

first assembly
child
development
center *of God*

Parent Handbook



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ph. 515.279.2938 · fx. 515.279.1606 www.firstassemblyCDC.org
2725 merle hay rd · des moines, ia 50310

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PREFACE

First Assembly of God Child Development Center is one of the largest, single owned centers in the state of Iowa with a licensing capacity of 242 children. We accept children from 6 weeks of age through those entering 7th grade.

Since we are a child development center, we are all inclusive (child care and preschool). We offer a complete curriculum starting with our infants and continuing through all our classes. The curriculum includes, but is not limited to, working with large and small motor skills, letter, number, color, and word recognition, math and reading concepts, writing, Bible memorization, and life lessons, just to mention a few. We also offer a complete school-age program during the summer which includes math, reading, and science enrichment along with daily field trips. Our school-age department has chapel weekly after school which includes praise and worship time along with a message. During the school year, we offer before and after school care with transportation to and from several schools.

We are very blessed to partner with you in helping your child succeed!

ENROLLMENT POLICY

REQUIREMENTS

First Assembly of God Child Development Center offers services for children 6 weeks of age through school-age children. We offer transportation to and from a number of local schools as well as summer and school break programs for school-age children who will be entering 7th grade.

HOURS AND DAYS

The center is open from 6:30 a.m. to 6:00 p.m. Monday through Friday. It is strongly encouraged that children not be left more than 10 1/2 hours per day. We are closed New Year's Day, Memorial Day, the Fourth of July, Labor Day, Thanksgiving Day, the day after Thanksgiving and Christmas Day. If Christmas Eve falls on a weekday, the center will close at 3:00 p.m. In the event any of these holidays fall on a weekend, they will be observed on either the Monday or Friday closest to the actual holiday (this to be decided in advance by the center). All holidays will be charged at the regular rate except for the day after Thanksgiving, which is free. In the event the Des Moines Public School System closes for inclement weather, the director will make a decision as to whether or not the center will be closed. If the decision is to close the center, this will be broadcast on WHO-TV (channel 13) as well as on WHO Radio (1040 AM). If the Des Moines Public School System is called off early due to inclement weather, the center will also close early (parents will need to pick up their children as soon as possible). All inclement weather days are charged at the regular rate.

DROP-OFF

Children will not be accepted prior to 6:30 a.m. Parents must accompany their child into the building upon arrival, sign their child in at the computer and drop their child off in the appropriate room. The children are not allowed to come into the building alone or to sign themselves in. This is for their protection in case of a fire or other emergency. According to licensing procedures, "each child shall have direct contact with a person upon arrival for early detection of apparent illness, communicable disease, or unusual condition or behavior which may adversely affect the child or the group." If any of these things are determined, the child must go home immediately. It is also required that all changes of phone numbers, places of employment, residence or pick-up information be turned in to the office as soon as changes are made.

Please note that children two years-of-age and older are not allowed in the nursery rooms, including siblings. This for the infants' safety and is in accordance with Iowa Department of Human Services Child Care Licensing Standards. Older children are permitted to wait in the nursery hallway.

PICK-UP

All children must be picked up and signed out at the computer by an adult. Anyone, including parents, who are allowed to pick up the child must be listed on the PICK-UP PERMISSION FORM. To avoid confusion, it is the responsibility of the parent registering the child in our center to properly fill out this form. In a custody situation, the parent registering the child must take responsibility to ensure this is in accordance with his/her specific court agreement. A copy of the court agreement must be provided to the center to ensure accuracy. If a parent who is not listed

contests this, he/she will not be allowed to pick up the child until the parent registering the child gives approval. If the contesting parent can offer proof that he/she is indeed the legal parent or guardian and has legal rights, we will allow that parent to pick up the child and to submit his/her own PICK-UP PERMISSION FORM. The center reserves the right to refuse any individual access to our center if hostility exists.

Anyone not recognized by sight will be asked for a picture ID. If any individual other than those listed on the PICK-UP PERMISSION FORM is needed to pick up a child, the parent must alert the office prior to that time. That individual must bring a photo ID. It is the parent's responsibility to notify the office and make changes on this form whenever necessary.

Please note that children two years-of-age and older are not allowed in the nursery rooms, including siblings. This for the infants' safety and is in accordance with Iowa Department of Human Services Child Care Licensing Standards. Older children are permitted to wait in the nursery hallway.

FEE POLICY & PROCEDURES

A registration fee is required upon enrollment in the center. Fees are due in advance on Monday and may be made by cash, check, Visa or MasterCard. There will be a \$15.00 late fee added if the account is not paid by noon on Wednesday. Failure to pay may result in termination of services. There will be a \$20.00 fee added on all returned checks. A two-week written notice is required by the parent to terminate services. Fees for two weeks will be added if a two-week written notice is not given. Vacation time may not be used to compensate for the two-week written notice. Additional information concerning the Fee Policy can be found on the current FEE AGREEMENT.

ENROLLMENT FORMS

The following is a list of forms required when enrolling a child. According to chapter 109 of the Childcare Centers and Preschools Licensing Standards and Procedures, new forms will be completed yearly and also updated as necessary.

EMERGENCY MEDICAL/DENTAL CONSENT FORM

This form gives the center permission to call an ambulance or transport a child in case of an emergency, to contact the child's physician or dentist for consultation, or to contact another physician or dentist for consultation. It includes the names of the child's physician, dentist and hospital. This form must indicate any allergies, medication, and/or other conditions pertinent to emergency care. If a physician, dentist or hospital is not listed, the center will designate a facility of their choice for the child.

PICK-UP PERMISSION FORM

This form must list anyone who has permission to pick up or visit the child at anytime, including parents and those on the emergency list. It also names anyone who is not allowed to pick up the child as well as any custody situations that the center needs to be aware of. Registered sex offenders may not be authorized to pick up a child.

CHILD INFORMATION FORM

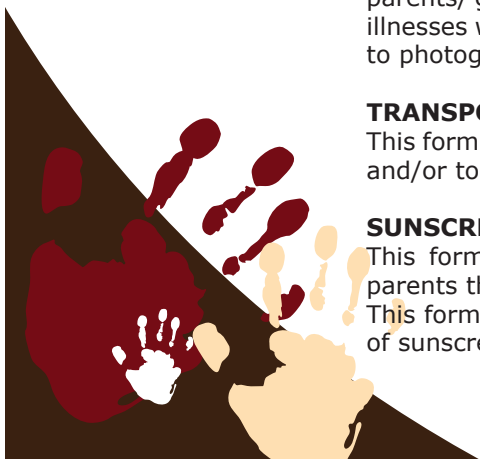
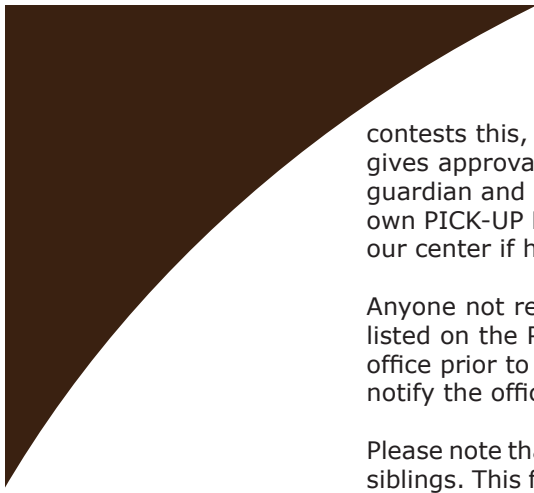
This form contains information concerning contacts, such as phone numbers and addresses, for parents/ guardians as well as people who are to be utilized as alternate contacts for emergencies or illnesses when the parents/ guardians are unreachable. This form also gives the center permission to photograph or video tape the child to be used in promotional or training materials.

TRANSPORTATION PERMISSION FORM

This form gives the center permission to transport the child in a center owned vehicle for field trips and/or to and from school.

SUNSCREEN PERMISSION FORM

This form requests that each parent provide sunscreen for his/her child. It also informs the parents that sunscreen will be applied to each child whenever the center deems necessary. This form must indicate any medical conditions, allergies or concerns pertinent to the application of sunscreen.



ENROLLMENT FORMS (con't.)

MEDICAL STATEMENT

A complete physical must be presented on or before the first day the child attends the center. A MEDICAL STATEMENT UPDATE must be completed annual for each child.

FEE AGREEMENT

The FEE AGREEMENT is a contract which states the amount that is agreed to be paid weekly upon registering the child in the center. This form also outlines the center's hours of operation, rates for each age group, late fees, vacation policy, holiday policy, discounts and payment schedule. This form also doubles as a GUARANTEED START AGREEMENT for children who will be starting longer than two weeks after paying the registration fee.

PARENT ACKNOWLEDGEMENT FORM

This form is signed by the parent who acknowledges that he/she received, read and understands the policies contained in this parent handbook.

DEVELOPMENTAL LEVEL

This form is used to evaluate the developmental level of all children under 18 months-old.

NOTICE OF DECISION

A NOTICE OF DECISION is for families who are state funded. This notice must be received before the first day that the child is scheduled to start at the center.

CERTIFICATE OF IMMUNIZATION

A current CERTIFICATE OF IMMUNIZATION must be presented on or before the first day the child attends the center. It must include a health official's signature as well as source of immunization. This certificate must be updated as the child receives immunizations.

EMERGENCY CARD

This card will be taken anytime the child is out of the building and being transported to another area, e.g. field trips or to and from school. It contains any information that may be needed in case of an emergency.

VACATION POLICY

Vacation will be granted after the second consecutive month of service, and then prorated for the remainder of the year. Full-time and school-age children receive two weeks of vacation annually. Vacation will be deducted one week at a time. In the case of partial weeks, charges will equate to a daily rate for the days attended, and one full week of vacation will be deducted. Vacation weeks are renewed each January. Unused weeks do not carry forward. Additional information concerning the Vacation Policy can be found on the current FEE AGREEMENT.

DISCHARGE POLICY

First Assembly of God Child Development Center has the right to terminate services at any time. Termination may occur for any of the following reasons, but are not limited to: failure to comply with the fee agreement and/or payment arrangements, unresolved behavior conflict by a child, or any type of hostile situation. All decisions to terminate services, communication concerning the identified problem and/or appeal or review of the termination shall be handled by the director.

PARKING POLICY

Several reserved parking spaces for parents are in the parking lot on the North side of our building. Parking is also available on the East side of the building. Please do not park in front of the dumpsters or in the driveway. Because we are located on a busy street, we strongly recommend that all vehicles are turned off and locked when unoccupied. DO NOT leave children unattended in a vehicle. As mandatory reporters, we will be forced to report this action to the proper law enforcement agency.

ACCESS POLICY

Your child's safety is of the utmost importance to us. We work vigorously to prevent harm to the children in our care and are diligently proactive in supervising the children and others present in our Center. Each family will be given one complimentary security key fob that grants access to our Center between 6:30 a.m. and 6:00 p.m. Additional key fobs can be purchase for a small fee. Key fobs can be used at the nursery entrance, bus entrance and north entrance (playground). Parents are welcome to visit their child at the center at any time.

People in our Center other than staff members, substitutes, subcontracted staff and volunteers who have had a record check and approval to be involved with child care, will not have unrestricted access (can never be with a child alone or directly responsible for child care) to children for whom the are not the parent, guardian or custodian. Additionally, such individuals will not be counted in the staff-to-child ratio.

Those who do not have unrestricted access will be under the direct supervision and monitoring of a paid staff member at all times and will not be allowed to assume any child care responsibilities. The lead teacher will have the primary supervision and monitoring responsibility unless he/she delegates it to the teacher assistant due to a conflict of interest with the person.

You (parents) have unlimited access to their children and to providers caring for your children during the center's hours of operation or whenever your children are in our care. The only exception to this is when parental contact is prohibited by court order.

Because of our key-fobbed entries, visitors and those without a key fob must enter the church building through the main office 8:00 a.m. to 6:00 p.m. The receptionist in the church's main office will contact the Center's leadership team, who will then accompany the person to and through the Center. Note, people not listed on a child's PICK-UP PERMISSION FORM will not be allowed to visit the child unless previously arranged by the parent. In a custody situation, please note that the same procedure will be followed as listed in the Pick-Up section.

Parents wishing to speak in length about their child with a teacher are requested to schedule a meeting either at the center or over the phone.

Center staff will approach anyone who is on the property without their knowledge to ask the purpose of their visit. If the staff is unsure about the reason, they will contact the leadership team to get approval for the person to be on-site. If it becomes a dangerous situation, the staff will follow the intruder procedures.

People on the property for maintenance, repairs, etc., will be monitored by paid staff and will not be allowed to interact with children on the premise.

A sex offender who has been convicted of a sex offense against a minor (even of the sex offender is the parent, guardian or custodian) who is required to register with the Iowa Sex Offender Registry (Iowa Code 692A):

- A. Shall not operate, manage, be employed by, or act as a contractor or volunteer at the Center.
- B. Shall not be on the property of the Center without written permission of the Center Director, except for the time reasonably necessary to transport the offender's own minor child or ward to and from the Center.
 1. The Center Director is not obligated to proved written permission and must consult with their DHS licensing consultant first.
 2. If written permission is granted, it shall include the conditions under which the sex offender may be present, including:
 - a. The precise location in the Center where the sex offender may be present.
 - b. The reason for the sex offender's presence at the facility.
 - c. The duration of the sex offender's presence.
 - d. A description of how the Center's staff will supervise the sex offender to ensure that the sex offender is not left alone with a child.
 - e. The Center Director's signature and sex offender's signature and date of the signatures to be kept on file for review by the Center's licensing consultant.

PROGRAM OF ACTIVITIES

The center has chosen a curriculum for each room based on the children's developmental levels. The curriculum may include activities in the following areas: large and small motor, cognitive, social, emotional and spiritual. Lesson plans and daily schedules are posted in each classroom.

NON-CENTER ACTIVITY POLICY

The center may or may not accommodate non-center activities at the discretion of the director. In most cases, these activities will be optional and may require an additional cost, e.g. swimming lessons. The center will require written permission for each child to attend the non-center activity. For any non-center activity that is offered, the center will provide an adequate amount of team members to accompany the children on the activity. The center may offer transportation if it is not offered otherwise.

HEALTH POLICY

ILLNESSES

A child who is ill or has a temperature of 101 degrees or above should be kept at home. All children shall have direct contact with a team member upon arrival for early detection of apparent illness, communicable disease, or unusual condition or behavior (see Drop-Off section). A child will be sent home if he/she is running a temperature of over 101 degrees, if he/she is vomiting or has diarrhea, if it is suspected that he/she has a contagious disease, or if he/she is too ill to participate in the program. In the event that a parent is called to pick up an ill child, the child must be picked up within a half (1/2) hour. If a child needs to be sent home and his/her parents are unreachable, the emergency contacts listed on the CHILD INFORMATION FORM will be contacted. The center reserves the right to request that the child see a physician or to have a physician's note prior to returning.

GUIDELINES FOR WHEN A CHILD CAN RETURN FROM AN ILLNESS

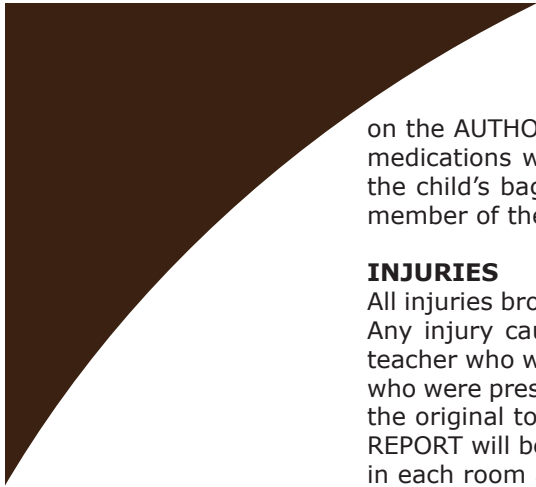
These guidelines are recommended by the American Academy of Pediatrics and the American Public Health Association. These guidelines will be observed unless your child has a doctor's release to return. For a complete list, see a member of the Leadership Team.

Fever:	Must be fever-free for 24 hours with the exception of an ear infection. In the case of an ear infection, the child may return after treatment of antibiotic has started.
Vomit:	Must be vomit-free for 24 hours.
Diarrhea:	Defined as an increased number of stools compared with the child's normal pattern, with increased watery stool and/or decreased formed consistency that cannot be contained by the diaper or toilet use. The child cannot return until he/she has had normal stools for 24 hours. If it is determined that the diarrhea is caused by medication or teething, the child will not be asked to leave the center.
Pink Eye:	24 hours after documented treatment for conjunctivitis has begun.
Mouth Sores:	Must have a doctor's note stating that the child is non-infectious.
Rash:	With any rash, whether or not accompanied by a fever or behavior change, the child cannot return without a doctor's note stating that the illness is not a communicable disease.
Infestations:	Cannot return until 48 hours after treatment has begun or at the Director's discretion. Infestations may be head lice, scabies, etc.
Impetigo:	Cannot return until 48 hours after treatment has been initiated.
Strep Throat:	Cannot return until 24 hours after documented treatment has been initiated.

The incidence of a communicable disease at the center will be posted at the check-in desk as well as on the door of the infected room.

MEDICATIONS

Medication may be administered to a child when provided and requested by a parent. An AUTHORIZATION TO GIVE MEDICATION form must accompany all medications that are to be administered. All medication, both prescription and non-prescription, must be in its original bottle with the label in tact. Once the medication is administered, the time and date will be documented



on the AUTHORIZATION TO GIVE MEDICATION form as well as on the FIRST AID DAILY LOG. All medications will be stored in the First Aid Room. No medication will be allowed to be stored in the child's bag or bucket. All medication will be administered by either the first aid person or a member of the leadership team, all of which have completed the necessary training.

INJURIES

All injuries brought to the attention of a teacher will be documented on the FIRST AID DAILY LOG. Any injury causing a mark constitutes an INCIDENT REPORT which must be completed by the teacher who witnesses the incident. This report will include the injury, first aid given and teachers who were present when the incident occurred. A copy of the report will go to the child's bucket and the original to the child's file. Parents will be contacted for all serious injuries, and an INCIDENT REPORT will be completed. To ensure first aid is available for all injuries, a first aid kit will be kept in each room as well as on each vehicle used for transporting the children. First aid kits will also be taken to the playground and on each field trip.

DENTAL EMERGENCY

Should a dental emergency occur where a tooth is damaged or prematurely extracted (excluding the lose of loose baby teeth) a supervisor will be called to evaluate the situation. Permanent teeth that have been extracted will be placed in a glass of whole milk until further arrangements are made. The parent will then be called to make arrangement for the child to be transported to their dentist. In the event that the parents or emergency contacts cannot be reached, the child's dentist will be contacted by a member of the leadership team.

SMOKING POLICY

According to state licensing regulations Chapter 109.10(11), "Smoking and the use of tobacco products shall be prohibited in the center, outdoor play area and in center-operated vehicle during hours of operation of the center."

HAND WASHING POLICY

All team members must wash their hands at the following times to prevent or minimize the transmission of illness or disease: upon arrival at the center, immediately before eating or participating in any food service activity, after diapering a child, before leaving the restroom either with a child or by themselves, before and after administering first aid and after handling animals and cleaning cages. Children's hands will be washed at the following times to prevent or minimize the transmission of illness or disease: Immediately before eating or participating in any food service activity, after using the restroom or being diapered and after handling animals.

UNIVERSAL PRECAUTIONS POLICY

Universal precautions must be followed by team members at all times. A protective barrier such as gloves must be worn when handling any bodily excrement or discharge. Proper hand washing must be followed as stated in the Hand Washing Policy. All sharps must be placed in the sharps container after use.

SAFE SLEEP POLICY

Our Safe Sleep Policy is designed to reduce the risk of sudden infant death syndrome (SIDS), suffocation death and other infant deaths that could occur when an infant is in a crib or asleep.

Because your child's safety and well-being is very important to us, we will adhere to the following:

- Infants up to twelve months of age should be placed for sleep in a supine position (wholly on their back) for every nap or sleep time unless the infant's primary care provider has completed a signed waiver and Special Care Plan indicating that the child requires an alternate sleep position due to medical needs and it must be signed by the infant's physician and parent/guardian.
- When infants are developmentally capable of rolling comfortably from their backs to their fronts and back again, there is no evidence to suggest that they should be re-positioned into the supine position.
- Infants should be placed for sleep in safe sleep environments; which includes a firm crib mattress covered by a tight-fitting sheet in a safety-approved crib (the crib should meet the standards and guidelines reviewed/approved by the U.S. Consumer Product Safety Commission (CPSC) and ASTM International), no monitors or positioning devices should be used unless required by the child's primary care provider, and no other items should be in a crib occupied by an infant except for a pacifier.



- Infants should not nap or sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, play pen, or play yard, highchair, chair, futon, or any other type of furniture/equipment that is not a safety-approved crib (that is in compliance with the CPSC and ASTM safety standards).
- If an infant arrives at the facility asleep in a car safety seat, the parent/guardian or caregiver/teacher should immediately remove the sleeping infant from this seat and place them in the supine position in a safe sleep environment (i.e., the infant's assigned crib).
- If an infant falls asleep in any place that is not a safe sleep environment, staff should immediately move the infant and place them in the supine position in their crib.
- Only one infant should be placed in each crib (stackable cribs are not recommended).
- Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/items should not be hung on the sides of cribs. Swaddling infants when they are in a crib is not necessary or recommended, but rather one-piece sleepers should be used.
- Toys, including mobiles and other types of play equipment that are designed to be attached to any part of the crib should be kept away from sleeping infants and out of safe sleep environments.
- When caregivers/teachers place infants in their crib for sleep, they should check to ensure that the temperature in the room is comfortable for a lightly clothed adult, check that bibs, necklaces, and garments with ties or hoods are removed (clothing sacks or other clothing designed for sleep can be used in lieu of blankets).
- Infants should be directly observed by sight and sound at all times, including when they are going to sleep, are sleeping, or are in the process of waking up.
- Bedding should be changed between children, and if mats are used, they should be cleaned between uses.

The room lighting will allow the caregiver/teacher to see each infant's face, to view the color of the infant's skin, and to check on the infant's breathing and placement of the pacifier (if used).

A caregiver/teacher trained in safe sleep practices and approved to care for infants will be present in each room at all times where there is an infant. This caregiver/teacher will remain alert and actively supervise sleeping infants in an ongoing manner. Also, the caregiver/teacher will check to ensure that the infant's head remains uncovered and re-adjust clothing as needed.

PACIFIER POLICY

Written permission from the child's parent/guardian is required for pacifier use in the facility.

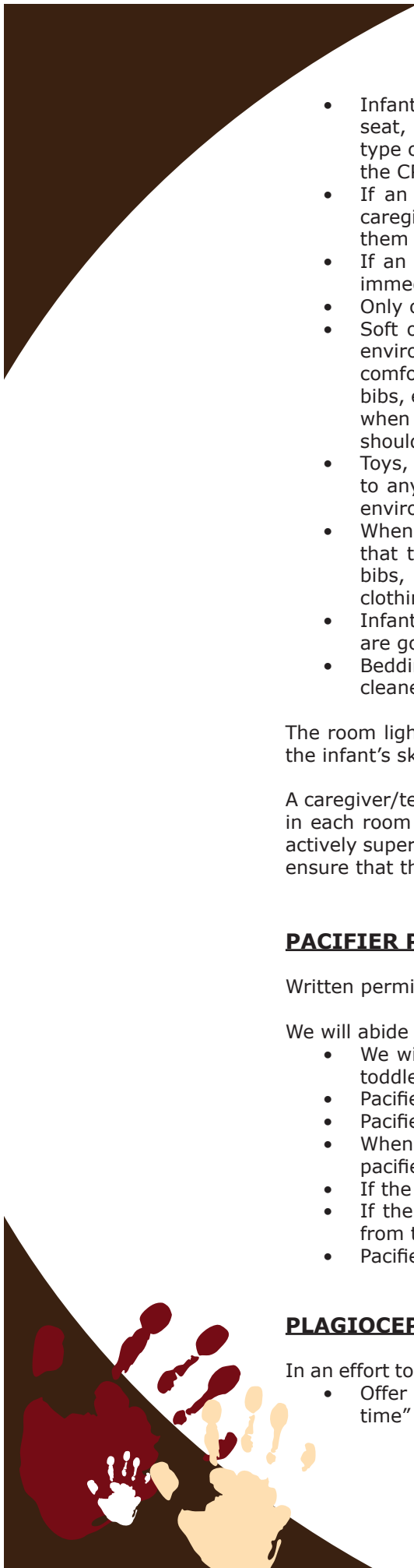
We will abide by the American Academy of Pediatrics recommendations on pacifier use:

- We will not offer a pacifier outside of a crib in rooms where there are mobile infants or toddlers.
- Pacifiers will be inspected for tears before use.
- Pacifiers will not be clipped to an infant's clothing or tied around an infant's neck.
- When we have written permission from the child's parent/guardian, we will offer the pacifier when placing the infant down for nap and sleep time.
- If the infant refuses the pacifier, she/he will not be forced to take it.
- If the infant falls asleep and the pacifier falls out of the infant's mouth, we will remove from the crib and does not need to be reinserted.
- Pacifiers will not be coated in any sweet solution, and will be cleaned and replaced regularly.

PLAGIOCEPHALY POLICY

In an effort to prevent Plagiocephaly (flat head or flat spot on head), we will observe the following:

- Offer the infant opportunities to be held upright and participate in supervised "tummy time" when they are awake.



- Alter the position of the infant, and thereby alter the supine position of the infant's head and face. This is easily accomplished by alternating the placement of the infant in the crib – place the infant to sleep with their head facing to one side for a week and then turning the infant so that their head and face are placed the other way. Infants typically turn their head to one side toward the room or door. To change the area of the head that is in contact with the mattress, we will alternate the direction we place infants in their cribs.

NUTRITION POLICY

All meals and snacks are prepared and served according to CACFP (Child and Adult Care Food Program) standards. Exceptions to these standards will be allowed for allergies, medical conditions or religion. A permanent exemption of any certain food allergies or medical conditions must be accompanied by the CACFP Allergy/Food Exception Statement form and the Food Allergy Action Plan form. Parents may be required to provide substitutes when accommodating children with allergies or medical conditions. Menus are posted two weeks in advance and are located at the check-in desk. Any student arriving after the breakfast or lunch time should have already eaten.

BITING POLICY

In a group care setting, we recognize that toddler biting may occur, and we are ready to help toddlers who bite learn more appropriate behavior.

We intentionally program the day to avoid boredom, frustration, or over-stimulation. We provide a calm and cheerful atmosphere with a mix of stimulating, soothing, age-appropriate activities and multiples of favorite toys. We also work to model acceptable and appropriate behaviors for the children, helping them learn words to express their feelings and giving them tools to resolve conflicts with our help.

Our center does not focus on punishment for biting, but rather on effective techniques that address the specific reason for the biting. We will support your child whether they bite or are bitten. When biting occurs, these are our three main responses:

1. Care for and help the child who was bitten. If the skin is not broken, we apply a cold pack. If the skin is broken, we cleanse the wound with soap and water. We call the child's parents and give them a copy of the incident report, which is filled out by the teacher who witnessed the incident. The incident report is also kept in the child's file. The name of the child who bit is kept confidential.
2. Help the child who bit so that he/she learns other appropriate behavior. We address the child in a firm, calm voice, stating our disapproval of biting. We give the child's parents a note that same day informing them of the biting. In general, we ask parents to keep us informed if their child is biting at home or in other situations. Children who bite in our program do not necessarily bite at home. If your child is biting in other situations, it is important for all of us to correct them consistently. Communication is very important in order to help your child stop biting.
3. Examine our program to stop the biting. The teachers and members of the leadership staff analyze the cause of ongoing biting. We complete in-room assessments to determine the quality of relationship between the caregiver and the child, the environmental influences on the child's behavior, and target the social-emotional support for the child. Then, we develop a plan to address the causes of the biting, focusing on keeping children safe and helping those who are stuck in the biting pattern. After developing this plan, we arrange a meeting with the parents and share the details so you know specifically how we are addressing this problem.

While biting is never a correct action for toddlers, we know that they bite for a variety of reasons. Most of these reasons are not related to behavior problems. Sometimes the biting is related to teething. Other times, toddlers bite to express feelings they can't yet articulate with words. We have also seen children bite when they are frustrated or even excited.

No matter the reason for the biting, you can count on us to assess and handle the situation appropriately so it will end as quickly as possible. We want the best for all children in our care.

POLICY FOR FOOD BROUGHT FROM HOME

Food may be brought from home for a child less than five years of age if the food is being supplemented to ensure CACFP nutrition guidelines. Food may also be brought from home if a child is of school age. Perishable food brought from home must be contained so as to avoid contamination. Snacks brought from home for birthdays and parties must be pre-packaged.

POLICY FOR CHILDREN REQUIRING SPECIAL ACCOMMODATIONS

The decision to accept a child requiring special accommodations will be made by the director. This decision will be based on whether the child will have the opportunity to be successful in the center's environment. Parents may be required to submit a PROFESSIONALLY PRESCRIBED TREATMENT FORM which has been accompanied by a letter from a health care professional explaining the child's condition and the responsibility that the center will have over the child. Limitation of accommodations may exist for children whose needs require extreme facility modifications beyond the capability of the facility's resources.

SAFETY POLICY

All measures will be taken to ensure that all team members are well-trained in any and all emergency procedures. Fire and tornado drills will be completed at least once per month. Other emergency procedures will be covered periodically at the discretion of the training coordinator. All team members will receive and maintain training in CPR, First Aid, Mandatory Child Abuse Reporting and Infectious Disease Control. As another measure of safety precautions, it is the responsibility of the parents to ensure that their child's file is current with phone numbers, emergency contacts and pick-up permission forms.

EMERGENCY PROCEDURES

FIRE AND BOMB THREAT EVACUATION PROCEDURE

There will be a long continuous blast from the fire alarm. Children will be evacuated according to the diagram posted in their room or as directed by the police. A head-count will be taken before and after the evacuation to ensure accountability. In case of inclement weather, the children will be transported to the evacuation site, First Federated Church, by bus or van. The police will be contacted as well as WHO-TV (channel 13) and WHO Radio (1040 AM) to broadcast the children's location. EMERGENCY CARDS and First Aid kits will be taken along with the children.

TORNADO, EARTHQUAKE AND FLOOD PROCEDURE

A member of the Leadership Team will receive notification of a tornado warning on the weather radio and will then notify the center of the warning. Children will be evacuated to the tornado safe area according to the diagram posted in their room. A head-count will be taken before and after the evacuation to ensure accountability. In case of a tornado, earthquake or flood causing structural damage to the building, the children will be transported to the evacuation site, First Federated Church, by bus or van. The police will be contacted as well as WHO-TV (channel 13) and WHO Radio (1040 AM) to broadcast the children's location. EMERGENCY CARDS and First Aid kits will be taken along with the children.

BLIZZARD AND POWER FAILURE PROCEDURE

When Des Moines Public Schools dismiss early due to a blizzard, parents need to pick up their children as quickly and safely as possible. As ratios allow, the center will send team members home. If parents are unable to immediately pick up their child, a ratio-sufficient number of our team, including an on-site supervisor, will stay with the children as long as necessary. In the case of a power failure, parents should come as quickly as possible to pick up their children. If evacuation due to power failure is deemed necessary, the children will be transported to the evacuation site, First Federated Church, by bus or van. We will take a head-count before and after the evacuation to ensure accountability. All closures will be at the discretion of the Director and will be broadcast on WHO-TV (channel 13) and WHO Radio (1040 AM). EMERGENCY CARDS and First Aid kits will be taken along with the children.

CHEMICAL SPILL EVACUATION PROCEDURE

In the case of a chemical spill, the children will be evacuated in the same manner as a fire drill. If the area is considered unsafe and an evacuation is necessary, the center will transport the children by bus or van to an area deemed safe by the authorities. A head-count will be taken before and after the evacuation to ensure accountability. The police will be contacted as well as WHO-TV (channel 13) and WHO Radio (1040 AM) to broadcast the children's location. EMERGENCY CARDS and First Aid kits will be taken along with the children.

INTOXICATED PARENT OR VISITOR PROCEDURE

If an intoxicated parent attempts to pick up his/her child, the on-site supervisor will contact an emergency contact and request that they pick up the child. The on-site supervisor will then inform the intoxicated parent of the pick-up plan. If we are unable to reach an emergency contact, the child must be allowed to leave with the parent. The on-site supervisor will then inform the parent that the police will be immediately contacted concerning the incident. An intoxicated visitor will be asked to leave the center immediately, and the parent of whom the visitor was here to see will be contacted.

INTRUDER PROCEDURE

In the case of an intruder entering the center and creating a hostile situation, a designated code will be put out to alert other team members of the situation and to alert them to phone the police. If possible, children will be taken to a designated "safe area" in the building. The center will then proceed as directed by the police.

LOST OR ABDUCTED CHILD PROCEDURE

The on-site supervisor will be immediately notified of a lost or abducted child. Procedures will be put in place to locate the child. If the child is not found, the parent as well as the police will be contacted. The center will then proceed as directed by the police.

EVACUATION OF IMMOBILE INFANTS

In the case of a natural disaster (e.g. tornado or fire) or any circumstance which would require the evacuation of the infants and team members located in the nursery area an accurate count of all infants present must be taken immediately. Infants are to be placed in the cribs that have been designated for evacuation at the ratio of four infants to one crib. The cribs designated for evacuation have been fitted with metal casters to ensure a smooth transition from the nursery area to the evacuation site. If going up or down steps is required for the evacuation, the infants must be removed from the cribs and be carried up or down the stairs. Upon reaching the designated evacuation site, an accurate count of all children present must be taken to ensure all infants have been evacuated from the nursery area.

DISCIPLINE POLICY

We believe that children need limits in order to feel secure about themselves and their environment purpose of discipline is to help children learn acceptable behavior and develop self-control. At First Assembly of God Child Development Center, we strive to develop a positive relationship between the teacher and the child. We also believe that if an interesting and challenging program is offered to the child, discipline problems will be at a minimum.

According to licensing procedures for child care centers in the state of Iowa [Section 109.7(2)]:

1. Corporal punishment including spanking, shaking and slapping shall not be used.
2. Punishment which is humiliating or frightening or which causes pain or discomfort to the child shall not be used.
3. Punishment shall not be administered because of a child's illness, or progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest.
4. No child shall be subjected to verbal abuse, threats or derogatory remarks about the child or the child's family.
5. Each program shall have a written policy on the discipline of children which provides for positive guidance, with direction for resolving conflict and setting of well defined limits. The written policy shall be provided to team members and parents.

The CDC considers the following to be examples of unacceptable behavior:

1. The display of disruptive or defiant actions or lack of cooperation.
2. Aggressive behavior and/or abusive language.
3. Any behavior determined by the director to be unacceptable.

In any of the above situations, the center feels that interventions provide for positive guidance with directions for resolving conflict and the setting of well-defined limits.

In all aspects of inappropriate behavior, discipline will be maintained by always using a positive approach. The discipline policy will be implemented in the following order:

1. Redirection
 - Compliment on the child's good behavior while redirecting to another activity.
 - Encourage social skills by discussing resolutions to confrontation.
 - Intervene and introduce the child to an activity in a new perspective.
2. Time Out Within Their Area
 - "Time out" shall be defined as positive time away from the group or activity yet within their area.
 - One minute per year of age, no more than five minutes.
 - Identify the child's unacceptable behavior, and discuss possible alternatives to the situation.
3. Time Out Away From The Group
 - Continual display of inappropriate behavior.
 - Redirection and "time out" within the area becomes either inappropriate or ineffective.
 - Temporary removal from the area may meet the child's needs at that time.
4. Daily Note
 - To inform the parent of a child's inappropriate behavior.
 - This note does not count as one of the three Behavior Incident Reports.
5. Behavior Intervention Meeting
 - If inappropriate behavior continues, a behavior intervention meeting may take place with the parents, lead teacher and a member of the leadership team.
 - The meeting will discuss actions that may be taken to aid in the child's success.
6. Behavior Incident Report
 - A written notice of a certain behavior(s) once the above actions have been taken and the child's inappropriate behavior continues.
 - Each Behavior Incident Report counts as one of the three that would result in suspension. These are pre-approved by a member of the leadership team.
7. Send Child Home
 - When the child fails to respond to the previous measures taken by the CDC Team and/or when the behavior is beyond what the CDC is equipped to handle.
 - This at the discretion of the most senior Leadership Team member present.
8. Suspension
 - Three Behavior Incident Reports, within a nine-week period, constitute the child being suspended from the child care program for one week.
 - Behavior Intervention Meeting – During this time, a mandatory meeting will be held to determine if the child is capable of changing his/her behavior to allow re-entry into the program.
 - Fees will still be paid for this week to retain the child's space in the CDC program.
 - If the child does continue in the program and does receive a fourth Behavior Incident Report within a 30 day period, termination of services may occur.
9. Termination Of Services
 - If it is determined that the CDC cannot meet the child's individual needs and/or the child no longer strives to reach his/her highest potential socially and/or educationally.
 - If a child's behavior significantly and directly threatens the physical or mental health, safety or well-being of other children or team members within the center.
 - Termination may be effective immediately after consulting the most senior Leadership Team member present.

First Assembly of God Child Development Center expects parental involvement and cooperation in all aspects of discipline. Failure to comply may warrant termination. We reserve the right to discontinue services at any time.

BEHAVIOR INTERVENTION POLICY

The Behavior Intervention Policy's purpose is to establish procedures for the parents, lead teacher, and a member of the leadership team to utilize when planning to meet the needs of the children with unacceptable or inappropriate behavior. A parent, the child's lead teacher and a member of the leadership team will be in attendance at a Behavior Intervention Meeting.

A Behavior Intervention Meeting may be called in three different manners:

1. The primary teacher or a member of the Leadership Team may call for a Behavior Intervention Meeting at any time prior to the first or second Behavior Incident Report or as they deem necessary.
2. Either parent may call for a Behavior Intervention Meeting at any time prior to the third Behavior Incident Report or as they deem necessary.
3. A Behavior Intervention Meeting is mandatory after the third Behavior Incident Report.

Under the first two scenarios, our first goal will be to determine and identify the behavioral difficulties that the child is having. The child's primary teacher will document the circumstances surrounding the behavior and the current actions that are being taken to correct this. Parents will then be asked to provide information concerning any changes in the home and will give input if they have noticed this behavior and what actions they are currently taking to correct it. A plan of action will then be discussed and agreed upon by all members present. If problems continue, an additional intervention will be scheduled.

The approach will vary slightly in the case that a mandatory Behavior Intervention Meeting has been called after the third Behavior Incident Report. Our first goal will be to determine if our program is appropriate for the needs of the child. Services will be terminated if it is determined that we cannot meet the child's needs in our program. We will follow the steps listed above if we determine our program is appropriate for the child's needs.

FIELD TRIP POLICY

At First Assembly of God Child Development Center, we are interested in all areas of growth and development in our students. We feel that field trips are an important part in meeting this goal. It is the target and goal of each class (ages 2 and above) to make these outings learning experiences as well as trips for enjoyment and change of pace. These outings may include, but are not limited to, parks, zoos, museums, libraries, or restaurants. The following criteria are applied to create uniformity and structure as well as to ensure the safety of our students:

- **Permission Slips** — Included in the annual paperwork is a Transportation Permission Form. When signed by each parent, this form gives us permission to transport the children in one of our vehicles to and from field trips. There will also be a roster on the classroom door that must be signed by each parent giving his/her child permission to attend that specific field trip. Parents will be notified of details on departure time and return, the destination and nature of the trip, and, if applicable, the cost, by placing a notice on the classroom door and/or on each child's basket.
- **Ratios** — The ratios established and used for each class and age group shall be exceeded by at least one qualifying team member. Before leaving the center, students will be divided into ratio groupings. This shall be done at the discretion of the lead teacher. Each teacher used in ratio will be responsible for a specific group of children throughout the entire field trip.
- **Emergency Plans** — As a precautionary measure, each lead teacher will be responsible for taking the following items on all field trips: first aid kit, emergency cards and a cell phone or radio. If an emergency occurs, the on-duty supervisor or director will be immediately notified as well as the child's parents and/or EMS personnel when needed. On outings where water is unavailable, a water cooler and cups will be provided.

Any parent wishing for his/her child not to attend a field trip may request that the child stays behind and that child will be placed with another classroom until his/her class returns. If you are interested in meeting your child on field trips, please see the Director for details.

TRANSPORTATION POLICY

Transportation will be provided by either bus or van for field trips and to transport children to and/or from school. Transportation will also be provided by either bus or van if needed in an emergency situation or evacuation. All drivers must possess a chauffeur's license to transport children in a van or a CDL to transport children in a bus. In order to meet standards set in the Iowa Code 321.446 as stated in Chapter 109.10, the following guidelines will be followed regarding transportation:

- All children transported in a motor vehicle with a gross weight of 10,000 pounds or less, except a school bus, shall be individually secured by a safety belt or other safety restraint.
- Children under the age of 6 shall be secured in a federally approved restraint.
- Children under the age of 12 shall not be located in the front seat of a vehicle.
- Drivers of vehicles shall possess a valid driver's license and shall not operate under the influence of alcohol, illegal drugs, prescription or non-prescription drugs that could impair their ability to operate a motor vehicle.

RECORD CHECKS FOR EMPLOYEES

We will conduct criminal and child abuse record checks in Iowa for each owner, director, staff member, or subcontracted staff person with direct responsibility for child care or with access to a child when the child is alone. We may also conduct criminal and child abuse record checks in other states and may conduct dependent adult abuse, sex offender, and other public or civil offense record checks in Iowa or in other states. Every employee will complete a Statement of Criminal Record form and a DHS Criminal History Record Check and have their fingerprints submitted to the Department of Public Safety (DPS)/Division of Criminal Investigation (DCI) for the FBI National Criminal Record check.

STAFF ORIENTATION PLAN

POLICY FOR HIRING COMPETENT TEAM MEMBERS

Each applicant must complete an application as well as interview with a member of the Leadership Team. The applicant must be qualified in all sections of the state guidelines in Chapter 109.6. All applicants are required to meet the standards outlined in the New Teacher Training as well as the On-Going Training listed below. The applicant will also be informed of the requirements of working in a Christian environment.

NEW TEACHER TRAINING

All new team members will complete a Center Orientation which includes the completion of all personnel records, an overview of all policies and procedures and any training videos pertaining to childcare that are set at the discretion of the training coordinator. They must also complete the following training requirements before the end of their probationary period of 90 days:

1. Mandatory Child Abuse Reporter Training for the State of Iowa.
2. Universal Precautions and/or Infectious Disease Control for the State of Iowa.
3. Infant, Child and Adult Cardiopulmonary Resuscitation (CPR).
4. Infant, Child and Adult First Aid.
5. A minimum of ten hours of training from one or more of the following areas:
 - Child development
 - Guidance and discipline
 - Developmentally appropriate practices
 - Nutrition
 - Health and safety
 - Communication skills
 - Professionalism
 - Business practices
 - Cross-cultural competence

The training coordinator will monitor the orientation process as well as the 90-day probation period to ensure that all required areas are completed.

ON-GOING TRAINING & STAFF DEVELOPMENT PLAN

After the first year of employment, all team members must comply with the following training requirements:

1. Maintain Mandatory Child Abuse Reporter Training for the State of Iowa.
2. Maintain Infant, Child and Adult CPR.
3. Maintain Infant, Child and Adult First Aid.
4. Maintain Universal Precautions and/or Infectious Disease Control for the State of Iowa.
5. Receive a minimum of ten training hours.
6. Attend on-site team meetings that cover a variety of policies and procedures.

MANDATORY CHILD ABUSE REPORTING

Section 232.69 of the Iowa Code requires that every employee of a licensed day care or preschool facility, who, in the course of employment, reasonably believes a child has suffered sexual abuse, physical abuse, or denial of critical care, shall immediately notify the Department of Human Services.

Section 232.70 of the Iowa Code requires that each report made by a mandatory reporter, as defined in Section 232.69, shall be made both orally and in writing. The oral report must be made by telephone or otherwise to the Department of Human Services within 24 hours of becoming aware of suspected abuse. If the person making the report has reason to believe that immediate protection for the child is advisable, that person shall also make an oral report to an appropriate law enforcement agency. The written report must be made to the Department of Human Services within 48 hours after the oral report.

By law, the oral and written reports shall contain the following information, or as much thereof as the person making the report is able to furnish:

1. The names and home address of the child and parents/guardian believed to be responsible for his/her care.
2. The child's present whereabouts if not the same as the parent/ guardian's home address.
3. The child's age.
4. The nature and extent of the child's injuries, including any evidence of previous injuries.
5. The name, age, and condition of other children in the same home.
6. Any other information which the person making the report believes might be helpful in establishing the cause of the injury, the identity of the people responsible for the injury, or in providing assistance to the child.
7. The name and address of the person making the report.

Legal sanctions for failure to report are as follows:

1. Any mandatory reporter who knowingly and willfully fails to report a suspected case of child abuse is guilty of a simple misdemeanor.
2. Any mandatory reporter who knowingly fails to report is civilly liable for the damages proximately caused by such failure (Legal Reference 232.75).

Any mandatory reporter who in good faith makes a report of child abuse or participates in the investigation of a child abuse has immunity from any liability, civil or criminal. Records and/or information pertaining to the abuse may be released to the child abuse investigator without releases required in other situations (Legal Reference 232.73).

To report child abuse anytime, day or night:

Des Moines: 283-9222
Outside Des Moines: 1-800-652-9516 (toll free)

If necessary, the report can be made by calling the toll free statewide child abuse number (1-800-362-2178). However, please call your local number first. You may call collect.

NON-DISCRIMINATION POLICY

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

