

**Kessel Kids Child Care and Learning Center**

**Parent Handbook**

**2023**

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**General Operations**

This handbook is a basic guide to the policies and procedures affecting families and their children choosing Kessel Kids Child Care and Learning Center (Kessel Kids CcLc) as their provider. Kessel Kids CcLc holds the right to make modifications to these policies and procedures when determined conditions warrant change.

Kessel Kids CcLc is licensed by the Iowa Department of Health and Human Services (HHS). The center is licensed for 137 children six weeks to twelve years of age. The center operates from 5:00 am until 6:00 pm Monday thru Friday. Kessel Kids CcLc has been designed to provide child care for children whose parents are absent from the home while attending classes or working. Kessel Kids CcLc operates with a board of directors. The executive director is responsible for day to day operations. HHS conducts annual licensing visits to assure the center meets state standards and regulations. Copies of state licensing requirements are available for your reference in the director’s office.

History: A little bit about us…..

Kessel Kids CcLc is a private, non-profit organization that was created in 1993 to meet the expanding need for child care services for families who live and work in Howard County. The Howard County Child Care Association, our Board of Directors, was formed to advocate for the need for quality child care services within the area. Initially, Kessel Kids CcLc and Head Start joined together to secure land from the Howard County Hospital, known today as Regional Health Services of Howard County, for the purpose of providing child care services. Both organizations shared the same facility. As the need for child care continued to grow and additional space was needed, the Howard County Child Care Association was instrumental in obtaining a Community Development Block Grant to build a larger, “child friendly,” center in 1997. Many businesses, organizations and individuals contributed financial support to obtain matching funds for the grant.

In early 2005, a group of individuals from the Howard-Winneshiek Community School District and Kessel Kids CcLc formed to discuss the needs of our growing community, focusing on early childhood development. There was discussion regarding Kessel Kids CcLc and the Howard-Winneshiek School District, along with organizations such as Head Start, HAWC and Keystone AEA, joining forces to meet the needs of the children in our area. The Early Childhood Development Committee (ECDC) was formed and applied for the Community Development Block Grant in the amount of $600,000 which was later received. This was the start to the planning and design of the Early Childhood Development Center. Architects Skott & Anderson were hired to develop ideas into reality. The groundbreaking began in the spring of 2007 with the completion of the center in May of 2008. June 2 of 2008 was the opening of the new center.

Our Mission

Kessel Kids CcLc is a non-profit organization dedicated to enhancing a child’s growth and development through classroom programming and collaborative partnerships.

Our Philosophy

Kessel Kids CcLc believes that childcare is an investment into a child’s future. Developmentally appropriate opportunities and activities are provided to promote desire for life-long learning. Kessel Kids CcLc strives to create an atmosphere encompassing acceptance, consistency, clear expectations, mutual respect and encouragement. We partner with families and integrate community collaboration efforts within our program to assure each child’s individual needs are met.

Goals and Objectives

**Goal: To support and enhance a child’s development.**

**Objectives:**

* Provide a visually stimulating environment
* Provide adequate numbers of age appropriate toys, equipment and supplies
* Staff center appropriately in accordance with state recommendations and with consideration of the needs of the children
* Screen employees to assure they are dedicated to the organization’s mission

**Goal: To provide developmentally appropriate opportunities that promote life-long learning.**

**Objectives:**

* Provide comprehensive training and a variety of staff development opportunities regarding childhood needs and development
* Develop daily schedules which are individualized and age appropriate
* Provide programming activities which focus on social, emotional, intellectual, physical and psychological growth
* Incorporate both indoor and outdoor activities into programming
* Provide a balance between child initiated and teacher planned activities

**Goal: To maintain open communication with staff, families and other early childhood development professionals.**

**Objectives:**

* Provide parents with daily communication notes
* Hold staff meetings at least once a month
* Provide parents with educational opportunities/materials regarding childhood development
* Communicate with other early childhood professionals regarding the developmental needs of children
* Work with interdisciplinary team members on individualized cases when deemed appropriate

Board Members

Kessel Kids CcLc is governed by a board of directors. Board meetings take place the third Monday of every month. The role of the board is to provide oversight and support associated with the operational and financial aspects of the center. Board member make-up includes parents and business representatives from the community. Board terms are three years. On occasion, employees will be asked to be involved with presenting and conversing with the board on a topic of concern or interest.

|  |  |  |
| --- | --- | --- |
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| Holly Manske | Co-President | hmmanske@gmail.com |
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| Ryan Hagen | Board Member | ryanh@ciains.biz |
| Kylee Steiner | Board Member | kylee.button@gmail.com |
| Kris Riley | Board Member | kris.riley@fthr.com |
| Brandon Reis | Board Member | reis.brandon@gmail.com |

**Enrollment and Family Orientation**

Kessel Kids CcLc serves children from six weeks to twelve years of age without regard to race, culture, sex, religion, national origin, ancestry, or disability. Children are accepted on a first-come, first-serve basis with priority given to full-time children, followed by part-time children then drop-ins. If a classroom is at its maximum capacity a full-time enrollee may take the place of a child who attends the center on a part-time or drop-in basis. Below are the maximum licensing capacities per age group:

**Infants:** 28 (8 Immobile, 20 Mobile-2 Classrooms)

**2 Years:** 15

**Preschool:** 51 (17 per classroom)

**School Age:** 43

**Total Licensing Capacity:** 137

Prior to enrollment, Kessel Kids CcLc encourages all new families and children to tour the center as well as acquaint the families and children to the child care environment, providers and schedules. At this time, the family handbook and contract information will be reviewed and the parent(s)/ guardians will have the opportunity for questions and answers. Parents are welcome to visit as much and many times as they would like prior to actual enrollment. The key to a great childcare experience is communication. Parents can choose to communicate person to person or to utilize the Procare application. Whatever the desired communication style may be, we welcome parent input and interest in the care of a child(ren).

Admission

The following forms listed below will need to be completed, along with a one-time family enrollment fee of $25 per child/$75 dollar maximum per family, and submitted to Kessel Kids CcLc prior to enrollment. This fee can be broken down into payments if it creates a financial burden for the family. The family will need to communicate with the director regarding this fee if they would like payments to be arranged.

1. Application for Child Care Services
2. Child Health Statement
   1. Parent Statement
   2. Physician's Statement
3. Immunization Record
4. Emergency Contact Information
5. Pick-up Permission Form
6. Picture Release Authorization
7. Activity Authorizations
8. Service Contract
9. CACFP Application and enrollment information
10. Video/Surveillance Acknowledgment
11. Statement for Professionally Prescribed Treatment if any
12. Acknowledgement and Receipt of the Parent Handbook

Kessel Kids CcLc may require additional statements from a parent(s)/guardian or physician if needed.

The information on these forms needs to be updated annually and will remain confidential. All information needs to be completed prior to the first day of attendance and will be returned to the parent(s)/guardian for completion if not completely filled out.

Programming

**Infants/Toddlers**

Infants/toddlers are impacted throughout the day by various experiences from interactions with providers during a diaper change to exploration of their environment. Responsive care will support infants/toddlers with forming trusting relationships and a sense of security. During the infant/toddler stage, providers will create meaningful and positive experiences for the children through activities which promote motor development, cognitive development and social development. Kessel Kids CcLc utilizes the PLAYbook curriculum to plan and support with providing developmentally appropriate opportunities.

Kessel Kids CcLc practices consistency and continuity of caregivers for infants and toddlers. Due to our lengthy hours of operation, there is generally a second shift, however, we attempt to maintain consistency at all times of day. Providers in the infant/toddler areas should:

* Hold and comfort children who are upset
* Engage in frequent, multiple, and rich social interchanges such as smiling, talking, touching, singing and eating
* Be play partners as well as protectors
* Be attuned to children’s feelings and reflect them back
* Communicate consistently with parent(s)/ legal guardians
* Interact with children and develop a relationship in the context of everyday routines

Infant and toddler curriculum will be based on the child’s development at the time and the child’s individualized capabilities. Opportunities for play will include:

* Those that lessen anxiety and help the child to adapt
* Promotion of exploration and experience
* Promotion of problem solving
* Use of symbols
* Manipulation of objects
* Use of physical skills
* Encouragement of language skills
* Encouragement of self-expression
* Sensory exploration

Infant Area  
In order to maintain a clean and safe environment, parents will be requested to remove their shoes or slip on a pair of shoe covers over their shoes before entering the infant environment. This will keep the areas clean and safe with consideration that infants spend time exploring on the floor.

Safe Sleep

Kessel Kids CcLc promotes safe sleep practices that reduce suffocation risk and Sudden Infant Death Syndrome (SIDS). An infant **will not** be placed on his or her stomach to sleep. Infants will be placed flat on their backs unless there is a physician signed sleep position medical waiver up-to-date on file. While infants will always be placed on their backs to sleep, when an infant can easily turn over from back to front and front to back, they can remain in their preferred sleeping position.

Soft and loose bedding will be kept out of sleep environments. These items include but are not limited to such things as pillows, bumper pads, comforters, bibs and any type of blankets. Blankets shall not be hung on the sides of cribs. We ask that blankets be kept at home and not brought to the center for children under the age of one.

Swaddling will not be practiced at Kessel Kids CcLc. There is evidence that swaddling may increase the risk of certain health outcomes. The risk of sudden infant death is increased if an infant is swaddled and placed on his/her stomach to sleep. We believe that although there may be benefits to swaddling, the more serious health concerns that may result outweigh the benefits. We encourage families to dress their infants in appropriate clothing to support them with maintaining temperature if this is a concern.

**Preschool Age**

Each preschool classroom focuses on maintaining a balance between child-initiated activities and those that are teacher-planned both indoors and outdoors. PLAYbook is utilized as a curriculum base for teachers to expand on ideas and provide developmentally appropriate opportunities. Through play and socialization, children are able to begin to understand meaningful relationships with objects and individuals as well as learn how to problem solve. Developmentally appropriate opportunities and activities promote life-long learning as well as physical, social, emotional and cognitive growth.

Providers are encouraged to create a classroom environment respective of each child’s uniqueness and supportive of a child’s overall development. Providers are expected to have knowledge of child development and take part in curriculum implementation. Through play and the child care environments teachers will set the stage for learning and respect a child’s freedom to make choices.

Each classroom will follow a routine, incorporating within the routine opportunities for learning in areas such as reading, math, social studies and science. Children will also have time for independent/free play and group time during the day. Children will be encouraged to participate in expressive activities such as free play, painting, drawing, storytelling, sensory play, music singing, dancing and dramatic play. Daily schedules will be the foundation of a child’s day and be posted in each classroom.

Children learn best from adults who know and respect them. Kessel Kids CcLc limits the number of providers within the classroom to the best of our ability to provide for consistency and continuity of care as well as to foster healthy relationships.

**Summer School and Before/After School Programming**

Kessel Kids CcLc provides programming to meet the needs of children ages 5-12. We provide care for school-aged children before and after school, in the summer and on days school is canceled due to in-services, holidays or inclement weather. Summer school and after school programming incorporate enrichment activities into the daily schedules which focus on topics such as reading and writing, science, math and character building. Kessel Kids CcLc will provide activities such as:

* Free choice play
* Indoor and outdoor physical activity
* Opportunities for concentration, alone or in a group (indoors/outdoors)
* Time to read and/or do homework
* Opportunities to be creative, explore arts, science, social studies, and to solve problems indoors and outdoors
* Community service projects
* Opportunities to participate in large groups with supervision
* Opportunities for rest
* Opportunities to interact and seek comfort from providers
* Exercise and exploration outdoors

Staff Ratio Requirements

Kessel Kids CcLc is licensed for 137 children ages six weeks to twelve years of age. Provider-to-Child Ratios must be maintained at all times. This guidance is provided to support childcare teachers with maintaining a safe childcare environment. HHS provides guidance for classroom ratios. However, at this center, ratios are based on what children need in order to have a reasonable amount of quality care, therefore, there will be additional staff scheduled when deemed necessary.

Persons counted as part of the staff ratio shall meet the following requirements:

* Be 16 years of age however, may not be the sole provider on the premises of a the child care facility
* At least one staff person on duty in the center when are present and present on field trips shall be over the age of 18
* If staff persons under the age of 18 are providing child care services without an adult, they shall only provide care to school aged children

The staff-to-child ratio shall be as follows:

Age of children Minimum ratio of staff to children

Two weeks to two years One to every 4 children

Two years One to every 6 children

Three years One to every 8 children

Four years One to every 12 children

Five year to ten 10 years One to every 15 children

Ten years and over One to every 20 children

Combinations of age groupings for children four years of age and older may be allowed and may have staff ratio determined on the age of the majority of the children in the group.

Combinations of age groupings for children between 18 months and 3 years of age may be combined, if appropriate to the developmental needs of the child. If a child under 2 years is combined, the staff ratio of 1 to 7 shall be maintained, otherwise staff ratio may be determined by the age of the majority of children in the group.

Every child-occupied program room shall have supervision present in the room. Brief absences of a staff member may be allowed for no more than five minutes when another staff member is present.

During nap time, at least one staff shall be present in every room where children are resting. Staff ratio requirements may be reduced to one staff per room where children are resting staff ratio coverage can be maintained in the center. The staff ratio shall always be maintained in the infant area.

For a period of two hours or less at the beginning and end of the center’s hours of operation, one staff may care for seven or fewer children, provided no more than four of the children are under the age of two years and there are no more than seven children in the center.

The ratio of school-age children may be exceeded for a period of no more than four hours during a day when school classes start late or are dismissed early or canceled due to inclement weather or structural damage provided the children are already enrolled at the center and the center does not exceed the licensed capacity.

Infants’ area shall be provided properly and safely equipped for the use of infants free from the intrusion of children two years of age and older. Upon recommendation of a child’s physician or the area education agency serving the child, a child who is two years of age or older with a disability that results in significant developmental delays in physical and cognitive functioning who does not pose a threat to the safety of the infants may, if appropriate and for a limited time approved by the department, remain in the infant area.

Active Supervision

Active supervision is made a priority at Kessel Kids CcLc in efforts to create a safe environment and prevent unnecessary injury. Children should be seen and heard at all times. Provider positioning must allow movement to interact and supervise all children throughout the classroom. Providers use name-to-face recognition by visually identifying each child and periodically performing classroom counts to ensure children remain present and within view. Providers are encouraged to continuously converse about their actions and intentions in regard to placement in the classroom to prevent the creation of unsupervised space.

Classroom provider to child ratio must be maintained at all times both indoors and outdoors at the center. Cell phone usage is prohibited while providers are considered within ratio at the center. If and when a provider is in need of leaving the classroom at any time, he or she must utilize the walkie-talkie to request a floater or administrative support to take his or her position.

When outdoors on the playground, one provider from each classroom must utilize a yellow vest to indicate he or she is responsible for floating around the play area. Providers are encouraged to switch vest usage to rotate providers who are actively moving with those who may remain more stationary. When supervising an area in which multiple classrooms are utilizing, providers are responsible for all children within their view, not just children associated with their own classrooms.

If and when the center would take a field trip off site in which a body of water is located, providers must maintain touch-supervision. Field trips of this sort, would only be taken if the location was developmentally appropriate for the age of the child. Water play at the center which may include water tables, slip-and-slides and sprinklers usage requires touch-supervision. Trips to the Cresco Fitness Center Pool (CFC) will include certified lifeguards from the CFC, extra staffing from Kessel Kids CcLc and the minimization of pool space to allow for the maintenance touch-supervision.

Procare

Kessel Kids CcLc utilizes Procare as our childcare management system. Parents are able to track their child(ren) attendance and activity through the application system. Parents utilize a QR code to check their children in and out of the center. Billing is also completed using Procare software. If parents do not have access to the app on a phone or tablet, the center will provide a written record of the child’s day.

Arrival and Departure

Parents will be responsible for signing their child in and out utilizing a smartphone or tablet available at the front desk. Repeatedly forgetting to sign a child in and out may result in a convenience fee. Procare is utilized for parent communication as well as billing purposes, therefore, active usage of the app is vital in center operations.

Parents are encouraged to take the time to greet their child’s teacher and communicate with the teachers at the beginning and the end of the day. We acknowledge parent(s)/ guardians are busy in our fast paced society, however, in order to provide the best possible care for a child, two way communication needs to take place. The Procare App allows parents a secondary option for communication as pick and drop off times can be rushed at times. It is important that a parent communicates to a teacher any circumstances that may impact a child’s general disposition during the day such as a family death, illness, upcoming vacation, etc. or notes any situation that may have resulted in an injury to the child. This will support classroom teachers with providing the best care possible for the child. Any changes in schedule should also be communicated to the child’s teacher in advance.

Upon daily arrival, each child will be observed by the caregiver for signs of illness or injury. An attendance/symptom record will be maintained within the classroom to identify patterns of attendance or illness. Caregivers will also note any markings, accidents or injuries that occurred outside of care.

Security

All guests are required to check in at the front desk before entering the facility. Guests need to provide their time in and out of the center, contact number and purpose of visit. They will be requested to wear a visitor badge. Please be aware that proper identification may be required before a child will be released from the center.

Upon admission, the parent(s)/ legal guardian provides the center with a list of individuals who may pick up their children. Children will not be released to individuals not on the list.

In cases of divorce, it is important that the registering parent indicates on the Pick-Up Permission Form who has custody of the child and provides the center with a copy of the divorce decree to know custodial issues. If a custodial parent shows up at the center to pick up their child we need legal documentation to enforce that the child may not be picked up by this individual. If no documentation is provided and the other parent shows up we cannot hold a child. The custodial parent will be notified that the other parent arrived at the center and has intentions of picking up the child.

Scheduling

It is the parent’s responsibility to inform teachers of any changes of schedule. We request parents complete monthly schedules available at the front desk and return to their child’s teacher prior to the upcoming month if the parent(s)/ legal guardian works hours that vary. Our staffing patterns depend on the staff-to-child ratios, therefore, it is important we know who plans on attending each day so we have enough staff on hand to accommodate the needs of the children. We understand that there are places of employment that require flexibility and parent(s)/ legal guardians often change plans to better accommodate their needs and schedules. We are willing to accommodate parent(s)/ legal guardians who work such schedules and allow flexibility for daily lives, however, we need to be in accordance with the ratio standards set by HHS and also be cost efficient with staffing. We ask that parents do the best they can to communicate what they know about their schedules and any changes that may take place.

Billing

Kessel Kids CcLc offers different contract options for the different needs of the families served. Specifics regarding rates and billing details are outlined in the parent contract found in the initial enrollment packet. Child care bills are issued on a weekly basis. The billing period is from Monday thru Friday. Bills are emailed out via Procare each Monday and due by Friday. Parents can check their account balances at myprocare.com. Payment is expected on a weekly basis and is due by Friday following the bill. Payments can be made by cash, check or credit card at the center or on myprocare.com. Families are encouraged to enroll in automatic withdrawal which includes a .75 weekly transaction fee. Standard credit fees are added by Procare at the time of payment. Billing options are described below.

If there are extenuating circumstances and you are unable to pay your bill on time, please contact the director to make arrangements to set up a payment schedule. If there are circumstances in which you cannot make weekly payments, due to the length of your pay period, etc., please talk to the director to confirm your payment schedule.

**Routine Care Rates:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full-time**  **36-hour minimum** | **Part-time**  **24-hour minimum** | **Drop-in**  **No minimum / No schedule required** |
| **Infants (6 weeks to 24 months)** | $4.25/hour  *Weekly Min: $153.00* | $4.75/hour *Weekly Min: $114.00* | $7.15/hour  *No minimum* |
| **Toddlers** | $4.00/hour  *Weekly Min: $144* | $4.50/hour  *Weekly Min: $108.00* | $6.90/hour  *No minimum* |
| **Preschool to School age (Summer Care)** | $3.75/hour  *Weekly Min: $135.00* | $4.25/hour  *Weekly Min: $102.00* | $6.60/hour  *No minimum* |

**School Year Options (Preschool and School-Age):**

|  |  |  |
| --- | --- | --- |
| **Before/After School** | **Routine Care: 3+ days/week** | **Drop-in (less than 3 days)** |
| Before and/or After School | $4.00/hour  *Minimum of 5 hours a week/$20.00* | $6.60/hour  *No minimum* |

Past Due Accounts

Kessel Kids CcLc is a small, non-profit organization that relies on payments to be made on a weekly basis. Bills are emailed on Monday and are due by Friday of the same week. A $10.00 late fee will be assessed to families whose child care bill is two weeks late unless arrangements have been made with the Director for an alternative payment schedule.

Returned Checks

There will be a $30.00 charge on all returned checks in addition to any bank charges that may be incurred. Parents will be required to pay cash after two returned checks.

Holidays and Center Closing

The center will be closed on the following days:

New Years Day

Memorial Day

Independence Day

Labor Day

Thanksgiving

Christmas Eve Day

Christmas Day

When a holiday falls on a weekend, Kessel Kids CcLc will be closed on the day the holiday is observed. Days surrounding the holidays may be days the center chooses to close due to low enrollment. Parents will be notified three days in advance if the center shall decide to close.

Kessel Kids CcLc will occasionally close early for professional development. This allows all team members to come together at once without working extended hours into the evening. These dates will be shared when the new contracts are released.

Child Care Assistance

Child care assistance is available through HHS for families meeting income guidelines. You may contact HHS at 866-448-4605 to inquire about qualifications or talk to the director to assist you with determining if you may be eligible for child care assistance. The Promise Jobs program is also available for low income families with a parent attending school to achieve employment. Information regarding program guidelines are available at the center or through contacting HHS.

Attendance

All families will be expected to communicate their schedules to their child’s teacher(s) on a weekly basis. Schedules can be modified with adequate notice without additional fees. Drop-in care requires a family to contact the center to ensure a spot is available before drop-off. The center operates based on a staff to child ratio, therefore, it is important to communicate changes as far in advance as one can. We understand things can change quickly and we will accommodate for these changes as long as a child’s attendance does not impact the center’s ability to add a child that would more consistently fill the slot.

Late Pick-Up

Kessel Kids CcLc hours are from 5:00am to 6:00pm. There will be a $10.00 fee per child charge for every fifteen minutes that your child is at the center after 6:00pm in absence of a convenience call reporting a late pick up. This is in addition to the regular hourly charge. Please contact the center if you are running late and will be unable to pick up your child at the regularly scheduled time. We understand life occasionally happens. Repeated tardiness to pick up a child may result in dismissal from the program.

Withdrawal from Program

A two week notice is requested before termination of services. The family is responsible for paying the fee if the child does not attend the program during these two weeks.

Baby-Sitting

Kessel Kids CcLc does not promote the use of employees as private, personal baby-sitters. If a provider from the facility does baby-sit personally for a family, Kessel Kids CcLc is not responsible or liable for the employee during this time.

Gifts

Gifts may cause turmoil and competition between staff, families and/or children. Home-made items and group gifts for classrooms are encouraged. Please be mindful that each and every child and co-worker contribute to the center’s success in his or her own way. Expressing appreciation is always welcome.

Invitations

Invitations to personal parties need to be handled from home rather than at the child care center unless the invitations are being distributed to every child within the classroom. We encourage an environment of acceptance and inclusion. We want every child to feel as if they are part of the program.

Holiday Celebrations

Traditional and non-traditional holidays are celebrated at Kessel Kids CcLc. If a family prefers that their child not celebrate the holiday, alternative arrangements will be made for the child so they can remain in care at the center. Kessel Kids CcLc will also periodically recognize days of the month set aside to honor other person(s), places or things. Providers will post planned celebrations in advance to allow a notice to families who may prefer their children do not participate.

Personal Possessions

Items brought from home can create difficulties with sharing and also put a child’s possessions at risk for being lost or stolen. We suggest that items are not brought from home. The center provides a variety of toys and learning materials for children to utilize during the day. If items are brought from home due to special occasions, we ask that the items are clearly marked with the child’s name. Kessel Kids CcLc is not responsible for lost or misplaced items a child brings from home.

Care of Howard-Winneshiek Community School District Property

Howard Winneshiek Community School District is the owner of the Early Childhood Development Center. It is the responsibility of all children and staff to assure that the facility and materials within the building are cared for properly. In accordance with the Elementary School Parent-Teacher Handbook, “anyone who defaces or deliberately destroys school property will be required to pay off the damage and may be subject to further disciplinary action.”

**Health and Safety**

Health Consultation

Kessel Kids CcLc will work with the area nurse consultant to develop and improve policies to ensure the health and safety of the center. The nurse consultant will provide the center with guidance and suggestions on injuries and illnesses, resources available to assist with improving quality care and on-site support.

Physical Examinations

Licensing requirements state that each child admitted to a center must have a physical examination before they attend. The physical may have been attained within the last 12 months prior to enrollment. Kessel Kids CcLc encourages families to have their provider complete the enclosed physical form within the enrollment packet versus submitting the physical form utilized by the provider. Annual medical updates are required thereafter. If your child is school- age, a copy of the physical examination is accepted or a health statement provided by the parent is acceptable.

Immunizations

State law also requires that immunizations be recorded and put on file for each child with updates completed when necessary. It is Iowa law that each child has the chickenpox vaccine or has had chickenpox or a statement from the physician as to why the child is not to have the immunization at this time. Children will not be excluded for failure to be immunized if they have an appointment for immunizations and have their immunizations within one month. Failure to keep immunizations up to date after three written reminders to the parent(s)/ legal guardian within a three month period will result in dismissal from the child care center. Immunization records are checked annually by the Howard County Public Health Department. Immunization exemption certificates must be on file for any parent choosing not to immunize their child(ren).

\*\*\*Child care services can be canceled if you fail to provide medical and/or other enrollment forms.

Service Plans

When the parent(s)/ legal guardian of a child identifies that a child has special needs, Kessel Kids CcLc Director and the parent(s)/ legal guardian and other interdisciplinary team members requested by parent(s)/ legal guardian will work together to formulate an Individual Family Service Plan (IFSP) or Individual Service Plan (ISP) to best meet the child’s needs. Kessel Kids CcLc does not discriminate on the basis of special needs. The program accepts children with special needs as long as a safe, supportive environment can be maintained at the center. Providers working directly with a child with special needs are responsible for the implementation of a Service Plan. If Kessel Kids CcLc is unable to accommodate the child’s needs as defined by the child’s health care provider or outlined in the Service Plan without posing an undue burden as defined by federal law, Kessel Kids CcLc will support the parent(s)/ legal guardian to find an environment suitable for the child and his or her needs. The plan for serving a child with special needs will be reviewed at least annually to see if it is in compliance with the legal requirements of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 and is achieving the overall objectives for the agency or facility. Staff will participate in interdisciplinary team meetings with the family and other involved professionals at least annually if not additionally to review or revise the individual service plan.

Area Education Agency (A.E.A)

Keystone Area Education Agency provides services which include hearing, speech, testing, consultation and direct therapy. Kessel Kids CcLc providers may make a referral to this agency to support children with their developmental needs with parental consent.

Acutely Ill Children

The child care provider, not the child’s family, will make a determination as to whether the child can receive care in the child care program. The decision to exclude a child will be based on whether there are adequate facilities and providers available to meet the needs of the child as well as the other children within the group. In addition, a child will be excluded from the program if the illness prevents a child from participating comfortably in activities, the illness requires more care than the child care staff are able to offer without compromising the needs of others in the group or if keeping this child within care would pose a risk to the other children or adults in the center coming in contact with the child. If the child care staff question whether or not the illness does pose an increased risk to others, the child will be excluded until the child is seen by a physician and it is noted the child can attend.

Managing Short Term Illness

Kessel Kids CcLc will decide whether a child who is ill or appears ill will be permitted to remain in the center for the day. If a child appears to be ill:

1. Providers will complete a Symptom/Attendance record. This record allows providers to document the date and time of an illness, the symptoms displayed by the child and or action steps taken by the staff to address the symptoms including the notification of those on the emergency contact list.
2. Symptoms will be communicated in writing when the parent arrives or the parent will be contacted depending on the symptoms displayed.
3. If it is determined that the child is too ill to stay at the center, families will be contacted to pick up the child. The child will be provided with a place to rest until the child’s parent, legal guardian or designated person arrives. A child with a potentially communicable illness that requires the child to be sent home will be provided care separate from other children with attention given to hygiene and sanitation until the child leaves the facility.

Conditions Requiring Temporary Exclusion from Child Care

Kessel Kids CcLc has attached the guidelines from HHS for common illness and exclusion protocol.

[Common\_Child\_Illnesses\_9\_22 (2).pdf (iowa.gov)](https://hhs.iowa.gov/sites/default/files/idphfiles/Common_Child_Illnesses_9_22%20%282%29.pdf)

Permitted Attendance

Specific conditions that do not require exclusion include:

1. Children who are carriers of an infectious disease agent in their bowel movement or urine that can cause serious illness, but who have no symptoms of illness themselves. Exceptions include E. coli 0157:H7, Shigella or Salmonella Typhi.
2. Children with conjunctivitis (pink eye) who have a clear, watery eye discharge and do not have any fever, eye pain, or eyelid redness.
3. Children with a rash, but no fever or change in behavior.
4. Children with cytomegalovirus infection, Parvovirus B19, HIV or carriers of hepatitis b.

Hepatitis B Virus (HBV)

Children who carry HBV chronically and who have no behavioral or medical risk factors, such as aggressive behavior (biting and frequent scratching), generalized dermatitis (weeping skin lesions, or bleeding problems) shall be admitted to the facility without restrictions. Testing of children for HBV is not a requirement for admission to the program.

Outbreak Control

If there is an identified outbreak of any communicable illness at the facility, a child shall be excluded if the health department official or health care provider suspects that the child is contributing to transmission of the illness at the facility. The child shall be readmitted when the health department official or health care provider who made the initial determination decides that the risk of transmission is no longer present.

Communicable Disease Reporting Requirements

All communicable diseases must be reported by the center director to public health officials so control measures can be used. With respect to legal boundaries of confidentiality of medical information, communicable disease postings will notify families of any suspected or reported communicable disease among the children, providers or family members of the children or providers.

Medication Administration

Kessel Kids CcLc will administer medications to children with written approval from the parent(s)/ legal guardian and an order from a health care provider. Whenever possible, the first dosage of medication should be given at home to see if the child would have any type of reaction. We encourage parent(s)/ legal guardians to administer medication to their own children during the child care day if possible due to the safety hazards created by having medication within the facility.

Kessel Kids CcLc providers will administer medications only if the parent(s)/ legal guardian has provided written consent. The instructions for the dose, time, and method to be used and duration of administration will be provided to the child care staff in writing.

Prescription medications must be provided in the original, child-resistant container that is labeled by a pharmacist with the child’s name, the name and strength of the medication; the date of the prescription; the medication’s expiration date; and administration, storage and disposal instructions.

For over the counter medications, parent(s)/ legal guardians will provide the medication in a child-resistant container. The medication will be labeled with the child’s first and last names; specific, legible instructions for administration and storage supplied by the manufacturer and the name of the health care providers who recommended the medication for the child (if applicable).

A physician may state a certain medication may be given for a recurring problem, emergency situation or chronic condition. A child may only receive medication with the permission of the child’s parent(s)/ legal guardian and when the staff person who will give the medication has demonstrated to a licensed health professional the skills required to do so.

All medications will be stored out of the reach of children and at the recommended temperature. Medications will not be used beyond the date of expiration on the container or beyond the prescription guidelines.

Kessel Kids CcLc also requests that parents supply a medicine dropper, measuring cup etc. for dispensing medications if needed. The measuring device needs to be placed in an enclosed bag and labeled with the child’s name.

Medication errors will be controlled by checking the following items each time a medication is given:

1) Right child

2) Right medicine

3) Right dose

4) Right time

5) Right route of administration

Medication logs will be completed by the provider administering the medications. The documentation will be kept on file as well as recorded for the parent(s)/ legal guardian’s reference. Spills, reactions, and refusal to take medication will be noted in this log. If a medication error occurs, the Poison Control Center and the child's parents will be contacted immediately.

Outdoor Play/Attire

Weather permitting, all children, including infants, are encouraged to spend time outdoors to allow for exploration and development of large motor skills. Kessel Kids CcLc encourages parents to dress their child in weather appropriate clothing. Layering clothing can support the child with remaining comfortable. In the summer months, we encourage parents to send children in tennis shoes. Sandals with straps on the back are suitable for walking/outdoor play, however, tennis shoes provide additional means of support for walking and foot protection. Parents are also encouraged to bring sun hats or visors if desired to protect a child from the sun. A sun hat is especially encouraged for children under 6 months as sunscreen is not yet recommended. It will be requested that parent(s)/ legal guardians bring in sunscreen for their child(ren) during the summer months. During the winter, children will need appropriate outdoor attire including snow pants, hats, gloves and a winter coat. Parents are encouraged to take winter gear home periodically to wash. Classrooms will provide extra gear for outdoors if and when a child does not have the appropriate outdoor attire.

Children will go outdoors on a regular basis with exception to extreme weather conditions. Parent(s)/ legal guardians are encouraged to bring an extra change of clothing labeled with the child’s name to have on hand in the case a child’s clothing would need to be changed. Children are encouraged to be hands-on and explore which at times may lead to dirty clothing. Please dress your child in attire that can withstand developmentally appropriate hands-on play.

Sun Exposure/Sunscreen

Infants younger than six months should be kept out of the direct sunlight and be kept within the shade. Children should be encouraged to wear a hat or cap with a brim that shields the face from the sun. Between the hours of 10AM and 2 PM, when UV rays are the strongest, sun exposure will be limited. Parents will be required to supply sunscreen for their child. Sunscreen does not require written authorization from a primary care physician but does require written permission by the parent(s)/ legal guardian. As with any prescribed medication, a medication log will be completed. If an allergic reaction is observed, caregivers will discontinue use and notify the parent(s)/ legal guardian.

When given permission to apply sunscreen, sunscreen should be applied to all exposed areas including the face, nose, ears, feet and hands. Sunscreen is applied on cloudy days as well. “Broad Spectrum” sunscreen with an SPF of 15 or higher should be utilized. Sunscreen is applied thirty minutes before going outdoors as it needs time to absorb within the skin. Sunscreen will be applied every two hours. Protective clothing as well as shade should also be used to protect children from the sun. Sunscreen should be applied at least once by the parent before application in the child care setting.

Sanitation and Hygiene

All providers, volunteers and children will wash their hands as follows: upon arrival, when moving from one classroom to another, when coming in from outdoors, before and after handling food and feeding a child, before and after giving medication, after diapering and toileting, handling bodily fluids, cleaning/handling garbage, handling pets and playing in sandboxes. Hand washing procedures will be posted near each sink.

Diapering will be done in a designated area. There will be no food handling in this area. Providers will follow diapering procedures and proper cleaning and sanitizing practices. Toilets in rooms will be kept separate from activity areas. Children less than five years of age and older who require assistance will be accompanied by an adult. Toilets are adapted to encourage independent use by children.

The facility will be maintained by center staff. Surfaces and toys will be disinfected using a (non-toxic) solution of household bleach and water mixed fresh daily. The solution will be left on for at least two minutes before it is wiped off with a clean towel or be allowed to air dry.

Pets will be kept in clean and enclosed cages or separated by some other means from children. Any pet or animal present at the center must be in good health and show no evidence of carrying any disease. Children will not be able to access the pet’s food or excrement and will be under the supervision of staff at all times. Children and staff will follow proper hand washing procedures when in contact with pets.

Cloth Diapers

If cloth diapers are used, the diaper should have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. An alternative is the use of cloth diapers that contain a waterproof cover that is adherent to the cloth material. If cloth diapers with a separate lining are used, the outer covering and inner lining should be changed together as the unit should be reused in the child care center. No rinsing or dumping of the contents of cloth diapers should be performed at the center. Soiled cloth diapers should be completely wrapped in a non-permeable material, stored in a location inaccessible to children and given directly to the parent(s)/ legal guardian upon discharge of the child.

Maintenance of Sleeping Equipment

Each crib, cot or mat is to be labeled with the name of the child who uses the equipment. All surfaces need to be cleaned and disinfected before use by another child. Bedding will be washed one time per week. Cribs, cots and mats will be placed 3 feet apart from where any other child sleeps. Bedding will be stored so there is no contact between sleeping surfaces of another child.

Oral Hygiene

Caregivers and teachers promote regular tooth brushing. Children will brush their teeth at least once during the hours they are in childcare. Children under the age of two will utilize only a smear of fluoride toothpaste (rice grain) on the brush when brushing. Those over two years of age should use a pea-sized amount of fluoride toothpaste. Caregivers are encouraged to model brushing activity at the same time the children are brushing their teeth. Fluoride is the single most effective way to prevent tooth decay. Brushing of teeth with fluoridated toothpaste is the most efficient way to apply fluoride to the teeth.

**Safety**

Staff Requirements

The center director and providers have educational backgrounds and/or experience that meet licensing requirements. Full-time providers are trained in CPR/First Aid, Universal Precautions and Mandatory Reporting of Child Abuse. Providers are required to have additional training hours dependent on job title and employment status and are encouraged to attend training which would enhance the child care environment and experiences of the children served.

Supervision

No child will be left unsupervised while at Kessel Kids CcLc. Caregivers will regularly conduct a child count including at every transition and when leaving one area and arriving at another. Providers will assess the child care environment continually to reduce or eliminate any barriers to supervision.

Standards for provider ratios are based on what a child needs in order to have a reasonable amount of quality care and to allow for one-to-one interactions.

Child to provider ratios will be maintained following guidelines enforced by the HHS. The ratios will not exceed what is outlined by HHS, however, the ratio may be minimized to assist with increasing the quality of services provided if and when the need to minimize the ratio is identified or the center is financially able to do so.

Age of Children Minimum Ratios

Two weeks to two yrs. 1 staff:4 children

Two years 1:6

Three years 1:8

Four years 1:12

Five to ten years 1:15

Ten years and over 1:20

When there are mixed-age groups in the same room, the staff to child ratio will be consistent with the age of the majority of children when no infants or toddlers are in the mixed-age group. When infants and toddlers are in the mixed age group, the staff to child ratio follows the ratio for infants and toddlers. At least two staff will always be available if more than 6 children are present.

Ratios may deviate from the norm when children are resting, during activities, for transportation purposes and to accommodate during special circumstances. These regulations can be found in HHS Licensing Standards and Procedures.

Unlimited Access

Parents are entitled to unlimited access to their children and the providers caring for their children during the center’s hours of operation or when the children are at the center with the exception of parental contact prohibited by a court order.

Access Policy

Kessel Kids CcLc is responsible for ensuring the health and safety of the children as well as others present within the facility.

Persons on Kessel Kids CcLc premises that are not the owner, provider, substitute, subcontracted provider or volunteer having passed an HHS background check approving them for involvement within the childcare setting,will not have unrestricted access to children. This does not include children they are the parent(s)/ legal guardians of, and they will not be included in the staff to child ratio. Unrestricted access means that a person has contact with a child alone or is directly responsible for child care.

Persons who do not have unrestricted access will be under the direct supervision and monitoring of a paid provider at all times and will not be allowed to assume any child care responsibilities. The primary responsibility of the supervision and monitoring will be assumed by the provider unless he/she delegates it to the provider’s assistant due to conflict of interest with the person. Supervision is defined as being in charge of an individual engaged with children in an activity or task and ensuring that they perform it correctly. Monitoring is defined as being in charge of ensuring proper conduct of others.

Center providers will determine the purpose of any individual on the property that is present without knowledge of the center. The director will be contacted to request approval if the person is to be on site. Providers will follow the center’s Emergency Management Procedures in the case of an intruder. Individuals not employed by the center but who may be on the property for other reasons such as maintenance, repairs, etc. will be monitored by paid providers and will not be allowed to interact with the children on the premises.

Sex Offender Policy

A sex offender who has been convicted of a sex offense against a minor (even if the sex offender is the parent, guardian, or custodian) who is required to register with the Iowa sex offender registry shall not operate, manage, be employed by, or act as a contractor or volunteer at the child care center and shall not be on the property of the child care center without the 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. The center director is not obligated to provide written permission and must consult with their HHS licensing consultant first. If written permission is granted it shall include the conditions under which the sex offender may be present including:

1. The precise location in the center where the sex offender may be present.
2. The reason for the sex offender’s presence within the facility.
3. The duration of the sex offender’s presence.
4. Description of how the center provider will supervise the sex offenders to ensure that the sex offender is not left alone with a child.
5. The written permission shall be signed and dated by the director and sex offender and kept on file for review by the center licensing consultant.

Confidentiality

Confidentiality of information about a child and family will be maintained. Enrollment information and all other information regarding a child and his or her family will be accessible only to the parent(s)/ legal guardian, by those with consent from the parent(s)/ legal guardian, to providers on a need to know basis and to HHS.

Under state law, information about a person in child care or the relative of a person in child care is confidential. Anyone who acquires such information through the operation of a child care center may not disclose it, directly or indirectly, except upon inquiry before a court of law or with the written consent of the person. In the case of a child, written consent must be obtained from the parent(s)/ legal guardian or as otherwise specifically required or allowed by law. Child care consultants have unrestricted access to children’s files. Immunization records are accessible to public health officials without parental consent.

Smoking, Prohibited Substances and Guns

Children will not be exposed to tobacco, nicotine, electronic cigarettes or vaping in childcare. Children with respiratory problems or any child in care should not be exposed to additional risk from the air they breathe. Second hand smoke can cause additional risk of asthma, respiratory infections and SIDS.

Smoking and the use of tobacco products is prohibited in all child care centers and preschools, in the outdoor play area and in any vehicle in which children receiving care are transported. Children shall not be exposed to providers wearing clothing that smells of smoke. Providers will be sent home to change his or her clothing or offered an alternative article of clothing if available. Providers are encouraged to bring extra clothing to store at the center if it supports providing a clean, sanitary classroom environment.

Alcohol and illegal drugs as well as lethal weapons are prohibited on facility premises.

Safe Sleep

All staff, substitute staff, and volunteers at Kessel Kids CcLc follow the safe sleep recommendations of the American Academy of Pediatrics and the Consumer Products Safety Commission for infants to reduce the risk of Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Infant Death (SUID) and to prevent accidental sleep related deaths. SIDS is the sudden death of an infant under 1 year of age, which remains unexplained after a thorough investigation. SUID includes all unexpected deaths; those without a clear cause, such as SIDS, and those from a known cause, such as suffocation. Infants 12 months and under are placed on their backs to sleep with infants under 4 months of age that roll over being gently rolled back to their backs during sleep. Any infant arriving asleep or falling asleep out of his or her crib will be immediately moved to his or her crib to maintain a safe sleep environment. A child cannot sleep in another position without a waiver from the child’s primary physician as such due to medical necessity. The waiver must be specific and include an expiration date. Only one infant will be placed in each crib. Child care providers need to maintain the ability to see and to hear all sleeping infants while moving throughout the classroom. Providers must clearly communicate whereabouts and intentions of actions to ensure one provider is in each classroom zone.

Soft and loose bedding will be kept out of sleep environments. These items include but are not limited to such things as pillows, bumper pads, comforters, bibs and any type of blankets. Items or materials will not be draped or attached to the cribs. We ask that blankets be kept at home and not brought to the center for children under the age of one. Crib mattresses will be firm and fitted with tight sheets. Crib bedding will be washed daily. Infants will not share cribs. Infants who do not have a designated crib due to lower attendance will be placed in a crib with new bedding to eliminate sharing of germs. A manufacturer's certificate indicating safety is placed in the center’s licensing file. Infants will be monitored for overheating. The classroom environment temperature will be kept comfortable, such as that of a lightly clothed adult, with the option of in floor heat in the cooler months. Extra clothing or sleep sacks will be used as an alternative to blankets if extra warmth is needed.

Swaddling will not be practiced at Kessel Kids CcLc. There is evidence that swaddling may increase the risk of certain health outcomes. The risk of sudden infant death is increased if an infant is swaddled and placed on his/her stomach to sleep. We believe that although there may be benefits to swaddling, the more serious health concerns that may result outweigh the benefits. We encourage families to dress their infants in appropriate clothing to support with maintaining temperature if this is a concern. Pacifiers may be used during sleep with parent permission, but should not be attached to the infant's clothing, string, cord or stuffed toy.

Supervised “tummy time” will be encouraged to assist with the development of strong back and neck muscles to prevent the development of flat areas on the back of the head.

Safe sleep practices are shared with families prior to enrollment during classroom tours. In addition, information regarding safe infant practices are shared in monthly newsletters, within our nursing room and outside our classroom on an informational bulletin board.

Strangulation Prevention

Kessel Kids CcLc will work to prevent the risk of strangulation at the center. Strings and cords that are long enough to encircle a child’s neck will not be accessible. Window blinds will not have looped cords accessible to the children in care. Parents will be asked to remove hood and neck strings from children’s clothing. Dramatic play items with handles or straps will be removed or shortened. Pacifiers should not be attached to strings or ribbons. In and when lanyards are utilized, they must be the breakaway type.

Play Areas and Equipment

Regular inspections of play areas indoors and outdoors of the facility are important in preventing injuries. The indoor and outdoor play area and equipment should be inspected daily for the following:

* Missing or broken parts
* Protrusion of nuts and bolts
* Rust and chipping or peeling paint
* Sharp edges, splinters, and rough surfaces
* Stability of handholds
* Visible Cracks
* Stability of non-anchored large play equipment
* Wear and deterioration

Observations shall be documented and filed. Problems shall be corrected. Monthly playground inspections are completed and on file in the licensing notebook. A monthly safety check of all the equipment within the facility is also completed to provide an opportunity to notice issues with equipment that require maintenance.

Discipline

Kessel Kids CcLc providers will offer positive guidance, redirection, take a proactive approach to reduce the likelihood of the behavior, offer clear and consistent rules as well as involve a child in problem solving to foster a child’s ability to become self-disciplined. Providers will encourage children to develop respect for people and property, take responsibility for their actions and support children with developing self- control and problem solving. Aggressive physical behavior toward providers or children will not be tolerated.

Discipline policies have been developed to encourage and strengthen positive behavior. One of the primary goals of our program is to assist children with developing appropriate social skills. These skills include interacting appropriately with others in order to maintain an environment in which all children feel safe and secure. It is important for children to display respect for one’s self and others while attending the center.

Guidance is non-punitive at Kessel Kids CcLc. Discipline does not allow for corporal punishment; punishment that causes humiliation, fear, pain or discomfort; locking children in an area or using mechanical restraints; associating with illness, toilet training, food or rest; or the use of verbal abuse, threats or derogatory remarks about a child’s family. If mechanical restraints are used as part of a treatment plan for a child with a disability, the provider is trained on use of the restraint. Any use of the above mentioned disciplinary actions would be grounds for termination.

Permissible Methods of Discipline

Aggression or Fighting

Children displaying aggression or fighting will be assisted with problem solving. Positive guidance will be utilized versus punishment with consideration that a child may not yet have the capabilities of understanding the situation and carrying out problem solving techniques. If aggression or fighting arises:

1. Children will be separated if more than one child is involved.
2. The child injured physically or emotionally will be comforted.
3. The child displaying aggression or fighting will be allowed to de-escalate and the provider will support with positive guidance on an individualized basis.
4. Completed incident or observation cards will be completed and signed by the parents of the children involved.
5. If there is a pattern of recurrence, the center director will evaluate the environment and caregiver supervision and make changes accordingly.

Physical Restraint

Physical restraint will not be used unless it is used to ensure a child’s safety or that of others. If physical restraint is utilized it will be done so in a gentle manner and only as long as needed to gain control over the situation.

Medicines or drugs

Medications or drugs will not be used unless prescribed by a health care provider and with specific instructions on usage of the medication.

Time Away

“Time-away” will be used if other management of techniques are ineffective. “Time away” may be used for children over 18 months of age who may harm themselves or others. “Time Away” will be used on an individualized basis as this technique of behavior management is not always effective for every child. The “Time Away” period will be used to enable a child to de-escalate and return to his or her baseline. As a general rule, the “Time Away” period will not exceed one minute per year of age.

Biting

Every child in the infant and toddler classrooms may be at the risk of being bit or being a potential biter. Biting is not something to blame on parents, the child or the child care provider. It is part of a developmental stage common among children birth to three years of age. Biting is a form of communication which is commonly a response to a child’s needs not being met or a tactic to cope with a challenge or stressor. A child may bite due to teething, impulsiveness or lack of control, excitement or overstimulation, frustration or to see a reaction. The five broad causes of behavior include 1) the developmental stage of the child, 2) individual differences, 3) the environment, 4) the child does not know something yet, and 5) unmet social needs. It is important that we do not label children as “biters” as this can harm a child’s self-perception and reinforce the biting behavior (Zero to Three, 2010). `

Kessel Kids CcLc providers will take a proactive approach to prevent biting behaviors. Providers will be responsible for understanding the developmental stages of the children in care. Positive relationships between the children and providers as well as a supportive environment will be the baseline to preventing challenging behaviors such as biting.

Providers are encouraged to take a proactive approach to behaviors such as biting. Oftentimes, a responsive provider will be able to determine when biting may occur and intervene to prevent the behavior. However, when biting does occur the caregiver will respond accordingly (Zero to Three, 2010):

1. Keep all emotions intact, not expressing frustration or anger to the child
2. Ensure all children are safe
3. Providers should in a firm, calm voice address the child that bit in a short, simple manner
4. Providers should shift their attention to the child who was bitten and show support to that child
5. Go back and talk with the child (if the child is verbal and able to talk about what happened) and the different approaches that he or she may take versus biting
6. Help the child move on

Discharging a child without first addressing the underlying cause of a behavior and meeting the needs of the child is not an appropriate response to a challenging behavior.

Biting is a way of communicating. It is the provider’s responsibility to observe and focus on what needs of the child are not being met versus being preoccupied with what discipline method to utilize in response to biting. Observation Cards will be utilized to track the occurrences of the behavior along with the context of the situation. The data will be kept in the child’s file and utilized to identify patterns as well as possible solutions. The information will also be shared with the child’s family.

When biting occurs, the child who was bitten should be immediately cared for following the event. The child with the challenging behavior will be taught in a caring and firm manner that the behavior is not acceptable and other alternative behaviors may be discussed to prevent further occurrences. The providers should determine the needs of the child including changes in environment or routine. An individualized action plan shall be put in place when a pattern of biting is determined. Discharging a child will only be done in extreme circumstances. The center will utilize the consultants available in the area if and when the center needs support with coming up with an action plan to meet the needs of a child.

An Incident/Accident report will be utilized to inform a parent that his/her child was bitten. The name of the child participating in the challenging behavior will remain confidential. The parent will provide a signature on the report and one copy will be placed in his or her file and an additional copy will be sent home with the parent. An Observation Card will be utilized to track the challenging behavior as well as to support identifying any patterns associated with the occurrences. A copy of this report will be shared with the parent and an additional copy will be placed in the child’s file at the center.

First aid procedures shall be utilized in response to a biting situation. The providers should evaluate the bite mark noting if the bite broke the skin or if blood/body fluids is coming from the site. If blood or body fluids are present, wash the area with soap and water and cover with a bandage. It should be determined if the child who was biting had any blood or bodily fluids in his or her mouth. If the child does have blood or bodily fluids in his or her mouth, the provider should support the child with rinsing his or her mouth out with plain water and notify the parents of the child of the exposure.

Record Keeping and Incident Reporting

Child care providers at Kessel Kids CcLc are responsible for maintaining accurate records. Providers are responsible for ensuring that daily documentation regarding the child is completed and sent home with the child’s parent/ legal guardian at the end of the day. Copies of these records are maintained at the center for the infants and upon request or based on needs for toddlers, preschool age and school age children. Communication with parents as well as coworkers is important in making the child care experience positive at this center. In addition to daily communication notes, the following records are utilized within the classrooms to assist the center with documentation.

Child Attendance/Symptom Records

A Child Attendance/Symptom Record is maintained daily within the classrooms. These reports require providers to document and follow-up on any health related concern as well as assist with tracking absenteeism. This record is intended to track the person affected, date and time of illness, a description of the symptoms, the response of the caregiver to the symptoms, who was contacted in response to the entry and what was concluded or the end result of the entry.

Incident Reports

These records are intended to record accidents/injuries and assist the center with tracking environmental factors that may result in accidents/injuries. Incident reports are completed no matter how small or insignificant an accident or injury may seem. Incident reports need to be completed as soon as possible following an incident and signed by the director upon completion. The incident report also needs to be signed by the parent(s)/ legal guardian. The parent(s)/ legal guardian will receive a copy of the incident report and a copy of the report will be kept in the child’s file. Minor incidents should be reported to parents’ daily and major incidents resulting in injury or change of health status immediately.

Observation Cards

Observation cards are intended to track behavior. They are utilized to identify patterns of behavior and to support staff with making adjustments to the classroom environment and staffing patterns if needed. A copy of the report can be sent home with the parent(s)/ legal guardian and an additional copy kept within the child’s file.

Dismissal

Kessel Kids CcLc reserves the right to dismiss a child without notice due to the following reasons;

* The center cannot make reasonable accommodations to meet the needs of a child
* The child is a threat to the safety, health and/or well-being of himself/herself or others.
* A family has not paid their bill for two consecutive weeks and has not made arrangements with the director for a payment schedule
* A parent(s)/ legal guardian refuses to have their child examined by a healthcare professional
* It is advised by a professional that a child should not be enrolled
* Misrepresentation on application or enrollment forms
* Continuous absence or change in schedule without notice
* Repeated tardiness picking up a child at closing time
* Child’s file and immunizations are not up to date
* Parent(s)/ legal guardian consistently chooses not to sign their child in or out
* Parent(s)/ legal guardian threatens safety of staff, child or others
* Health and safety concerns with a child are not being addressed by parent

Suspected Child Abuse

All observations or suspicions of child abuse or neglect will be immediately reported to HHS no matter where the abuse may have occurred.

* Providers serving in the caretaking role of children are mandatory reporters of child abuse. Providers are provided with orientation regarding mandatory reporting within 30 days of employment. Iowa Code Section 232.69 requires any director or employee of a licensed child care center to report to the HHS within 24 hours when there is reason to believe the child has suffered sexual or physical abuse or neglect. The first oral report must be followed within 48 hours with a written report to HHS. The person who witnessed the abuse or effect of the abuse should make the reports.
* Suspected abuse may also be reported by calling the county HHS office or calling the 24-hour, toll-free, Child Abuse Hotline number: 1-800-362-2178.
* Reporters of suspected abuse will not be discharged for making the report unless it is proven that a false report was knowingly made.
* Providers accused of child abuse may be suspended or given leave without pay pending investigation of the accusation. Parent(s)/ legal guardians of suspected abused children will be notified. Parent(s)/ legal guardians of other children utilizing the center’s child care services will be contacted by the center director if a provider is suspected of abuse so they may share any comments or concerns they may have. No accusation or affirmation of guilt will be made until the investigation is complete. If a caregiver is found guilty of child abuse, he or she will be dismissed of their duties.

Mandatory Reporting of Child Abuse

Center providers serving in a caretaking role of children are mandatory reporters of child abuse. Information regarding mandatory reporting will be reviewed with staff at orientation. Providers will sign a statement during orientation stating he or she has been informed of and understands his or her responsibility as a mandatory reporter. Volunteers who are included in the staff-to- child ratio are also considered mandatory reporters and will be informed of his or her responsibilities as a reporter and the center’s reporting procedures.

Iowa Code Section 232.69 requires any director or employee of a child care center to report to HHS within 24 hours if there is reason to believe a child has suffered from sexual abuse, physical abuse or neglect. The first oral report must be followed within 48 hours with a written report to HHS. The person who witnessed the abuse or effects of the abuse must make the report.

Staff may report child abuse by calling the county HHS office or calling the 24-hour, toll-free, Child Abuse Hotline number; 1-800-362-2178.

When making a report of suspected child abuse the following information, or as possible, should be reported:

* names and home address of the child and his/her parents or other persons believed to be responsible for his/her care
* the child’s present whereabouts if not the same as address mentioned previously
* the child’s age
* the nature and extent of the child’s injuries, including any evidence or previous injuries
* the name, age, and condition of other children in the same home
* any other information which the person making the report believes might be relevant in establishing cause of the injury to the child, the identity of the person or persons responsible for the injury or in providing assistance to the child
* the names and address of the person making the report

Legal sanctions for failure to report the abuse are as follows:

Any mandatory reporter who knowingly and willfully fails to report a suspected case of child abuse is guilty of a simple misdemeanor.

Any mandatory reporter who knowingly fails to report is civilly liable for damages approximately caused by such failure (Legal Reference 232.75). `

Any mandatory reported 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 investigation without release required in other situations (Legal Reference232.73).

Transportation

Kessel Kids CcLc will not transport children unless an emergency situation arises in which transportation is needed. All children transported in a motor vehicle subject to registration and weighing 10,000 pounds or less, except a school bus, must be individually secured by a safety belt, safety seat, or harness, in accordance with federal motor vehicle safety standards and manufacturer’s instructions. Children under the age of four shall be secured in a federally approved child restraint system. Children under the age of twelve shall not be located in the front seat of a vehicle. Drivers have to possess a valid driver’s license, be at least 21 years of age and shall not operate a vehicle under the influence of alcohol, illegal drugs, prescription or nonprescription drugs that could impair the ability to drive a motor vehicle. Drivers must also have a safe driving record for more than 5 years, with no crashes where a citation is issued, no record of substance abuse or conviction for crimes of violence or child abuse, or any crime of violence. The driver’s license number, vehicle insurance information, and verification of the current state vehicle inspection must be on file at the facility. Ratios for transportation of children will be maintained in accordance to regulations set forth by HHS.

Field Trips

Field trips provide for varied experiences for children. If and when a field trip is planned, parents will be informed and a Field Trip Permission Slip will be issued to a child’s family. If a family chooses to have their child stay at the center versus participate in the trip, the child may need to participate in alternative classrooms’ activities for the day to allow for appropriate supervision.

Non-Center Activities

The children enrolled at Kessel Kids CcLc may participate in non-center held activities including Cresco Parks and Recreation summer time events. If a child participates in such activities, arrangements will need to be made for transportation and the Director will need to be informed of these arrangements. Public Transit is an option for transportation. Kessel Kids CcLc will not be held responsible for the child until the child returns to the center unless Kessel Kids CcLc providers are accompanying a group of children. Proper emergency contact information and registration must be completed with the agency holding the activities. Parents/caregivers are responsible for ensuring such information is communicated to the agency.

Pets

Parents will be informed of any exposure to pets prior to a pet being brought to the facility. Any pet or animal present at the facility, indoors or outdoors, shall be in good health, show no evidence of disease and be fully immunized. All contact with animals and children shall be supervised by a provider who is close enough to remove a child immediately in the case an animal shows signs of distress or agitation. Providers are responsible for instructing children on safe procedures to follow when in close proximity to the animal and talking with children about the responsibilities associated with the care of pets. Pets must be housed in an enclosed living quarters, kept clean of waste to reduce risk of human contact, in cages of an approved type with removable bottoms and shall be kept clean and sanitary, litter boxes shall not be in areas accessible to children, litter should be removed immediately and discarded and animal food supplies should be kept out of reach of children. Animals are prohibited from the food preparation areas and caregivers and children should wash their hands after handling animals, animal food or animal wastes.

**Emergency Plans**

First Aid Kits and Emergency Numbers

First-aid kits are located in each classroom and are inaccessible to children. The kits will be taken on trips to and from the facility. Phones are located in each classroom and play area within the facility for emergencies. Emergency numbers are posted next to each of the phones along with emergency contact information for each child. Emergency contact information as well as a cell phone is taken along anytime children leave the facility. Each classroom is also equipped with a walkie-talkie to communicate in need of an emergency.

Fire

Fire drills are practiced on a monthly basis. All dates and times of drills are kept in a monthly log.

Anyone who identifies smoke, fire or risk of explosion will pull the fire alarm nearest to them which will automatically dial the needed authorities. Providers will follow the posted evacuations procedures. A fire will be reported to the child care licensing agency within 24 hours of the incident.

Tornados, Floods, Blizzards or other Catastrophes

Kessel Kids CcLc will receive the latest weather updates through the on-site weather radio. In the case of an emergency, the Center Director is responsible for contacting local Emergency Preparedness Authorities to follow-up with appropriate instruction associated with the emergency situation.

Kessel Kids CcLc does have a storm shelter located in the basement to shelter the children in the case of a tornado. Providers will support the children with becoming more familiar with the location through monthly drills and utilization of the area for play during non-emergency situations.

Tornado and Evacuation drills are practiced on a monthly basis. All dates and times of drills are kept in a monthly log.

Evacuation

In the case the building would have to be evacuated, all activities will be stopped immediately. Providers will remain calm and speak to the children in a calm and reassuring manner. Children would be relocated to a safe, predetermined environment until parents could be notified. In the case the primary evacuation location cannot be utilized, children would be taken to the secondary location. Provider to child ratios will be maintained at this time and periodic counts of children will be performed. Children who cannot walk out of the building alone will be transported in fire safety cribs. The assistant director will provide support to the infant/toddler providers to ensure each child is evacuated as quickly and safely as possible. Attendance and emergency contact information will be carried by designated providers within each room to assure no child is left behind. The director will perform a sweep of the building to assure everyone has evacuated. Families will be notified by telephone and radio broadcast of the evacuation and relocation of their children.

Weather Related Cancellations

Kessel Kids CcLc does not usually close due to weather related conditions. If the decision is made that the facility will close due to weather conditions, parent(s)/ legal guardians will be notified by telephone, radio (Super CZQ 102.3) or television broadcast (KWWL, KTTC). Efforts will also be made to contact families by phone.

Power Outage

In the case of a power outage, providers will model how to remain calm and provide children with reassurance that everything will be okay. Flashlights are stored in each room and the emergency lighting system will be activated. Children will be kept within the facility unless power outage is accompanied by an emergency situation that requires evacuation.

Intoxicated Parent or Authorized Pick-Up

If a provider observes that a parent authorized pick-up person appears to be intoxicated at the time of pick up the parent/authorized pick-up will be given the option of a Kessel Kids CcLc provider contacting an alternative pick-up. Kessel Kids CcLc cannot hold a child, however, law enforcement will be contacted if a parent/authorized pick-up person chooses to leave with a child and is clearly under the influence.

Injuries or Illness Requiring Medical Attention

Providers are trained in CPR, first aid and universal precautions. In case of an emergency, Emergency Medical Services will be contacted by dialing 911 when immediate medical help is needed. The parent or legal guardian will be contacted as soon as possible. If not able to reach the parent(s)/ legal guardian, the alternative emergency contact will be called. The emergency facility used by the program is Regional Health Services of Howard County for medical emergencies and Oak Creek Dental for dental emergencies. Emergency transportation will be provided by the center director or provider available if the center director is off site. A Kessel Kids CcLc staff member will accompany and remain with the child until the parent(s)/ legal guardian assumes responsibility. If a provider is removed from the facility to care for a child, a substitute will be called in to maintain the provider to child ratio within the building. An injury/accident report will be completed by the provider who observed the incident as soon after the accident as possible. The form will be signed by the parent(s)/ legal guardian. A copy of the report will be distributed to the parent and a secondary report kept within the child’s file.

It is important to note that even young children may sustain mouth/teeth injuries which require dental care. Although a family may not have a secured dentist for a young child, it is required that a dentist is listed within proximity of the center for emergency dental care.

Obtaining Immediate Medical Help

At any time a provider believes a child’s life may be at risk, or you believe there is a risk of permanent injury, immediate medical attention will be sought. Emergency medical services will be contacted immediately if the following situations occur:

* A child’s life is at risk or there is risk of permanent injury.
* A child is acting strangely, much less alert or much more withdrawn than usual.
* The child has difficulty breathing or is unable to speak.
* The child’s skin or lips look blue, purple or gray.
* The child has rhythmic jerking of arms and legs and a loss of consciousness (seizure).
* The child is unconscious.
* The child is less and less responsive.
* The child has any of the following after a head injury: decrease in level of alertness, confusion, headache, vomiting, irritability, or difficulty walking.
* The child has increasing or severe pain anywhere.
* The child has a cut or burn that is large, deep, and/or won’t stop bleeding.
* The child is vomiting blood.
* The child has a severe stiff neck, headache or fever.
* The child is significantly dehydrated: sunken eyes, lethargic, nor making tears, not urinating.

After emergency medical services have been contacted, the parent(s)/ legal guardian will be notified.

Urgent Situations Requiring Medical Attention

The following are situations in which they require medical attention but do not necessarily require ambulance transport. The parent(s)/ legal guardian will be notified. If the Parent(s)/ legal guardian cannot be reached, the alternate emergency contact will be contacted. If the Parent(s)/ legal guardian or individuals on the emergency contact list cannot be contacted, the child will be brought to the hospital.

* Fever in any child who looks more than mildly ill
* Fever in a child less than 2 months (8 weeks) of age
* A quickly spreading purple or red rash
* A large volume of blood in the stools
* A cut that may require stitches
* Any medical condition specifically outlined in a child’s care plan requiring parental notification

Missing or Abducted Children

Providers will perform periodic counts of their children when outside of the facility to prevent lost or missing children. If it is determined a child is missing or lost, Kessel Kids CcLc will immediately notify the local police, director and parent(s)/ legal guardian.

**Security**

Guests/Visitors

All guests are required to check in at the front desk before entering the facility. They will be requested to wear a visitor badge. Please be aware that proper identification may be required before a child will be released from the center. Upon admission, the parent of a legal guardian provides the center with a list of individuals who may pick up their children. Children will not be released to individuals not on the list.

Video and Surveillance Policy

In order to ensure the safety and security of all children, staff, parents and visitors of Kessel Kids CcLc, the premises are equipped with a 24 hour video and/ or audio surveillance system installed in all classrooms, hallways, common areas, outdoor areas and parking lot. Kessel Kids CcLc may conduct video and/or audio surveillance of any portion of the premises at any time. In order to respect the privacy of all children, parents, staff and visitors in the center, and to comply with all policies regarding confidentiality, the video and/or audio surveillance is for internal purposes only. If at any time it is necessary, as determined by the center director, for parent(s)/ legal guardian to review video and/or audio of their child, such viewing will only be permitted of their child, as near as may be possible, on the center premises and in the company of an authorized representative of Kessel Kids CcLc. Any video and/or audio recording shall not be released to any other person or entity unless required by Court Order, subpoena or appropriate State or Federal law or if written permission is granted by the affected party or the affected party’s parent(s)/ legal guardian, or authorized representative. Certain State or Federal laws may mandate that Kessel Kids CcLc release certain information when requested by child care licensing, law enforcement agencies, child protection agencies or government health officials.

By enrolling a child with Kessel Kids CcLc or being employed by Kessel Kids CcLc the undersigned parent(s)/ legal guardian or employee acknowledges receiving a copy of this policy and consents to all terms and conditions contained therein.

Persons Posing Safety Risk

A child will not be released to anyone who cannot safely care for that child. The police will be notified if a parent(s)/ legal guardian appears to be under the influence of drugs/alcohol or if the parent(s)/ legal guardian may pose a safety risk. Kessel Kids CcLc will make arrangements with an emergency contact to transport the child from the center to a place of safety.

Authorized Care Givers

The center director will maintain child files, authorization forms and parent(s)/ legal guardian names and contact information.

Children will be assigned a password once enrolled which will be utilized to sign a child in and out of the facility. The parents are responsible for ensuring that their child gets properly signed in and out each day.

In cases of divorce, it is important that the registering parent indicates on the Pick-Up Permission Form who has custody of the child and provides the center with a copy of the divorce decree to know custodial issues. If a custodial parent shows up at the center to pick up their child we need legal documentation to enforce that the child may not be picked up by this individual. If no documentation is provided and the other parent shows up we cannot hold a child. The custodial parent will be notified that the other parent arrived at the center and has intentions of picking up the child.

In the case that an unauthorized person arrives to pick up a child, the custodial parent(s)/ legal guardian will be contacted. Telephone authorization to release a child to someone who does not regularly pick up a child will be accepted only if prior written authorization is on file from the custodial parent(s)/ legal guardian. No child will be released without the presence of permission of the custodial parent(s)/ legal guardian. Identification may be required from a person taking a child who is not familiar to the staff. The director will notify the police if an unauthorized person seeks custody of the child.

Weapons-Dangerous

As adopted from the Crestwood Elementary School Parent-Student Handbook, “any object which could be used to injure another person and which has no school-related purpose will be considered a weapon. An object which has a school-related purpose but which is cued to threaten or inflict injury will be considered a weapon. Weapons include but are not limited to knives of all types, guns, firearms, metal pipes, chains, nunchucks, throwing stars, metal knuckles, blackjacks, fireworks, explosives, or other chemical or stimulated weapons.

Dangerous weapons are not allowed on school grounds or at school sponsored events. Dangerous weapons will be taken from students and others who bring them onto the school property. If a dangerous weapon is taken from a student, the parent of that student will be contacted. At the discretion of the administration, law enforcement may also be contacted. The student will be subject to further disciplinary action which could include but not be limited to suspension or expulsion from school (child care services).”

**Nutrition and CACFP**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

The Child and Adult Care Food Program (CACFP) provides reimbursement for participating centers serving nutritious meals. It is administered at the Federal level by the Food and Nutrition Service, an agency of the U.S. Department of Agriculture. Kessel Kids CcLc participates in CACFP. We follow guidelines for providing healthy meals and snacks, receive training in food and nutrition and observe recommendations for preparation and handling. We are required to annually request for families to complete enrollment information for our records.

Kessel Kids CcLc follows CACFP meal patterns according to the types and amounts of food served. Credible foods are used to meet food component requirements. Children have access to safe drinking water and are encouraged to drink water throughout the day.

Meal Service

Kessel Kids CcLc uses a combination of pre-dished and family style meal services. Providers are encouraged to take part in the meal time experience and be positive role models at this time to promote such things as the use of good manners and desire to try new foods. Children learn how to pass foods, pour beverages and serve foods during meals.

Snack and meal time are located below:

Breakfast: 7:00-7:30

Am Snack: 9:30-10:15

Lunch: 11:15-12:15

PM Snack: 2:30-3:45

Infant/Toddler Feeding

We strive to use best practices when feeding infants. Feeding infants when they begin to show signs of hunger and ending feedings when they show signs of being full guides our decision making process. We work with families on feeding plans if and when they have preferences or feeding directions. Our program offers a variety of healthy meals and snacks for infants each day. When developmentally ready, solid foods should be introduced one at a time at home to detect allergies. Parent(s)/ legal guardians must introduce new foods at home before the center will offer the food to the child. Each infant's feeding pattern will be discussed and developed with the parent(s)/ legal guardian and with consideration of CACFP standards. Infants must be held when they are fed and will never be left with a propped-up bottle. All meals are recorded in Procare for parental viewing.

Breast milk and/or iron-fortified infant formula must be served for the entire first year of life. The center offers one allowable iron fortified infant formula, Parent’s Choice, as part of CACFP. If a family prefers an alternative brand of infant formula, the family must provide the formula at their cost. Baby food and infant cereal is supplied by the center. Combination baby foods will not be served.

Formula brought from home must be labeled with the child’s name. Formula will be diluted according to the instructions provided by the manufacturer or from the child’s healthcare provider.

Bottled breast milk or formula to be warmed will be placed in a bottle warmer with temperature display before feeding. Bottled breast milk or formula will never be warmed in a microwave oven.

Baby food will be served from a bowl or cup and not from the container unless the entire container will be used for one feeding. Solids will be fed by spoon only, not bottle. Uneaten food will be discarded.

Only whole, pasteurized milk will be served to children younger than 24 months of age who are not on formula or breast milk. Only formula or breast milk will be served to infants less than 12 months of age.

Food will be cut up into ¼ - ½ inch pieces for finger feeding for children who are six months of age and older. Utensils will be available to children who use them.

Breastfeeding/Breast Milk Storage

Breastfeeding mothers are welcome to do so within the center. Kessel Kids CcLc provides mothers with a comfortable, quiet space outside the classroom to be with their babies while feeding. Mothers are welcome and encouraged to drop in for feedings. Employees are also able and encouraged to access the breastfeeding room. Breastfeeding resources are available near the feeding room.

All breast milk bottles must be labeled with the infant's name and date the milk was expressed. The same is true if a family chooses to bring frozen breast milk to the center. Previously frozen, thawed breast milk must be used within 24 hours. Frozen breast milk will be dated and may be kept in the freezer located within the kitchen for up to 3 months. Frozen breast milk will be thawed under running cold water or in the refrigerator. Kessel Kids CcLc has refrigerator and freezer space to store expressed breast milk

Preparation and Handling of Bottle Feeding

Only cleaned and sanitized bottles and nipples will be used at Kessel Kids CcLc. Human milk will be stored in an identified container with the child’s name and date of collection. The human milk may be kept frozen or refrigerated. Any contents of milk remaining after feeding shall be discarded. Prepared bottles of formula from powder or concentrate or ready-to-feed formula shall be labeled with the child’s name and date of preparation. The content shall be kept refrigerated and discarded after 48 hours if not used.

Unused expressed human milk shall be discarded after 48 hours if refrigerated or by three months if frozen and stored in a deep freezer at zero degrees. Unused frozen human milk which has been thawed in the refrigerator shall be used within 24 hours.

A bottle that has been fed over a period of time that exceeds an hour from the beginning of the feeding or has been unrefrigerated an hour or more shall not be served to an infant.

Cleaning and sanitation of bottles and nipples will be done using the center’s commercial dishwasher during shift changes when staffing allows for a caregiver to leave the classroom as well as part of the classroom closing procedures.

Allergy/Food Exemptions/Special Diets

Kessel Kids CcLc must provide food substitutions when a participant has a disability that has been documented by a medical professional unless doing so would be a documented hardship. Special diets indicated by a medical professional for a participant who does not have a disability will be honored as long as the substitutions would not be a documented hardship. An allergy/food exception statement is required when a participant needs to avoid specific foods for medical reasons. Special diets due to food allergies or food intolerances must be clearly expressed to the center director and staff. A parent must provide a physician’s statement regarding the allergy or intolerance and a list of prohibited foods.

Religious exceptions will be honored given a parent statement requesting the special diet and a comprehensive list of all prohibited foods. Kessel Kids CcLc will accommodate by providing alternate foods as needed.

Food from Home

Food items should not be brought from home. Exceptions may be granted for special occasions. Food products brought on these occasions must be commercially purchased not home-made.

Physical Activity/Healthy Choices

The daily schedule within each room provides time for large motor skill activity within and outside of the classroom, weather permitting. Children will go outdoors each day with exception of extreme weather conditions. Teachers incorporate a variety of nutrition and physical activity based planning into their classrooms to encourage children to make healthy choices. Time will be provided within the classroom as well as outdoors for quiet time activities such as reading, relaxing and listening to music.

Outdoor Play

Children will play outside on a daily basis when weather and air quality conditions do not pose a significant health risk. Weather that poses a significant health risk includes wind chill at or below 15°F and a heat index at or above 90°F, as identified by the National Weather Service.

Air quality conditions identified by the local health officials through alerts will require children to remain indoors. Children with respiratory problems shall not play outdoors when local health authorities announce the air quality is becoming unhealthy.

Children will be protected using shade, sun-protective clothing and sunscreen with UVB-ray and UVA-ray protection of SPF-15 or higher, with parental permission. Children will be encouraged to drink water during activity in warm weather. Providers should ensure that children wear appropriate clothing such as non-layered lightweight, light-colored clothing in warm weather. Children shall also wear sun-protective clothing such as hats or longer sleeves or pants if needed. In cold weather, children shall be kept dry and layered. Providers shall check on children’s extremities at least every 15 minutes to ensure they remain safe.

Oral Health

Kessel Kids CcLc promotes the habit of regular tooth brushing and limits foods high in sugar. All children are encouraged to brush their teeth at least once during the hours the child is in child care. Water is available for drinking throughout the day. Infants and toddlers are never put to sleep with bottles or sippy cups as this can cause tooth decay. Infants and toddler are held or encouraged to sit at the table with bottles or cups.

Children under two years of age utilize a smear of toothpaste (rice grain) on the brush when brushing. Children over two years of age use a pea sized amount. An ideal time to brush is after eating. The provider will brush the child’s teeth or supervise as the child brushes his or her own teeth. Disposable gloves are used by the provider due to the risk of exposure to oral fluids.

Children will have an age-appropriate, personally labeled tooth brush. No sharing or borrowing should be allowed. After use the toothbrushes will be stored on a clean surface with the bristle end of the toothbrush up in the air to dry. The toothbrushes should not contact or drip on each other. The toothbrushes should be replaced every three to four months or sooner if the bristles become frayed.

Toothpaste from a single tube is dispensed onto a clean piece of paper or paper cup for each child rather than directly on the toothbrush. Toothpaste should be stored out of a child’s reach.

Screen Time

We are committed to limiting screen time at Kessel Kids CcLc. We encourage physical activity, social interaction and hand-on learning. Limiting screen times supports us with keeping kids physically, emotionally and mentally healthy. Screen time is only utilized when it is an extension of learning associated with our curriculum. Screen time is not used in classrooms with children under the age of two. If and when screen time is utilized, teachers talk about and discuss what the children are seeing and learning. Screen time is never unsupervised. Screen time shall never be used as a reward for challenging behavior.

**Grievances**

All grievances will be submitted to the Director. If the parent(s)/ legal guardian is not comfortable addressing the issue with the director, the grievance may go directly to the board of directors. Current board members' contact information is attached to the handbook.

* The director will respond within 5 working days after working with the board to make a decision in response to the grievance.
* If you are not satisfied with the decision, you may address the board directly.
* The grievance will be placed on the agenda at the board’s regular scheduled meeting with a decision within 30 days.
* If you are not satisfied with the response to the grievance, you may file a complaint with the child care consultant. The child care consultant’s contact information is attached to the parent handbook.

Review and Revision of Policies and Procedures

Kessel Kids CcLc will make policies and procedures available to families, staff and consultants on an ongoing basis and bring attention to these policies and procedures if and when the policies and/or procedures may change. Copies of such information will be available for review during the center’s hours of operation. When a child is enrolled in the center, parent(s)/ legal guardians will sign that they have read, have understood, and have agreed to abide by the content of the policies. When a new staff member begins employment at the facility, they will also have to sign that they have read, have understood and have agreed to abide by the content of the policies.

Assistance with Information

Every effort will be made to assist individuals needing support with reading and or/interpreting admission information as needed. Individual support by the director or assistant director is available. Outside support will be sought if the need is determined.

***Kessel Kids Child Care and Learning Center holds the right to make modifications to these policies and procedures when determined conditions warrant change.***