00 AM – 3:30 PM. We follow the Sioux Central Community School's calendar. In case of school cancellation, the closing will be announced on the radio and area TV stations. Please listen to:

Radio Stations: KICD, KAYL, KEMB

TV Stations: KTIV, KMEG, KCAU

You can also log onto the school website at www.sioux-central.k12.ia.us and click on the Emergency Message Center in the Quick Links area on the left side of the school home page.

The opening and closing hours of the program must be respected. In the case of a scheduling conflict, the parent(s)/guardian(s) must make arrangements for another adult to pick up the child. However, children can be released only to parent(s)/guardian(s) or to individuals designated in writing.

When you bring your child to school in the morning, you are required to come in with him or her. When you pick up your child, be certain that the teachers are aware of your departure. To ensure the safe arrival and departure of your child, the child should be checked in with your child's teacher or assistant and checked out.

GENERAL INFORMATION (IQPPS 5.1, 10.4)

Within six weeks after a 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.

The maximum class size is 20 children based on the square footage of the center location and the expectations of the IQPPS. A teaching staff-child ratio of at least 1:10 for 4 year olds and 1:8 for 3 year olds, will be maintained at all times to encourage adult-child interactions and promote activity among children. This will help facilitate adult-child interactions and constructive activity among children. (IQPPS 10.4) The preschool administrator will maintain a current list of available substitutes for both the teacher and teacher assistant. Should one of the teaching staff need to temporarily leave the room, the teacher will call the elementary office and the administrator will arrange for coverage of the classroom to maintain the staff-child ratio. Teaching staff-child ratios within group size are maintained during all hours of operation, including indoor time, outdoor time and during transportation and field trips. Groups of children may be one age or may include multiple ages; however, ratio must remain for the majority age of the group. (IQPPS 10.4)

Inclusion

All preschool facilities meet the Americans with Disabilities Act accessibility requirements. (IQPPS 9.10)

Admission Criteria

Parents must provide the program with the forms listed below. Unless noted otherwise, these forms are required by the State of Iowa and shall be updated annually.

- Physical form signed by your child's doctor
- Immunization card signed by a health official, noting the complete date and source of each immunization required by the State of Iowa.
- Enrollment information with field trip and video permission given.
- Emergency medical consent and a *free and reduced lunch form (if applicable)*
- Birth certificate

Making friends, learning unfamiliar routines and trusting new adults are a tremendous task for a young child. Filling out all of the paperwork may seem time consuming and unnecessary, but it enables our staff to help your child make an easy transition and ensure a positive, secure experience.

Waiting List

If more children desire admission into the program than space and/or state guidelines permit, a waiting list will be established and guidelines set forth. This information will be available upon request.

Withdrawal

Parents are asked to give the preschool two weeks notice of withdrawal. This enables the preschool to prepare your child and his/her friends for the transition and to fill the resulting vacancy

Attendance

Students who are enrolled for classes in the Sioux Central Preschool Program 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 call the office with the reason for an absence. For safety's sake, if a student is absent without notification, the school staff will attempt to contact the family to verify the child's absence from school.

As absences accumulate, the following steps will be followed:

- 5 absences per semester - a notice letter will be sent to parent(s)
- 10 absences per semester - A second notice will be sent requesting parent communication with the principal or counselor and, if necessary, an attendance expectation plan may be established.
- Parents will be asked to work with the principal to find solutions to remedy the absences. If the situation is not able to be rectified, the child will be dismissed from preschool.

Tardies

It is important for children to arrive on time. Children thrive on structure and routine. Ensuring that your child arrives on time allows him/her to participate in those special welcoming activities and breakfast; both are very important to a successful school day.

A student is considered tardy after 8:20 a.m. The child must report to the office upon arrival to secure and admit slip to class. Leaving before 10:00 a.m. is considered as a whole day absence. After 10:00 a.m., the tardy is counted as a half-day absence. A student who leaves after 2:00 p.m. is considered tardy for the afternoon. **Four tardies equal one full day absence.**

As tardies accumulate, these steps will be followed:

- 5 tardies per semester – a notice will be sent to the parent(s)
- 10 tardies per semester – A second notice will be sent requesting parent communication with the principal or counselor and, if necessary, an attendance expectation plan may be established.
- Parents will be asked to work with the principal to find solutions to remedy tardiness. If the situation is not able to be rectified, the child will be dismissed from the preschool.

Address, Telephone Number, and Email Changes

Please notify the office with any address, home telephone number, work telephone number, cellular telephone number, or email changes as soon as they occur. This is essential in being able to contact a parent in case of an emergency. This information is kept in the elementary office and is updated as need but at least quarterly. The content of the file is confidential, but is immediately available to: (IQPPS 10.10)

- Administrators or teaching staff who have consent from a parent or legal guardian for access to records

- The child's parents or legal guardian
- Regulatory authorities, upon request

FUNDING AND FEES (NAEYC 10.C.01, 10.C.03)

The tuition for the full-day three-year old and 4-year-old programs is established by the Sioux Central Board of Education. *Tuition/Fees are subject to change. A tuition agreement form must be filled out by every student in our full-day programs prior to admittance (see below).

There is no tuition fee for any student who is age four on or before September 15. This is due to the Sioux Central Preschool Program involvement in the State of Iowa's Voluntary Preschool Program.

Sioux Central Preschool Tuition Agreement Form

- The tuition payment is due on the first of every month for a total of 9 payments. The monthly tuition is listed below for each program.
- A check, cash, or money order may be used to make payments. Please make checks payable to Sioux Central Preschool.
- If payment is not received by the 1st of each month, a \$25.00 late charge penalty will be incurred.
- If your account is 2 weeks past due, you may be asked to reduce to ½ time if your child is a 4-year old or leave the program if your child is a 3-year-old.
- Before Care and Afterschool Care Programs are not included in the tuition.

Full Day 3-Year-Old Preschool	Full Day 4-Year-Old Preschool	½ Day 4-year-old Preschool
\$400/month	\$250/month	No Charge

- Pre-Kindergarten tuition may be tax deductible. You should save all your cancelled checks and/or receipts from tuition payments made to Sioux Central Preschool. Parents will not be issued a payment record for tax purposes; therefore, parents are responsible for keeping their own receipts.

SPECIAL NEEDS STUDENTS (NAEYC 10.B.10, 8.C.02; IQPPS 8.3, 9.10)

The preschool program provides all children with accommodations and modifications as needed to differentiate instruction. Staff is aware of the identified needs of individual children and is trained to follow through on specific intervention plans. The preschool facilities meet the Americans with Disabilities Act (ADA) accessibility requirements. The local Prairie Lakes AEA office provides additional services to our special needs population who meet the qualifying guidelines for services and to assist them in serving the needs of all children especially those

with disabilities, behavior challenges and/or other special physical and psychological needs. The school and AEA shall partner with the parents or legal guardians of the child to initiate and maintain an ongoing approach to meet all special needs/challenges the child might have for academic and social success. Students of concern may receive additional testing, learning/enhancement materials; consultant services and/or home care assistance when available. AEA support services provided include occupational therapy, physical therapy, speech, or visual and hearing impaired services.

STAFF (IQPPS 10.2)

Program Administrator

The Sioux Central Elementary School principal is designated as the program administrator supervising the preschool program. The principal meets all qualifications described in the Iowa Quality Preschool Program Standards.

Teacher

A full-time teacher licensed by the Iowa Board of Educational Examiners and holding an early childhood endorsement is assigned to each preschool classroom. (IQPPS 6.3)

Teacher Associate

A full-time or part-time teacher associate in the classroom carries out activities under the supervision of the teacher. The teacher associate will have specialized training in early childhood education. (IQPPS 6.4)

School Nurse

The preschool will have the assistance of a nurse. The nurse will maintain student health records by updating them quarterly, and attending to the health needs of the students while they are at school. The nurse is available for parent consultation when necessary. (IQPPS 10.10)

Support Staff

Prairie Lakes AEA support staff provide resources and assistance to the teacher and classroom 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.

A CHILD'S DAY

Daily Activities

A consistent daily schedule is planned to offer a balance of learning 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:

Sample Daily Schedule:

School Arrival
Table Top Activities
Morning Meeting (Storytime)
Small Group
Free Choice
Recall
Bathroom Break
Lunch
Gross Motor
Storytime
Nap Time
Snack
Free Choice
Music & Movement
Outside Time
Bathroom Break
Dismissal

Lesson plans for each week are developed at least one week in advance. Weekly notes will be sent home to families in children's backpacks and electronically, if parents desire.

CURRICULUM (IQPPS 1.2, 1.4, 1.5, 1.7, 2.1-2.6, 3.13)

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. Teaching staff evaluate and change their responses based on individual needs. The curriculum guides teacher's development and intentional implementation of learning opportunities consistent with the program's goals and objectives. (IQPPS 2.3) Teaching staff vary their interactions to be sensitive and responsive to differing abilities, temperament, activity levels, and cognitive and social development. Creative Curriculum provides a coherent focus for planning children's experiences. It allows for adaptations and modifications to ensure access to the curriculum for all children. (IQPPS 2.2) Creative Curriculum guides teachers to integrate assessment information with curriculum goals to support individualized learning. (IQPPS 2.6)

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. (IQPPS 1.7) The curriculum is implemented in a manner that reflects responsiveness to family home values, beliefs, experiences and language. (IQPPS 2.4)

The Creative Curriculum Model is used by the Sioux Central Preschool Program to assist our teachers in planning a classroom and outdoor environment. A wide variety of learning materials with curriculum goals in mind are provided so that no matter where the children choose to play, they are learning. The materials are all at the children's access level in containers or on hooks so children can get them independently and also are able to put the materials away again. Children learn through direct, hands-on experiences with people, objects, events, and ideas. The Sioux Central Preschool staff understand how children develop and how to scaffold the important areas of learning in the preschool years and offer guidance and support. Activities are adapted to meet the developmental level of all the children.

The environment is organized into a variety of interest areas, which might include: blocks, dramatic play, toys and games, art, library, discovery, sand and water, music and movement, cooking, computers and outdoors. These areas support children's development. A daily schedule is planned and the teacher arranges the day to best meet the needs of that group of children. A large part of the child's day is spent in play. This is because preschool children learn best by exploring, experimenting and creatively using their imagination. Through play, children also learn to make choices, learn to share, practice language, express emotions and develop muscles and coordination.

Teaching staff talk frequently with children and listen to children with attention and respect. (IQPPS 1.4)

They:

- Respond to children's questions and requests;
- Use strategies to communicate effectively and build relationships with every child;
- Engage regularly in meaningful and extended conversations with each child.

Teaching staff support children's development of friendships and provide opportunities for children to play with and learn from each other. Teaching staff assist children in resolving conflicts by helping them identify feelings, describe problems, and try alternative solutions. (IQPPS 1.5)

The Creative Curriculum is consistent with the Iowa Quality Preschool Program Standards and Guidelines for developmentally appropriate practice. The goals and objectives outlined by Creative Curriculum guide teacher's ongoing assessment of children's progress. (IQPPS 2.5) The Creative Curriculum is the leading curriculum model used by early childhood programs. (IQPPS 2.1, 2.2) Teachers use the curriculum in all content and developmental areas as a flexible

framework for teaching and to support the development of daily plans and learning experiences. (IQPPS 3.13)

ASSESSMENT

Assessment of the Developmental Progress and Learning of Children (IQPPS 4.2)

Teaching Strategies believes that authentic, ongoing assessment of children in any early childhood program is the key to planning appropriate learning experiences that respond to children's individual interests, learning styles, and abilities.

Creative Curriculum GOLD helps conduct an authentic, observation-based assessment. With Teaching Strategies GOLD™ we know what to look for and how to support children's continued development and learning.

Having a solid picture of individual children's progress makes it easier to focus our observations and to consider the whole child. This is useful when partnering with families to plan how best to support their children's development and learning.

ASSESSMENT PLAN (IQPPS 4.1, 4.2)

Sioux Central Preschool Program Assessment Plan: (IQPPS 4; NAEYC 4.A.01-.03)

The Sioux Central Preschool program is informed by ongoing systematic, formal, and informal assessment approaches to provide information on child learning and development. Teaching Strategies GOLD is the program's ongoing assessment tool which has been tested for reliability and validity. These assessments occur within the context of reciprocal communications with families and with sensitivity to the cultural contexts in which children develop. Assessment results are used to benefit children by informing teachers about sound decisions, teaching, and program improvement. 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.

Purpose for Assessment:

Assessments obtain information on all areas of children's development and learning, including cognitive skills, language, social-emotional development, science and technology, the arts, literacy, mathematics, social studies, physical development and English Language Acquisition. (IQPPS 4.4)

Teachers assess the developmental progress of each child across all developmental areas, using a variety of instruments and multiple data sources that address the program's curriculum

areas. Staff with diverse expertise and skills collect information across the full range of children's experiences. (IQPPS 4.7)

Procedures for Assessment:

All parents fill out an interest inventory for their child. All parents, students and teachers will work together to collect information related to the Creative Curriculum GOLD. Preschool staff will then differentiate instruction throughout the day, based on information collected in these assessments. Teachers will also provide additional activities and information to parents to help with student progression toward developmental goals.

The program uses a variety of assessment methods that are sensitive to and informed by family culture, experiences, children's abilities and disabilities, and home language; are meaningful and accurate; and are used in settings familiar to the children. (IQPPS 4.3)

Program staff inform families about the program's systems for formally and informally assessing children's progress. This information includes the purposes of the assessment, the procedures used for assessment, procedures for gathering family input and information, the timing of assessments, the way assessment results or information will be shared with families and the ways the program will use the information. (IQPPS 7.3)

Teachers observe and document children's work, play, behaviors, and interactions to assess progress. They use the information gathered to plan and modify the curriculum and their teaching. (IQPPS 4.13; NAEYC 4.D.08)

Families have ongoing opportunities to share the results of observations from home to contribute to the assessment process. (IQPPS 4.14; NAEYC 4.E.06) Program staff encourage families to raise concerns and work collaboratively with us to find mutually satisfying solutions that staff then incorporates into classroom practice (IQPPS 7.6).

Uses of Assessment Results:

All assessment results will be kept confidential. Preschool staff will use the information from the assessments to improve curriculum and adapt instructional practices and the environment based on student needs. All results will be used to help drive program improvements. Assessments will be utilized to specifically identify children's interests and needs. Parents will play an integral part in the data collection process when determining interests and needs; communication with parents will be an on-going and crucial component of our preschool assessment plan. Preschool staff and parents will work together to determine each child's developmental progress and learning goals. If further assessment is needed, this team will work together to arrange for developmental screening and/or referral for diagnostic assessment if it is needed.

Teachers or others who know the children and are able to observe their strengths, interests, and needs on an ongoing basis conduct assessments to inform classroom instruction and to make

sound decisions about individual and group curriculum content, teaching approaches, and personal interactions. (IQPPS 4.9)

Teachers interact with children to assess their strengths and needs to inform curriculum development and individualize teaching. (IQPPS 4.11)

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. (IQPPS 4.12)

Interpreting Assessment Results:

Teachers refer to curriculum goals and developmental expectations when interpreting assessment data. (IQPPS 4.8)

Teaching teams meet to interpret and use assessment results to align curriculum and teaching practices to the interests and needs of the children. (IQPPS 4.10)

Creative Curriculum's on-line assessment provides us with the ability to: (NAEYC 10.B.03)

- Manage sites, classes, and children
- Track student progress
- Compile teacher observation notes (anecdotal)
- Supply classroom activities to support individualized learning
- Offer weekly planning forms
- Analysis of group dynamics
- Provide information for the Progress Report Form (HS – child skills & goal setting)
- Develop the Family Conference Form
- Provide professional development opportunities
- Offer online support

Assessment Dates: (IQPPS 4.1) Creative Curriculum GOLD assessment:

- First Assessment is due by November 18, 2016.
- Mid-Year Assessment is completed by February 24, 2017.
- Final Assessment is completed by May 26, 2017..

Additional Assessment:

Norm-referenced and standardized tests are used primarily when seeking information on eligibility for special services or when collecting information for overall program effectiveness. When formal assessments are used, they are combined with informal methods such as observation, checklists, rating scales, and work sampling. (IQPPS 4.5)

Preschool Assessment Matrix

Assessment	Purpose	Time Lines	Frequency	Completed By
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Physical	Well-being Referral	Prior to Entry	Yearly	Medical Personnel
Immunizations	Health	Prior to Entry	As per schedule	Medical Personnel
Get Ready to Read Screening Tool	Pre-academic: literacy	Beginning of year and end of year	Twice each year	Staff
Speech	Communication Articulation	As needed	As needed	Speech and Language Pathologist
Mental Health Observation	Behavior Referral	As needed	As needed	Psychologist Social Worker
Dental	Health Referral	As needed	As needed	Medical Personnel
Heights/Weights	Monitoring Referral	Throughout the year	2X/year	School Nurse
Hearing/Vision	Well-Being	In the fall and as needed	1X/and as needed	AEA
Creative Curriculum - GOLD Checklists Observations Individual Testing Work Sampling	On-going Assessment of Development	By: 11/18/16 By: 2/24/17 By: 5/26/17	3X/year	Classroom teacher, TAs and parent/guardian
Family Conference Form	Parent Input Child Interests Child Needs Child Goals Curriculum, strategies and environmental changes Referral	At parent/ teacher conferences and home visits	2X/year	Classroom teacher and parent/guardian

Children will be assessed by the components of the Creative Curriculum GOLD Model and by:

Observational data provides an ongoing anecdotal record of each child's progress during daily activities.

Families are asked to contribute information about their child's progress. Young children often show different skills in different settings. Working together, the teaching staff and families can gather a complete picture of a child's growth and development.

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 requires additional assessment. (IQPPS 7.3, 7.5)

Assessment information will be shared formally with families during Parent/Teacher Conferences in Fall and Spring. The preschool teacher 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 information from the Creative Curriculum GOLD assessments, the teacher feels that there is a possible issue related to a developmental delay or other special need, she will communicate this to the family during a conference, phone call or meeting, 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 facility problem solving team 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. The problem solving team is available and functional for all students and teachers in the building.

A request made to Prairie Lakes Area Education Agency 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. (IQPPS 7.4)

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.

When program staff suspect that a child has a developmental delay or other special need, this possibility is communicated to families in a sensitive, supportive and confidential manner and is provided with documentation and explanation for the concern, suggested next steps and

information about resources for assessment. (IQPPS 7.4) Program staff encourage and support families to make the primary decisions about the services that their children need, and they encourage families to advocate to obtain needed services (IQPPS 7.7). Program staff provide families with information about programs and services from other organizations. Staff support and encourage families' efforts to negotiate health, mental health, assessment and educational services for their children. (IQPPS 7.8) Program staff use established linkages with other early education programs and local elementary schools to help families prepare for and manage their children's transitions between programs, including special education programs. Staff provide information to families that can assist them in communicating with other programs. (IQPPS 7.9)

All preschool facilities work closely with the Prairie Lakes Area Education Agency (AEA). When the need for developmental screening is necessary, the AEA helps determine the appropriate assessments to be used. Norm-referenced and standardized tests are used primarily when seeking information on eligibility for special services or when collecting information for overall program effectiveness. When formal assessments are used, they are combined with informal methods such as observation, checklists, rating scales and work sampling. (IQPPS 4.5).

A note to the parents would follow letting them know the areas of strength and weakness within their individual child. They are encouraged to strengthen the weaker skills over the summer by practicing them at home. Interpreters explain all of this to each parent in their preferred language. Manipulatives, pictures and/or modeling by the assessor may be used with a parent to enhance understanding of the concept that had been used during screening. The preschool teacher would assist in arranging for developmental screening and referral for diagnostic assessment when indicated. (IQPPS 7.4)

Program Assessment

The Sioux Central Preschool Program implements the Iowa Quality Preschool Program Standards. We will receive a verification visit in the future to confirm we are meeting these standards. The program administrator will be working closely with all sites to ensure all standards are met and maintained. Administrators, families, staff, and other routinely participating adults will be 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. (IQPPS 4.2)

SUPERVISION POLICY (NAEYC 3.C.02, 3.C.03, 3.C.04, 3.C.05, IQPPS 9.2)

Before children arrive at school, the preschool teacher will complete the following daily safety checklist indoor and outdoor:

All safety plugs and electric outlets covered, heat/AC, water temperature, and toilets, etc. in working order.

All cleaning supplies/poisons out of children's reach and 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 environment - spills, sand, etc. Other serious problems reported to 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.

All staff has the responsibility of supervising students regardless of what grade the student is assigned. Each teacher will be responsible for the discipline of his/her assigned pupils when they are under his/her supervision. Pre-school children will be escorted to the bathroom, lunchroom, office, gym, library, nurse and other special activities when it is necessary.

No child will be left unsupervised indoors or outdoors 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, who are in the library area, etc.) (IQPPS 3.9)

CHILD GUIDANCE AND DISCIPLINE (NAEYC 10.B.08, IQPPS 1.11)

Teaching staff will equitably use positive guidance, redirection, 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, 1.9, 1.10) (See appendix A for Positive Behavior Techniques)

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. When children have challenging behaviors teachers promote pro-social behavior by:

- interacting in a respectful manner with all children.

- modeling turn taking and sharing as well as caring behaviors.

- helping children negotiate their interactions with one another and with shared materials.

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 AEA support staff will work as a problem solving 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 become 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.

If a child is having problems at school, the teacher will notify the parents/guardians of the situation and request that a meeting be arranged to discuss solutions. We will work closely with the parents or guardians and school support staff to help the child. We would also ask that if you see that your child is having problems, please contact a teacher to set up a meeting so that your child has a successful preschool experience. Only after parents/teacher/administration have met and exhausted all possible solutions to problems would a child be discharged from preschool programs

Teaching staff help children manage their behavior by guiding and supporting children to:

(IQPPS 1.11)

- Persist when frustrated;
- Play cooperatively with other children;
- Use language to communicate needs;
- Learn turn-taking;
- Gain control of physical impulses;
- Express negative emotions in ways that do not harm others or themselves;
- Use problem-solving techniques;
- Learn about self and others.

Biting (NAEYC 1.E.02; IQPPS 1.9 & 1.10)

We give special consideration to the issue of biting. This behavior is a predictable, developmental behavior in very young children. We recognize the fact that biting often presents a very emotional problem for children, parents, and their caregivers. Because there are many causes for biting, we will deal with each incidence as it occurs. We will keep the safety of the children at the preschool as our top priority. We will do all that we can to ensure that the biting doesn't occur. We will work with all the families involved in a professional manner.

In the event that a child has been bitten, the child will immediately be comforted. Attention to the affected area will be carried out by a first aid trained member of the school staff. The bite will be cleaned with soap and warm water. A bandage will be applied after washing. A visit to the doctor will be suggested to the parent if blood exposure has occurred. The bite area should continue to be observed by the parents and staff for signs of infection.

The biter will be told in a firm voice that "It is not ok to bite. Biting hurts." The biter either verbally or with actions is asked to apologize to the child who was bitten. This child will then be taken to another area of the room where no positive or negative attention will be given for a few minutes. Throughout this time, an adult will be close by. (If the biter would bite a second time, he/she will be shadowed by a staff member until the behavior is stopped.)

Parents of both children will be notified. Due to confidentiality, names will not be shared with parents of either child. Parents of the biter will be informed of the incident. Strategies will be implemented as previously mentioned. Ways to prevent further incidences of biting will be discussed. Separate accident and incident documentation is required in the event of biting.

Sioux Central Preschool recognizes how upset parents may be when they learn their child has been bitten; however, we also recognize that biting is a normal component of child development. We recognize that even with the best strategies in place and all efforts made to prevent biting, it is bound to occur.

Water Activities (IQPPS 5.9, 9.15)

We have a water table in the classroom for children to stand and play with their hands in the water. Children will wash their hands before playing with water. During water play children are involved in active experiences with science and math concepts. Precautions are taken to ensure

that communal water play does not spread infectious disease. No child drinks the water. Children with sores on their hands are not 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 will supervise all children by sight and sound in all areas with access to water in tubs, buckets, and water tables. Water will be changed during the am and pm classes for health and safety reasons.

NUTRITION & FOOD

Snacks/Foods and Nutrition (NAEYC 3.D.12, 5.B.16; IQPPS 5.12- 5.21)

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.

Clean, sanitary drinking water is made available to children throughout the day. Staff discards any foods with expired dates. Foods and liquids that are hotter than 110 degrees Fahrenheit are kept out of children's reach. Foods requiring refrigeration will be kept cold until served. The preschool will follow the CACFP (Child and Adult Care Food Program) guidelines regarding food and healthy diet. The program documents compliance and any corrections that it has made according to the recommendations of the program's health consultant, nutrition consultant, or a sanitarian that reflects consideration of federal and other applicable food safety standards (IQPPS 5.14).

For each child with special health care needs, food allergies, or special nutrition needs, the child's health care provider should provide the program with an individualized care plan prepared in consultation with family members and specialist 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/ or health plan and provide parents with that information.

High-risk foods, often involved in choking incidents, will only be served with cutting methods to prevent choking from occurring. Also, food with an expired date will not be served to children.

The staff will check all food and food packages for expiration dates and discard food past the expiration date.

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.

Some programs serve meals and/or snacks at regularly established times. Meals and snacks are at least two hours apart but not more than three hours apart. (IQPPS 5.21)

Staff take steps to ensure the safety of food brought from home: (IQPPS 5.13)

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

Breakfast and lunch are provided for children who attend a full day program. Special diets are followed with physician's orders. Meals are served family style with consideration for cultural and ethnic preferences to broaden children's development through food experiences. Menus are posted in the classroom and on the school website.

Meeting Guidelines:

- Meals and snacks (if provided) are served family style with adults and children eating together.
- Meals and snacks are at least 2 hours apart, but not more than 3 hours and are at regularly scheduled times. (If timeframes not complied with a justification must be provided.)
- Children and staff put some of each food on their plate.
- Food is offered and passed 2 or 3 times.
- Children are encouraged to drink milk.
- Children are guided to clean up spills.
- Children bus and scrape their dishes.
- Extra silverware and napkins are on the table.
- All food is made on site or commercially prepared.
- Liquid/food hotter than 110 degrees Fahrenheit is kept out of the reach of children.
- Children are only served foods that are choking hazards when prepared by cutting to prevent choking.
- Food is discarded as per expiration dates.

- Documentation of compliance/corrections as per health, nutrition, and sanitation reflect consideration of federal and other food safety standards.
- Staff are encouraged to have casual conversations with children to promote language development, social relationships, and personal skills during meals. Staff allow children to guide the conversation. Meal time is a meaningful experience, as well as an opportunity for learning.

Program policy does not allow for:

- Threats
- Derogatory remarks
- Withholding food
- Forcing children to eat

If children are refusing to eat or try foods below is a list of some options recommended by Iowa Child Health Specialty Clinic and Spencer Hospital's Feeding Clinic:

- Allow the child to lick the food.
- Allow the child to put the food to their lips.
- Allow the child to touch the food with a utensil or finger and touch to their lip or tongue.
- Allow the child to smell the food.

Handwashing

Effective handwashing is one of the most important steps in controlling the spread of germs. This is particularly true when children are touching and eating food. Recommendations from *Caring for Our Children: National Health and Safety Performance Standards* state that children and adults should wash their hands in running water that is a comfortable temperature (less than 120°F). Hands should be lathered with soap, preferably liquid soap, and thoroughly rubbed for at least 20 seconds. After washing, rinse until soap and dirt are removed, and use a disposable paper towel for drying.

Adults should model appropriate handwashing procedures. Ensure that children and adults wash their hands before meals.

Sharing and Supervision During Meals

One of the skills young children learn from meals is to eat their food and leave their neighbor's food alone. It is ironic that children who adamantly refuse to share toys may happily share food, plates, and utensils. Unfortunately, sharing food at the table also can spread germs and illness.

It takes time and practice for young children to learn to distinguish between "good sharing" with toys and "germ sharing" with food. Use lots of practice, modeling, and gentle reminders to help children understand and establish sharing boundaries at the table.

Food Safety & Sanitation

Meals and snacks (whether catered or prepared on-site) are prepared, served, and stored in accordance with the USDA and CACFP guidelines. The program documents compliance and any corrections that it has made according to the recommendations of federal and state inspections. Food inspection or licensing is posted in each location. School district kitchens must post two food inspection records – current and past years.

Kitchens contain separate sinks for handwashing and food preparation. 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. Kitchen sinks are not used to bathe children or rinse fecal matter.

Allergies & Intolerances

Documentation from medical personnel is received and developed into an Individual Health Plan which is implemented through daily practices at the center.

Pre-School Food Preparation (NAEYC 5.A.02, 5.B. 03, 5.B.15, IQPPS 5.19)

The food is prepared, served and stored in accordance with the US Department of Agriculture Child and Adult Care Food Program Guidelines. (IQPPS 5.12) Hot food items, those above 110 degrees Fahrenheit, are kept beyond the reach of the children. Cold food items are immediately placed in coolers to get to school and then into a dining room refrigerator until serving.

Guidelines are also given for food to be cut into bite-size pieces and foods to avoid serving that could cause choking. Staff do not offer children younger than four years these foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole.

OUTSIDE PLAY

Outside Play and Learning (IQPPS 5.5, 5.6, 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 him according to the weather. When it is cold outside he needs a warm coat, mittens or gloves, a hat, snowpants and boots (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.

Outdoor play is an extension of the classrooms learning environment. Children of all ages have daily opportunities for outdoor play (when weather, air quality and environmental safety conditions do not pose a health risk or the child has a written excuse from their doctor). A minimum of thirty minutes of outdoor play is scheduled daily. When the temperature or the wind chill is below 0, children are to be provided with indoor gross motor activities. (The Iowa Department of Public Health Wind Chill Chart is located in the classrooms.) Rotation of outdoor activities/items expands play, keeps the children interested in trying new activities, and is documented on the lesson plan.

Preparing for outdoor play allows children the opportunity to practice dressing skills. Children need warm clothing such as: hats, mittens, snow pants, and boots. Classrooms provide these items if necessary. When the group ratio is reached, it is recommended children be taken outside.

The minimum staff ratio is maintained for any outdoor activities at the center. Staff supervise outdoor and indoor play areas in such a way that children's safety can be easily monitored and ensured. Teaching staff supervise by positioning themselves to see as many of the children as possible. If there is a specific area/piece of equipment where injury is more likely to occur staff position themselves in that area. (IQPPS 10.6)

Indoor equipment for large motor activities meets national safety standards and is supervised at the same level as outdoor equipment.

Program staff will complete the National Program for Playground Safety's Suggested General Maintenance Checklist on a weekly basis. The findings of a playground assessment are documented and available on site. This assessment documents: (IQPPS 9.8)

- That play equipment is safe, protecting against death or permanently disabling injury for children from two years through kindergarten;
- That, through remedial action, the program has corrected any unsafe conditions, where applicable;
- That an inspection and maintenance program has been established and is performed on a regular basis to ensure ongoing safety; and,
- That the outdoor play area accommodates abilities, needs and interests of each age group the program serves.

To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that: (IQPPS 5.6)

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

SUPPLIES

Clothing, Labeling and Supplies

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. We ask that you please clearly mark all items and send them in a bag that is also marked with your child's name. Please dress your child appropriately for "play" and for the weather, since we feel it is important for children to get outside for exercise and fresh air each day. Due to safety concerns, backpacks should fit the child as inappropriate size backpacks can cause back trauma over time.

HEALTH & SAFETY

Hazard (IQPPS 9.12)

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 or slipping. The program excludes the use of baby walkers.

Objects from Home (toys) (IQPPS 9.1, 9.3)

Because the preschool program provides ample toys and learning materials for your child, we ask that you children not bring toys from home to preschool. 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. It is very difficult for a child to share his/her toy and even harder to understand if it is broken or lost. We cannot be responsible for items that are brought to preschool by your child. **NO GUNS OR WEAPONS OF ANY KIND ARE ALLOWED!**

Weapon Policy (IQPPS 10.6)

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; *i.e., squirt guns, water rifles or pistols, slingshots, toy guns, toy grenades and other similar items including knives, etc.* Violation may result in a student suspension/expulsion. Firearms and other significant hazards that pose risks to children and adults are prohibited. Weapons and other dangerous objects will not be tolerated. If children bring weapons or dangerous objects to school, parents will be notified and will be asked to meet with administrators and staff to determine a course of action. The police may be called to conduct an investigation. Police will be called immediately if parents, volunteers, or visitors are in possession of weapons or other dangerous objects.

Classroom Animals and Pets (IQPPS 5.26)

No live animals are to be in the Statewide Preschool Program classrooms at any time. 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. Staff must make sure that any child who is allergic to a type of animal is not exposed to that animal. Staff will instruct children on safe behavior when in close proximity to the animals. (IQPPS 5.26)

Any children allergic to the pet will not be exposed to the animal. Reptiles, including turtles, are not allowed because of the risk for salmonella. No ferrets or birds of the parrot family are allowed. Pets are not allowed in the kitchen or food preparation areas. The classroom teacher is responsible for checking requirements have been met.

Allergy-free Areas (NAEYC 5.C.04, 5.C.05, 9.D.07)

In the event a child has an allergy to peanuts, dairy products, or animals, allergy-free areas will be provided at school. Alternate treats, milk and/or diet plan must be provided by the child's parents. Areas are maintained so children or adults who have allergies or any other special environmental health needs can have a safe, healthy environment according to the recommendations of a health professional.

Allergen Safe Area Clarification: (NAEYC 5.C.04, 9.D.01, 9.D.02, 9.D.07)

The preschools try to limit known exposure to allergens children may have. It works closely with parents and the school nurse to provide classrooms that are safe for students with allergies. For example: If a child is allergic to peanuts, the teacher alerts the parents of all students in the classroom that there is someone allergic to peanuts and that no treats, birthday bake goods with peanut products, etc. can be sent to school. If a child were unable to tolerate the smell of peanuts, the school lunch menu staff would be notified at the beginning of the school year and would eliminate any peanut product from being served at school. A child is able to eat lunch in the classroom with a friend to eliminate exposure to allergens also.

Birthdays (IQPPS 5.13)

Birthdays are an important and significant event in the life of a child. They afford the opportunity for children to be given special recognition. Invitations to parties outside of school that do not include the entire class will not be distributed at school.

Nap Time (IQPPS 10.6)

Each classroom is equipped with cots that include tools to assist in developing a calm nap time routine. This is a time for children to be soothed and rest or nap. The room is darkened; soft soothing music is played while the teacher settles each child by covering with a blanket and rubbing children's back if they choose. After 45 minutes of rest, the classroom lights are turned on and the children are allowed to get up. If a child remains sleeping, let them sleep as appropriate. All other children will engage in the next scheduled activity.

Spacing of cribs/cots are at least 3 feet apart to avoid spreading contagious illness. If it is not possible to maintain 3 feet between cots a solid barrier is used. Linens are washed on a regular basis. Cots are regularly disinfected.

Ratio requirements allow for the reduction of one staff per room when children are resting for a period of time not to exceed one hour provided staff ratio coverage can be maintained in the building. This staff member must be certified in CPR.

Healthy Environment (IQPPS 10.6)

In order to maintain a healthy environment for children and adults; staff and volunteers demonstrate safe practices, foster safety awareness among children and parents, utilize IQPPS Cleaning & Sanitation Frequency Table and Universal Precautions (Bloodborne Pathogens Policy & Human Immunodeficiency Virus (HIV) Infection Policy).

Sanitation and ventilation are used rather than sprays, air freshening chemicals or deodorizers to control odors in inhabited areas of the facility and custodial closets.

Areas are maintained so children and adults who have allergies or any other special environmental health needs can have a safe, healthy environment according to the recommendations of a health professional.

Indoor noise levels are controlled so normal conversation can be heard without raising one's voice.

Toy Sanitation (IQPPS 10.6)

A toy placed in a child's mouth or otherwise contaminated by body secretion or excretion is placed in a tub for soiled toys until it can either be:

- washed by hand using water and detergent, then rinsed, sanitized, and air dried before it is used by another child or
- washed and dried in the dishwasher before it is used by another child.

Cleaning & Sanitation Schedules (IQPPS 10.6)

Classrooms, restrooms, and kitchens have specific Cleaning and Sanitation Schedules which are completed by the appropriate staff members and kept on file for review.

Classroom - Teachers and janitorial staff ensure the following regulations are completed as specified:

- Exits are unobstructed.
- Laminate/tile floors are cleaned & sanitized daily & when soiled.
- Carpets are vacuumed when children are not present.
- Carpets are cleaned so they are dry when children are present.
- Surfaces/toys that go into the mouth or have exposure to other body fluids are cleaned & sanitized after each child's use.
- Toys are cleaned weekly and when soiled.
- Dress-up clothes not worn on head are cleaned weekly.
- Machine-washable toys are cleaned weekly & when soiled.
- Blankets are sent home to be cleaned monthly & when soiled.
- Cubbies are cleaned monthly & when soiled.
- Hats are cleaned after each child's use.

Restroom - Custodians complete the following duties:

- Sinks, faucets and surrounding counters are cleaned & sanitized daily & when soiled.
- Soap dispensers are cleaned & sanitized daily & when soiled.
- Toilet seats, handles, floors & other touchable surfaces are cleaned & sanitized daily & when soiled.
- Toilet bowls are cleaned & sanitized daily.
- Door knobs are cleaned & sanitized daily.
- Changing tables are cleaned & sanitized after each child.
- Any surface contaminated with bodily fluids is cleaned & sanitized immediately.
- Floors are cleaned & sanitized daily & when soiled.

Kitchen Use: Daily –

- Wash hands upon entering, prior to handling food & after handling anything unsanitary.
- Wear clean clothes or apron.

- Clean & sanitize food preparation & service surfaces before & after contact with food activity, between preparation of raw & cooked foods.
- Clean & sanitize tables daily & when soiled.
- Clean & sanitize door handles daily & when soiled.
- Clean & sanitize floors daily & when soiled.
- Clean bibs & wash clothes after each child's use. Check temperature in...
- Refrigerator (34-40 degrees Fahrenheit or less)
- Freezer (0 degrees Fahrenheit or less)
- Milk Cooler (40 degrees Fahrenheit or less)
- Check expiration dates on food to be served.
- Date food when opened.
- Throw away leftover food.
- Empty garbage.

Weekly -

- Clean & sanitize chairs weekly & when soiled.
- Clean & sanitize inside & outside of refrigerator weekly & when soiled.
- Clean & sanitize garbage cans weekly & when soiled.
- Wash potholders weekly & when soiled.
- Check supply of sanitizing solution weekly.

Monthly -

- Clean oven monthly.
- Clean & sanitize cupboards monthly.
- Defrost freezer monthly.

Specific Cleaning/Disinfecting Guidance

Commonly Touched Surfaces

Cleaning of frequently touched surfaces is important and will reduce spread of germs. Clean items like computer keyboards and handheld electronics according to the manufacturer's instructions.

- Commonly touched surfaces include but are not limited to:
- Door knobs or handles
- Faucets and toilet handles
- Hand rails
- Remote controls / hand-held electronics
- Shared computer equipment
- Shared counters or desks
- Telephones
- Toys

Dishes and Eating Utensils

Effective cleaning and disinfecting of dishes and silverware is done by using a dishwasher and dishwasher detergent as recommended by the manufacturer's instructions. Use high water and drying temperatures as items will tolerate. The 3-sink method (soap, rinse, disinfectant) to handwash dishes and utensils is allowed. Let hand-washed items air dry (do not wipe dry with towels). Discard disposable eating and serving items in a foot controlled and covered waste can. Frequently remove waste from the building.

Linens and Laundry

Clothing, bedding, and towels should not be shaken or otherwise handled in a manner that will move germs into the air. Laundry may be washed in a standard washing machine using warm water and detergent. Bleach may be added as fabric and colors tolerate. Consider wearing disposable gloves when handling laundry and always wash your hands after handling dirty laundry.

Carpeting and Cloth Furnishings

Carpeting that is soiled with body fluids should be cleaned using the manufacturer's instructions or vacuum using a HEPA filter followed by carpet cleaning using a wet vacuuming method.

Toys

Cloth or other non-washable toys and play items should be temporarily stored during a disease outbreak. Washable toys and play items may be laundered or disinfected with soap and water then dipped in bleach water solution and allowed to air dry. Do not wipe toys dry with a towel. Some toys may be dishwasher safe.

Frequency

Visibly soiled areas should be cleaned immediately. Commonly used surfaces (like tables, chairs, diaper changing stations, and countertops) should be cleaned and sanitized after each use. Other areas and items known or likely to be soiled, should be disinfected at least daily.

COMMUNICATION WITH FAMILIES (NAEYC 5.01, 8.B.03, 8.C.03, iQPPS 1.1, 7.5)

The program will promote communication between families and staff by using written notes as well as informal conversations or e-mail. 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.

Transitions (IQPPS 7.10)

To help families with their transitions to other programs or schools, staff provide basic general information on enrollment procedures and practices, visiting opportunities and/or program options.

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 office. Visitors are asked to please use discretion with regard to bringing babies and toddlers to school as young children may disrupt class sessions. Parents are encouraged to volunteer in the classroom. We also encourage you to get prior approval from the teacher before volunteering just in case a special activity is planned.

Unlimited Access (NAEYC 7.A.11; 7.A.12; 7.A.14)

It is the policy of Sioux Central Preschool Program that the members of our school families may visit at any time during the regular school day, but staff does ask if visits can be limited to an hour or less per visit. Families are asked to check in with the building secretary to state purpose of visit. Sioux Central Preschool strives to maintain a highly educational environment and asks that interruptions to a classroom are minimal. Program staff use a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure, their preferred child-rearing practices, and information families wish to share about their socioeconomic, linguistic, racial, religious and cultural backgrounds. (IQPPS 7.1)

Parents are invited to assist in the planning and to attend many preschool activities: Family Events; Fall, Winter and Spring Party Days; Field trips; Guest Speaking, and conferences. Parents are also invited to participate on the School Improvement Committee.

It is with these opportunities and others that Sioux Central Preschool hopes every school family, regardless of schedules and availability, will find their special place within the school system. Every effort is made to make all families regardless of race, religion, language or age feel welcome and successful here.

Grievance Policy (IQPPS 7.6)

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 or building administrator. If additional help is needed, either party may ask for assistance from the Elementary Principal.

If you have a concern regarding some aspect of the program or policy, please contact the program administrator for the preschool. If you remain dissatisfied, you may contact the Superintendent of the Sioux Central Community School District.

Translator (NAEYC 10.B.09, 10.E.03)

A translator will be provided when needed for those families who do not speak English.

TRANSPORTATION (NAEYC 9.C.14, 9.C.15, 10.B.05)

Arrival and Departure of Children (IQPPS 10.11)

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 as per Iowa Code.

When bringing your child to school, we ask that you park your car in the designated parking areas 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. **Please do not arrive before the usual starting time – the teachers need time to prepare for the day. When you pick up your child, please be prompt. Please come early enough to enjoy watching what your child is doing during that time of the day.**

Upon entering the building for preschool, all staff will interact with the preschooler and his/her family. (IQPPS 10.11) These are critical times to communicate with parents and help children transition. Staff must be certain the person picking up the child is an authorized person. Check Emergency Contact Form for parental approval. Have a note from the parent authorizing the individual to pick up the child. Contact the parent by phone to give permission for the individual to pick up the child. Document the time, date, person calling, and message and place it in the child's file. Unauthorized people will not be allowed to take the child. The parent will be called. One staff member must be available until bus routes have returned children to their homes.

All parents will be asked to complete a pick up/drop off permission sheet. Sheets will be kept up to date. Any changes to the sheet must be done in writing or phone call. Anyone picking up a child at the school must be listed on the pick up/drop off card. Please send a written note to or make a phone call to your child's teacher to notify us of changes in pick-up.

In the interest of students' safety, parents/guardians/authorized individuals are requested to report directly to the classroom when picking up their child rather than waiting in the car. Likewise, when a student returns to the building following an absence during the school day, the adult should stop in the classroom and inform the teacher about a special circumstance regarding the absence. If your child rides the bus to school, teaching staff will go to each bus as

it arrives to greet and assist the student off the bus. At dismissal, teaching staff will accompany each student to the bus and assist the student onto the bus.

When all children have arrived, teaching staff at the preschool 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.

Transportation is available for all full-time students. Parents will communicate transportation plans with the preschool teacher, so teachers are aware of students who will be riding the bus each day. Transportation services are managed and program vehicles are licensed and insured in accordance with applicable federal and state laws. Certification of licensing and insurance is available on site. (IQPPS 10.12)

Staff will ensure that all children transported during the program day are accounted for before, during and after transport. Staff will also ensure the safety of all children as pedestrians and as passengers. Staff will be trained to address specific procedures for children with disabilities and address special circumstances in picking up children at the end of the day. (IQPPS 10.11)

PRESCHOOL TRANSPORTATION GUIDELINES Transportation is a convenience that is important to many of the Preschool families. It is a service that our district provides to parents that is not mandatory. Parents and the program must comply with various state rules in order to provide the service on a smooth, continuous basis.

1. Use of central pick up points makes the amount of time your child rides on the vehicle less.
2. The children shall be ready 10 to 15 minutes before and after the pick up time. Upon arriving at the stop please be ready, as the driver will not wait.
3. If your child misses the bus in the morning, you are responsible for bringing him / her to school.
4. Children shall be encouraged to ride quietly. Wrestling, loud shouting, or any activity to distract the driver while the vehicle is motion shall not be permitted. All items are to be kept in their school bags.
5. No food allowed on the bus.
6. Parents should notify the teachers and bus driver in writing a week ahead of any permanent changes in childcare.

To accomplish this, the following guidelines will be used:

- Children will sit with their backs against the seat and their feet in front of them.
- Children will be asked to use “inside” voices on the bus. (conversation is encouraged)
- Children will keep all body parts and objects inside the bus.
- Children will keep their hands, feet, and book bags to themselves.
- Children will not use inappropriate language and/or rude gestures (such as name calling, teasing, etc.)

- No one will damage the bus in any way.

If a child chooses not to follow a guideline, then one or more of the following consequences will be applied.

1. Bus driver will give a verbal warning.
2. Parents/guardians will be informed of child's behavior and a contact record will be completed as documentation of the conversation.
3. A meeting will be held to include parents/guardians and all appropriate personnel.
4. If suspension of bus privileges occurs, parents/guardians will be responsible for transporting their child.

ABUSE OF THESE GUIDELINES MAY RESULT IN YOUR CHILD NOT BEING ABLE TO RIDE THE SIOUX CENTRAL SCHOOL BUS.

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. The Sioux Central Community School District buses are used for these field trips. Parents will be informed of each field trip through a newsletter and signs posted in the classroom well in advance. A parent or legal guardian must sign a general field trip consent form at back-to-school registration. A reminder about an upcoming field trip will be sent home prior to the trip. Please let the preschool teacher know if you do not want your child to participate in a particular field that is planned. Adult family members are asked to volunteer to go on these trips to provide increased supervision and adult/child ratios. A notice posting the dates, time of departure, time of return, and the destination location will be posted prominently at least 48 hours before the field trip. 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.

During the field trip, all children will wear identifying information that, for children, gives the program name and phone number. 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 to 30 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.

CONFIDENTIALITY (NAEYC 4.E.02, 4.E.06, 4.E.07, 7.B.02, 7.B.03, 7.B.04)

Information about your child and family is confidential and will be released to other centers, schools, or agencies only after the school has received written permission from you.

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.

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 also 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 secretary at our school 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.

FAMILY INVOLVEMENT (IQPPS 7.1, 7.2)

Sioux Central Preschool Program encourages 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 at any time during class sessions.

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 childrearing 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. Home visits are conducted at the beginning of the school year and during the year. Home visits will be scheduled in August. 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 wellbeing of their children. Family teacher conferences are held in both the fall and spring, as well as when either party requests. At least one family event is held during the year.

Sioux Central Preschool Program 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.

Although in-person daily contact cannot be replaced, preschool staff also rely on notes home, emails, phone calls, newsletters, and bulletin boards as alternatives means to establish and maintain open, two-way communication.

Sioux Central Preschool Program invites you to become involved in one or all of the following ways, and welcomes 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.
2. Attend family meetings.
3. Return all forms, questionnaires and so on promptly.
4. Attend Family/Teacher conferences in the Fall and Spring semesters.
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 family's' cultural traditions, celebrations, or customs.
10. Help prepare snack and enjoy it with your child.
11. Read all the material sent home with your child.
12. Come to play.
13. 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, run errands, setup before the event, or clean afterwards.
14. Serve on the School Advisory Committee.

The 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.

Community Preschool Parent Advisory Board (IQPPS 7.2)

The Sioux Central Community Preschool Program has a preschool advisory committee as a part of our School Improvement Advisory Council composed of parents, school staff, and other community members interested in the preschool program as well as our K-12 system. This group meets no less than twice a year to provide feedback on services that meet children and family needs. They also serve as a sounding board for new ideas and services. Please let the preschool teacher or building administrator know if you are interested in being part of the Preschool Parent Advisory Board. Head Start parents are represented on the Head Start Policy Council.

Non-discrimination Statement

It is the policy of the Sioux Central Preschool not to discriminate on the basis of race, national origin, creed, sex, sexual orientation, age, marital status, or physical disability 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.

Family Teacher Conferences

The preschool program will have formal family teacher conferences at the same time as the elementary school - fall and spring. The teacher will send home a sheet before the conference asking you to consider what new skills you see your child developing at home or in the community, to think about what you'd like more information about the classroom, and whether you have new or different goals for your child. During the conference the teacher will share results of classroom assessments and samples of your child's work. Together you can make a plan to continue to encourage your child's growth and development.

Transitions (IQPPS 7.9, 7.10)

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. Kindergarten Roundup is held each year in March. Notification of roundup is sent home to all eligible kindergarten aged students.

Volunteers (IQPPS 10.15, 10.17)

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, he/she will be expected to 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. If a volunteer works more than 40 hours per month with children, he/she will also need to provide a background check as well as a current health assessment, not more than one year old.

HEALTH AND SAFETY (NAEYC 5.A.02, 5.A.05, IQPPS 9.12; Standard 5)

The Sioux Central Preschool Program is committed to promoting wellness and to safeguard 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.

Physical Exam

Families must provide a physical form signed by your child's doctor prior to admission to the program. 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.

Health and Immunization Certificates (IQPPS 5.1)

All preschool children must submit documentation of proper immunization prior to enrolling in preschool. As per Iowa State Department of Health, children must have received the following vaccinations. All children must have their immunizations up to date and cards turned in before starting school. Religious and medical exemption is available if necessary.

- 4 Vaccines of DtaP or DTP

- 3 Vaccines of Polio

- 1 Vaccine of MMR (measles, mumps, rubella)

- 3 Vaccines of Hib or 1 after 15 months of age

- 3 Vaccines of Hepatitis B (not required for at preschool, but required at the Kindergarten level.) 1 Chicken Pox (varicella)

- 4 Pevnar

Dental Exam All enrolled preschool children are encouraged to have a dental examination to ensure proper dental health. Students entering kindergarten are now required to have a dental exam prior to enrollment.

Caring for an Injured Child

Staff that is trained in First Aid and CPR and will treat minor injuries on the spot. An incident report will be completed and, if necessary, the parent will be notified based on the seriousness of the injury.

For more severe injuries requiring medical attention, the child will be taken to the designated hospital while the parents and family physicians are being notified.

If an injury results in spilling of blood or any other body fluid, staff will wear latex free gloves and clean up appropriately while keeping other children out of reach.

Insurance

The preschool is aware that when there is a large group of children playing together there may be some accidents. Thus, the school encourages parents to have insurance. The state of Iowa does offer insurance through its HAWK-I insurance program with low premium insurance options for families that cannot afford regular insurance costs. See the school administrator or your child's teacher for an I-HAWK brochure.

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

Head Lice

Head lice are a common occurrence in schools. Any student found to have lice will be referred to the school nurse for consultation and parental notification.

Health and Safety Records

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. (IQPPS 10.10)

Child Health and Safety Records will include: (IQPPS 5.1)

1. 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;
2. Current emergency contact information for each child, that is kept up to date by a specified method during the year;
3. Names of individuals authorized by the family to have access to health information about the child;
4. 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);
5. 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 (QPPS 10.14)
6. 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.

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 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. (IQPPS 5.4)

Illness or Injury: (NAEYC 5.A.02, IQPPS 5.3)

We strive to prevent the spread of illness and your cooperation with our policies will be of great benefit to all of the staff and children attending. Other factors, such as appearance, temperament, and ability to participate in planned programming also need to be considered. Your child must be symptom free (no fever, diarrhea, or vomiting, etc.) for at least 24 hours before returning to school. If your child has any one of the following conditions, you will be notified to pick up your child as soon as possible. If your child has any of the following symptoms during the night, he or she will not be admitted the following morning for the safety of the other children.

- Contagious conditions (for example – chicken pox, flu, head lice, pink eye, impetigo)
- Fever over 100 degrees-can return to school 24 hours after fever is gone, without medication
- Vomiting-can return to school 24 hours after last episode
- Diarrhea- can return to school 24 hours after last episode
- Open and draining sores • Strep-can return to school 24 hours after initial medication
- Unknown rash
- Constant cough or nasal drainage
- Signs of pain- stomach, headache, sore throat, etc...
- Accident requiring medical attention

In certain situations, it may be necessary to call 911 for transport to the hospital for emergency treatment, with parents/guardians being notified as quickly as possible.

Please inform the teacher if your child has been exposed to any contagious diseases, since this may affect other children at the school. If your child will be absent, please call as soon as the decision has been made that your child will not be attending. If parents are in doubt it is recommended to keep their child at home.

When a child is sick at school, the preschool will keep the child supervised away from the other children. This may include in the nurse's office, or away from the other children as to not contaminate them. Parents are asked to stop in the office and we will release the child to the parent or guardian.

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.

Please notify staff if your child has been or is exhibiting any of these for a known reason, such as being on an antibiotic, recently received a tetanus shot, etc. other than illness: such as diarrhea from medication or fever from immunization. Please alert your preschool center staff so they can work through the situation with you. You may still need to take your child home if the condition becomes severe.

Your child must also stay home for at least 24 hours after the doctor prescribes a medication for a contagious infection. Check with your physician or call the school nurse if you are not sure.

The Sioux Central Preschool Program may allow ill children or staff to remain in the program based on a plan that has been reviewed by a health professional about (a) what level and types of illness require exclusion; (b) how care is provided for those who are ill but who are not

excluded; and (c) when it is necessary to require consultation and documentation from a health care provider for an ill child or staff member.

Emergency care policies for Sioux Central Preschool Program: (IQPPS 10.14)

POLICY:

- A. The Sioux Central Community School District will utilize both the Buena Vista Hospital and Spencer Municipal Hospital as the primary site for emergency medical care. Transportation of students requiring emergency medical care will be provided by the hospital ambulance service. Employees of the Sioux Central School District will not transport in emergency cases but will remain with and provide first aid or CPR as needed until EMS services arrive.
- B. All classroom teachers will have familial consent forms for each student.
 - 1. Information to be included but not limited to is listed below:
 - a. Authorization statement allowing emergency medical treatment and sharing of relevant information with the medical provider.
 - b. The student's physician, address and phone number
 - c. The insurance company and policy holder's ID number which covers the student
 - d. The student's dentist, address and phone number
 - e. The parent's name, address and phone number
 - f. Emergency contact number if parents cannot be reached
 - g. SIGNATURE of the custodial parent
 - 2. Forms will be kept in a location of easy access.
 - a. Options available:
 - 1. Binder with all students data sheets together alphabetically arranged
 - 2. Front of each students cumulative file
 - 3. Both options need to be kept in a secure location that can be locked when school is not in session.
- C. For students requiring emergency care and the services of EMS (911)

1. The following steps will be taken:
 - a. Determination of the need for emergency care
 - b. An adult will stay with the student
 - c. An adult will call 911 and provide necessary information
 - d. Call the school nurse, the parent, to meet the ambulance at the hospital, and the administrator of the building.
 - e. Obtain the data sheet to go with the student (give this to the EMS personnel when they arrive)
 - f. Go to the hospital (driving independently or if allowed , in the ambulance)
- D. All preschool employees and administrators will be current in first aid and child CPR
 1. CPR and first aid classes will be offered by the district. It will be the responsibility of the employee and the district to assure that this requirement is met and remains current.
- E. Emergency/health plans for students with known medical needs will be written by the school nurse.
 1. Conditions to be addressed will include
 - a. Chronic health conditions ie: asthma, life-threatening allergies, seizures, etc.
 - b. Health conditions/needs that are related to the student's disease or syndrome as identified by the physician
 2. It is the parent's/ guardian's responsibility to provide the district with any physician directives/ orders regarding the student's care and needs.
 3. The school nurse will be responsible for developing a health plan addressing these health concerns and needs. The school nurse will inform and train the employees that need to be familiar with the student.
 4. Employees will not provide the cares independently addressed in the health plan until so cleared by the school nurse.
 5. The health plan will be reviewed each year or earlier if needed. Changes can be made as needed by the school nurse. Employees will be informed of all changes.
 6. Emergency evacuation plans will be written by the teacher.

Reporting Communicable Diseases (IQPPS 5.4)

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.

Medications: (NAEYC 5.A.11, 10.D.10, IQPPS 5.10)

Board policy states: No medication shall be given by unauthorized personnel at any school in the district, except as provided by the written prescription of the physician and the written permission of the parent or guardian of the student to have medication at school, the following must exist:

- A. Medication must be in the original container from the pharmacy. If requested, the local pharmacies will provide for you a second prescription bottle for use during school hours.
- B. Over-the-counter medication must be in the original container/box from the pharmacy. This is necessary for dosing instructions.
- C. Parents must give written authorization for the administration of the medication, over the-counter or prescription.

Administering Medications

Staff, who have specific training, a written performance evaluation updated annually by a health professional on the practice of the five right practices of medication administration, can administer both prescription and over-the-counter medications to a child only if the child's record documents that the parent or legal guardian has give the program written permission. If your child's condition requires that a staff member give prescribed medications or treatments, you must bring it in the original container/box from the pharmacy or doctor's office. You can ask your pharmacist to divide the prescription so as to have a container at home and one to be left at the preschool center. Various pharmacies will provide you with two bottles if you ask for them. State that one container is to be kept at school. The container must be clearly marked with the child's name, frequency and amount to be given. You must fill out a signed "School Medication Authorization and Instruction Form" prior to staff giving medication. A form is available at your child's school main office. The child's record includes instructions from the licensed health provider who has prescribed or recommended the medication for that child.

Please give all medication to the main office, nurse, or to the preschool staff. Children must not handle medicines. This includes all prescription medication as well as any over the counter medications (ointments, creams, cough drops, inhalers, pain relief medication) that your doctor has ordered and authorized. Medication is keep either in the main office, the nurse's office or classroom in a locked location.

Be sure the office, nurse, or preschool teacher understands the directions to follow in administering medication and knows if the medication needs to be refrigerated. Medications are labeled with the child's first and last names, the date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider, the name of the medication or the period of use of the medication, the manufacturer's instructions or the original prescription label that details the name and the strength of the medication, and the instruction on how to administer and store it.

The preschool center will designate one person to be responsible for giving medications to your child. Each time a medication or application is given, the person administering will record time and sign their name on a form kept for your child's record. Medicine is dispersed by the school nurse, the building secretary or appropriately trained school personnel. In some cases, the preschool teacher or the principal may also disperse medication.

Over the Counter Medications

Over the counter medications will only be given with a statement from your doctor. If your doctor suggests a non-prescription medication, the doctor must sign a statement giving the name, dosage and frequency of the medication to be used. A "School Medication Authorization and Instruction Form" with parent signature is also required. Medication must be in its original container.

Brushing Teeth (IQPPS 5.11)

Teaching staff provide an opportunity for tooth brushing and gum cleaning to remove food and plaque to any children who receive two or more meals during the preschool program (toothpaste is not required).

Mental Health:

Mental Health at preschool focuses on the promotion of positive self-worth, respect for individual differences, and the ability to build positive relationships with peers and caregivers. Children develop coping skills, problem solving and ways to manage stress. Accomplishments in this area will affect a child's ability to play, live, learn and work within the home, school and other environments.

Disabilities:

Sioux Central School works very closely with its community partners, such as Area Education Agencies, to help identify problems that may interfere with a child's development. Fully inclusive environments are created to help all children feel accepted and valued; get along with others; foster self-confidence and self-esteem; develop self-awareness and self control; and gain a sense of belonging in their classroom, community and the world. That is, we create environments that are responsive to the needs of all children.

Cleaning and Sanitization (IQPPS 5.12 and 9.11)

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 detergent and water, then rinsed, sanitized and air dried. (IQPPS 5.24) This also applies to other surfaces in the classroom. Toys and surfaces will be disinfected using the proper non-toxic solution. To disinfect, the surfaces will be sprayed until glossy. The bleach 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. (IQPPS 5.24)

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. Staff clean and sanitize toilet seats, toilet handles, toilet bowls, door knobs or cubicle handles and floors either daily or immediately if visibly soiled (IQPPS 9.11).

Routine cleaning will be supervised by the preschool teacher and will follow the Cleaning and Sanitation Frequency Table in Section III, page 47 of the QPPS manual. A checklist will be completed as indicated in the table. Ventilation and sanitation, rather than sprays, air freshening chemicals or deodorizers; control odors in inhabited areas of the facility and in custodial closets (IQPPS 5.22).

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. Nontoxic substances will be used whenever possible.

Procedures for standard precautions are used and include the following: (IQPPS 5.23)

- 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 mucous membranes or of openings in the skin with potentially infectious body fluids and reduce the spread of infectious disease.
- When spills of body fluids occur, staff clean them up 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.

Hand Washing Practices (IQPPS 5.8)

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);
- 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

- 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 handwashing in any situation listed above.

- Staff must wear gloves when contamination with blood may occur.
- Staff do not use hand-washing sinks for bathing children or removing smeared fecal material.

In situations where sinks used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food.

A toy that a child has placed in his or her mouth or that is otherwise contaminated by body secretion or excretion is either to be (a) washed by hand using water and detergent, then rinsed, sanitized, and air dried or (b) washed and dried in a mechanical dishwasher before it can be used by another child. (IQPPS 5.24)

First Aid Kit (IQPPS 9.13)

A first aid kit is located in the 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 (ie recess and/or walks).

Fire Extinguishers, Fire Alarms and Carbon Monoxide Detectors (IQPPS 9.14)

Fully working fire extinguishers and fire alarms are installed in each classroom and are tagged and serviced annually. Fully working carbon monoxide detectors are installed in each classroom and are tagged and serviced annually. Smoke detectors, fire alarms and carbon monoxide detectors are tested monthly and a written log of testing dates and battery changes is maintained and available.

Lead, Radon, Radiation, Asbestos, Fiberglass, Etc. (IQPPS 9.16)

Documentary evidence, available on site, indicates that the building has been assessed for lead, radon, radiation, asbestos, fiberglass, or any other hazard from friable material. Evidence exists that the program has taken remedial or containment action to prevent exposure to children and adults, if warranted by the assessment.

Water Supply (IQPPS 9.17)

When the water supply source is from a well or other private source (not served by a public supply), on-site documentary evidence verifies that the local regulatory health authority has determined the water to be safe for human consumption.

Air Quality

If high levels of air pollution from smog or heavy traffic exist the program limits outdoor time and physical activity. Air quality can be monitored online at www.weather.com.

Heating/Cooling/Ventilation (IQPPS 9.18)

All rooms that children use are heated, cooled and ventilated to maintain room temperature and humidity level. The maintenance staff or contractor certifies that facility systems are maintained in compliance with national standards for facility use by children.

Fire Safety (IQPPS 9.14)

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 and battery changes is maintained and available upon request. Fire drills are conducted monthly and recorded on a log.

Air Pollution or Smoke (NAEYC 9.C.08, 9.D.03, 9.D.06, 10.D.02)

Candles may not be used in the school. Doors and windows would be shut and locked should the air become a danger to the students while at school.

Child Abuse Reporting (NAEYC 10.D.03, 10.D.04)

We are Mandatory Child Abuse Reporters and must notify the Department of Human Services if we suspect any kind of child abuse. All observations or suspicions of child abuse or neglect will be immediately reported to the child protective services agency no matter where the abuse might have occurred. The staff member will call to report suspected abuse or neglect. All staff will follow the direction of the child protective services agency regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, staff will follow the guidance of the child protective agency regarding notification of the parent or legal guardian. Reporters of suspected child abuse will not be discharged for making the report unless it is proven that a false report was knowingly made. Staff who is accused of child abuse may be suspended or given leave pending investigation of the accusation. Such caregivers may also be removed from the classroom and given a job that does not require interaction with children. Parents or legal guardians of suspected abused children will be notified. Parents or legal guardians of other children in the program will be contacted by if a caregiver is suspected of abuse so they may share any concerns they have had. However, no accusation or affirmation of guilt will be made until the investigation is complete. Caregivers found guilty of child abuse will be summarily dismissed or relieved of their duties.

EMERGENCY RESPONSE PROCEDURES

In the event the administrator is not on site, the guidance counselor will assume authority and take action in an emergency.

Fire, Tornado Drills and Lockdown Procedures (NAEYC 5.C.02)

At least one (1) fire evacuation and (1) tornado drill is held each month unless the time of year is considered a cold weather exception by the local fire marshal. Lock down drills are conducted biannually. Students will go to a designated area considered to be safe. All other emergency procedures are practiced annually. School staff will supervise students and take attendance. (IQPPS 10.13)

Earthquake, Bomb, Intruder, or Hostage Threat (NAEYC 5.C.02)

Earthquake and bomb threat procedures are located in the Sioux Central Community Schools – Emergency Response Procedures Manual. Students will go to a designated safe area and will be supervised by school staff.

Evacuation Procedures (IQPPS 10.13)

Policy is included in the Sioux Central Community School District Crisis Management Plan guide under the Campus Crisis Intervention tab.

Emergency Transport/Escort from the Program (IQPPS 10.13) Policy is included in the Sioux Central Community School District Crisis Management Plan guide under the Campus Crisis Intervention tab.

Lost or Missing Children (IQPPS 10.13)

In the event that a child is found missing from a classroom, the teacher will immediately notify the office. A building search will commence until the student is found. If the building search fails to locate the missing child, the principal, parents or guardian of child, the local police and the Sioux Central Superintendent's Office are notified. Only when the child is found or efforts are dismissed by the Police Department does the search end.

In the event a child is missing from bus transportation to or from school, or from their pick-up or drop-off point notify the appropriate school office. The child's teacher, parents, the bus transportation office, and the principal are then contacted. A search begins. The local police are called when the school search has not found the missing child/children. Directions from the police are then followed by the school.

Security Threats (IQPPS 10.13)

Policy is included in the Sioux Central Community School District Crisis Management Plan guide under the Campus Crisis Intervention tab.

Utility Failure (IQPPS 10.13)

In the case of failure of utilities, we will assess the situation and follow the Emergency Procedures for Sheltering/Evacuation procedures if necessary.

Natural Disasters (IQPPS 10.13)

Policy is included in the Sioux Central Community School District Crisis Management Plan guide under the Campus Crisis Intervention tab.

Medical Emergency:

Any child exhibiting bacterial/viral or other unusual symptoms will be referred to the school nurse for evaluation. The nurse is not a clinic or a substitute for your own physician or health care provider. Staff may take the child's temperature, but no medications shall be administered, unless staff is authorized to give medications.

Staff may administer first aid to an injured child within the scope of their training (apply pressure to stop bleeding, check for consciousness, do rescue breathing, etc.).

Another staff will call the child's parents, healthcare provider, or 911, based on the severity of the injury, as treatment is being administered. Parents will be contacted immediately. If emergency transportation has been called, a staff member will immediately retrieve the

Emergency Consent Form and it will be kept with the child and provided to emergency personnel upon their arrival. A staff member will be assigned to go with the child.

Any staff member of the center will not transport children.

Dental Emergency: (NAEYC 5.A.04)

Parents or legal guardians will notify the center of their preferred family dentist. If emergency dental care is required, a staff member will notify the parent or legal guardian and the family dentist immediately. First aid will be given according to the dentist recommendations. A staff member will remain with the child until the parent assumes responsibility for the child.

Any child requiring dental treatment must be transported to the dentist by their parents or legal guardians unless the parents give instructions otherwise. Children will not be transported by any staff member of the center.

Medical Emergencies and Notification of Accidents or Incidents (IQPPS 10.13)

The Sioux Central Community School District has in place the “Crisis Management Plan” that describes the following situations and procedures to follow:

- Response to Any Emergency
- Staff Responsibilities
- Tornado
- Fire
- Hazardous Materials
- Sheltering/Evacuation Procedures
- Assault/Fights
- Bomb Threat
- Intruder/Hostage
- Serious Injury/Death
- Student Unrest
- Suicide/Attempt
- Weapons
- Emergency Alert Stations (EAS)
- Building Crisis Team Leaders/Team
- Warning and Notification
- Lock-Down Procedures
- Evacuation to Relocation Centers
- Media Procedures

This booklet will be easily accessible to staff. 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 major incident or injuries will be documented on an injury form and a copy will be kept in the main office. A copy may be given to the parent so they are aware of the incident.

All staff will have immediate access to a telephone or the intercom system 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 the 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 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.

Any staff member of the center will not transport children.

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 major incident or injuries will be documented on an injury form and a copy will be kept in the main office. A copy may be given to the parent so they are aware of the incident.

All staff will have immediate access to a telephone or the intercom system 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 the 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 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.

Protection From Hazards and Environmental Health (IQPPS 9.12, 9.16, 9.17, and 10.7)

Staff will 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 building has been tested for lead, radon, radiation, asbestos, fiberglass, and other hazards that could impact children's health with documentation on file. Custodial staff maintains the building's heating, cooling, and ventilation systems in compliance with national standards for facility use by children.

Smoking, firearms and other significant hazards that pose risks to children and adults are prohibited from the facility (IQPPS 10.6).

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.

Asbestos: There is no asbestos in the building.

Smoke Free Facility (IQPPS 9.19)

In compliance with the Iowa Smokefree Air Act of 2008, the Sioux Central Community Preschool buildings and grounds are smoke free. No smoking is allowed on the school grounds or within sight of any children. All Sioux Central School Programs are tobacco free. The facility, vehicles which transport children and outdoor play areas are entirely smoke free at all times. No smoking signs are posted in these locations including the phone number for reporting complaints (1-888-944-2247) and the internet address of the Department of Public Health (www.iowaSmokefreeAir.gov). Smoking around the children is not permitted including field trips, indoor/outdoor activities, and socializations. Parents and volunteers needing to smoke may do so in their own vehicles out of sight from children.

Child Protection Policies (IQPPS 10.8, 10.16, 10.19)

The health and wellbeing 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 the guidance counselor as the Level 1 investigator and can be reached at 712-283-2571. The alternate investigator is the Buena Vista County Sheriff Department.

Custodial Rights

The Sioux Central Preschool Program complies with all court-mandated custodial orders.

Staff must release a child to either biological parent, unless we have a copy of the custody order or court document on file. If there is no court document available and if there is any doubt that the child should leave with the parent, staff may choose to call the custodial parent/guardian/entity and/or the police department. It is in the best interest of the child that parents notify us immediately of any family changes that could be a potential problem. We are bound by confidentiality policies not to discuss or give out information on children to anyone else, but we do ask parents confide in us when necessary.

Building and Physical Design

There is a minimum of 35 square feet of usable space per child in each of the primary indoor activity areas. (IQPPS 9.9)

Substance Abuse

Persons under the influence of drugs or alcohol will not be permitted on the premises of the Sioux Central School. At no time will children be released to a person under the influence of alcohol or drugs.

Intoxication Policy

In the event that an intoxicated parent, guardian or other adult would walk onto the school premises or enter the school and wish to take home a student from any classroom including the preschool classrooms, he or she would be escorted to the school office by school personnel. The police would be called immediately and the person would be released to the officer for any action taken.

COMMUNITY RELATIONSHIPS (IQPPS 8.1-8.6)

Linking with the Community

Program staff maintains a current list of child and family support services available in the community based on the pattern of needs they observe among families and based on what families request (eg. Health, mental health, oral health, nutrition, child welfare, parenting programs, early intervention /special education screening and assessment services, and basic needs such as housing and child care subsidies). We share the list with families and assist them in locating, contacting, and using community resources that support children and families' well being and development (IQPPS 8.1). Staff also develop partnerships and professional

relationships with agencies, consultants, and organizations in the Sioux Central communities to further the program's capacity to meet the needs and interests of the children and families that we serve (IQPPS 8.2)

Program staff identify and establish relationships with specialized consultants who can assist all children and families' full participation in the program. This assistance includes support for children with disabilities, behavioral challenges or other special needs (IQPPS 8.3).

STAFF (IQPPS 10.15 - 10.20)

General Information

The Sioux Central 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 detailed 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.

Health Assessment

The preschool program required all paid preschool staff and for all volunteers who work more than 40 hours per month and have contact with children to have an initial employment physical as required by the Iowa Department of Education. A current health assessment (not more than one-year-old) is received by the program before an employee starts work or before a volunteer has contact with children. Capacities and limitations that may affect job performance.

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 main office.

Employees (NAEYC 6.A.03, 10.E.01, 10.E.05 10.E.06, 10.E.07)

All preschool teachers, teacher assistants, substitute teacher assistants and volunteers will be subjected to a records check and FBI fingerprinting before working with preschool students. Iowa Record Checks are done through DCI which searches the sex offender registry and the DHS Child Abuse Registry. This check can be done online through the SING database prior to a person's involvement with children and must be done again every 2 years for non-certified staff. Fingerprinting must be done within the first 30 days of the staff member's employment. The Sioux Central Community School District will incur the cost of these checks and fingerprinting

procedures. This staff information is then submitted to the state of Iowa with the preschools next re-licensure application. Anyone not fulfilling the requirements of all of the above researches may not be employed by the Sioux Central Community School District.

New certified employees for the pre-school receive an introductory employment period during a one day orientation. During this time training begins, goals and procedures are explained, and staff questions are answered. Each new employee is given a tour of the building in which they will work. Copies of the employee and school handbooks are given to new employee and policies are discussed and questions are answered. Training continues monthly at professional development meetings to look at specifics. Consideration for diversity and accreditation requirements for associates and the program are a top priority for monthly professional development throughout each school year. Staff meets weekly to update, revise and create classroom materials to meet student needs or curriculum goals.

The supervising teacher in the Preschool would mentor a new employee. The teacher would go over such things as: routines, celebrations, curriculum, classroom management, emergency procedures, NAEYC and IQPPS standards, care of students and any medical needs. The normal and abnormal day schedules and procedures are explained, so that he/she feels comfortable around pre-school children.

Substitutes (NAEYC 6.A.03, 6.A.04, 7A.01, 10.E.11)

Background checks and fingerprinting will have been done by the superintendent's office. These checks will be the same as those above mentioned under the employees section in this handbook. No volunteer may help in the preschool unless they are at least 16 years of age. Substitutes and volunteers are trained furthermore with an orientation day. Each teacher creates a substitute folder containing all classroom procedures, emergency and medical requirements, and classroom management techniques at the beginning of the year. It is kept in a predominant place for easy access.

Leadership and Budget (NAEYC 10.C.02)

The Sioux Central Community School has designated the elementary principal as the program administrator. He/She has the educational qualifications detailed in Criterion 10.2. (IQPPS 10.3)

The Sioux Central preschool facility has a total enrollment of no more than 56 students. (IQPPS 10.3)

Financial policies and procedures provide evidence of sound fiscal accountability using standard accounting practices. Financial policies and procedures are consistent with the program's vision, philosophy, mission, goals and expected child outcomes. Operating budgets are prepared annually, and there is quarterly reconciliation of expenses to budget. A system exists to review or adjust the budget if circumstances change, and it includes a yearly audit. Budgets are reviewed and amended as needed. Fiscal records are kept at the school office as evidence of sound financial management. (IQPPS 10.5)

First Aid/CPR Certification

Employees will be required to complete the necessary First Aid and CPR certification requirements as outlined by the IQPPS.

Orientation (IQPPS 6.2)

Employees must know their role and duties. New preschool teaching staff will be required to participate in an initial orientation program that introduces them to 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.

Follow-up training expands on the initial orientations.

Staffing patterns and schedule (IQPPS 10.4)

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 for 4 year olds and 1:8 for 3 year olds 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. (IQPPS 10.18)

Staff development activities (IQPPS 6.6, 10.15)

Personnel policies provide staff time for 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, local school district, and the area education agency. Staff are expected to attend all staff trainings and meetings throughout the year. Trainings will focus on early childhood topics relevant to the program and community. The program encourages staff to participate in joint and collaborative training activities or events with neighboring early childhood programs and other community service agencies (IQPPS 8.5). Program staff are encouraged and given the opportunity to participate in community or statewide interagency councils or service integration efforts (IQPPS 8.6).

Evaluation and Professional Growth Plan (IQPPS 6.5, 6.6)

An appropriate building or program administrator evaluates all staff members at least annually. 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.

Reporting of Child Abuse by Staff (IQPPS 10.8)

All staff are mandatory child abuse reporters. Staff is required 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.

Licensure Requirements:

All preschool staff must complete the Mandatory Child Abuse Reporting Training and be familiar with child abuse and neglect reporting procedures.

All staff must be properly endorsed and licensed through the appropriate agency, in most cases, the Iowa Department of Education. Teachers must have the following endorsement to be employed as a preschool teacher in the Sioux Central Community School District:

- PK-K Teacher, PreKindergarten-Kindergarten Classroom and
- PK-K Early Childhood Special Education Teacher/Classroom

Teacher associate must have or complete one of the following for employment in our preschool program:

- Assistant teachers-teacher aids have a high school diploma or GED
- CDA (* see below)
- Paraeducator Certificate
- Two Year Associate degree
- Two Years of College

* The CDA requires a candidate to complete 120 hours of training, 480 hours of documented experience with children, completion of a professional Resource File, distribution and collection of a Parent Opinion Questionnaires, and to have an Assessment Advisor observe and complete the CDA assessment form.

All preschool staff must complete the following (IQPPS 10.16):

- Have passed a criminal-record check;
- Are free from any history of substantiated child abuse or neglect;
- Are at least 18 years old (except vehicle drivers who must be at least 21);
- Have completed high school or the equivalent;
- Have provided personal references and a current health assessment that attest to the prospective employee's ability to perform the tasks required to carry out the responsibilities of their position. (IQPPS 10.17)

A current health assessment (not more than one-year-old) is received by the program before an employee starts work or before a volunteer has contact with children. The health assessment is updated every two years. Documented health assessments include:

- Immunizations status;
- Capacities and limitations that may affect job performance; and
- Documentation by a licensed health professional of TB skin testing using the Mantoux method and showing the employee to be free from active TB disease. For those who have positive TB skin tests and who develop a persistent cough or unexplained fever, immediate assessment by a licensed physician is required. For those who have increased risk of TB according to the Centers for Disease Control (CDC), documentation is 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 secure location. (IQPPS 10.19)

All staff are evaluated at least annually by an appropriate supervisor or, in the case of the program administrator, by the governing body. (IQPPS 10.20)

Staff Handbook:

All preschool staff, teachers and teachers associate, will receive a copy of the staff handbook. The handbooks and policies will be covered during the staff orientation at the beginning of the year. This will be an annual requirement. These handbooks will cover information on hours of work and dismissal, assignment and transfers, staff leaves, insurance, evaluation, physical examination grievance procedures, and the annual notification requirements such as information on asbestos, child abuse reporting, substance free workplace, emergency procedures (including a weapon), and much more. It will be the responsibility of the employee to know the information covered in the various handbooks and policies. A staff orientation will be held annual in the fall to review the required handbooks and policies. Please ask the program

director or the building principal if you have any questions regarding, handbooks, policies, or other concerns.

Parent Handbook:

All staff will receive a copy of the Parent Handbook. Much of the information in the Parent Handbook is also outlined in the Staff Handbook. Coverage of the Parent Handbook will be included in the staff orientation meeting at the beginning of the year.

Substitutes and calling in:

All sites require both teachers and teacher associates to complete the necessary paperwork when a substitute is need. The support staff union agreement and the certified teacher contract outline the various leaves and the procedures of each leave. Staff call the elementary principal for a substitute.

Appearance or Dress:

An employee's appearance should be one of being well groomed and clean. All staff shall be dressed appropriately for their position as professionals. Clothing should be neat and in good repair. Your clothing should reflect a respectful attitude and send a message to families that the staff is professional.

Smoking Policy:

Smoking is not allowed in the building or on school grounds.

Staff Lounge and Mailbox:

Each staff member will have a mailbox locating in the office. It is your responsibility to check for notices on a daily basis. The lounge is a place to relax for a few minutes during breaks if so desired.

Phone Calls/Messages:

Personal phone calls are not allowed during the work time except in case of an emergency. Cell phones should not be used during the preschool working hours and should be turned off and placed in purse or in lockers.

Code of Ethics:

The NAEYC has an updated version of preschool Code of Ethics. Please go to www.naeyc.org to review the code of ethics for preschool staff. A copy of the Code is available in our main office. Please ask the building principal or the program director for a copy, if you wish to have a paper copy.

Staff Grievance Policy and Procedures:

See appendix

Universal Precautions (IQPPS 10.6)

Body fluids are urine, feces, tissues, vomit, blood, semen & vaginal secretions. Procedures are used for all students and employees regardless of their infectious disease status. Supplies to carry out procedures are in Exposure Control Kits located and can be obtained through calling a janitor.

Guidelines for Cleaning Up Body Fluid Spills:

- **Wear disposable gloves.** If gloves are not available or unanticipated contact occurs affected areas should be thoroughly washed with soap and water immediately after contact.
- **Clean and disinfect all soiled hard, washable surfaces immediately,** removing soil, before applying a disinfectant. Use paper towels or tissues to wipe up small, soiled areas. After soil is removed use clean paper towels, soap and water to clean area. Disinfect area with a dilution of 1:10 household bleach solution or other approved disinfectant. Apply sanitary absorbent agent for larger soiled areas. After soil is absorbed, use dustpan and turner to clean up all material. Disinfect area with clean mop and a disinfectant.
- **Clean and disinfect soiled rugs and carpet immediately.** Apply sanitary absorbent agent, let dry and vacuum. Apply rug shampoo (a germicidal detergent) with a brush and re-vacuum.
- **Clean equipment and dispose of all disposable materials.** Soiled tissue and flushable waste can be flushed in a toilet. Discard paper towels, vacuum bag or sweepings in a plastic bag. Place in a waste receptacle that is lined with a plastic bag. Rinse broom and dustpan in disinfectant solution. Soak mop in disinfectant solution and rinse thoroughly or wash in hot water cycle after soaking in disinfectant. Disinfectant solution should be promptly disposed of down a drain.
- **Clothing and other non-disposable items soaked with body fluids** should be placed in a plastic bag to be sent home. (e.g. blanket)
- **Remove gloves, using trained procedure** and discard in waste receptacle.
- **Wash hands.**
- **Plastic bags** holding contaminated waste should be secured and disposed of daily.

Large waste containers (dumpsters or other containers which are impervious to animals) containing potentially contaminated waste should be located in a safe area away from the playground of other areas used by students.

Human Immunodeficiency Virus (HIV) Infection Policy

HIV infected children shall be admitted into the Sioux Central Preschool Program providing their health, neurological development, behavior and immune status are appropriate as determined on a case by case basis by qualified persons, including the child's healthcare provider, who are able to evaluate whether the child will receive optimal care in the specific facility being considered and whether an HIV infected child poses a potential threat to others.

Illnesses that occur among other children and staff in the facility shall be brought to the prompt attention of the primary caregiver of the child whose immune system does not function properly to prevent infection; such primary caregiver may elect to seek medical advice regarding continued participation of the child in the facility.

A child whose immune system does not function properly to prevent infection and who is exposed to chickenpox shall be referred immediately to his/her healthcare provider to receive the appropriate preventive measure following exposure.

The decision to readmit the exposed child to the facility shall be made jointly by the Director or Coordinator, the family and the child's health care provider.

HIV infected adults with no symptoms of illness may care for children in facilities provided they do not have open skin sores or other conditions that would allow contact of their body fluids with children or other adults.

Refer to OSHA document Occupational Exposure to Bloodborne Pathogens for additional information and requirements.

All universal precautions on blood borne pathogens will be practiced at all times in our times in our program. It will be reviewed with the staff annually.

It is important for early detection of apparent illness, communicable disease or unusual condition or behavior, which may adversely affect the child or group. The center shall post notice where it is visible to parents and the public of exposure to a communicable disease, symptoms, and the period of communicability. This is a Department of Human Service licensing rule.

Bloodborne Pathogen Exposure Control Plan

In accordance with OSHA Bloodborne Pathogens standard 29 CFR 1910.1030(b) the following exposure control plan has been developed.

1. Exposure Determination:

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category:

Teachers

Assistant Teachers

Home Visitors

Coordinators

Cooks

Nurses

In addition, if the employer has job classifications in which some employees may have occupational exposure then a listing of those classifications is required. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks/procedures for these categories are as follows:

<u>Job Classification</u>	<u>Task/Procedures</u>
Teacher	Care of injured or ill student, Clean-up of surfaces
Assistant Teacher	Care of injured or ill student, Clean-up of surfaces
Home Visitor	Care of injured or ill student, Clean-up of surfaces
Coordinator	Care of injured or ill student, Clean-up of surfaces
Cook	Care of injured or ill student, Clean-up of surfaces
Nurse	Care of injured or ill student, Clean-up of surfaces UA's and Hemoglobin's on selected children, Injections with staff and students as needed.

2. Implementation Schedule and Methodology

OSHA requires that this plan also include a schedule and method of implementation for the various requirements of the standards. The following complies with this requirement.

Compliance Methods:

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious material. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the sources individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized.

Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present.

Personal Protective Equipment

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials to pass through or reach the employee's' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Personal Protective Equipment:

Gloves

Disposable apron

Face mask

All garments which are penetrated by blood shall be removed immediately. All personal protective equipment will be removed and disposed before leaving the work area.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, open skin, and mucous membranes.

Disposable gloves are to be disposed of in a covered waste container. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Masks are required to be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be anticipated.

Protective clothing, such as disposable apron, will be worn if there is reasonable anticipation that the employee's clothing might be contaminated.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning. Decontamination will be accomplished by utilizing a bleach solution.

Regulated Waste Disposal

All contaminated needles, syringes, and lancets shall be discarded as soon as feasible in sharps containers. These containers are utilized by the nurses and are in their possession. Sharps containers are disposed of through the CH/WIC program. Regulated waste will be double bagged and placed in appropriate covered containers.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it is used. All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Hepatitis B Vaccine

All employees who have been identified as potentially having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. Employees who decline the Hepatitis B will sign a waiver.

Post-Exposure Evaluation and Follow-Up

When the employee incurs an exposure incident, it should be reported to one of the nurses. All employees who incur an exposure incident will be offered a post-exposure evaluation and follow-up in accordance with the OSHA standard.

The follow-up will include the following:

- Documentation of the route of exposure and circumstances related to the incident.
- If possible, identification of the source individual and the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HBV/ HIV infectivity.
- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status.
- The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the Public Health Service.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

Training

Training for all employees will be conducted prior to initial assignment tasks where occupational exposure may occur. Training will be conducted in the following manner: Training for employees will included the following explanation of:

- The OSHA standard for bloodborne pathogens
- Epidemiology and symptomatology of bloodborne pathogens
- Modes of transmission of bloodborne pathogens
- This Exposure Control Plan
- Procedures which might cause exposure to blood or other potentially infectious materials in this facility.

- Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials.
- Personal protective equipment available at this facility and who should be contacted concerning an exposure.
- Post exposure evaluation and follow-up.
- Hepatitis B vaccine program at the facility.
- All employees will receive annual training. The outline for the training material is located in the nurse's offices. All records required by the OSHA standard will be maintained by the secretaries and nurses.

Wellness Policy (IQPPS 10.6)

To increase the physical and mental well-being of employees, it shall be the policy of the Sioux Central Preschool Program to make mental health and physical wellness information available to employees on a regular basis.

Appendix A (NAEYC 10.B.08)

Positive Behavior Techniques

Techniques to use when disciplining:

1. POSITIVE REINFORCEMENT

- Find someone doing something good and be really interested in what they are doing!
- Look for what the child does that you like and tell them.
- Praise the child for doing the appropriate thing.

2. IGNORING

- The fastest and most effective way to gain control is to ignore persons not following the rules.
- Pick your battles. If it is not hurting anyone or property, is it worth it?

3. DISTRACTION / REDIRECTION

- For children in the under three crowd this happens frequently.
- Redirection can be very useful with preschool aged children through the teens.

4. ACTIVE LISTENING

- Sometimes it is enough for a child to hear that you understand and accept their feelings.
"You feel very angry, it is time to come inside now."
- A way to deal with tattling: *"Joey hit me."*
Ask: "Did you tell him how that made you feel and what you wanted him to do?"
"Do you feel that he listened to you?"
- Go with the child to the other child and say: *"John has something to tell you and wants you to listen to him."*
- Listen and then ask, *"Do you want to say anything to John?" "Good job boys." "Next time I bet you can do this all by yourself."*

5. CONSISTENCY

- This is so very important!

- Say what you mean and follow through.

6. CHOICES

- Choosing not to follow a direction is not a choice.
- Give the child some control over the situation.
- Offer only choices you intend to honor.
 - Don't say, "Do you want to go inside?" Instead, give a five-minute warning so they are able to finish what they are doing.
 - Don't say, "Do you want to go to bed?" Instead say, "It's time to go to bed, do you want to wear your red pajamas or your blue pajamas."
 - Don't say, "Clean up your room." Instead say, "Put your blocks in the box and put your books on the shelf."

7. BEHAVIOR SPECIFIC DIRECTIVES

- Lets a child know exactly what it is you want.
 - "Be good" vs. "I want you to pick up your toys and come sit at the table."*
- Tell the child what you want them to do, not what to stop.
 - "Please use inside voices." vs. "Stop screaming."*

8. SETTING LIMITS / EXPECTATIONS

- Sometimes called rules.
- Limits are necessary and help kids feel safe if enforced correctly.
- Keep them simple and positive.

9. TIME OUTS

- This is a cooling off period not a punishment.
- You must make it fit the developmental age of the child. Suggested time: 1 minute per age of child. (Ex. 3 minutes of time out for a 3 year old child)
- **Do not use time out as a threat.**
- Remember to identify the behavior you wish to see changed.

10. UNCONDITIONAL LOVE

- Children do not have to earn this by behaving in a certain way.
- Love your child for who he / she is.

11. NATURAL / LOGICAL CONSEQUENCES

- Natural consequences happen **without** adult intervention.
 - "If you don't come to snack now all the apples will be gone and you won't get any."*
- Logical consequences **do** require adult intervention
 - "If you choose to throw sand again, you will need to stay out of the sand for the rest of the day."*

12. HUMOR

- Never underestimate the power of a little bit of humor.
- Laughter is a great way to diffuse a tense situation so that it can be dealt with more effectively.
- This can be particularly helpful with school-aged children.

Code of Ethical Conduct and Statement of Commitment

A position statement of the National Association for the Education of Young Children

Preamble

NAEYC recognizes that those who work with young children face many daily decisions that have moral and ethical implications. The **NAEYC Code of Ethical Conduct** offers guidelines for responsible behavior and sets forth a common basis for resolving the principal ethical dilemmas encountered in early childhood care and education. The **Statement of Commitment** is not part of the Code but is a personal acknowledgement of an individual's willingness to embrace the distinctive values and moral obligations of the field of early childhood care and education.

The primary focus of the Code is on daily practice with children and their families in programs for children from birth through 8 years of age, such as infant/toddler programs, preschool and prekindergarten programs, child care centers, hospital and child life settings, family child care homes, kindergartens, and primary classrooms. When the issues involve young children, then these provisions also apply to specialists who do not work directly with children, including program administrators, parent educators, early childhood adult educators, and officials with responsibility for program monitoring and licensing. (Note: See also the "Code of Ethical Conduct: Supplement for Early Childhood Adult Educators," online at www.naeyc.org/about/positions/pdf/ethics04.pdf.)

Core values

Standards of ethical behavior in early childhood care and education are based on commitment to the following core values that are deeply rooted in the history of the field of early childhood care and education. We have made a commitment to

- Appreciate childhood as a unique and valuable stage of the human life cycle

- Base our work on knowledge of how children develop and learn
- Appreciate and support the bond between the child and family
- Recognize that children are best understood and supported in the context of family, culture,* community, and society
- Respect the dignity, worth, and uniqueness of each individual (child, family member, and colleague)
- Respect diversity in children, families, and colleagues
- Recognize that children and adults achieve their full potential in the context of relationships that are based on trust and respect

* The term culture includes ethnicity, racial identity, economic level, family structure, language, and religious and political beliefs, which profoundly influence each child's development and relationship to the world.

Conceptual Framework

The Code sets forth a framework of professional responsibilities in four sections. Each section addresses an area of professional relationships: (1) with children, (2) with families, (3) among colleagues, and (4) with the community and society. Each section includes an introduction to the primary responsibilities of the early childhood practitioner in that context. The introduction is followed by a set of ideals (I) that reflect exemplary professional practice and by a set of principles (P) describing practices that are required, prohibited, or permitted.

The **ideals** reflect the aspirations of practitioners. The **principles** guide conduct and assist practitioners in resolving ethical dilemmas.* Both ideals and principles are intended to direct practitioners to those questions which, when responsibly answered, can provide the basis for conscientious decision making. While the Code provides specific direction for addressing some ethical dilemmas, many others will require the practitioner to combine the guidance of the Code with professional judgment.

The ideals and principles in this Code present a shared framework of professional responsibility that affirms our commitment to the core values of our field. The Code publicly acknowledges the responsibilities that we in the field have assumed, and in so doing supports ethical behavior in our work. Practitioners who face situations with ethical dimensions are urged to seek guidance in the applicable parts of this Code and in the spirit that informs the whole.

Often “the right answer”—the best ethical course of action to take—is not obvious. There may be no readily apparent, positive way to handle a situation. When one important value contradicts another, we face an ethical dilemma. When we face a dilemma, it is our professional responsibility to consult the Code and all relevant parties to find the most ethical resolution

* There is not necessarily a corresponding principle for each ideal. one program to the next

Ethical Responsibilities to Children

Childhood is a unique and valuable stage in the human life cycle. Our paramount responsibility is to provide care and education in settings that are safe, healthy, nurturing, and responsive for

each child. We are committed to supporting children's development and learning; respecting individual differences; and helping children learn to live, play, and work cooperatively. We are also committed to promoting children's self-awareness, competence, self-worth, resiliency, and physical well-being.

Ideals

I-1.1—To be familiar with the knowledge base of early childhood care and education and to stay informed through continuing education and training.

I-1.2—To base program practices upon current knowledge and research in the field of early childhood education, child development, and related disciplines, as well as on particular knowledge of each child.

I-1.3—To recognize and respect the unique qualities, abilities, and potential of each child.

I-1.4—To appreciate the vulnerability of children and their dependence on adults.

I-1.5—To create and maintain safe and healthy settings that foster children's social, emotional, cognitive, and physical development and that respect their dignity and their contributions.

I-1.6—To use assessment instruments and strategies that are appropriate for the children to be assessed, that are used only for the purposes for which they were designed, and that have the potential to benefit children.

I-1.7—To use assessment information to understand and support children's development and learning, to support instruction, and to identify children who may need additional services.

I-1.8—To support the right of each child to play and learn in an inclusive environment that meets the needs of children with and without disabilities.

I-1.9—To advocate for and ensure that all children, including those with special needs, have access to the support services needed to be successful.

I-1.10—To ensure that each child's culture, language, ethnicity, and family structure are recognized and valued in the program.

I-1.11—To provide all children with experiences in a language that they know, as well as support children in maintaining the use of their home language and in learning English.

I-1.12—To work with families to provide a safe and smooth transition as children and families move from one program to the next.

Principles

P-1.1—**Above all, we shall not harm children. We shall not participate in practices that are emotionally damaging, physically harmful, disrespectful, degrading, dangerous, exploitative, or intimidating to children. *This principle has precedence over all others in this Code.***

P-1.2—We shall care for and educate children in positive emotional and social environments that are cognitively stimulating and that support each child's culture, language, ethnicity, and family structure.

P-1.3—We shall not participate in practices that discriminate against children by denying benefits, giving special advantages, or excluding them from programs or activities on the basis of their sex, race, national origin, religious beliefs, medical condition, disability, or the marital status/family structure, sexual orientation, or religious beliefs or other affiliations of their families.

(Aspects of this principle do not apply in programs that have a lawful mandate to provide services to a particular population of children.)

P-1.4—We shall involve all those with relevant knowledge (including families and staff) in decisions concerning a child, as appropriate, ensuring confidentiality of sensitive information

P-1.5—We shall use appropriate assessment systems, which include multiple sources of information, to provide information on children’s learning and development.

P-1.6—We shall strive to ensure that decisions such as those related to enrollment, retention, or assignment to special education services, will be based on multiple sources of information and will never be based on a single assessment, such as a test score or a single observation.

P-1.7—We shall strive to build individual relationships with each child; make individualized adaptations in teaching strategies, learning environments, and curricula; and consult with the family so that each child benefits from the program. If after such efforts have been exhausted, the current placement does not meet a child’s needs, or the child is seriously jeopardizing the ability of other children to benefit from the program, we shall collaborate with the child’s family and appropriate specialists to determine the additional services needed and/or the placement option(s) most likely to ensure the child’s success. (Aspects of this principle may not apply in programs that have a lawful mandate to provide services to a particular population of children.)

P-1.8—We shall be familiar with the risk factors for and symptoms of child abuse and neglect, including physical, sexual, verbal, and emotional abuse and physical, emotional, educational, and medical neglect. We shall know and follow state laws and community procedures that protect children against abuse and neglect.

P-1.9—When we have reasonable cause to suspect child abuse or neglect, we shall report it to the appropriate community agency and follow up to ensure that appropriate action has been taken. When appropriate, parents or guardians will be informed that the referral will be or has been made.

P-1.10—When another person tells us of his or her suspicion that a child is being abused or neglected, we shall assist that person in taking appropriate action in order to protect the child.

P-1.11—When we become aware of a practice or situation that endangers the health, safety, or well-being of children, we have an ethical responsibility to protect children or inform parents and/or others who can.

Ethical Responsibilities to Families

Families* are of primary importance in children’s development. Because the family and the early childhood practitioner have a common interest in the child’s well-being, we acknowledge a primary responsibility to bring about communication, cooperation, and collaboration between the home and early childhood program in ways that enhance the child’s development.

* The term family may include those adults, besides parents, with the responsibility of being involved in educating, nurturing, and advocating for the child.

Ideals

I-2.1—To be familiar with the knowledge base related to working effectively with families and to stay informed through continuing education and training.

I-2.2—To develop relationships of mutual trust and create partnerships with the families we serve.

I-2.3—To welcome all family members and encourage them to participate in the program.

I-2.4—To listen to families, acknowledge and build upon their strengths and competencies, and learn from families as we support them in their task of nurturing children.

I-2.5—To respect the dignity and preferences of each family and to make an effort to learn about its structure, culture, language, customs, and beliefs.

I-2.6—To acknowledge families' childrearing values and their right to make decisions for their children.

I-2.7—To share information about each child's education and development with families and to help them understand and appreciate the current knowledge base of the early childhood profession.

I-2.8—To help family members enhance their understanding of their children and support the continuing development of their skills as parents.

I-2.9—To participate in building support networks for families by providing them with opportunities to interact with program staff, other families, community resources, and professional services.

Principles

P-2.1—We shall not deny family members access to their child's classroom or program setting unless access is denied by court order or other legal restriction.

P-2.2—We shall inform families of program philosophy, policies, curriculum, assessment system, and personnel qualifications, and explain why we teach as we do—which should be in accordance with our ethical responsibilities to children (see Section I).

P-2.3—We shall inform families of and, when appropriate, involve them in policy decisions.

P-2.4—We shall involve the family in significant decisions affecting their child.

P-2.5—We shall make every effort to communicate effectively with all families in a language that they understand. We shall use community resources for translation and interpretation when we do not have sufficient resources in our own programs.

P-2.6—As families share information with us about their children and families, we shall consider this information to plan and implement the program.

P-2.7—We shall inform families about the nature and purpose of the program's child assessments and how data about their child will be used.

P-2.8—We shall treat child assessment information confidentially and share this information only when there is a legitimate need for it.

P-2.9—We shall inform the family of injuries and incidents involving their child, of risks such as exposures to communicable diseases that might result in infection, and of occurrences that might result in emotional stress.

P-2.10—Families shall be fully informed of any proposed research projects involving their children and shall have the opportunity to give or withhold consent without penalty. We shall not permit or participate in research that could in any way hinder the education, development, or well-being of children.

P-2.11—We shall not engage in or support exploitation of families. We shall not use our relationship with a family for private advantage or personal gain, or enter into relationships with family members that might impair our effectiveness working with their children.

P-2.12—We shall develop written policies for the protection of confidentiality and the disclosure of children's records. These policy documents shall be made available to all program personnel and families. Disclosure of children's records beyond family members, program personnel, and consultants having an obligation of confidentiality shall require familial consent (except in cases of abuse or neglect).

P-2.13—We shall maintain confidentiality and shall respect the family's right to privacy, refraining from disclosure of confidential information and intrusion into family life. However, when we have reason to believe that a child's welfare is at risk, it is permissible to share confidential information with agencies, as well as with individuals who have legal responsibility for intervening in the child's interest.

P-2.14—In cases where family members are in conflict with one another, we shall work openly, sharing our observations of the child, to help all parties involved make informed decisions. We shall refrain from becoming an advocate for one party.

P-2.15—We shall be familiar with and appropriately refer families to community resources and professional support services. After a referral has been made, we shall follow up to ensure that services have been appropriately provided.

Ethical Responsibilities to Colleagues

In a caring, cooperative workplace, human dignity is respected, professional satisfaction is promoted, and positive relationships are developed and sustained. Based upon our core values, our primary responsibility to colleagues is to establish and maintain settings and relationships that support productive work and meet professional needs. The same ideals that apply to children also apply as we interact with adults in the workplace.

A—Responsibilities to co-workers

Ideals

I-3A.1—To establish and maintain relationships of respect, trust, confidentiality, collaboration, and cooperation with co-workers.

I-3A.2—To share resources with co-workers, collaborating to ensure that the best possible early childhood care and education program is provided.

I-3A.3—To support co-workers in meeting their professional needs and in their professional development.

I-3A.4—To accord co-workers due recognition of professional achievement.

Principles

P-3A.1—We shall recognize the contributions of colleagues to our program and not participate in practices that diminish their reputations or impair their effectiveness in working with children and families.

P-3A.2—When we have concerns about the professional behavior of a co-worker, we shall first let that person know of our concern in a way that shows respect for personal dignity and for the diversity to be found among staff members, and then attempt to resolve the matter collegially and in a confidential manner.

P-3A.3—We shall exercise care in expressing views regarding the personal attributes or professional conduct of co-workers. Statements should be based on firsthand knowledge, not hearsay, and relevant to the interests of children and programs.

P-3A.4—We shall not participate in practices that discriminate against a co-worker because of sex, race, national origin, religious beliefs or other affiliations, age, marital status/family structure, disability, or sexual orientation.

B—Responsibilities to employers

Ideals

I-3B.1—To assist the program in providing the highest quality of service.

I-3B.2—To do nothing that diminishes the reputation of the program in which we work unless it is violating laws and regulations designed to protect children or is violating the provisions of this Code.

Principles

P-3B.1—We shall follow all program policies. When we do not agree with program policies, we shall attempt to effect change through constructive action within the organization.

P-3B.2—We shall speak or act on behalf of an organization only when authorized. We shall take care to acknowledge when we are speaking for the organization and when we are expressing a personal judgment.

P-3B.3—We shall not violate laws or regulations designed to protect children and shall take appropriate action consistent with this Code when aware of such violations.

P-3B.4—If we have concerns about a colleague's behavior, and children's well-being is not at risk, we may address the concern with that individual. If children are at risk or the situation does not improve after it has been brought to the colleague's attention, we shall report the colleague's unethical or incompetent behavior to an appropriate authority.

P-3B.5—When we have a concern about circumstances or conditions that impact the quality of care and education within the program, we shall inform the program's administration or, when necessary, other appropriate authorities.

C—Responsibilities to employees

Ideals

I-3C.1—To promote safe and healthy working conditions and policies that foster mutual respect, cooperation, collaboration, competence, well-being, confidentiality, and self-esteem in staff members.

I-3C.2—To create and maintain a climate of trust and candor that will enable staff to speak and act in the best interests of children, families, and the field of early childhood care and education.

I-3C.3—To strive to secure adequate and equitable compensation (salary and benefits) for those who work with or on behalf of young children.

I-3C.4—To encourage and support continual development of employees in becoming more skilled and knowledgeable practitioners.

Principles

P-3C.1—In decisions concerning children and programs, we shall draw upon the education, training, experience, and expertise of staff members.

P-3C.2—We shall provide staff members with safe and supportive working conditions that honor confidences and permit them to carry out their responsibilities through fair performance evaluation, written grievance procedures, constructive feedback, and opportunities for continuing professional development and advancement.

P-3C.3—We shall develop and maintain comprehensive written personnel policies that define program standards. These policies shall be given to new staff members and shall be available and easily accessible for review by all staff members.

P-3C.4—We shall inform employees whose performance does not meet program expectations of areas of concern and, when possible, assist in improving their performance.

P-3C.5—We shall conduct employee dismissals for just cause, in accordance with all applicable laws and regulations. We shall inform employees who are dismissed of the reasons for their termination. When a dismissal is for cause, justification must be based on evidence of inadequate or inappropriate behavior that is accurately documented, current, and available for the employee to review.

P-3C.6—In making evaluations and recommendations, we shall make judgments based on fact and relevant to the interests of children and programs.

P-3C.7—We shall make hiring, retention, termination, and promotion decisions based solely on a person's competence, record of accomplishment, ability to carry out the responsibilities of the position, and professional preparation specific to the developmental levels of children in his/her care.

P-3C.8—We shall not make hiring, retention, termination, and promotion decisions based on an individual's sex, race, national origin, religious beliefs or other affiliations, age, marital status/family structure, disability, or sexual orientation. We shall be familiar with and observe laws and regulations that pertain to employment discrimination. (Aspects of this principle do not apply to programs that have a lawful mandate to determine eligibility based on one or more of the criteria identified above.)

P-3C.9—We shall maintain confidentiality in dealing with issues related to an employee's job performance and shall respect an employee's right to privacy regarding personal issues.

Ethical Responsibilities to Community and Society

Early childhood programs operate within the context of their immediate community made up of families and other institutions concerned with children's welfare. Our responsibilities to the community are to provide programs that meet the diverse needs of families, to cooperate with

agencies and professions that share the responsibility for children, to assist families in gaining access to those agencies and allied professionals, and to assist in the development of community programs that are needed but not currently available.

As individuals, we acknowledge our responsibility to provide the best possible programs of care and education for children and to conduct ourselves with honesty and integrity. Because of our specialized expertise in early childhood development and education and because the larger society shares responsibility for the welfare and protection of young children, we acknowledge a collective obligation to advocate for the best interests of children within early childhood programs and in the larger community and to serve as a voice for young children everywhere.

The ideals and principles in this section are presented to distinguish between those that pertain to the work of the individual early childhood educator and those that more typically are engaged in collectively on behalf of the best interests of children—with the understanding that individual early childhood educators have a shared responsibility for addressing the ideals and principles that are identified as “collective.”

Ideal (Individual)

I-4.1—To provide the community with high-quality early childhood care and education programs and services.

Ideals (Collective)

I-4.2—To promote cooperation among professionals and agencies and interdisciplinary collaboration among professions concerned with addressing issues in the health, education, and well-being of young children, their families, and their early childhood educators.

I-4.3—To work through education, research, and advocacy toward an environmentally safe world in which all children receive health care, food, and shelter; are nurtured; and live free from violence in their home and their communities.

I-4.4—To work through education, research, and advocacy toward a society in which all young children have access to high-quality early care and education programs.

I-4.5—To work to ensure that appropriate assessment systems, which include multiple sources of information, are used for purposes that benefit children.

I-4.6—To promote knowledge and understanding of young children and their needs. To work toward greater societal acknowledgment of children’s rights and greater social acceptance of responsibility for the well-being of all children.

I-4.7—To support policies and laws that promote the wellbeing of children and families, and to work to change those that impair their well-being. To participate in developing policies and laws that are needed, and to cooperate with other individuals and groups in these efforts.

I-4.8—To further the professional development of the field of early childhood care and education and to strengthen its commitment to realizing its core values as reflected in this Code.

Principles (Individual)

P-4.1—We shall communicate openly and truthfully about the nature and extent of services that we provide.

P-4.2—We shall apply for, accept, and work in positions for which we are personally well-suited and professionally qualified. We shall not offer services that we do not have the competence, qualifications, or resources to provide.

P-4.3—We shall carefully check references and shall not hire or recommend for employment any person whose competence, qualifications, or character makes him or her unsuited for the position.

P-4.4—We shall be objective and accurate in reporting the knowledge upon which we base our program practices.

P-4.5—We shall be knowledgeable about the appropriate use of assessment strategies and instruments and interpret results accurately to families.

P-4.6—We shall be familiar with laws and regulations that serve to protect the children in our programs and be vigilant in ensuring that these laws and regulations are followed.

P-4.7—When we become aware of a practice or situation that endangers the health, safety, or well-being of children, we have an ethical responsibility to protect children or inform parents and/or others who can.

P-4.8—We shall not participate in practices that are in violation of laws and regulations that protect the children in our programs.

P-4.9—When we have evidence that an early childhood program is violating laws or regulations protecting children, we shall report the violation to appropriate authorities who can be expected to remedy the situation.

P-4.10—When a program violates or requires its employees to violate this Code, it is permissible, after fair assessment of the evidence, to disclose the identity of that program.

Principles (Collective)

P-4.11—When policies are enacted for purposes that do not benefit children, we have a collective responsibility to work to change these practices.

P-4.12—When we have evidence that an agency that provides services intended to ensure children's well being is failing to meet its obligations, we acknowledge a collective ethical responsibility to report the problem to appropriate authorities or to the public. We shall be vigilant in our follow-up until the situation is resolved.

P-4.13—When a child protection agency fails to provide adequate protection for abused or neglected children, we acknowledge a collective ethical responsibility to work toward the improvement of these services.

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