

Handicare Parent Manual

Handicare is a child care facility licensed by the State of Iowa and follows all the rules and regulations as outlined by the Child Care Licensing Standards. A copy of these standards is available by request or can be found on the DHS website as Chapter 109 of the administrative rules. Many of the policies and procedures in this manual were taken directly from Caring for Our Children, Health and Safety Standards, third edition.

Each year we continue to refine our program using sound business practices. Handicare's Board of Directors and employees, along with community professionals work together as a team to assure that each child receives the highest level of quality care possible.

Handicare's children, families and employees come from varying backgrounds and have varying needs. We are given the chance to make a very positive impact on each others lives. We encourage you to take advantage of the opportunity to broaden your horizons and make a difference in the lives of many children.

This manual is designed to make you familiar with Handicare's policies and procedures. It is by no means comprehensive, but will help by answering many of the questions you may have so that you can concentrate the bulk of your efforts on enjoying our program.

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WELCOME

Handicare realizes that children are the key to our world's future. Our mission is to provide quality care and education to children in a caring and cost effective manner. We believe that children must be loved, nurtured and guided in a consistent, safe, and pleasant environment so that each grows into a secure, happy, and productive adult. We provide stimulating, developmentally appropriate activities to challenge and assist children in learning about themselves and their world.

We also believe that parents are the experts on their children! Our job is to supplement their care while the children are here with us. Open communication between parents and employees helps to develop and implement consistent expectations for the children. Since we are also individuals that are growing and changing, we welcome any comments and appreciate any suggestions that would improve the care we give.

Welcome to the Handicare family!

HISTORY

In 1981, Handicare's original facility opened in the home of Ann Riley and was licensed for 15 children. Handicare expanded in November of 1985 to a center located in the downtown Iowa City area. This space was licensed for 70 children. In the summer of 1990, Handicare added a school complement program (Kid's Club).

Finally our moving days were over in October of 1991, when the current facility located at 2220 9th Street in Coralville was completed. In May of 2003 the adjacent building was purchased allowing Handicare to serve more families. Today Handicare is licensed for 235 children.

FACILITIES

Handicare's child care and preschool rooms are located at 2220 Ninth Street and our school complement program, Kid's Club, is located at 2240 Ninth Street in Coralville. The two programs share playground space. Handicare is located two blocks from a major Iowa City-Coralville thoroughfare and is on the Iowa City-Coralville transit line. We are open M-F from 6:30am until 6:30pm.

Handicare's licensed capacity is 235 children. Our buildings meet ADA standards and have five wheelchair accessible entrances. The program is divided into 17 classrooms. The lower level of the main building is designed to accommodate children from infancy through the age of two. The upper level is designed for children three years old and older. The classrooms are arranged so that all the children have easy access to developmentally appropriate activities and materials. Classrooms are equipped with a sink to facilitate easy clean up and to help with infection control. There are diaper changing rooms and bathrooms accessible to each age group and a drinking fountain in each wing. Our facility has two dining rooms, one on each level of the main building, that are used for all mealtimes and cooking activities. Within our program space we also have five offices, a conference room, an employee break room and a large commercial kitchen.

Handicare has three outdoor play areas, which include age appropriate play equipment designed with children's special needs and interests in mind. One is for children two years old and younger. The other two are for children three years of age and older. Safety and accessibility of the equipment were a priority when they were chosen. The safety tiles under our swings and climbers meet National Safety Standards and improve accessibility to the equipment.

EMPHASIS

Handicare's program is focused on providing quality care and education that meets individual and family needs. Interagency coordination and team efforts are used to plan and implement activities that promote each child's development.

Handicare consists of three programs:

- The child care component of the program is for children from infancy through two years of age. The infant rooms follow each individual child's eating and napping schedule. Play times and stimulating interactions are provided to meet each child's developmental needs. Toddler classrooms follow a more structured routine and incorporate some group times into the daily schedule. Learning centers are made available to help teach children about themselves and their environment. Daily lesson plans are developed to promote overall development and help the children acquire the social and emotional skills needed to succeed;
- Beginning at the age of three, children are introduced to a preschool curriculum. Handicare uses the Creative Curriculum to guide our planning of developmentally appropriate lessons that focus on school readiness and social/emotional development. Learning centers are made available to help teach children about themselves and their environment and group times are incorporated into the schedule each day;
- Handicare offers a school complement program to children in kindergarten through third grade. Because these children are receiving their educational support from the public school system our emphasis is on social and leisure activities. We provide care before and after school, on school conference days, during winter and spring breaks, and during the summer. Provided Handicare is not also closed due to weather conditions, we provide care on days that the public schools are closed due to inclement weather. We provide transportation to and from Coralville Central, Kirkwood, Kate Wickham, and Borlaug Elementary schools during the school year but not during summer school sessions.

AGENCY BELIEFS

Handicare's philosophy is that children are children first, even though they may have special needs. All young children should have the opportunity to grow and develop to their maximum potential in a nurturing and supportive environment.

We also believe that:

- It takes a team of adults working together to provide consistent guidance to children;
- Parents are the experts on their child's needs and should be consulted for ideas on day-to-day activities as well as any behavior concerns;
- All children should have the opportunity to grow and develop to their maximum potential in the least restrictive environment possible;
- All children progress through similar developmental stages at individual rates;
- The development of positive self esteem and appropriate social skills should be the primary focus of group activities;
- A child's success may require adaptations that are made to include, rather than exclude, a child from an activity;
- Families may need assistance in providing daily care to their children. The hours that the children spend away from their family are our opportunity to share in the child's growth and development.

PERSONNEL

Board of Directors

Handicare's Board of Directors is comprised of Handicare's parents and community professionals. Handicare employees may attend the meetings as non-voting members. Board meetings are held bi-monthly and are open to parents and to the public.

Indirect Care Employees

The following is a list of indirect care employees whose responsibilities vary greatly but are always available to assist with routine care as needed:

Executive Director
Assistant Director
Administrative Assistant
Finance Coordinator
Facility Coordinator
Food Services Coordinator

Direct Care Employees

Handicare utilizes the Department of Human Services' minimum requirements to guide our adult to child ratios. These requirements are as follows:

<u>AGE</u>	<u>MINIMUM RATIO</u>
2 weeks to 2 years	one adult to every four children
2 years	one adult to every six children
3 years	one adult to every eight children
4 years	one adult to every twelve children
5 years to 10 years	one adult to every fifteen children
10 years and over	one adult to every twenty children

At present, we have a ratio of 1:4 in the infant and one year old classrooms. The two-year-old classrooms maintain a ratio of 1:6 or less. We are committed to, if at all possible, having fewer children per adult than the State requirements.

Handicare maintains an ongoing relationship with the University of Iowa's Departments of Nursing, Education, and Social Work to provide hands on experience for U of I students. These students are volunteers in our program and are supplements to our adult to child ratio.

Handicare has at least one full time Lead Teacher in each age group. The Lead Teacher is responsible for planning and implementing the daily lesson plans following the framework of the Creative Curriculum. The activities must be developmentally appropriate for the skills of the children in the classroom. The Assistant Teachers are under the direct supervision of the Lead Teachers. The Assistant Teachers are responsible for assisting with the daily activities in the classroom and also acting as the Lead Teacher in his or her absence.

Handicare's employees are expected to act as good role models for the children through their actions and/or choice of words to motivate and direct the children. If you have any concerns about an employee's actions, please share them with the individual employee or with the Director.

Volunteers

All volunteers must be at least 16 years of age and sign a statement indicating...

- Whether or not they have a conviction of any law in any state or any record of founded child abuse or dependent adult abuse in any state. All volunteers must pass both state and national criminal record & child and dependant adult abuse registry checks.
- Whether or not they have a communicable disease or other health concern that could pose a threat to the health, safety or well being of the children.
- They have been informed of their responsibility as a mandatory reporter of child abuse.

REQUIREMENTS FOR ENROLLMENT

Parents will be given a packet of paperwork to be completed upon enrollment. The packet includes the Parental Authorization and Pick up Form, the Child's Information Sheet, the Physical and Immunization forms, the Nutrition Application/Child Care Enrollment form, and the Client Contract. These forms must be completed prior to a child's first day at Handicare. Periodically parents will be asked to update these forms. Failure to update the required forms when asked to do so could result in suspension of a child's enrollment at Handicare.

For a child to remain enrolled it is also expected that account balances be paid in full by the 10th working day of each month unless other arrangements have been made. For more information see Payment for Services.

ABSENCES

We become concerned when a child doesn't arrive at his scheduled time or is absent without advanced notice. Parents, please make sure that you call Handicare as soon as possible if your child will be absent or late due to illness, doctor appointment, vacation or a change in your schedule.

HOLIDAYS

Handicare will be closed for the following holidays:

New Year's Day
Memorial Day
Independence Day (July 4th)
Labor Day
Thanksgiving Day
The day after Thanksgiving
Christmas Eve
Christmas Day

If any of these holidays fall on a weekend, then Handicare's Board of Directors will decide if we will close on a Friday or Monday to follow general employment practices. All families and employees will be notified of the Board's decision at least 30 days in advance of any change.

PROGRAM ACTIVITIES FOR HEALTHY DEVELOPMENT

Written Daily Activity Plan

Handicare establishes and implements a written, planned program of daily activities based on the children's individual development at each stage of early childhood. The objective of the program of daily activities is to foster incremental developmental progress. Written plans are posted outside of each classroom door.

Handicare's activities include:

- Both structured and unstructured times;
- Both teacher-directed and child-initiated experiences;
- Family involvement activities.

A planned but flexible schedule/routine that allows children to make decisions about their activities fosters independence and creative expression.

Diversity in Enrollment and Curriculum

Handicare works to increase understanding of cultural, ethnic, and other differences by enrolling children who reflect the cultural and ethnic diversity of the community and by providing cultural curricula that engages children and teaches multicultural learning activities. Children who participate in programs that reflect and show respect for the cultural diversity of their communities learn to understand and value cultural diversity.

Helping Families Cope with Separation

Caregivers will help the child and parents cope with the experience of separation.

For the child, this is accomplished by:

- Encouraging parents to spend time in the classroom with their child;
- Enabling the child to bring to Handicare tangible reminders of home/family such as a favorite toy or a picture of self and parent;
- Helping the child to play out themes of separation and reunion;
- Frequently exchanging information between the child's parents and caregivers, including activities and routine care information;
- Reassuring the child about the parent's return;
- Ensuring that the caregiver(s) are consistent both within the parts of a day and across days.

For the parents, this is accomplished by:

- Validating their feelings;
- Encouraging parents to discuss their feelings;
- Providing parents with evidence, such as photographs, that their child is being cared for and is enjoying the activities in the classroom.

Depending on the child's developmental stage, the impact of separation on the child and parent will vary.

Toilet Training/Learning

Handicare assists with teaching children how and when to use the toilet. Toilet learning/training, when initiated, will follow a prescribed, sequential plan that is developed and coordinated with the parent's plan for implementation in the home environment and will be based on the child's developmental level rather than chronological age. To help children achieve bowel and bladder control, caregivers will enable children to take an active role in using the toilet when they are physically able to do so and when parents support their children's learning to use the toilet. Caregivers will take into account the preferences and customs of each child's family. For a child who has not yet learned to use the toilet, Handicare will defer toilet learning/training until the child's family is ready to support this learning and the child demonstrates:

- An understanding of the concept of cause and effect;
- An ability to communicate;
- The physical ability to remain dry for up to 2 hours.

For school-age children, toilet learning/training will include frequent opportunities to use the toilet and an emphasis on appropriate hand washing after using the toilet. Children with special needs may require specific instructions or precautions.

Verbal Interaction

Handicare will assure that children are engaged in verbal exchanges linked to daily events and experiences. To encourage the development of language, caregivers will demonstrate skillful verbal communication and interaction with the children.

- For infants, these interactions will include responses to, and encouragement of, soft infant sounds, as well as naming of objects by the caregivers;
- For toddlers, the interactions will include naming of objects and actions and supporting, but not forcing, the child to do the same;
- For preschool and school-age children, interactions will include respectful listening and responses to what the child has to say, amplifying and clarifying the child's intent.

Conversation with adults is one of the main channels through which children learn about themselves, others, and the world in which they live.

While adults speaking to children teaches the children facts and relays information, the social and emotional communications and the atmosphere of the exchange are equally important. .

Playing Outdoors

Children will play outdoors when weather and air quality conditions do not pose a significant health risk. Outdoor play for infants may include riding in a carriage or stroller; however, infants will be offered opportunities for gross motor play outdoors, as well. Weather that poses a significant health risk includes wind chill at or below 15 degrees F and heat index at or above 90 degrees F, as identified by the National Weather Service. Air quality conditions that pose a significant health risk will be identified by announcements from local health authorities. Children will be protected from the sun by using shade and sunscreen with UVB-ray and UVA-ray protection of SPF-15 or higher, with parental permission. Before prolonged physical activity in warm weather, children will be well-hydrated and will be encouraged to drink water during the activity. In warm weather, children's clothing should be light-colored, lightweight, and limited to one layer of absorbent material to facilitate the evaporation of sweat. In cold weather, children's clothing should be layered and dry. Caregivers will check children's extremities for maintenance of normal color and warmth at least every 15 minutes. Outdoor play is not only an opportunity for learning in a different environment; it also provides many health benefits. Generally, infectious disease organisms are less concentrated in outdoor air than indoor air. Light exposure of the skin to sunlight promotes the production of Vitamin D that growing children require. Open spaces in outdoor areas encourage children to develop gross motor skills and fine motor play in ways that are difficult to duplicate indoors. Nevertheless, some weather conditions make outdoor play hazardous. Caregivers must protect children from adverse weather and air quality. The Iowa Department of Public Health (IDPH), Healthy Child Care Iowa has prepared a convenient color-coded guide for child care providers to use to determine which weather conditions are comfortable for outdoor play, which require caution, and which are dangerous. This guide is available on the website for the IDPH at <http://www.idph.state.ia.us/fch/fam-serv/HCCI/products/weatherwatch.pdf>.

Scheduled Rest Periods and Sleep Arrangements

Handicare provides an opportunity for, but does not require, sleep and rest. We make available a regular rest period for school-aged children, if the child desires. For children who are unable to sleep, Handicare provides time and space for quiet play.

Unless the child has a note from a physician specifying otherwise, infants will be placed in a supine (back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS). Soft surfaces and gas-trapping objects such as pillows, quilts, sheepskins or soft bumpers will not be placed under or with an infant for sleeping. When infants can easily turn over from the supine to the prone position, they will be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep. The supine (back) position presents the least risk of SIDS. Once infants develop the motor skills to move from their back to their side or stomach it is safe to put them to sleep on their backs and allow them to adapt to whatever position makes them comfortable. Repositioning sleeping infants onto their backs is not recommended once the child has learned to turn over easily from supine (back) to prone (front). If a child has an illness or a disability that predisposes the child to airway obstruction in the back sleeping

position, parents should provide Handicare with a physician's note specifying the need for prone sleeping and any other special arrangements required for that child. Unless a parent specifies the need for a positioning device that restricts movement within the child's bed, such devices will not be used.

Conditions conducive to sleep and rest for younger children include a consistent caregiver, a routine quiet place, and a regular time for rest. Most preschool children in all-day care benefit from scheduled periods of rest. This rest may take the form of actual napping, a quiet time, or a change of pace between activities.

Classroom Groupings and Transitions

Handicare's classrooms consist of children in similar developmental stages. We believe that each child is an individual who develops at an individual rate. The transition to another classroom does not always occur on a child's birthday, but rather when the child shows developmental readiness or the team agrees it is in the child's best interest.

Parents are welcome to observe the classrooms of the next age level and request a specific class for their child. Requests should be made in writing. We will do our best to honor requests. Parents and employees will be informed in writing two to four weeks in advance of a transition. Parents are encouraged to visit their child's new classroom during the activity times of a normal day and meet the new teachers and classmates. Some children take more time to feel comfortable with the new settings and slightly different routines. If a child is having a difficult time transitioning, parents and teachers will work together to individualize the process.

Pets

Animals kept on site will be in good health with no evidence of disease, be of such disposition as to not pose a safety threat to children, and be maintained in a clean and sanitary manner. No ferrets, reptiles, including turtles, or birds of the parrot family will be kept on site. Pets will not be allowed in kitchen or food preparation areas.

PROGRAM ACTIVITIES FROM BIRTH TO 35 MONTHS

Interactions with Infants and Toddlers

Caregivers will talk to, listen to, and otherwise interact with young infants as they feed, change, and cuddle them. Adult speech is one of the main channels through which children learn about themselves, others, and the world in which they live. While adults speaking to children teaches the children facts and relays information, the social and emotional communications and the atmosphere of the exchange are equally important.

Space and Activities to Support Learning of Infants and Toddlers

Handicare provides a safe and clean space, both indoors and outdoors, with colorful material and equipment arranged to support learning. Handicare provides opportunities for the children to act upon the environment by experiencing age appropriate obstacles, frustrations, and risks in order to learn to manage inner feelings and resources, as well as the occurrences and demands of the outer world. Handicare provides opportunities for play that:

- Lessen the child's anxiety and help the child adapt to reality and resolve conflicts;
- Enable the child to explore the real world;
- Help the child practice resolving conflicts;
- Use symbols (words, numbers, and letters);
- Manipulate objects;
- Exercise physical skills;
- Encourage language development;
- Foster self-expression;
- Strengthen the child's identity as a member of a family and a cultural community.

PROGRAM ACTIVITIES FOR 3- 5 YEAR-OLDS

Opportunities for Learning for 3- 5 Year-Olds

Handicare provides opportunities for children to observe, explore order and reorder, make mistakes and find solutions, and move from the concrete to the abstract in learning. The most meaningful learning has its source in the child's self-initiated activities. The learning environment that supports individual differences, learning styles, abilities, and cultural values fosters confidence and curiosity in learners.

Selection of Equipment for 3- 5 Year Olds

Handicare selects, for both indoor and outdoor play, developmentally appropriate equipment, for its ability to provide large and small motor experiences, and for its adaptability to serve many different functions, and forms of creative expression. An aesthetic, orderly, appropriately stimulating, child-oriented environment contributes to the preschooler's sense of well-being and control.

Expressive Activities for 3- 5 Year-Olds

Caregivers will encourage and enhance expressive activities that include play, painting, drawing, story telling, music, singing, dancing, and dramatic play. Expressive activities are vehicles for socialization, conflict resolution, and language development. They are, in addition, vital energizers and organizers for cognitive development.

Fostering Cooperation for 3- 5 Year-Olds

Handicare fosters a cooperative rather than a competitive atmosphere. As 3-, 4-, and 5-year-olds play and work together, they shift from almost total dependence on the adult to seeking support from peers. The rules and responsibilities of a well-functioning group help children of this age to internalize impulse control and to become increasingly responsible for managing their behavior. The inevitable clashes and disagreements are more easily resolved when there is a positive influence of the group on each child.

Fostering Language Development for 3- 5 Year-Olds

Handicare is rich in first-hand experiences that offer opportunities for language development. Handicare has an abundance of books of fantasy, fiction, and nonfiction, and provide opportunities for the children to relate stories. Caregivers foster language development by:

- Speaking with children rather than at them;
- Encouraging children to talk with each other by helping them to listen and respond;
- Giving children models of verbal expression;
- Reading books about the child's culture and history, which would serve to help the child develop a sense of self;
- Listening respectfully when children speak.

Language reflects and shapes thinking. First-hand experiences encourage children to talk with each other and with adults, to seek, develop, and use

increasingly more complex vocabulary, and to use language to express thinking, feeling, and curiosity.

Body Mastery for 3- 5 Year-Olds

Handicare offers children opportunities to learn about their bodies and how their bodies function in the context of socializing with others. Caregivers support the children in their curiosity and body mastery, consistent with parental expectations and cultural preferences. Body mastery includes feeding oneself, learning how to use the toilet, running, skipping, climbing, balancing, playing with peers, displaying affection, and using and manipulating space. Masturbatory activity is ignored unless it is excessive, interferes with other activities, or is noticed by other children, in which case the caregiver will make a brief non-judgmental comment that touching of private body parts feels good, but it needs to be done in a private place. After making such a comment, the caregiver will offer friendly assistance in going on to other activities.

Health, Nutrition and Safety Awareness for 3- 5 Year Olds

Handicare addresses health, nutrition, and safety awareness as an integral part of the overall program. Young children learn best through experiencing an activity and observing behavior. There is a reciprocal relationship between learning and play so that play experiences are closely related to learning. Children can accept and enforce rules about health and safety when they have personal experience of why these rules were created.

PROGRAM ACTIVITIES FOR SCHOOL-AGE CHILDREN

Supervised School-Age Activities

Handicare has a program of supervised activities designed especially for school-age children, to include:

- Free choice of play;
- Opportunities to develop physical fitness through a program of focused activity;
- Opportunities for concentration, alone or in a group;
- Time to read or do homework;
- Opportunities to be creative, to explore the arts, sciences, and social studies, and to solve problems;
- Opportunities for community service experience (museums, library, leadership development, senior citizen homes, etc.).

Handicare's school-age program meets the needs of the children for recreation, expanding their interests, learning cultural sensitivity, exploring community resources, and practicing pro-social skills.

Space for School Age Activity

Handicare provides a space for indoor and outdoor activities for children in school-age child care. A safe and secure environment that fosters the growing independence of school-age children is essential for their development.

Developing Relationships for School-Age Children

Handicare offers opportunities to school-age children for developing trusting, supportive relationships with the adults and with peers. Although school-age children need more independent experiences, they continue to need the guidance and support of adults. Peer relationships take on increasing importance for this age group.

Planning Activities for School-Age Children

Handicare offers a program based on the needs and interests of the age group, as well as of the individuals within it. Children will participate in planning the program activities. Handicare's school age program provides an enriching contrast to the formal school program.

Community Outreach for School-Age Children

Handicare provides opportunities for community outreach and involvement of school-age children, such as field trips and community improvement projects. As the world of the school-age child encompasses the larger community, Handicare's activities will reflect this stage of development. Field trips and other opportunities to explore the community enrich the children's experiences.

SUPPORTING CHILDREN WITH SPECIAL NEEDS

Handicare is committed to supporting children with special needs and their families. Handicare partners with Grant Wood Area Education Agency, Iowa City and surrounding area school districts, the Department of Human Services and other local service agencies to provide the support and resources needed for a child to be successful in our program and in the community. Employees will be given individualized orientations for each child with special needs to whom they will be providing care.

On-Site Services for Children with Special Needs

Handicare allows for children who are enrolled at Handicare to receive service on-site from professionals from outside agencies. This may include:

- Specialists from medical clinics the child may attend;
- Occupational, Physical, Speech, and Music Therapists;
- Counselors or mental health service providers (such as play therapists, social workers, psychologists, psychiatrists).

Information will be exchanged only with the prior written, informed consent of the parent. Knowing who is treating the child and coordinating services with these individuals is vital to program implementation. Confidentiality will be respected both with written and verbal communication. Regular contact between professionals working with the child and/or family and Handicare improves coordination of care, minimizes confusion and prevents duplication.

Communication from Specialists

Providers who come into Handicare to provide specialized services to a child should also communicate at each visit with the caregiver who is responsible for sharing information with the parent and providing care to the child. Therapeutic services should be coordinated with the child's general education program. To be most effective, the providers must share the therapeutic techniques with the caregivers and parents who can then integrate them into the child's daily routines.

SUPERVISION

Methods of Supervision

Caregivers directly supervise infants, toddlers, and preschool children by sight and sound at all times, even when the children are in sleeping areas. School-age children will be permitted to participate in activities off the premises with written approval by a parent. Caregivers will regularly count children on a scheduled basis, at every transition, and whenever leaving one area and arriving at another, to confirm the safe whereabouts of every child at all times. Developmentally appropriate adult to child ratios will be met during all hours of operation, including indoor and outdoor play and field trips, following precautions for specific areas and equipment. Supervision is basic to the prevention of harm. Children like to test their skills and abilities. This is particularly noticeable around playground equipment. Even if the highest safety standards for playground layout, design and surfacing are met, serious injuries can happen if children are left unsupervised. Adults who are involved, aware, and appreciative of young children's behaviors are in the best position to safeguard their well-being. Active and positive supervision involves:

- Knowing each child's abilities;
- Establishing clear and simple safety rules;
- Being aware of potential safety hazards;
- Standing in a strategic position;
- Scanning play activities and circulating;
- Focusing on the positive rather than the negative to teach a child what is safe for the child and other children.

Instances have been reported where a child has hidden when the group was moving to another location, or where the child wandered off when a door was opened for another purpose. Regular counting of children will alert the employee to begin a search before the child gets too far or into trouble. Counting children routinely is without substitute in assuring that a child has not slipped into an unobserved location.

If a child is noticed to be missing, the caregiver will ask for the help of the administration to find the child. An administrator will page throughout the building and ask for everyone to search their classrooms and the administrators will check the playgrounds, offices, bathrooms, and dining areas. After a search of the building and grounds is complete, if the child is not found, the parents and police will be notified. The Director will notify the DHS Child care Licensing Consultant that a child is missing. The caregivers assigned to the child will be placed on immediate suspension. The future of those person's employment at Handicare will depend on the findings from the DHS investigation, the circumstances, and the safety level of the child when s/he was found. This is a plan of action; however in all our years of operation, we have not lost a child.

NOTE: Older preschool children and school-age children may use toilet facilities without direct visual observation.

Release of Children

Handicare uses the following procedure to prevent children from leaving the program with unauthorized persons:

- When a child is enrolled at Handicare, a Parental Authorization and Pick-Up Consent Form must be completed. This form lists at least one local person, other than the parent(s), who has permission to pick up the child. No other person(s) will be allowed to pick up a child unless written or verbal permission is given. Parent(s) may add or remove names from this list at any time. NOTE: Children will not be allowed to leave the center with someone who is under the age of 14;
- If a child will be picked up by someone listed on the Parental Authorization and Pick-Up Consent Form, Handicare would like to be notified verbally or in writing as to who will be coming but the child will be released to anyone listed on this form even without prior notification;
- When someone arrives at Handicare to pick up a child, a teacher or administrator will ask for photo identification. If the photo ID verifies the name of someone listed on the Parental Authorization and Pick-Up Consent Form then the child will be released to that person;
- If someone arrives at Handicare to pick up a child and they are not listed on the Parental Authorization and Pick-Up Consent Form, and Handicare has not been notified verbally or in writing that this person is to be picking up the child, the child will not be released until permission can be obtained and identification can be verified;
- As Handicare employees get to know and recognize family members and friends, those individuals will not always be required to show a photo ID. They should however always be prepared to show a photo ID in the event that a new employee does not recognize them;
- Employees are always encouraged to ask for photo identification from anyone picking up a child that the employee does not recognize. That may at times include parents.

Access to Children

Only persons who have been granted access to Handicare's secure building are permitted to move about the building without an escort. This may include all employees, authorized pick-up persons, licensed professionals who are working directly with specific children and some vendors. Anyone else will be escorted through the facility by a Handicare staff member. All adults, including parents and authorized pick-up persons, are monitored by the staff and children are supervised by sight and sound at all times by a Handicare staff.

Non-Center Activities

Handicare is not responsible for the safety and supervision of children when they are participating in non-center activities. Children will not be permitted to participate in non-center activities without parent permission.

UNDER THE INFLUENCE

When a parent or authorized person arrives at Handicare to pick up a child and is obviously under the influence of drugs or alcohol, the employee must not release the child and immediately notify the Director or On-Site Supervisor. The Director or On-Site Supervisor will tell the person that they do not seem to be in a condition to care for the child and the child will not be released to them. If the individual takes the child anyway the Director or On-Site Supervisor will remind the person that they could be arrested for child endangerment if they take the child. The police will be called to report that an intoxicated person has left our program with a child. We will give them a description of the vehicle, the license plate number, the direction they went and the address of the child's residence. Parent(s) will also be notified.

TRANSPORTATION

Handicare's vans are used to transport children to and from Coralville Central, Kirkwood, Kate Wickham, and Borlaug Elementary schools. The students who ride the vans to Handicare after school are the responsibility of Handicare as soon as school releases the children for the day. The students will meet a Handicare employee at a designated door of the school building and wait for the van to arrive. If a school-age child is eligible for transportation to Handicare through the school district it is our preference that this service be utilized to allow Handicare to transport children for which this service is not an option. Handicare does not offer transportation to and from summer school.

The vans are also used to transport children on field trips into the community. Mandated staff to child ratios will be maintained whenever children are being transported.

Competence and Training of Those Permitted to Transport

At least one adult who accompanies or drives children for field trips and out-of-facility activities will receive training about child development and procedures to ensure the safety of all children. The caregiver must hold a valid pediatric first aid certificate, including rescue breathing and management of blocked airways. All drivers receive instructions in safety precautions. These instructions include:

- Use of developmentally appropriate safety restraints;
- Proper placement of the child in the motor vehicle;
- Handling of emergency situations. If a child has a chronic medical condition that could result in an emergency (such as asthma, diabetes, seizures), the driver or chaperone will have written instructions including parent emergency contacts, child summary health information, special needs, and treatment plans, and will be trained to;
 - Recognize the signs of a medical emergency;
 - Know emergency procedures to follow;
 - Have on-hand, any emergency supplies or medications necessary;
- Defensive driving;
- Child supervision during transport, including never leaving a child unattended in a vehicle.

Qualification for Drivers

Any driver who transports children for Handicare will be at least 25 years of age and will have:

- A valid driver's license that authorizes the driver to operate the vehicle being driven;
- No record of substance abuse or conviction for crimes of violence or child abuse;
- No alcohol or other drugs associated with impaired ability to drive within 12 hours prior to transporting children. Drivers will ensure that any prescription drugs taken will not impair their ability to drive;
- No criminal record of crimes against or involving children, child neglect or abuse, or any crime of violence.

Vehicle Safety Restraint

A child will be transported only if the child is fastened in an approved developmentally appropriate safety seat, seat belt, or harness appropriate to the child's age and/or weight, and the restraint is installed and used in accordance with the manufacturers' instructions for the car seat and the motor vehicle. Each child must have an individual seat belt and be positioned in the vehicle in accordance with the requirements for the safe use of air bags in the back seat. Children weighing over 40 pounds will have access to belt-positioning booster seats with lap and shoulder belts if requested by a parent. Children weighing less than 40 pounds will use car safety seats.

Child Behavior During Transportation

Children, as both passengers and pedestrians, will be instructed in safe transportation behavior with terms and concepts appropriate for their age and stage of development. Teaching passenger safety to children reduces injury from motor vehicle crashes to young children. Young children need to develop skills that will aid them in assuming responsibility for their own health and safety. The following safety rules apply to children using Handicare's vans for transportation:

- Children should be at their designated pick up location within five minutes of dismissal;
- Children are to stay off the roadway at all times when waiting for the van to arrive;
- When boarding or leaving the van, children must wait for a signal from the driver that it safe to do so.
- Children should never walk in front of or behind the van without an adult;
- Children are to line up to load and unload the van in a mannerly fashion;
- Children should immediately find a seat on the van and put on the seat belt or ask for help with the seat belt if needed. Failure of the child to keep their seat belt on while the van is moving will result in the van stopping until the child is safely secured again;
- Children must keep their arms and head inside the van at all times and refrain from throwing objects within the van or out the window. Children are not allowed to open the windows of the van;
- Eating, drinking or gum chewing is not permitted on the van;
- Children must conduct themselves in an acceptable manner at all times. Fighting, yelling, using vulgar language, acting rudely or abusively, damaging the van or any other abusive behaviors are not permitted;
- Children are to wait until the van comes to a complete stop before taking off their seat belts;
- If a student is behaving in such a way that it is an immediate threat to themselves or to other riders in the van, the student may be suspended from using our transportation service.

Field Trip Procedures

The Lead Teacher must fill out a field trip form at least two-weeks in advance for approval. When going on a field trip, each child in a classroom must be assigned to a teacher to assure that one adult is responsible for each child's safety.

Attendance and emergency sheets must be with the group at all times. When a group of children is off site there must be at least one adult over the mandated adult to child ratio.

DISCIPLINE

Discipline Measures

Discipline will include positive guidance, redirection, and setting clear limits that foster the child's ability to become self-disciplined. Disciplinary measures will be clear and understandable to the child, will be consistent, and will be explained to the child before and at the time of any disciplinary action. Caregivers will guide children to develop self-control and orderly conduct in relationships with peers and adults. Caregivers will show children positive alternatives rather than just telling children "no." Caregivers will care for children without resorting to physical punishment or abusive language. Caregivers will acknowledge and model desired behavior. For children 3 or over, Handicare selectively use "time out" only to enable the child to regain control of him or herself. The caregiver will keep the child within visual contact. The caregiver will take into account the child's developmental stage, tolerances, and ability to learn from "time out." Discipline is most effective when it is consistent, reinforces desired behaviors, and offers natural and logical consequences for negative behaviors. Children have to be given understandable guidelines for their behavior if they are to develop internal control of their actions. The aim is to develop personal standards in self-discipline, not to enforce a set of institutional rules. Discipline should be an ongoing process to help children develop inner control so they can manage their own behavior in a socially approved manner. Positive discipline may include brief, supervised separation from the group, or withdrawal of privileges, such as playtime with other children. Natural consequences are effective and useful if not associated with injury (for example, when a child misuses and breaks a toy, the toy does not work any more). Logical consequences of an action (such as not being able to play in the sandbox for a time as a consequence of throwing sand) are also effective methods of positive discipline. "Time out" should not be used with infants and toddlers, as they are too young to cognitively understand this consequence.

Biting

Handicare recognizes that biting is, unfortunately, not unexpected when children are in group care. We are always upset when children are bitten in our program, and we recognize how upsetting it is for parents. There are many reasons children may bite. Sometimes the biting is related to teething. Sometimes children bite to express feelings they can't express with words yet. We have seen children bite when they are frustrated, and we have seen them bite in the excitement of a happy moment. No one can predict which children will bite, but we are ready to help children who do bite learn other behavior. We are also ready to give treatment, sympathy, and advice to children who are bitten. Here are the ways we work to prevent biting and how we respond to it when it does happen.

First, we try to program the day to avoid boredom, frustration, or over stimulation. We provide a calm and cheerful atmosphere with a mix of stimulating and soothing, age-appropriate activities and with multiples of favorite toys. We also work to model acceptable and appropriate behaviors for the children, helping

them to learn words to express their feelings and giving them tools to resolve conflicts with our help.

Second, if a bite does occur, we help the child who was bitten. We reassure him or her and care for the bite. If the skin is not broken, we use a cold pack. If the skin is broken, we follow medical advice and clean the bite with soap and water. If it is likely that the bite may get dirty, we will also cover it to keep it clean. When a child is bitten, a staff will let the parents know about the bite. The staff will complete an incident report for the parent to sign when the child is picked up at the end of the day. Parents can request to keep a copy of the incident report if they would like. We will keep a copy in the child's file in the main office.

Third, we respond to the child who did the biting. We show the children strong disapproval of biting. Our specific response varies depending on the circumstances, but our basic message is that biting is the wrong thing to do. We help the child who bit learn different, more appropriate behavior, and we let the parents know that there's an ongoing problem so we can work together to solve it. The teachers fill out a biting log for the child who bit. The biting log helps us to track the circumstances surrounding the biting incident so that if this issue becomes ongoing, we can analyze the cause of biting. We work to develop a plan to address the causes of the biting, and we put all our energy into keeping children safe and helping children who are stuck in biting patterns.

We wish that we could guarantee that biting will never happen in our program, but we know there is no such guarantee. Parents can count on us to deal appropriately with biting so that it will end as quickly as possible. We will support children whether they bite or are bitten. We want the best for all the children at Handicare.

Using Physical Restraint

Physical restraint will be used only in an emergency situation to protect the child, other children, or staff from imminent, serious, physical harm and only if removal from the situation is not an option. Restraint will not be used as punishment, for the convenience of staff or as a substitute for a nonaversive program. Corporal punishment and verbal or physical abuse are prohibited.

Suspension for Aggressive Behavior

Handicare recognizes that children do not develop patterns of negative behaviors overnight. Therefore we want to be proactive in helping caregivers and children develop skills that assist children in learning to resolve conflict and solve problems.

At times it is in the best interest of a child or group of children that a child be suspended from Handicare to assure Handicare's program provides a safe and nurturing environment for all children.

If a child age three or older demonstrates a pattern of aggressive behaviors that injures other children or adults and requires regular removal from the group, the child may be suspended or discharged.

FAMILY / EMPLOYEE RELATIONSHIPS

Mutual Responsibility of the Parents and Employees

Parents and caregivers are encouraged to speak freely to each other about concerns and suggestions. There is a reciprocal responsibility of the family and caregiver to observe, participate and be trained in the care that each child requires. All aspects of Handicare are designed to facilitate parental input and involvement. Involved, non-custodial parents have access to the same developmental and behavioral information given to the custodial parent, if they have joint legal custody, permission by court order, or written consent from the custodial parent. Caregivers should informally share with parents daily information about their child's needs and activities. The child's learning of new skills is a continuous process occurring both at home and in child care. Children's experience in child care will be most beneficial when parents and caregivers develop feelings of mutual respect and trust. In such a situation, children feel a continuity of affection and concern, which facilitates their adjustment to separation. An ongoing source of stress for an infant or a young child is the separation from those they love and depend upon. Of the various programmatic elements at Handicare that can help to alleviate that stress, by far the most important is the comfort in knowing that parents and caregivers know the children and their needs and wishes, are in close contact with each other, and can respond in ways that enable children to deal with separation. The encouragement and involvement of parents in the social and cognitive leaps of preschoolers provide parents with the confidence vital to their sense of competence. Communication should be sensitive to ethnic and cultural practices. The parent/caregiver partnership models positive adult behavior for school-age children and demonstrates a mutual concern for the child's well-being. In families where the parents are separated, it is usually in the child's best interest for both parents to be involved in the child's care, and informed about the child's progress and problems in care. However, it is generally up to the courts to decide who has legal custody of the child.

Parent Visits/Volunteering

Parents may visit their child at Handicare at any time. We have an "open door" policy, which means parents are encouraged to drop in anytime during our hours of operation to visit or play with their child

When parental contact is prohibited, the parent or agency that has custody of the child must provide Handicare with a written court order documenting the restriction. If the restricted parent would arrive at our program, the court order would allow us to receive police intervention while asking that parent to leave. If no court order is on file at Handicare, then we can inform the custodial parent that the restricted person is at Handicare, however we cannot physically stop the person from taking the child.

We encourage parent participation on field trips or during special holiday activities at the center. Parents are encouraged to share information about their family traditions and holidays during group time activities. Parents are also encouraged to attend or join our Board of Directors. Parents can also help with

fundraising events and at social gatherings, such as potlucks and picnics. We always appreciate everyone who shares time and talents by volunteering. All volunteers must sign a non-conviction statement and complete a criminal record check form.

COMMUNICATION

Parents will expect caregivers to:

- Greet their child upon arrival;
- Pass on messages;
- Talk and interact with their child throughout the day;
- Acknowledge the departure of their child.

Confidentiality

Information about children, employees and their families will be kept confidential and in-house unless an Authorization for Exchange of Information form is signed.

- Employees may share pertinent information with appropriate co-workers within Handicare's facility;
- Information about a child's family will be shared with employees only when that knowledge is deemed necessary to provide the most appropriate care for the child in our setting;
- Confidential employee personnel records will be kept in a separate file cabinet and not shared with other employees unless the employee authorizes such action.

Daily Communication Sheets

Parents of infants and toddlers will receive written daily sheets that will provide information about feeding/mealtimes, diapering/toileting, naptime(s), and activities for the day.

Parents of Preschool age children can find a summary of each day's events and activities posted outside the classroom. Upon request, teachers can make copies of this summary for children to take home.

Handicare encourages parent and caregivers to speak directly with each other at the beginning and end of each day. Phone calls are encouraged if parents have questions or want additional information on how your child is doing. Naptime is between 12:30pm and 2:30pm daily and is an ideal time for parents to call their child's teacher. We have an automated phone system for the times when no one is available to answer the phone. Parents can leave a message and someone will return their call as soon as possible.

Parent/Teacher Conferences

Along with short informal daily conversations between parents and caregivers, planned communication (for example, parent conferences) can be scheduled with at least one parent of every child in care:

- To review the child's development and adjustment to care;
- To reach agreement on appropriate disciplinary measures;
- To discuss the child's strengths, specific health issues, and concerns such as persistent behavior problems, developmental delays, special needs, or eating or sleeping problems.

Additional conferences will be scheduled if the parent or caregiver has a concern at any time about a particular child. Any concern about a child's health or development will not be delayed until a scheduled conference date.

Handicare encourages our participation in any team meetings a family may have as it relates to their child's needs. This may include Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP), Individual Service Plan (ISP) or Family Team Meetings. This ensures that everyone involved is working toward the same goal to maximize the child's progress.

Parent Consent for Evaluation

Handicare requires parental consent and participation when significant decisions involving their child's services are made and during the process of formal evaluation of a child. Parents will be explicitly invited to:

- Participate in discussions of the results of their child's evaluations and the relationship of their child's needs to the caregivers' ability to serve that child appropriately;
- Give alternative perspectives;
- Share their expectations and goals for their child and have these expectations and goals integrated with any plan for their child.

To provide services effectively, caregivers must recognize parents' observations and reports about the child and their expectations for the child, as well as the family's need of child care services. A marked discrepancy between professional and parental observations of, or expectations for, a child necessitates further discussion and development of a consensus on a plan of action. Parents need to have accurate information about their children. An evaluation of a child is completed only when a Handicare employee has discussed the information with the parent.

HEALTH PROMOTION

Handicare has several policies in place that help assure that the children enrolled are cared for appropriately and in a healthy environment. These policies affect both the children and the employees at Handicare. Parents and employees at Handicare create a partnership in the implementation of these policies so that they can accomplish the goal of maintaining a healthy environment.

The intake packet that parents complete contains all of the health forms that Handicare requires and is kept in each individual child's confidential file. Parents are responsible for reporting to Handicare any changes to these health forms when they occur. Parents will be asked to update these forms at least annually.

The intake packet includes:

- Names, phone numbers, and addresses of the child's physician and dentist;
- Name of the local hospital the child should be taken to in the event of an emergency;
- Consent to obtain emergency medical care, along with current insurance information;
- A current physical record for children 5 and under or a health assessment for school aged children;
- A current immunization record. Parents must update their child's immunizations in our records as the child receives them.

Routine Health Care

Handicare requires that each child have a routine physical at least annually by the child's healthcare provider that includes the administration of required immunizations. Provision of routine preventive health services helps detect disease when it is most treatable and prevents diseases for which effective vaccines are available.

Immunization Documentation

Handicare requires that all children enrolling in care provide written documentation of immunizations appropriate for the child's age. Infants, toddlers, older children, and adolescents should be immunized as specified in the Recommended Childhood Immunization Schedule developed by the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practice of the Centers for Disease Control and Prevention (CDC), and the American Academy of Family Practice (AAFP) (AA). Routine immunization at the appropriate age is the best means of preventing vaccine-preventable diseases.

If immunizations are not to be administered because of a medical condition, a statement from the child's health care provider documenting the reason why the child is exempt from the immunization requirement will be on file. If immunizations are not given because of parents' religious beliefs, a waiver signed by the parent will be on file.

Inclusion/Exclusion of Children with Illness

Each child will have direct contact with a staff person upon arrival for early detection of apparent illness, communicable disease, or unusual condition or behavior that may adversely affect the child or group. The parent or other person the parent authorizes will be notified immediately when a child has any sign or symptom that requires exclusion from Handicare. Handicare will provide a quiet area under supervision for the child to rest until a parent or authorize person arrives. Handicare may ask the parents to consult with the child's health care provider and ask the parents to inform Handicare of the advice received from the health care provider. With the exception of head lice for which exclusion at the end of the day is appropriate, Handicare will temporarily exclude a child or send the child home as soon as possible if one or more of the following conditions exists:

- The illness prevents the child from participating comfortably in activities as determined by Handicare;
- The illness results in a greater need for care than Handicare can provide without compromising the health and safety of the other children as determined by the child care provider;
- The child has any of the following conditions:
 - Fever as defined as an elevation of body temperature above normal. Oral temperatures above 101 degrees F, rectal temperatures above 102 degrees F, or axillary (armpit) temperatures above 100 degrees F usually are considered to be above normal in children.
 - Symptoms and signs of possible severe illness until medical professional evaluation finds the child able to included at the facility. Symptoms and signs of possible severe illness may include
 - lethargy that is more than expected tiredness,
 - uncontrolled coughing,
 - inexplicable irritability or persistent crying,
 - difficult breathing,
 - wheezing, or
 - other unusual signs for the child;
 - Diarrhea, defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool, that is not contained by the child's ability to use the toilet. Children with diarrheal illness of infectious origin generally may be allowed to return to child care once the diarrhea resolves. Children whose stools remain loose but who, otherwise, seem well need not be excluded;
 - Blood in stools not explainable by dietary change, medication, or hard stools;
 - Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration;
 - Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms;

- Mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious;
- Rash with fever, until a physician determines that these symptoms do not indicate a communicable disease;
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until after treatment has been initiated;
- Pediculosis (head lice), from the end of the day until after the first treatment;
- Scabies, until after treatment has been completed;
- Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care;
- Impetigo, until 24 hours after treatment has been initiated;
- Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;
- Varicella-Zoster (Chickenpox) or Shingles, until all sores have dried and crusted (usually 6 days);
- Pertussis (Whooping Cough), until 5 days of appropriate antibiotic treatment has been completed;
- Mumps, until 9 days after onset of parotid gland swelling;
- Hepatitis A virus, until 1 week after onset of illness, jaundice, or as directed by the health department when passive immunoprophylaxis has been administered to appropriate children and employees;
- Measles, until 4 days after onset of rash;
- Rubella, until 6 days after onset of rash;

Handicare will make the decision about whether a child meets or does not meet the exclusion criteria for participation and the child's need for care relative to our ability to provide care. If parents and Handicare employees disagree, and the reason for exclusion relates to the child's ability to participate or our ability to provide care for the other children, Handicare will not be required by a parent to accept responsibility for the care of the child during the period in which the child meets Handicare's criteria for exclusion.

Handicare will maintain a record for tracking childhood illness within the center that will include the name of the affected child, date and time of the illness, a description of symptoms, the response of the caregiver to the symptoms, who was notified and the response.

Constant exposure to sick children can frequently result in sick employees and more sick children. The illness cycle is very difficult to break. To prevent increased exposure to illness, the parent or the parent's designee is expected to pick up an ill child from Handicare within one hour.

Parent Notification about Exposure to Communicable Disease

Handicare will follow the recommendations of the local health authority regarding notification of parents of children who attend the facility about exposure of their child to a communicable disease. When notification is recommended, it will be oral or written and will include the following information:

- The diagnosed disease to which the child was exposed, whether there is one case or an outbreak, and the nature of the exposure (such as a child in same room or center);
- Signs and symptoms of the disease that the parent should watch for in the child;
- Mode of transmission for the disease;
- Period of communicability and how long to watch for signs and symptoms of the disease;
- Disease-prevention measures recommended by the health department (if appropriate);
- Control measures implemented at Handicare;

Communicable Diseases that Require Parent Notification

In cooperation with the health department, Handicare or the health department will inform parents of children who attend Handicare that their child may have been exposed at Handicare to the following diseases or conditions:

- Neisseria meningitidis (meningitis);
- Pertussis (Whooping Cough);
- Streptococcal infections. See Group A Streptococcal (GAS) Infection;
- Varicella-Zoster (Chickenpox) Virus;
- Skin infections (head lice, scabies, and ringworm);
- Infections of the gastrointestinal tract (often with diarrhea) and hepatitis A virus (HAV);
- Haemophilus influenzae type B (Hib);
- Parvovirus B19 (fifth disease);
- Measles;
- Tuberculosis;

Permissible Administration of Medications

Children in child care often need medications including both prescription and nonprescription medications. Handicare employees can administer these medications when a parent or guardian completes a written Medication Sheet. The Medication Sheet documents the name of the child, the name and dose of the medication to be given, the exact date(s) and time(s) the medication is to be given, if the medication is to be administered orally or otherwise, and the symptoms or reason for the medication. A parent or guardian must sign this form to validate the information is correct and authorize Handicare employees to administer the medication. If the case of medications that are administered on an ongoing, long-term basis, authorization will be obtained for a period not to exceed the duration of the prescription.

After administering the medication, the employee will record the time the medication was given, the dose that was given, and his/her own initials. If the medication was not given, the employee must indicate on the authorization form the reason the medication was not given. Reasons for not giving a medication might include; the child was absent or the medication was not brought to Handicare.

The administration of medicines at Handicare will be limited to:

- Prescribed medications ordered by a health care provider for a specific child, with written permission of the parent or legal guardian;
- Nonprescription (over-the-counter) medications recommended by a health care provider or parent for a specific child or for a specific circumstance for any child in the facility, with written permission of the parent or legal guardian.

Medication Errors

If an error occurs in administering a medication (i.e. the incorrect dose is given, the incorrect medication is given, etc.) the employee will notify the Director or an On-Site Supervisor immediately and document the error on a medication error form.

Safety Tips for Medication Administration

- ✓ Medications should not be given without a parent or guardian's permission;
- ✓ Medications should not be documented until after the medication has been given to the child;
- ✓ Employees should not converse with others when in the process of giving a medication;
- ✓ Medications should not be left unattended;
- ✓ Medications from unmarked containers should not be given;
- ✓ One child's medication should not be given to another child;
- ✓ Medication that has fallen on the floor should not be given;
- ✓ Employees should not give a medication that someone else has prepared;
- ✓ Listen to the child if they question a medication;

Labeling and Storage of Medications

Any prescribed medication brought into Handicare by the parent, legal guardian, or responsible relative of a child will be dated, and will be kept in the original container. The container will be labeled by a pharmacist with:

- The child's first and last names;
- The date the prescription was filled;
- The name of the health care provider who wrote the prescription, the medication's expiration date;
- The manufacturer's instructions or prescription label with specific, legible instructions for administration, storage, and disposal;
- The name and strength of the medication.

Over-the-counter medications will be kept in the original container as sold by the manufacturer, labeled by the parent, with the child's name and specific instructions given by the child's health professional or parent for administration.

All medications, refrigerated or unrefrigerated, will have child-resistant caps, will be kept in an organized fashion, will be stored away from food at the proper temperature, and will be inaccessible to children. Medication will not be used beyond the date of expiration.

Training of Employees to Administer Medication

Any employee who administers medication will be trained to:

- Check that the name of the child on the medication and the child receiving the medication are the same;
- Read and understand the label/prescription directions in relation to the measured dose, frequency, and other circumstances relative to administration (such as in relation to meals);
- Administer the medication according to the prescribed methods and the prescribed dose;
- Observe and report any side effects from medications;
- Document the administration of each dose by the time and the amount given.

DIAPER CHANGE PROCEDURE

The following diaper changing procedures are posted in the changing area, and are followed for all diaper changes. Caregivers will never leave a child alone on a table or countertop, even for an instant.

Step 1: Get organized. Before you bring the child to the diaper changing area, wash your hands, gather and bring what you need to the diaper changing table:

- Fresh diaper, clean clothes (if you need them);
- Wipes for cleaning the child's genitalia and buttocks removed from the container or dispensed so the container will not be touched during diaper changing;
- Wipes for cleaning the caregiver's hands (see Step 4)
- A plastic bag for any soiled clothes;
- Disposable gloves (put gloves on before handling soiled clothing or diapers);
- A thick application of any diaper cream (when appropriate) removed from the container to a piece of disposable material such as facial or toilet tissue.

Step 2: Carry the child to the changing table, keeping soiled clothing away from you and any surfaces you cannot easily clean and sanitize after the change.

- Always keep a hand on the child;
- If the child's feet cannot be kept out of the diaper or from contact with soiled skin during the changing process, remove the child's shoes and socks so the child does not contaminate these surfaces with stool or urine during the diaper changing;
- Put soiled clothes in a plastic bag and securely tie the plastic bag to send the soiled clothes home.

Step 3: Clean the child's diaper area.

- Place the child on the diaper change surface and unfasten the diaper but leave the soiled diaper under the child;
- Lift the child's legs as needed to use disposable wipes to clean the skin on the child's genitalia and buttocks. Remove stool and urine from front to back and use a fresh wipe each time. Put the soiled wipes into the soiled diaper or directly into a plastic-lined, hands-free covered can.

Step 4: Remove the soiled diaper without contaminating any surface not already in contact with stool or urine.

- Fold the soiled surface of the diaper inward;
- Put soiled disposable diapers in a covered, plastic-lined, hands-free covered can; All diapers are to be disposed of in containers separate from other waste. If reusable cloth diapers are used, put the soiled cloth diaper and its contents (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free covered container to give to parents.
- Remove gloves using the proper technique and put them into a plastic-lined, hands-free covered can.

- Use disposable cloth wipes to clean the caregivers hands and another disposable wipe to clean the child's hands, discard soiled wipes into the plastic-lined, hands-free covered waste can.

Step 5: Put on a clean diaper and dress the child.

- Slide a fresh diaper under the child;
- Use a facial or toilet tissue to apply any necessary diaper creams, discarding the tissue in a covered, plastic-lined, hands-free covered can;
- Note and plan to report any skin problems such as redness, skin cracks, or bleeding;
- Fasten the diaper.

Step 6: Wash the child's hands and return the child to a supervised area.

- Use soap and water, no less than 60 degrees F and no more than 120 degrees F, at a sink to wash the child's hands, if you can;
- If a child is too heavy to hold for hand washing or cannot stand at the sink, use commercial disposable diaper wipes or follow this procedure;
- Wipe the child's hands with a damp paper towel moistened with a drop of liquid soap;
- Wipe the child's hands with a paper towel wet with clear water;
- Dry the child's hands with a paper towel.

Step 7: Clean and sanitize the diaper-changing surface.

- Clean any visible soil from the changing surface with detergent and water; rinse with water;
- Wet the entire changing surface with the sanitizing solution (e.g. spray a sanitizing bleach solution of 1/4 cup of household liquid chlorine bleach in one gallon of tap water, mixed fresh daily);
- Put away the spray bottle of sanitizer. If the recommended bleach dilution is sprayed as a sanitizer on the surface, leave it in contact with the surface for at least 2 minutes. The surface can be left to air dry or can be wiped dry after 2 minutes of contact with the bleach solution.

Step 8: Wash your hands according to hand washing procedures and record the diaper change in the child's daily log.

- In the daily log, record what was in the diaper and any problems (such as a loose stool, an unusual odor, blood in the stool, or any skin irritation).

Use of a Diaper Changing Area

Children will be diapered or have soiled underwear changed only in designated diaper changing areas.

HAND WASHING PROCEDURE

Children and employees will wash their hands using the following method:

- Check to be sure a clean, disposable paper (or single-use cloth) towel is available.
- Turn on warm water, no less than 60 degrees F and no more than 120 degrees F, to a comfortable temperature.
- Moisten hands with water and apply liquid soap to hands.
- Rub hands together vigorously until a soapy lather appears, and continue for at least 10 seconds. Rub areas between fingers, around nail beds, under fingernails, jewelry, and back of hands.
- Rinse hands under running water, no less than 60 degrees F and no more than 120 degrees F, until they are free of soap and dirt. Leave the water running while drying hands.
- Dry hands with the clean, disposable paper or single use cloth towel.
- If taps do not shut off automatically, turn taps off with a disposable paper or single use cloth towel.
- Throw the disposable paper towel into a lined trash container; or place single-use cloth towels in the laundry hamper; or hang individually labeled cloth towels to dry. Use hand lotion to prevent chapping of hands, if desired.

Assisting Children with Hand Washing

Caregivers will provide assistance with hand washing at a sink for infants who can be safely cradled in one arm and for children who can stand but not wash their hands independently. A child who can stand will either use a child-size sink or stand on a safety step at a height at which the child's hands can hang freely under the running water. After assisting the child with hand washing, the employee will wash his or her own hands. If a child is unable to stand and is too heavy to hold safely to wash the hands at the sink, caregivers will use the following method:

- Wipe the child's hands with a damp paper towel moistened with a drop of liquid soap. Then discard the towel;
- Wipe the child's hands with a clean, wet, paper towel until the hands are free of soap. Then discard the towel;
- Dry the child's hands with a clean paper towel.

Situations that Require Hand Washing

All employees, volunteers, and children will follow the procedure for hand washing at the following times:

- Upon arrival for the day or when moving from one child care group to another;
- Before and after:
 - Eating, handling food, or feeding a child;
 - Giving medication;
 - Playing in water that is used by more than one person;
 - Administering first aid

- After:
 - Diapering;
 - Using the toilet or helping a child use a toilet;
 - Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores;
 - Handling uncooked food, especially raw meat and poultry;
 - Handling pets and other animals;
 - Playing in sandboxes;
 - Cleaning or handling the garbage.

Hand washing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infections. Hand washing is effective in preventing transmission of disease. Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Illnesses may be spread in a variety of ways:

- In human waste (urine, stool);
- In body fluids (saliva, nasal discharge, secretions from open injuries; eye discharge, blood);
- Cuts or skin sores;
- By direct skin-to-skin contact;
- By touching an object that has germs on it;
- In drops of water, such as those produced by sneezing and coughing, that travel through the air. Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, employees need to protect themselves and the children they serve by carrying out hygienic procedures on a routine basis.

PREVENTION OF EXPOSURE TO BLOOD AND BODILY FLUIDS **(UNIVERSAL PRECAUTIONS)**

Handicare follows a modified version of Standard Precautions developed for use in hospitals by The Centers for Disease Control.

Procedures for Standard Precautions include:

- Surfaces that may come in contact with potentially infectious body fluids must be disposable or of a material that can be sanitized. Use of materials that can be sterilized are not required;
- Employees will use barriers and techniques that:
 - Minimize potential contact of mucous membranes or openings in skin to blood or other potentially infectious body fluids and tissue discharges and
 - Reduce the spread of infectious material within the child care facility. Such techniques include avoiding touching surfaces with potentially contaminated materials unless those surfaces are sanitized before further contact occurs with them by other objects or individuals.
- When spills of body fluids, urine, feces, blood, saliva, nasal discharge, eye discharge, injury or tissue discharges, and human milk occur, these spills will be cleaned up immediately, and further managed as follows:
 - For spills of vomit, urine, human milk, and feces, all floors, walls, bathrooms, tabletops, toys, kitchen counter tops, and diaper changing tables in contact will be cleaned and sanitized as per the procedure for diaper changing tables (Step7);
 - For spills of blood or other potentially infectious body fluids, including injury and tissue discharges, the area will be cleaned and sanitized. Care will be taken to avoid splashing any contaminated materials onto any mucus membrane (eyes, nose, mouth);
 - Blood-contaminated material and diapers will be disposed of in a plastic bag with a secure tie;
 - Floors, rugs and carpeting that have been contaminated by body fluids will be cleaned by blotting to remove the fluid as quickly as possible, then sanitized by spot-cleaning with a detergent-disinfectant, and shampooing, or steam-cleaning the contaminated surface.

Handicare has a separate Exposure Control Plan that is reviewed during each individual employee's initial orientation and yearly thereafter.

SANITATION, DISINFECTION AND MAINTENANCE

AREA	CLEAN	SANITIZE	FREQUENCY
<i>Classrooms/Child Care/Food Areas</i>			
Countertops/tabletops, floors, doors and cabinet handles	X	X	Daily and when soiled.
Food preparation & service surfaces-All equipment that comes in contact with food will be in good repair and kept clean and sanitized. All equipment will be maintained in operable condition according to the manufacturer's guidelines. We will maintain an inventory of food service equipment that includes the date of purchase, the warranty date and a history or repairs.	X	X	Before and after contact with food activity; between preparation of raw and cooked foods.
Carpets and large area rugs	X		Vacuum daily. Clean with a carpet cleaning method approved by the local health authority. Clean carpets only when children will not be present until the carpet is dry.
Utensils, surfaces and toys that go into the mouth or have been in contact with saliva or other bodily fluids.	X	X	After each child's use, or use disposable one-time utensils or toys.
Toys that are not contaminated with bodily fluids. Dress up clothes not worn on the head. Sheets and pillowcases, individual cloth towels (if used), combs and hairbrushes, wash cloth and machine washable cloth toys. (None of these items should be shared among children.) Toys that cannot be washed and sanitized will not be used.	X		Weekly and when visibly soiled.
Blankets	X		Weekly and when soiled
Cribs and crib mattresses	X		Weekly, before use by a different child, and whenever soiled or wet.
<i>Toilet and Diapering Areas</i>			
Hand washing sinks, faucets, surrounding counters, soap dispensers, door knobs	X	X	Daily and when soiled.
Toilet seats, toilet handles, door knobs or cubicle handles, floors	X	X	Daily or immediately if visibly soiled.
Toilet Bowls	X	X	Daily
Changing tables	X	X	After each child's use.
Waste and diaper containers	X		Daily
Any surface contaminated with body fluids: saliva, mucus, vomit, urine, stool or blood	X	X	Immediately.

SAFETY

Handicare is a licensed child care facility that is committed to the health and safety of the children enrolled in our program. We work hard to ensure that children are in a safe environment. Here are a few examples of how.

- We maintain state mandated adult to child ratio at all times;
- Indirect care employees move throughout the building and are available to assist with children at any time;
- Observation windows in the doors and between the classrooms and hallways allow anyone to look into a classroom at anytime;
- Children's bathroom and changing room doors do not have locks on them. Adult bathrooms are separate from children's bathrooms;
- Parents are encouraged to drop in unannounced at anytime;
- Whenever possible, more than one adult is present in a classroom with children;
- Employees meet state mandated training requirements including First Aid and CPR, Mandatory Reporting of Child and Dependent Adult Abuse, and Universal Precautions;
- All employees are required to read this manual and are given an orientation so they are familiar with Handicare's policies and procedures;
- Tornado and Fire drills are conducted on a monthly basis;
- All playground equipment meets National Safety Standards.

Injury

Handicare employees are trained in First Aid and CPR. If a child becomes injured while at Handicare, the following steps will be taken:

- A qualified employee will assess the child's injury;
- First aid will be implemented as needed;
- If the injury is of a serious nature, the parents will be notified;
- The employee then fills out an incident report about the injured child and the incident.

Incident reports are completed to document any incident that occurs at Handicare that has the potential to leave a mark on a child's skin or if a mark is noticed during the day and an explanation has not been discussed between the parent and the teacher when the child arrived at Handicare. The parent will be asked to sign the report. The original report is kept at Handicare in the child's file. The parent may request a copy to take home.

In the event that the employee does not complete the incident form before leaving work, the parent may request that the employee be called at home for details and arrangements made to get the form to the child's home that night or the parent may choose to sign and pick up the form the next day that the child attends.

First Aid Kits

Handicare maintains at least one readily available first aid kit wherever children are in care, including one for field trips and outings away from the center and one to remain at the center since all the children do not attend the field trip. In addition, a first aid kit will be in each vehicle that is used to transport children to and from Handicare. Each kit will be a closed container for storing first aid supplies, accessible to employees at all times but out of reach of children. First aid kits will be restocked after use, and an inventory will be conducted at least monthly.

MANDATORY REPORTING OF CHILD AND DEPENDENT ADULT ABUSE

Reporting of Suspected Child Abuse, Neglect or Exploitation

Handicare will report to the Department of Human Services, as required by state and local laws, any instance where there is reasonable cause to believe that child abuse, neglect, or exploitation may have occurred. Failure to report any suspected case of abuse could result in revocation of Handicare's license, immediate termination or suspension of employment and/or individuals could be criminally charged for failing to report.

Handicare employees must participate in two hours of training on mandatory reporting of child and dependant adult abuse within the first six months of employment and every five years thereafter to comply with licensing requirements.

Caregivers will know methods for reducing the risks of child abuse and neglect. They will know how to recognize common symptoms and signs of child abuse and neglect. Employees and volunteers at Handicare will receive instruction about child abuse reporting that contains a summary of the state child abuse reporting statute and a statement that they will not be discharged solely because they have made a child abuse report.

Immunity of Reporters of Child Abuse from Sanctions

Caregivers who report abuse will be immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was malicious.

Abuse Allegations Against an Employee

If an employee is being investigated for an abuse allegation by DHS, Handicare administration will keep Handicare's Board of Directors informed and take the following steps:

- Cooperate with and review the allegation statements with the DHS investigator;
- Take action concerning the employee's work status. The specific action will depend on the individual situation but will likely fall within one of the following options:
 - The employee may continue working during the allegation investigation, with or without modifications to job duties/responsibilities;
 - The employee could be suspended with pay until the investigation is complete;
 - The employee could be suspended without pay until the investigation is complete.

NUTRITION AND FOOD SERVICES

One of the basic responsibilities of every parent and caregiver is to provide nourishing food that is clean, safe and developmentally appropriate for children. Children need freely available, clean drinking water too. Feeding will occur in a relaxed and pleasant environment that fosters healthy digestion and pro social behavior. Food provides energy and nutrients needed by infants and children during a critical period when they grow and develop more rapidly than at any other time.

As new foods are introduced, children learn to self-feed concurrently with the attainment of physical growth, physiological readiness, and the development of motor coordination, cognitive and social skills. This period is an opportune time for children to learn more about the world around them by expressions of independence. Children pick and choose from different kinds and combinations of foods offered. Eating jags are to be expected as evidence of growth and self-feeding. Handicare offers many opportunities to guide and support sound eating habits and food learning experiences for children.

Early food and eating experiences are the foundation for the formation of attitudes about food, eating behavior, and consequently, food habits. Sound food habits build on eating and enjoying a variety of healthful foods. Including culturally acceptable family foods is a dietary goal for feeding infants and young children. Current research documents that a balanced diet combined with regular and routine age-appropriate physical activity can reduce the risks of chronic diseases later in life that are related to diet. These two essentials – eating healthy foods and engaging in physical activity on a daily basis - promote a healthy beginning during the early years and throughout the life span.

Handicare serves breakfast, lunch, and afternoon snack. There is no additional charge for meals or snacks because Handicare participates in the State of Iowa's Child and Adult Care Food Program (CACFP). The program is designed to give children a broad experience with food and encourage them to try all food groups with the goal of establishing healthy eating practices that they will carry into adulthood. Handicare's kitchen staff prepares all of the meals and snacks to meet the State of Iowa's Child & Adult Care Food Program standards.

Handicare works hard to make mealtimes an enjoyable learning experience. Children under three have their plates filled for them while the children three years and older are served family style so that they can learn how to serve themselves and pour their own milk. All children are encouraged to try each food on their plate. If a child does not like something or is not hungry, a clean plate is not mandatory and the child is not forced to try something that they dislike. Children are not rushed to finish their meal and food is never withheld as a disciplinary tactic.

Teachers are encouraged to eat with the children and be good role models by trying a variety of foods. Menus are posted in the dining rooms and in each classroom. Copies of the menu are available upon request.

The serving times for meals and snacks are listed on the individual class

schedules. Infants are fed breast milk or formula on their individual schedules. Handicare provides a milk based and soy based formula that parents can choose to use or they can bring in a formula of their choice. All infants will transition to solid food at different rates. Parents will need to inform their child's caregiver when they are ready for their child to begin receiving solid foods. Handicare provides infant rice and oatmeal cereal and pureed fruits and vegetables for infants when they are ready for solid food. Parents are allowed to bring commercial baby food if they desire to do so.

Since Handicare participates in the State of Iowa's Child and Adult Care Food Program (CACFP), Nutrition Sheets are to be completed by the Lead or Assistant Teacher after every meal or snack. These forms are kept on each classroom's clipboard. Teachers must accurately record which children were offered meals and/or snacks by putting an "X" in the appropriate box. These should be marked after a meal and not beforehand.

Bottle Feeding

Only clean and sanitized bottles and nipples will be used. Human milk should be labeled with the date of collection and child's full name. Human milk will be kept frozen or refrigerated until immediately before feeding. Any contents remaining after a feeding will be discarded. Unused human milk will be discarded after 48 hours if refrigerated or after 3 months if frozen. Unused frozen milk which has been thawed in the refrigerator will be used within 24 hours. Human milk from a mother will be used only with mother's own child. Any bottle that has been fed over a period that exceeds an hour from the beginning of the feeding or has been unrefrigerated an hour or more will not be served to an infant.

Dietary Modifications

If dietary modifications are indicated based on a child's medical or special dietary needs, Handicare will modify or supplement the child's diet on a case-by-case basis in consultation with the parents and/or the child's usual health care source. Reasons for modification of the child's diet may be related to allergies, food idiosyncrasies, and other identified feeding issues. For a child identified with medical special needs for dietary modification or special feeding techniques, written instructions from the child's parent or the child's health care provider will be provided in the child's record and carried out accordingly.

These written instructions will likely identify:

- The child's special needs;
- Any dietary restrictions based on the special needs;
- Any foods to be omitted from the diet and any foods to be substituted;
- Limitations of life activities;
- Any other pertinent special needs information.

Food Brought From Home

A healthy, nutritious child care environment is composed of many things. While serving nutritious foods on a daily basis is key, foods offered outside of regular meals also play a role. Celebrations in America are often associated with calorie dense foods of limited nutritional value, such as cookies, cakes and candy. Celebrating holidays with non-food items or games teaches children alternative ways to celebrating. Caregivers will assure that each child is made to feel special on his or her birthday and that holiday celebrations are memorable. Parents are also welcome to bring non-food items for celebrations such as pencils, stickers, bubbles, party hats, noise makers, etc.

Parents are allowed to provide food from home for their child's meals and/or snacks.

Food & Drink in the Classroom

In an effort to prevent pest infestations, no food or beverage, other than water, is allowed in the classrooms or storage closets. Art, science and sensory projects involving food or food products must be approved by the Director.

EMERGENCY PROCEDURES

Medical and Dental Emergencies

When an immediate response is required, the following emergency procedures will be utilized:

- First aid will be employed, and the emergency medical response team (911) will be called if needed;
- If it is safe to do so, a Handicare employee will transport the child to a local hospital or health care facility; If emergency transportation is needed, a Handicare employee will ride with the emergency medical response team, if allowed to do so, to a local hospital or health care facility;
- The parent or parent's emergency contact person will be called as soon as practical;
- An employee will accompany the child to the hospital and will stay with the child until the parent or emergency contact person arrives.
- If the incident or occurrence is threatening to the health and/or safety of the children, families or staff, affected parties will be notified including the Department of Public Health and Human Services if applicable.

Death of Child or Caregiver

In the event of the death of a child or caregiver, either expected or unexpected, including any death that may occur outside of child care hours, Handicare will make available to families and employees a grief counselor.

Emergency and General Evacuation

In an emergency situation, the children and employees will remain in designated safe areas on Handicare's property unless instructed to leave by emergency personnel. Handicare employees will evacuate the children from the building using the fire evacuation plan or we will follow the specific instructions from the public officials who may be directing the evacuation.

If we need to evacuate Handicare's property, we can walk to the businesses immediately behind our building. The children that have wheel chairs will be moved with the group that is walking. If we need to transport the children to a place that is further away from the building, we will use our vans to transport the children to the Coralville Recreation Center at 1506 8th Street in Coralville.

If the evacuation is very serious in nature, and we have been instructed to move the children further away than the Coralville Recreation Center, then we would follow the instructions of the officials as to where to take the children. The Director or designated employee will use a phone tree and a mobile phone with a rolodex of emergency numbers to notify parents of the location to which we have been evacuated.

Twenty-six children can be transported at a time, along with employees and the van driver. The remaining children would start walking towards the designated site and the vans would continue shuttling children as fast as feasible.

Daily class rosters will be used to check for the evacuation and/or safe return of all children and employees in attendance during the evacuation.

Labeled Emergency Exits

Emergency exits are clearly identified and visible at all times. The exits for escape are arranged or marked so the path to safety outside is unmistakable. As soon as children can learn to recognize exit signs and pathway markings, they will benefit from having these paths of escape clearly marked. Adults who come into the building as visitors need these markings to direct them as well.

Access to Exits

An exit to the outside or a common hallway leading to the outside is directly accessible from every room. If it is necessary to pass through another room for direct access to the outside, the other room will not have a barrier or door that can be latched to prevent access through it. No obstructions will be placed in the corridors or passageways leading to the exits.

Fire/Fire Drills

Monthly fire drills are required and are utilized by Handicare to train the employees and children how to respond quickly to a fire in an organized fashion. Fire escape routes are posted in every room with clearly marked maps and written instructions. Indirect care employees are assigned to help specific classrooms that have non-mobile children or children using adaptive equipment to evacuate the building. An administrator will check every classroom to make sure all children have evacuated safely.

When the fire alarm rings, the caregivers in each room will gather the children together, along with the attendance sheets and then check the door to the hallway. If the door is not hot, the caregivers will then check the designated escape route for fire. If the route is clear, the caregivers will then quickly escorts the children to the designated outside meeting area. Exit routes are illuminated with battery powered emergency lights.

In the event of a real fire, employees will be given further directions by the fire department or Handicare's Director on where to take the children. The Director will use the enrollment rolodex and Handicare's mobile phone to contact parents if we are unable to return to the building.

If the escape route(s) is blocked, the caregivers will stuff blankets or towels at the base of the doors, keep the children on the floor below the rising smoke, remove curtains, open windows and wait for further assistance in escaping the building.

If a class is on a walk or a field trip when an actual fire would occur, then an employee would be designated to find the group and keep them in a safe place until it is safe to return to the building.

If a class is on the playground during a fire drill, then the class will gather by the fence closest to the parking lot. The children can resume playing when the drill is complete.

Tornado Drills/Severe Weather

Monthly tornado drills are required and are utilized by Handicare to train the employees and children how to respond quickly to a tornado in an organized fashion. Designated safe areas are posted in every classroom with clearly marked maps & written instructions. Indirect care employees are assigned to help specific classrooms that have non-mobile children or children using adaptive equipment to move to their designated safe area. An administrator will check every classroom to make sure all children arrive in their areas safely.

The designated safe areas at Handicare are the rooms in the lower level on the north side of the building that have no windows. There are battery operated lanterns and first aid kits available in each of these rooms. The teachers in each room need to check the instructions posted in their classroom to see which room has been designated as their safe area.

Tornado drills will be announced over the intercom. The statement employees and children will hear is, "This is a tornado drill. Please move to your designated safe area!" At that time, the teachers are to take the children, along with the attendance clipboard and flashlights to their designated safe area. Everyone in the upper level must go downstairs during a tornado drill. Everyone will remain in the safe area and sing children's songs or read books to keep the children calm until informed that the drill is complete.

In the event of a real tornado, everyone will stay in the designated safe area until instructed that it is safe to come out and that weather conditions have improved. If the building has been hit by a tornado, children will be evacuated away from the structural damage and into the parking lot as quickly as possible and follow instruction from emergency personnel.

If a class is on the playground when lightning is sighted, or the city sirens initiate a tornado warning, the teachers will bring the children inside to their classrooms or designated safe area.

Earthquake

In the event of an earthquake, Handicare employees will take the children to the doorways of their classrooms, since these are the most structurally sound points in the building. Any doorway, including closets, is appropriate. An adult should remain with the children in each doorway. Employees may also instruct the children to crawl under the tables in the class or dining rooms to protect them from falling debris.

Children will be asked to squat in the doorways and hold onto the doorframe or each other. For children under the age of one, cribs will be moved to the doorways and employees will sit under the cribs with the children. The adult should use encouraging words and remind the children to hang on even if objects would fall around them.

After the movement of the building and ground stops, employees will comfort and count the children. Children will be escorted outside to a safe area, either in the playground or parking lot and remain outside until the building is checked for

safety and stability. If transportation to a city designated safe area is necessary, we will use our vans to transport the children and employees.

Flood

In the event of a flood, either internal or external, Handicare will be evacuated until such time that the building is safe to occupy. If parts of the building are safe to occupy we will continue to provide care to as many children as possible.

Bomb Threat

In the event that Handicare should receive a bomb threat the following procedure will be followed:

- The employee that answers the phone will listen to the caller very carefully and get as much information as they can by asking questions such as, "Where is the bomb?" and "What time will it go off?" They will pay close attention to the background noises during the call and determine whether the caller is a male or female, young or old;
- The building will be evacuated immediately and as quickly as possible, in an orderly manner;
- The call will be reported to the police department and we will follow their instructions on where the children should be relocated to;
- Children's parents will be contacted by using the mobile phone and emergency numbers.

Chemical Spills

If an employee observes spilled chemicals in the building or on Handicare's grounds, that person will determine if the chemicals have a noxious odor or fumes. If so, that person needs to alert the employees to remove any children from the area until the spill is cleaned. Employees should wear gloves and use paper towels to clean the spill. Place the used paper towels in a plastic bag and seal it. If the chemical spill is too large or is releasing a lot of irritating fumes, then the employee needs to call the local Fire Department and request the Hazardous Materials Intervention Team.

Power Failure

In the event that Handicare loses all power, all of the rooms have flashlights available to use. The rooms without windows have battery operated lanterns. Handicare has a gas stove and gas water heater, therefore we would still be able to prepare food for the children and the children would be able to wash their hands & faces. If the utility company indicated that the power will be out for an extended period of time and we cannot keep the building at a comfortable temperature we would close the facility until the power is reinstated.

Abduction

Handicare has a policy that requires employees to report unfamiliar individuals that seem to be watching the program or asking about certain children that attend. If we notice individuals in advance we bring the children inside, lock the doors and call the police. (See Code Red)

In the event that a child would be abducted while attending our program either from the center, our playground or while on a field trip an employee will immediately report the abduction to police and call the child's parents. Employees are instructed to attempt to get a physical description of the person abducting the child as well as a possible description of the vehicle, license number, and direction it appeared to be heading. Administration would also notify the DHS Licensing Consultant of the abduction.

Code Red

In an effort to protect all of the children that utilize Handicare's program, we have a plan in place to reduce to chance of children being removed from Handicare without authorization or from being harmed by an intruder.

In any instance when we feel the safety of children is in question, the employees would be notified through our intercom system that Code Red is now in effect.

The following steps are followed during a Code Red:

- All children must leave the playground areas and return to the safety of the building;
- The security code system on the doors will be disabled so that all doors will be locked to anyone trying to enter.
- The Coralville Police will be contacted.
- An administrator will supervise the admittance of any individuals entering the building through the upper level, while the On-Site Supervisors will supervise the lower level;

TOBACCO USE AND PROHIBITED SUBSTANCES

Tobacco, alcohol, and illegal drugs are prohibited on any property of Handicare, including the vans, at all times.

INCLEMENT WEATHER/BLIZZARD CLOSING

When the area is experiencing inclement weather and/or blizzard conditions, Handicare puts the safety of the children and employees above all else. If a snow or ice storm starts while Handicare is open, Handicare will remain open until 6:30pm or earlier if all children have left for the day.

As a general rule, Handicare does not close as inclement weather approaches. However we will close if it is determined that weather conditions will not allow Handicare to achieve mandated adult to child ratios and/or will not allow us to keep the driveways and parking lot clear and safe for walking.

The decision as to whether or not to close is made by 6:00am. If the weather is bad or questionable and you are wondering if Handicare is closed, please call Handicare before leaving home. The automated phone system will indicate if Handicare is closed. If the system is busy keep trying because many employees and parents will be checking. Closings are also posted on Handicare's website, www.handicareinc.com under the news tab as well as on our Facebook page.

Please note that if Handicare is closed for the day, employees scheduled for the day will be paid their scheduled work hours.

LOST AND FOUND

With so many children, families and employees at Handicare it is sometimes hard to keep track of what belongs to whom. It is very important that personal belongings such as jackets, hats, mittens, boots, or even toys be labeled. Any unlabeled items will be placed on the railing by the front desk. Please do not bring any items that are valuable as Handicare will not be held responsible for any lost or stolen items.

PAYMENT FOR SERVICES

Private Pay Clients

When a child is enrolled at Handicare, the family will be asked to fill out a billing form. Additional forms are available at the front desk for changes.

- A one-time, non refundable \$50 registration fee is required for each child enrolled.
- All families will be billed on a “pre-pay” basis.
- We require tuition be paid through automatic withdrawal from a bank account on the 1st or 10th of each month.
- All accounts must be kept current in order for a child to continue to attend. At the end of the month any unpaid tuition may result in a child being suspended from the program;
- For a child’s first month and last month (with written notice by the 25th of the previous month), the family has the option of choosing to pay the daily rate. Handicare does not pro-rate.
- Changes between part-time and full-time monthly billing options are allowed if written notice is given by the 25th of the previous month.
- The standard part-time option is based on a 7:30am-12:30pm or 12:30pm-5:30pm time slot. The hours the child attends must stay within the am or pm time slots to avoid additional charges.
- The flexible part-time option allows a child to attend up to 30 hours per week. Families who choose this option must turn in a calendar of expected attendance times by the 25th of the previous month. Hours may not carry over from one week to the next.
- Extended hour and/or daily charges will be incurred if a child’s attendance times exceed what is allowed.
- Families who choose the daily rate will be billed for scheduled days regardless of whether or not the child attends those scheduled days. Additional day can be added but not exchanged.
- Tuition will not be reimbursed if a child is absent.
- If a child will be absent an entire calendar month and written notice is given by the 25th of the previous month, tuition can be waived for that month. This is allowed once per calendar year for one month only.
- Daily attendance is recorded using our computerized system. A child should be checked in when they arrive and checked out when they leave.
- Extended hour charges will also apply to children picked up after 6:30pm. Any child who is not picked up by 7:30pm will then be turned over to DHS.
- Rates are charged according to a child’s age and change the month following the child’s birthday.

Subsidized Child Care

Handicare accepts child care assistance from the Iowa Department of Human Services. If an eligible family has a parent contribution, the above billing criteria apply. If a family feels that they may be eligible for child care assistance they can contact DHS for more information.

GRIEVANCE

It is Handicare's belief that every employee, parent or participant should be treated with respect and in a fair and just manner at all times.

- If at any time an employee, parent or participant believes that they have been treated unfairly in any respect and/or believes that an error has been made in the implementation of policy, practice or condition of employment or placement, then it is the responsibility of that person to inform administration so that the concern can be addressed promptly and effectively;
- It is the responsibility of any supervisor to address any grievance and to investigate and respond to the participant as promptly as possible;
- At no time will any person be penalized or subjected to harassment as a result of filing a grievance.

If you feel that you have been treated unfairly, you should:

- Discuss the facts and issues with a supervisor and present a suggestion or solution that will resolve the issue;
- If the supervisor cannot resolve the issue, then the E.E.O. Officer will give you a grievance form to complete. The grievance will then be reviewed by the Director. A written response can be expected within 10 days;
- If the response is not mutually satisfactory, then the grievance will be submitted to the Board of Directors and reviewed at the next Board of Directors meeting;
- The Board of Directors will respond to the grievance within 30 days of the meeting;
- Anonymous letters are not considered valid and cannot receive a response.