

Western Dubuque County Community School District's Voluntary Preschool Program

Including Early Childhood Special Education

Working hand in hand
to build a community of learners



Policies and Procedures Handbook

Updated November 2022

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I. Welcome & Introduction

Welcome to the Western Dubuque County Community School District's (WDECCSD) Preschool Programs. WDECCSD was first awarded the Statewide Voluntary Preschool Program Grant for the 2009-2010 school year as a result of the collaborative work between many community and school partners. The grant allows all partnering sites to offer a minimum of 10 hours free quality preschool programming to four-year olds in the community at varying locations throughout the district. (**QPPS 10.1*)

The following are the sites and phone numbers.

Western Dubuque Sites

Cascade Elementary	563-663-9639
Dyersville Elementary	563-663-9641
Farley Elementary	563-663-9652
Epworth Elementary	563-663-9653
Peosta Elementary	563-663-9320

Partnering Sites

Aquin	852-3331
LaSalle	870-2405
NICC	556-5110
Seton	556-5967
Xavier	875-7376

****The Western Dubuque County Community School District's Preschool Programs adhere to the Iowa Quality Preschool Program Standards. These numbers reference the standards our program meets.***

II. Mission and Philosophy Statement (QPPS 2.1, 10.1)

Plan on a Page
VISION
<i>All children in our community should have access to quality preschool programming.</i>
MISSION
To maintain partnerships between schools, families, and the community in order to provide safe and nurturing environments for students to become life-long learners and productive citizens while promoting academic and personal growth.
CORE VALUES/BELIEFS
<ul style="list-style-type: none">- Children learn best through movement and meaningful play.- Children learn best in safe and nurturing environments that are rich in the materials, activities, and people they experience.- Children are encouraged to assume responsibility for themselves in order to gain greater independence and self-confidence.- Curriculum is developmentally appropriate and guides teacher's implementation of learning opportunities.- School, home, and community work together as a team to provide optimal developmental experiences for children.- Celebrating a child's diversity and cultural heritage sets the foundation for a child's healthy self-concept, feelings of trust and security, and understanding of the world around them.
GOALS
<u>Children will:</u> <ol style="list-style-type: none">1. Show growth in their social/emotional, physical, cognitive, and language development.2. Be enthusiastic and curious learners.3. Be safe and healthy.4. Develop an ability to use language as a tool of learning and means of communication.5. Learn from their environment through exploring, experimenting, and discovering using a "hands-on" approach.
<u>Families will:</u> <ol style="list-style-type: none">1. Feel welcome in the classroom.2. Work with the teachers in a meaningful partnership to help their children make progress as a learner.3. Advocate for their children by sharing information on their child's cognitive, social/emotional, physical, and language skills.
GUIDING PHILOSOPHY
Better Everyday

III. Enrollment

NON-DISCRIMINATION POLICY STATEMENT

Pursuant to Title IX and other applicable state and federal laws, it is the policy of the Western Dubuque County Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and activities and its employment practices, including applicants for employment.

The District has grievance procedures for processing and resolving discrimination complaints, including formal and informal Title IX sex discrimination and sexual harassment complaints, and will respond to complaints accordingly. Discrimination employment grievances that do not fall under Title IX should be directed to Vicky Coyle, Equity Coordinator, 310 4th Street SW, Farley, Iowa 52046, 563-744-3885 x 6004, vicky.coyle@wdbqschools.org. Grievances related to this policy for employment matters that fall under Title IX and grievances for any program/student matters should be directed to Vicky Coyle, Title IX and Equity Coordinator, 310 4th Street SW, Farley, Iowa 52046, 563-744-3885 x 6040, vicky.coyle@wdbqschools.org. If you have any questions related to this policy, please contact Vicky Coyle. Title IX inquiries may also be referred to the U.S. Department of Education, attn. Assistant Secretary, Office for Civil Rights, 400 Maryland Avenue SW, Washington, DC 20202, 800-421-3481, OCR@ed.gov.

GRIEVANCE PROCEDURE

Pursuant to Title IX and other applicable state and federal laws, it is the policy of the Western Dubuque County Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and activities and its employment practices, including applicants for employment. The District has a grievance procedure for processing and resolving discrimination complaints, including formal and informal Title IX sex discrimination and sexual harassment complaints, and will respond to complaints accordingly. Discrimination employment grievances that do not fall under Title IX should be directed to Vicky Coyle, Equity Coordinator, 310 4th Street SW, Farley, Iowa 52046, 563-744-3885 x 6004, vicky.coyle@wdbqschools.org. Grievances related to this policy for employment matters that fall under Title IX and grievances for any program/student matters should be directed to Vicky Coyle, Title IX and Equity Coordinator, 310 4th Street SW, Farley, IA 52046, 563-744-3885 x 6040, vicky.coyle@wdbqschools.org. If you have any questions related to this policy, please contact Vicky Coyle. Title IX inquiries may also be referred to the U.S. Department of Education, Attn: Assistant Secretary, Office for Civil Rights, 400 Maryland Avenue SW, Washington, DC 20202, 800-421-3481, OCR@ed.gov. Students, parents of students, employees, and applicants for employment in the school district have the right to file a formal complaint alleging discrimination. The district has policies and procedures in place to identify and investigate complaints alleging discrimination. If appropriate, the district will take steps to prevent the recurrence of discrimination and to correct its discriminatory effects on the Complainant and others. A Complainant may attempt to resolve the problem informally by discussing the matter with a building principal or a direct supervisor. However, the Complainant

has the right to end the informal process at any time and pursue the formal grievance procedures outlined below. Use of the informal or formal grievance procedure is not a prerequisite to the pursuit of other remedies. Please note that informal processes and procedures are not to be used in certain circumstances (e.g., sexual harassment and sexual assault).

Filing a Complaint A Complainant who wishes to avail himself/herself of this grievance procedure may do so by filing a complaint with the equity coordinator(s). An alternate will be designated in the event it is claimed that the equity coordinator or superintendent committed the alleged discrimination or some other conflict of interest exists. Complaints shall be filed within 180 days of the event giving rise to the complaint or from the date the Complainant could reasonably become aware of such occurrence. The Complainant will state the nature of the complaint and the remedy requested. The equity coordinator(s) shall assist the Complainant as needed.

Investigation Within 15 working days, the equity coordinator will begin the investigation of the complaint or appoint a qualified person to undertake the investigation (hereinafter “equity coordinator”). If the Complainant is under 18 years of age, the equity coordinator shall notify his or her parent(s)/guardian(s) that they may attend investigatory meetings in which the Complainant is involved. The complaint and identity of the Complainant, Respondent, or witnesses will only be disclosed as reasonably necessary in connection with the investigation or as required by law or policy. The investigation may include, but is not limited to the following:

- A request for the Complainant to provide a written statement regarding the nature of the complaint;
- A request for the individual named in the complaint to provide a written statement;
- A request for witnesses identified during the course of the investigation to provide a written statement;
- Interviews of the Complainant, Respondent, or witnesses;
- An opportunity to present witnesses or other relevant information; and
- Review and collection of documentation or information deemed relevant to the investigation.

Within 60 working days, the equity coordinator shall complete the investigation and issue a report with respect to the findings. The equity coordinator shall notify the Complainant and Respondent of the decision within 5 working days of completing the written report. Notification shall be by U.S. mail, first class.

Decision and Appeal The complaint is closed after the equity coordinator has issued the report, unless within 10 working days after receiving the decision, either party appeals the decision to the superintendent by making a written request detailing why he/she believes the decision should be reconsidered. The equity coordinator shall promptly forward all materials relative to the complaint and appeal to the superintendent. Within 30 working days, the superintendent shall affirm, reverse, amend the decision, or direct the equity coordinator to gather additional information. The superintendent shall notify the Complainant, Respondent, and the equity coordinator of the decision within 5 working days of the decision. Notification shall be by U.S. mail, first class. The decision of the superintendent shall be final.

The decision of the superintendent in no way prejudices a party from seeking redress through state or federal agencies as provided by in law.

This policy and procedures are to be used for complaints of discrimination, in lieu of any other general complaint policies or procedures that may be available.

If any of the stated timeframes cannot be met by the district, the district will notify the parties and pursue completion as promptly as possible.

Retaliation against any person, because the person has filed a complaint or assisted or participated in an investigation, is prohibited. Persons found to have engaged in retaliation shall be subject to discipline by appropriate measures.

Eligibility

Children must be four years of age prior to Sept. 15th of the current school year in order to qualify for the free hours of schooling provided by WDCCSD Preschool Programs.

Supervision Policy

The maximum class size is 20 students with an adult to child ratio of 1:10 maintained at all times including indoor time, outdoor time and field trips. Our National Association for the Education of Young Children (NAEYC) accredited programs maintain a ratio of 1:8. Class sizes may be less as determined by square footage available at some sites. Teaching staff supervise primarily by site and check frequently on children who may be out of sight for short periods of time (i.e., toileting, resting).
(QPPS 3.7, 10.4)

Inclusion

WD preschool programs include students with disabilities and unique learning needs at all sites. Modifications are made in the environment and staffing patterns in order to include children with special needs. It is our belief that inclusion in our programs will enrich the experience for teachers, students, other children, and their families.

IV. Classroom and Program Information

Staff: The following staff may be available at your child's program site. (QPPS 10.3)

Program Administrator – personnel who supervise the program site.

The program, regardless of its size or funding auspices, has a designated program administrator.

When a program has a total enrollment of fewer than 60 full-time equivalent (FTE) children, employs fewer than eight FTE staff, or both:

- a program may have a part-time administrator or an administrator who fulfills a dual role (e.g. teacher-administrator); and,
- in multi-site programs, the sites may share an off-site administrator or full-time administrator under the direct supervision of an individual who meets the qualifications outlined for the program administrator.

When a program has a total enrollment of 60 or more FTE children, employs eight or more FTE staff, or both:

- a program has a full-time administrator; or,
- at multi-site programs, individual facilities have on-site a full-time administrator or full-time manager under the direct supervision of an individual who meets the qualifications outlined for the program administrator.

Note: When two or more people share administrative responsibilities, at least one person must meet the qualifications detailed in criterion 10.2. This person is considered the designated administrator, and her or his contributions will be included in the assessment of criteria within the Leadership topic area. (QPPS 10.3)

Teacher – personnel licensed by the Iowa Board of Educational Examiners holding at the minimum an early childhood endorsement or degree that is assigned to the preschool classroom. Some teachers have an early childhood special education endorsement/certificate or advanced degrees in early childhood. (QPPS 6.2)

Paraprofessional – personnel trained in early childhood education that carry out activities under the supervision of the teacher. (QPPS 6.3)

Nurse – certified personnel that maintain student health records and attend to the health needs of students while they are at school. The nurse is available for parent consultation when necessary. If no nurse is on site, the Center Administrator will assume these duties. (QPPS 10.11)

Support Staff – Keystone AEA 1 personnel that provide resources and assistance to teachers and families upon request to help all children be successful in the preschool setting. Such staff may include: early childhood consultant, speech and language therapist, social worker, occupational therapist, physical therapist or others.

Hours

Hours of operation vary between partnering sites. For further information, please see the program site of interest.

Visiting Hours

Families may visit any area of the facility at any time during the programs regular hours of operation as specified by the procedures of the facility. Families should be encouraged to not visit during nap time.

Event Planning

Program staff and families work together to plan events. Families' schedules and availability are considered as part of this planning.

Family Communication

Program staff encourage families to regularly contribute to decisions about their child goals and plans for activities and services. Families are also encouraged to raise concerns and work collaboratively with them to find mutually satisfying solutions that staff incorporate into practice. Staff encourage and support families to make the primary decisions about services that their children need. Families are encouraged to advocate to obtain needed services.

Schedule

A consistent daily schedule is planned with both formal and informal learning opportunities. While a child's overall daily schedule may vary per site, all sites will include the following in order to provide a balance of learning opportunities.

- Indoor Play
- Outdoor play
- Large group
- Small group or Independent work
- Snack and/or mealtime
- Learning Centers
- Story time

Arrival and Departure

Written procedures address all aspects of the arrival, departure, and transportation of children. The procedures:

- facilitate family-staff interaction;
- ensure that all children transported during the program day are accounted for before, during, and after transport;
- ensure the safety of all children as pedestrians and as passengers;
- address specific procedures for children with disabilities;
- address special circumstances in picking up children at the end of the day.
- PLEASE SEE INDIVIDUAL SITE INFORMATION on site specific policy/procedure. (QPPS 10.9)

Transportation

WDCCSD Preschool Programs will provide school bus transportation for preschoolers. Parents or legal guardians may request transportation at enrollment, indicating the pick-up and drop off address, the name of the responsible person at that address, and emergency contact information for all parties involved. Parents or legal guardians are asked to keep their information current by reporting changes

to the preschool teacher or elementary school/building secretary. All information will be updated as needed by teaching staff. *(QPPS 10.9)*

For children who have special transportation needs, the facility will use a plan based on a functional assessment of the child's needs related to transportation. This plan will address special equipment, staffing, and care in the vehicle during transport. Any accommodations indicated in the child's Individualized Education Plan will be implemented. *(QPPS 10.9)*

Transportation services are managed and program vehicles are licensed and insured in accordance with applicable federal and state laws. Certification of licensing and insurance is available on site.

Nutrition

Parents may volunteer to provide snacks for students in the Pre-K classrooms. If they choose to donate snacks they are encouraged to choose healthy snacks to send. Only store bought, pre-packaged foods are accepted (no home-made foods). The program takes steps to ensure food safety in its provision of meals and snacks. Staff discards foods with expired dates. The program documents compliance and any corrections that it has made according to the recommendations of the program's health consultant, nutrition consultant, or a sanitarian that reflect consideration of federal and other applicable food safety standards. *(QPPS 5.10, 5.11, 5.14)*

Staff do not offer children younger than four years these foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoon full of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole.

*If your child has special health care needs, food allergies, or special nutrition needs, the child's health care provider should provide the program with an individualized care plan prepared in consultation with family members. All health and nutrition concerns need to be shared with program staff to assure proper safety prior to the first day of school. Children with disabilities who have special feeding needs, program staff keep a daily record documenting the type and quantity of food the child consumes and provide families with that information. *(QPPS 5.13)*

Food from home:

Staff take steps to ensure the safety of food brought from home:

- they work with families to ensure that foods brought from home meet the food requirements of USDA's CACFP;
- all foods and beverages brought from home are labeled with the child's name and the date;
- staff make sure that food requiring refrigeration stays cold until served;
- food is provided to supplement food brought from home, if necessary; and, food that comes from home for sharing among the children are either whole fruits or commercially prepared packaged foods in factory-sealed containers. *(QPPS 5.10)*

V. Curriculum and Assessment

Curriculum

Curriculum is a framework for learning opportunities and experiences. It is a process by which learners obtain knowledge and understanding. WDCCSD Preschool Programs uses the Creative Curriculum Framework (see Appendix A) and Iowa Early Learning Standards to address all areas of children's learning: social/emotional, physical, cognitive, and language. This framework consists of five components:

1. How children develop and learn: Teachers use the Developmental Continuum as a tool for observing, tracking student progress, and guiding instruction.
2. The learning environment: Teachers set and maintain interest areas in the classroom, establish schedules and routines, organize meaningful small and large group time, and provide a safe and nurturing environment where students learn social and problem-solving skills.
3. What children learn: Teachers instruct on all developmental areas of the child including social/emotional, physical, cognitive, and language development. Children learn content areas of literacy, math, science, social studies, the arts, and technology through an integrated theme-based approach.
4. The teacher's role: Teachers observe and assess children's interests and abilities to guide their planning and instruction of meaningful learning experiences. Teaching staff are welcoming, work to keep open communication with families, and conduct themselves in a professional manner.
5. The family's role: Families work together with teaching staff to support their child's optimal development and learning. Teaching staff are welcoming, keep open communication, and work with families in a professional manner.

(QPPS 2.2, 2.3, 2.4, 3.13 4.9)

The curriculum is implemented through the teaching of thematic units that integrate play, problem-solving, movement, art, music, literacy, math, and other developmentally appropriate activities. Lesson plans are the teacher's means of implementing the curriculum in ways that match the way children develop and learn. These plans are revised and evaluated as needed to keep learning fun and to insure all students are learning to their potential. *(QPPS 2.2)*

Classroom Assessment

WDCCSD Preschool Program teachers implement an on-going cycle of assessment on the Creative Curriculum objectives which align to the GOLD Assessment (See Appendix B). Teachers follow the WDCCSD Preschool Program Assessment Plan to track student's progress and guide instruction. (See Appendix C). *(QPPS 2.5, 4.1, 4.2)*

Program Assessment

WDCCSD Preschool Program implements the Iowa Quality Preschool Program Standards and received a verification visit in the 2010-2011 school year to confirm all standards are met. Administrators, families, staff, and other routinely participating adults will be involved annually in a program evaluation measuring progress towards the program's goals and objectives. The annual program evaluation includes gathering evidence on all the areas of program functioning, including policies and procedures, program quality, children's progress and learning, family involvement and satisfaction, and community awareness and satisfaction. The program uses this information to plan professional

development and program quality-improvement activities as well as to improve operations and policies.

The preschool staff assist in arranging for developmental screenings and referrals for further diagnostic assessment as needed in cases where a staff suspects a developmental delay or special need. Staff also encourage families to raise concerns and work collaboratively with them to find mutually satisfying solutions to incorporate into the classroom setting, encouraging them to make primary decisions about the services their child needs, and provide families with resources about programs and services available in the community. *(QPPS 7.4, 7.6, 7.7)*

Programs use a variety of assessment methods that are sensitive to and informed by family culture, experiences, children’s abilities and disabilities, and home language; are meaningful and accurate; and are used in settings familiar to the children. *(QPPS 4.3)*

Program staff also use a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and information families wish to share about their socioeconomic, linguistic, racial, religious, and cultural backgrounds. *(QPPS 7.1)*

VI. Health and Safety

WDCCSD Preschool Programs are committed to promoting wellness and safeguarding the health and safety of children and adults who participate in our program. In order to provide a safe and secure environment for every child and adult, programs use Quality Preschool Program Standards, regulatory agencies procedures, and guidelines from health authorities in the field.

Health Records

Health records need to be on file by the first day of school at the child’s program site. If there is a conflict with getting records to your program by the first day of school, written notice needs to be given with the date of appointments scheduled. If records are not submitted within six weeks after the child begins the program, services to the child may be discontinued. *(QPPS 5.1)*

Each center maintains health and safety information for each child in one central location within the facility. The files are kept current by updating as needed. The content of the file is confidential, but is immediately available to:

- administrators or teaching staff who have consent from a parent or legal guardian for access to records;
- the child’s parents or legal guardian; and,
- regulatory authorities, upon request.

(QPPS 10.8)

Health Records will include:

- current information about any health insurance coverage required for treatment in an emergency
- up-to-date health immunizations and screening tests with follow up on any abnormal results
- names of individuals authorized by the family to have access to health information about the child

- instructions for any of the child's special health needs such as allergies or chronic illness (asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes, etc.)
- individual emergency care plans for children with known medical or developmental problems or other conditions that might require special care in an emergency (allergy, asthma, seizures, orthopedic or sensory problems, and other chronic conditions; or conditions that require regular medication or technology). *(QPPS 5.1)*
- supporting evidence for cases in which a child is under-immunized because of a medical condition (documented by a licensed health professional) or the family's beliefs. Staff implement a plan to exclude the child promptly if a vaccine-preventable disease to which children are susceptible occurs in the program. *(QPPS 5.1)*

Medications

Safeguards are used with all medications for children:

- staff administer both prescription and over-the-counter medications to a child only if the child's record documents that the parent or legal guardian has given the program written permission;
- any administrator or teaching staff who administers medication has (a) specific training and (b) a written performance evaluation updated annually by a health professional on the practice of the five right practices of medication administration:
(1) verifying that the right child receives the (2) right medication (3) in the right dose (4) at the right time (5) by the right method with documentation of each right each time the medication is given; the person giving the medication signs documentation of items (1) through (5) above. Teaching staff who are required to administer special medical procedures have demonstrated to a health professional that they are competent in the procedures and are guided in writing about how to perform the procedure by the prescribing health care provider;
- medications are labeled with the child's first and last names, the date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider, the name of the medication or the period of use of the medication, the manufacturer's instructions or the original prescription label that details the name and strength of the medication, and instructions on how to administer and store it; and, all medications are kept in a locked container.
- PLEASE SEE INDIVIDUAL SITE INFORMATION on site specific policy/procedure. *(QPPS 5.10)*

Illness and Communicable Diseases

The school nurse or other designated person will be responsible for excluding ill students from school. When a student presents with complaints of an illness, the nurse or designated person will make an assessment of the student's condition. If the condition warrants exclusion, the school nurse or designee, will notify the student's parents / guardian. Together they will make arrangements for transportation home.

The program follows these practices in the event of an illness:

- If an illness prevents the child from participating comfortably in activities or creates greater need for care than the staff can provide without compromising the health and safety of other children or if a child's condition is suspected to be contagious and requires exclusion as identified by public health authorities, then the child is made comfortable in a location where she or he is supervised. If the child is suspected of having a contagious disease, every attempt will be made to isolate the child to decrease exposure for new individuals;
- The program immediately notifies the parent, legal guardian, or other person authorized by the parent when a child has any sign or symptom that requires exclusion from the program;

Examples of conditions that warrant exclusion:

1. Obvious illness or injury which appears to need medical attention.
 2. Vomiting and/or diarrhea.
 3. Temperature over 100 degrees for more than 1 hour.
 4. Sore throat which appears to need medical attention.
 5. Excessive nasal drainage.
 6. Persistent cough.
 7. Rashes that appear to be spreading and are not diagnosed.
 8. Suspect communicable diseases, chickenpox.
 9. Eye infection with purulent drainage.
- A program that allows ill children or staff to remain in the program, implements the plans that have been reviewed by a health professional about (a) what level and types of illness require exclusion; (b) how care is provided for those who are ill but who are not excluded; and (c) when it is necessary to require consultation and documentation from a health care provider for an ill child or staff member. *(QPPS 5.3)*

Whenever there is a suspicion of a serious communicable disease (i.e. Meningitis, Mumps, etc) the school nurse or designee will work with the Dubuque Visiting Nurse Association. Together they will notify parents and school personnel using State of Iowa guidelines.

Staff and teachers provide communication to families about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that the families should implement at home (see Appendix D) *(QPPS 5.3)*

The program has documentation that it has cooperative arrangements with local health authorities (Dubuque Visiting Nurse Association or VNA) and has, at least annually, made contact with these authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur. *(QPPS 5.3)*

Dental/Medical Emergencies

The program has written, up-to-date, comprehensive procedures to prepare for and respond to medical and dental emergencies for children and adult staff. The procedures include:

- identification of a hospital or other source of medical care as the primary site for emergency care (program staff have informed the facility of their intent to use their services in an emergency);
- immediate access to written familial-consent forms to relevant health insurance information for emergency medical treatment and transportation arrangements;
- arrangements for emergency transport and escort from the program for individuals who require immediate medical attention;
- presence of an adult with current pediatric first-aid training certification on-site at all times (training includes providing rescue breathing, management of a blocked airway, and any special procedures that physicians of enrolled children have documented that the children require; and
- individual emergency care plans for children with known medical or developmental problems or other conditions that might require special care in an emergency (allergy, asthma, seizures, orthopedic or sensory problems, and other chronic conditions; conditions that require regular medication or technology support)

Cleaning and Sanitization

The routine frequency of cleaning and sanitizing all surfaces in the facility is as indicated in the *Cleaning and Sanitation Frequency* (see Appendix E). Ventilation and sanitation, rather than sprays, air freshening chemicals, or deodorizers; control odors in inhabited areas of the facility and in custodial closets. (QPPS 5.22, 9.11)

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

Procedures for standard precautions are used and include the following:

- surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized;
- staff use barriers and techniques that minimize contact of mucus membranes or of openings in skin with potentially infectious body fluids and reduce the spread of infectious disease;
- when spills of body fluids occur, staff clean them up immediately with detergent followed by water rinsing;
- after cleaning, staff sanitize nonporous surfaces by using the procedure described in the Cleaning and Sanitation table;
- staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning; and, staff dispose of contaminated materials and diapers in a plastic bag with a secure tie that is placed in a closed container.

(QPPS 5.18, 5.19)

Hygiene

Hand washing: Frequent hand washing is key to prevent the spread of illness and infectious diseases. Teachers teach children how to wash their hands effectively, use posters to reinforce skills, and follow these guiding practices regarding hand washing:

The program follows these practices regarding hand washing:

- Staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored;
- Hand washing is required by all staff, volunteers, and children when hand washing reduces the risk of transmission of infectious diseases to themselves and to others;
- Staff assist children with hand washing as needed to successfully complete the task.

Children and adults wash their hands:

- on arrival for the day;
- after diapering or using the toilet (use of wet wipes is acceptable for infants);
- after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or any touching of mucus, blood or vomit);
- before meals and snacks, preparing or serving food, or handling any raw food that requires cooking (e.g., meat, eggs, poultry);
- after playing in water that that is shared by two or more people;
- after handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and
- when moving from one group to another (e.g., visiting) that involves contact with infants and toddlers/twos.

Adults also wash their hands

- before and after feeding a child;
- before and after administering medication;
- after assisting a child with toileting; and
- after handling garbage or cleaning.

Proper hand-washing procedures are followed by adults and children and include

- using liquid soap and running water;
- rubbing hands vigorously for at least 10 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water).

Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement, but not a substitute, for hand washing in any situation listed above.

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

In situations where sinks used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food. *(QPPS 5.6)*

Hand hygiene with an alcohol-based sanitizer with 60% to 95% alcohol is an alternative to traditional hand-washing (for children over 24 months and adults) with soap and water when visible soiling is not present

Toileting: For children unable to use the toilet independently, these program sites will ensure that:

- staff use only commercially available disposable diapers or pull-ups unless the child has a medical reason that does not permit their use (the health provider documents the medical reason);
- for children who require cloth diapers, the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit;
- cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering;
- staff check children for signs that diapers or pull-ups are wet or contain feces (a) at least every 2 hours when children are awake and (b) when children awaken;
- diapers are changed when wet or soiled;
- staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility;
- each changing area is separated by a partial wall or at least three feet from other areas that children use and is used exclusively for one designated group of children. For kindergartners, the program may use an underclothing changing area designated for and used only by this age group;
- at all times, caregivers have a hand on the child when being changed on an elevated surface;
- in the changing area, staff post and follow changing procedures (as outlined in the Cleaning and Sanitations Frequency Table, p. 51). These procedures are used to evaluate teaching staff who change diapers;
- surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding;
- staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day. (QPPS 5.5)

Animals/Pets

For program sites allowing pets or visiting animals:

They must appear to be in good health and have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children. Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. Program staff make sure that any child who is allergic to a type of animal is not exposed to that animal. Reptiles are not allowed as classroom pets because of the risk for salmonella infection. (See Appendix F)

Safety

Each site has written and posted disaster preparedness and emergency evacuation policies and procedures.

The procedures:

- a. designate an appropriate person to assume authority and take action in an emergency when the administrator is not on site.

The procedures include:

- b. plans that designate how and when to either shelter in place or evacuate and that specify a location for the evacuation;
- c. plans for handling lost or missing children, security threats, utility failure, and natural disasters;
- d. arrangement for emergency transport and escort from the program; and,
- e. monthly practice of evacuation procedures with yearly practice or other emergency procedures.. (QPPS 10.10)

Outdoor Play

Children of all ages have daily opportunities for outdoor play (when weather, air quality, or environmental safety conditions do not pose a health risk). When outdoor opportunities for large-motor activities are not possible because of conditions, the program provides similar activities inside. Indoor equipment for large-motor activities meet national safety standards and is supervised at the same level as outdoor equipment.

Children will be encouraged to engage in physical activity whenever possible to promote bone growth, muscle development, prevent obesity, and stimulate cognitive functioning. (QPPS 10.10, 9.5)

To ensure children's safety:

- Staff will use the *Weather Watch Chart* as a guideline to determine if conditions are appropriate for outdoor play.
- Children will bring proper clothing from home to wear to be dry and layered for warmth in cold weather.
- Children have the opportunity to play in the shade. When in the sun, they will wear sun-protective clothing. *Application of sunscreen prior to outdoor activities will be the responsibility of the parents/caregivers at home with use of a 12 hour product and personnel with the program may reapply skin protection products as needed with written permission. Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher.
- Frequent water breaks will be offered to students, especially in hot and humid weather conditions.
- *The use of insect repellents on children by school staff is discouraged during the school day except when public health authorities recommend use of insect repellents due to high risk of insect-borne disease. Only repellents containing DEET will be used. Staff will apply insect repellent no more than once a day.

**Parent consent forms must be signed and on file if sunscreen or insect repellents are applied at your student's program site (see Appendix G). (QPPS 5.4)*

- Staff complete the National Program for Playground Safety's Checklist monthly and make needed modifications for playground use if concerns are noted. The findings of an assessment are documented and available on-site (see Appendix H).
The assessment documents:
 - That play equipment is safe, protecting against death or permanently disabling injury for children from three years through kindergarten;
 - That, through remedial action, the program has corrected any unsafe conditions, where applicable;
 - That an inspection and maintenance program has been established and is performed on a regular basis to ensure ongoing safety;
 - That the outdoor play area accommodates abilities, needs, interest of each age group the program serves. (QPPS 9.8)
- The facility and outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children. (QPPS 9.15)

Indoor Play

- There is a minimum of 35 square feet of usable space per child in each of the primary indoor activity areas. (The primary activity area does not include diaper stations, cribs, large structures that cannot be removed or moved aside easily, toilets, any sick-child area, staff rooms, corridors, hallways, stairways, closets, lockers or cubbies, laundry rooms, janitor rooms, furnace rooms, storage areas, and built-in shelving. Specialty areas such as computer rooms, reading rooms, and lunchrooms, where children are expected to remain seated for short periods of time, may be excluded from the minimum space requirement.) (QPPS 9.1, 9.2, 9.3, 9.4)

- Facilities meet Americans with Disabilities Act (ADA) accessibility requirements or have documentation stating they are exempt on file. Accessibility includes access to buildings, toilets, sinks, drinking fountains, outdoor play space, and all classroom and therapy areas. *(QPPS 9.10.)*
- Documentary evidence, available on site, indicates that the building has been assessed for lead, radon, radiation, asbestos, fiberglass, or any other hazard from friable material. Evidence exists that the program has taken remedial or containment action to prevent exposure to children and adults, if warranted by the assessment.
- Program staff protect children and adults from hazards, including electrical shock, burns or scalding, slipping, tripping, or falling. Floor coverings are secured to keep staff and children from tripping or slipping. The program excludes baby walkers. *(QPPS 9.112)*
- When the water supply source is from a well or other private source (i.e., not served by a public supply), on-site documentary evidence verifies that the local regulatory health authority has determined the water to be safe for human consumption. *(QPPS 9.14)*
- All rooms that children use are heated, cooled, and ventilated to maintain room temperature and humidity level. The maintenance staff or contractor certifies that facility systems are maintained in compliance with national standards for facility use by children.

Water Play

Precautions are taken to ensure that communal water play does not spread infectious disease. No child drinks the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water is used, and the water is changed before a new group of children comes to participate in the water play activity. When the activity period is completed with a group of children, the water is drained. Alternatively, fresh potable water flows freely through the water play table and out through a drain in the table. *(QPPS 5.7)*

Furthermore, liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach.)

Safety Drills

The program has written and posted disaster preparedness and emergency evacuation policies and procedures. Procedures designate an appropriate person to assume authority and take action in an emergency when the administrator is not on site.

The procedures include:

- plans that designate how and when to either shelter in place or evacuate and that specify a location for the evacuation;
- plans for handling lost or missing children, security threats, utility failure, and natural disasters;
- arrangements for emergency transport and escort from the program; and, practice of evacuation procedures.
- PLEASE SEE INDIVIDUAL SITE INFORMATION on site specific policy/procedure.

(QPPS 10.10)

Staff or maintenance personnel also complete monthly checklists to ensure smoke alarms, CO2 detectors, and fire extinguishers are in working order. *(QPPS 10.5)*

First Aid Kits

Fully equipped first-aid kits are readily available and maintained for each group of children. Staff take at least one kit to the outdoor play areas as well as on field trips and outings away from the site. *(QPPS 9.12)*

VII. Staff

Training

At least one staff member who has a certificate of satisfactory completion in pediatric first-aid training, including managing a blocked airway and providing rescue breathing for infants and children, is always present with students. At least one staff member present with students is also certified in CPR. (QPPS 5.2)

Staff take part in yearly Occupational Safety and Health Administration (OSHA) and Blood borne Pathogens training. Certified teaching staff are also Mandatory Child Abuse Reporters and follow written policy for reporting child abuse and neglect. The policy includes requirements for staff to report all suspected incidents of child abuse, neglect, or both by families, staff, volunteers, or others to the appropriate local agencies. Staff who report suspicions of child abuse or neglect where they work are immune from discharge, retaliation, or other disciplinary action for that reason alone unless it is proven that the report is malicious. In the event a staff member is accused of abuse or neglect of a child in the program, written policies and procedures to be followed are used to protect the rights of the accused staff person as well as the children in the program. (QPPS 10.8, 10.9)

Before working alone with children, new teaching staff are given an initial orientation that introduces them to fundamental aspects of program operation including:

- program philosophy, values, and goals;
- expectations for ethical conduct;
- health, safety, and emergency procedures;
- individual needs of children they will be teaching or caring for;
- accepted guidance and classroom management techniques;
- daily activities and routines of the program;
- program curriculum;
- child abuse and neglect reporting procedures;
- program policies and procedures;
- Iowa Quality Preschool Program Standards and Criteria and National Association for Education of Young Children Standards (if applicable); and,
- regulatory requirements.

Follow-up training expands on the initial orientation. All staff develop a yearly Professional Learning Plan and are evaluated annually by an appropriate supervisor. (QPPS 6.1)

Policies

The program sites also have written personnel policies that define the roles and responsibilities, qualifications, and specialized training required of staff and volunteer positions. The policies outline nondiscriminatory hiring procedures and policies for staff evaluation. Policies detail job descriptions for each position, including reporting relationships; salary scales with increments based on professional qualification, length of employment, and performance evaluation; benefits; and resignation, termination, and grievance procedures. Personnel policies provide for incentives based on participation in professional development opportunities. The policies are provided to each employee upon hiring. PLEASE SEE INDIVIDUAL SITE INFORMATION on site specific policy/procedure. (QPPS 10.11)

Staff are provided space and time away from children during the day. When staff work directly with children for more than four hours, staff are provided breaks of at least 15 minutes in each four-hour period. In addition, staff may request temporary relief when they are unable to perform their duties. *(QPPS 10.13)*

The program promotes wellness and safeguards the health and safety of children and adults. Procedures are in place that address:

- steps to reduce occupational hazards such as infectious diseases (e.g. exposure of pregnant staff to CMV (cytomegalovirus), chicken pox), injuries (e.g. back strain, falls), environmental exposure (e.g. indoor air pollution, noise stress);
- management plans and reporting requirements for staff and children with illness, including administration of medication, and criteria for their inclusion or exclusion;
- supervision of children in instances when teaching staff are assigned to specific areas that are near equipment where injury could occur;
- the providing of space, supervision, and comfort for a child waiting for pick-up because of illness;
- the providing of adequate nutrition for children and adults;
- sleeping and napping arrangements;
- sanitation and hygiene, including food handling and feeding;
- maintenance of the facility and equipment;
- prohibition of smoking, firearms, and other significant hazards that pose risks to children and adults; and,
- the providing of referrals for staff to resources that support them in wellness, prevention and treatment of depression, and stress management.

PLEASE SEE INDIVIDUAL SITE INFORMATION on site specific policy/procedure. *(QPPS 10.5)*

VIII. Community Relations

Program staff use established linkages with other early education programs and local elementary schools to help families prepare for and manage their children's transitions between programs, including special education programs. Staff provide information to families that can assist them in communicating with other programs. *(QPPS 7.7)*

To help families with their transitions to other programs or schools, staff provide basic general information on enrollment procedures and practices, visiting opportunities, and/or program options. *(QPPS 7.7)*

Program staff maintain a current list of child and family support services available in the community based on the pattern of needs they observe among families and what families request (e.g., health, mental health, oral health, nutrition, child welfare, parenting programs, early intervention/special education screening and assessment services, and basic needs such as housing and child care subsidies). They share the list with families and assist them in locating, contacting, and using community resources that support children's and families' well-being and development. *(QPPS 8.1)*

Program staff develop partnerships and professional relationships with agencies, consultants, and organizations in the community that further the program's capacity to meet the needs and interests of the children and families that they serve. *(QPPS 8.2)*

Program staff identify and establish relationships with specialized consultants who can assist all children's and families' full participation in the program. This assistance includes support for children with disabilities, behavioral challenges, or other special needs. *(QPPS 8.2)*

The program encourages staff to participate in joint and collaborative training activities or events with neighboring early childhood programs and other community service agencies. *(QPPS 8.4)*

Program staff are encouraged and given the opportunity to participate in community or statewide interagency councils or service integration efforts.

IX. Other

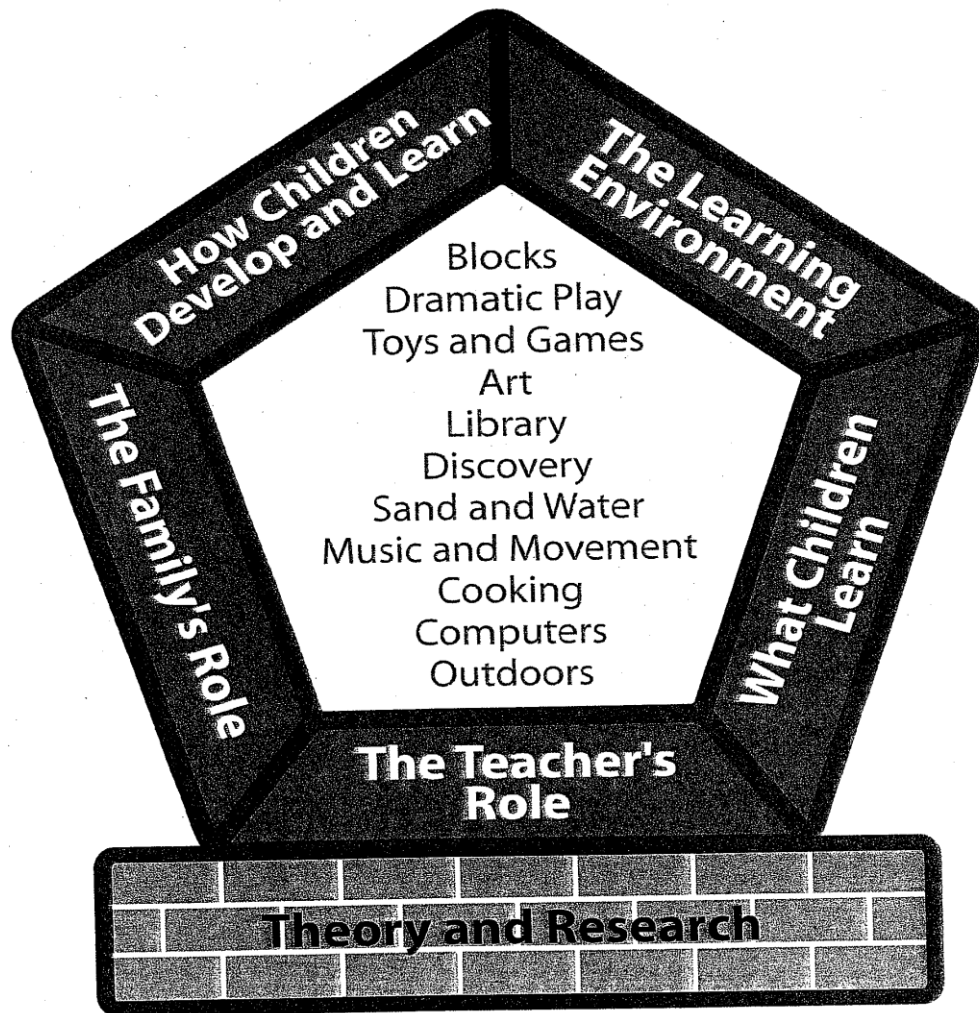
Financial policies and the procedures to implement them provide evidence of sound fiscal accountability using standard accounting practices. Financial policies and procedures are consistent with the program's vision, philosophy, mission, goals, and expected child outcomes. Operating budgets are prepared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

Appendix

Appendix A: Creative Curriculum Framework



Framework



Appendix B:

Creative Curriculum Goals and Objectives at a Glance

GOLD[®]

Professional Development

Implementing the Assessment Process

There are four steps to the assessment process. Teachers need to know the daily and weekly steps to take in order to intentionally use assessment data to drive their planning.

DAILY

1. Observe and Document
 - a. What is my daily goal? 3 pieces
 - b. What do I plan to observe today? (Objective/Dimension) 10a
 - c. Who do I plan to observe today? (child/children) Sara, Jose, and Nadine
 - d. When/Where do I plan to observe chosen children today? Outdoors, Arrival, Lunch
 - e. How do I plan to observe and document children? (method) Video, sticky note, audio recording
2. Analyze and Respond
 - a. What other objectives/dimensions did I observe? 10b, 9b, and 9c
 - b. Where along the progression was the child's knowledge, skills, and abilities?
 - i. How do I scaffold the child's learning tomorrow?
 - ii. What are my considerations for planning next week?

Teacher observes a child who takes their socks off and tries to put them back on. The teacher considers how to scaffold the child's learning tomorrow. As part of the plan, the teacher decides to sit with child tomorrow and dress and undress a baby doll. Then, the teacher considers plans for the next week. The teacher changes the child's dressing routine to include *Mighty Minutes* 04, "Let's Put On Your Pants" and the story *Where has Ava Gone?* from Highlights Hello 14.

WEEKLY

3. Evaluate
 - a. Was the child's knowledge, skills, and abilities within the widely held expectations for that child's age or class/grade?
 - b. How did this child compare to other children who are within the same colored band?
 - c. Run Documentation Status Report #3 can be answered with Class Profile Report
 - i. Which objectives/dimensions do I need to observe?
 - ii. Which child do I have the most documentation on? Why?
 - iii. Which child do I have the least documentation on? Why?
 - iv. What area do I have the most documentation in? Why?
 - v. What area do I have the least documentation in? Why?
4. Summarize, Plan, and Communicate
 - a. What were my considerations for planning?
 - b. What questions arose from the review of my Class Profile Report?
 - c. What do I need to observe and document?

Preschool
Incorporate the above information into the weekly plans in the *Teaching Guides*

- Infant, Toddler and Twos
- What changes need to be made to routines?
 - What changes need to be made to the environment?
 - How do I involve families?
 - How do I plan for indoor and outdoor experiences?

Appendix C:

Preschool Program Assessment Plan

WDCCSO Preschool Program Assessment Plan

Creative Curriculum

The Creative Curriculum and the Iowa Early Learner Standards, goals, and objectives align with the Gold Assessment. The GOLD Assessment will be used to monitor student progress. The assessment focuses on four areas of development including: social/emotional, physical, cognitive, and language development. Teachers will implement an on-going cycle of assessment on the Creative Curriculum Objectives. This cycle includes: collecting, analyzing, and evaluating facts; planning for each child and the group; and reporting on each child's progress. Individual classroom data will be assessed in fall, winter, and spring. Teachers will report progress to parents two times a year at fall and spring conferences.

Other District Assessments:

Multiple measures may be used to monitor student progress. A convergence of data will be used to analyze performance. Other measures of progress may include, but are not limited to: Brigance, Dynamic Indicators of Basic Literacy Skills, observation, curriculum-based measurement, checklists, rating scales, and work sampling. (QPPS 4.5)

Assessment Purpose:

The purpose of formal and informal assessment is to guide teacher instruction. Assessment results are also used to communicate progress to parents, as well as to evaluate the program.

Procedures to keep individual child records confidential:

Assessment results will be maintained in the student's cumulative school file. All Chapter 12 rules regarding accessing student files will be followed.

Approaches to involve families in planning and implementing assessments:

Families will be involved in planning and implementation of assessments at conferences and home visits. Parents may also be involved through family nights, open house nights, or orientations. (QPPS 4.9)

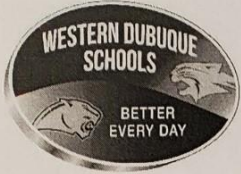
Methods to communicate assessment information to families:

Assessment results will be shared twice a year through progress reports at conferences. Information may also be shared through daily notes, newsletters, or other correspondence home throughout the year. For ELL students and families, and interpreter may be provided as needed in order to gain and share information accurately. A final report of progress will be shared with parents at the end of the school year. (QPPS 4.1, 7.3)

Use of data:

Teachers meet weekly to interpret and use assessment results to align curriculum and teaching practices to the interest and needs of the children. Teachers use information gathered to plan and modify the curriculum and their teaching. (QPPS 4.7)

Appendix D: Communicable Disease



WESTERN DUBUQUE COMMUNITY SCHOOL DISTRICT

310 4th Street S.W., P.O. Box 68
Farley, Iowa 52046-9513

Phone: 563-744-3885 Fax: 563-744-3093 Website: www.wdbqschools.org

Rick Colpitts <i>Superintendent</i>	Mark Frasher <i>Business Manager</i>	Kelly Simon <i>Dir. of Curriculum & Instruction</i>	Vicky Coyle <i>Dir. of Special Education</i>
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Cascade Elementary (PS-6)
Phone 563-852-3335
Fax 563-852-7322

Cascade Jr./Sr. High (7-12)
Home of the Cougars
Phone 563-852-3201
Fax 563-852-7186

Drexler Middle/Intermediate
(5-8)
Phone 563-744-3371
Fax 563-744-3711

Dyersville Elementary (PS-4)
Phone 563-875-8484
Fax 563-875-8265

Epworth Elementary (PS-4)
Phone 563-876-5514
Fax 563-876-3208

Farley Elementary (PS-4)
Phone 563-744-3308
Fax 563-744-9190

Peosta Elementary (PS-5)
Phone 563-588-9010
Fax 563-588-9013

Western Dubuque High (9-12)
Home of the Bobcats
Phone 563-876-3442
Fax 563-876-5512

Maintenance/Transportation
Phone 563-744-3885
Fax 563-744-9001

(Date)

Dear Parent/Guardian:

A child receiving care at _____, has contracted the following communicable disease:

The signs and symptom of the disease are:

The period of communicability:

The mode of transmission is:

Control measures that are being implemented at the program:

Control measures that should be implemented at home:

(School Nurse)

WESTERN DUBUQUE BOARD OF EDUCATION

Jessica Pape <i>President</i>	Chad Vaske <i>Vice-President</i>	Nancy Fett	Mike Rea	Mark Tilson	Mark Frasher <i>Board Secretary</i>
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Communicable Disease

Attention Parents/Guardians:

A child in our school has contracted the following communicable disease:

Signs and symptoms of the disease are:

Period of communicability:

Mode of transmission:

Control measures that are being implemented at school:

Control measure that should be implemented at home:

School Nurse

Appendix E:

Cleaning and Sanitization Table

Cleaning and Sanitization Table
Iowa Quality Preschool Program Standards Adapted From NAEYC Standards; July 2007

Month: _____

Area	Frequency	Clean	Sanitize	White Areas – classroom staff initial							Gray Areas – janitorial staff initial													
				M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F						
Countertops/tables	Daily and when soiled	X	X																					
Food surfaces	Before & after contact with food & between preparation of foods	X	X																					
Doors and cabinet handles	Daily and when soiled	X	X																					
Utensils, surfaces, toys in contact with saliva	After each use	X	X																					
Toys	Weekly and when soiled	X	X																					
Dress-up clothes	Weekly	X																						
Sheets, pillowcases, towels, cloth toys	Weekly and when soiled	X																						
Blankets, sleeping bags, cubbies	Monthly and when soiled	X																						
Hats	After each child use	X																						
White Areas – classroom staff initial																								
Area	Frequency	Clean	Sanitize	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	
Floors (hard surface)	Daily and when soiled	X	X																					
Carpets and large area rugs	Vacuum daily. Clean at least every three months on day when able to dry.	X																						
Small rugs	Shake outdoors or vacuum daily. Launder weekly.	X																						
Mops & cleaning rags	Before and after each day of use	X	X																					
Sinks, faucets, & surrounding counters	Daily and when soiled	X	X																					
Soap dispensers	Daily and when soiled	X	X																					
Toilet seats, handles, & other touchable surfaces & floors	Daily or immediately if visibly soiled	X	X																					
Toilet bowl	Daily	X	X																					
Bathroom door knobs	Daily	X	X																					
Gray Areas – janitorial staff initial																								

Appendix F:

Animals/Pets Form

Visiting Animals Form

Date _____

I, _____, am bringing my
animal to visit the _____
classroom today.

By signing this form I am agreeing to the following:

- My animal(s) is/are in good health.
- I have documentation from a veterinarian that my animal(s) is/are fully immunized.
- I will provide immunization documentation prior to bringing my animal(s) to the classroom.
- My animal(s) is/are suitable for contact with the children in the classroom.

Signature of Animal Owner _____

Signature of Director _____

Type of Animal(s) _____

Appendix G: Sunscreen/Insect Repellent Consent Form

5.6

Sunscreen Form

Child's Name _____

Date _____

Name of Sunscreen: _____

Amount to be given: **For coverage of exposed skin**

At what times given: **To be applied before going outside morning and afternoon**

Number of days to be given: **For all days that children are exposed to the sun**

Specific reason for giving: **For the prevention of sun damage and sunburn**

Method of administrations: **Shall be applied with a gloved hand**

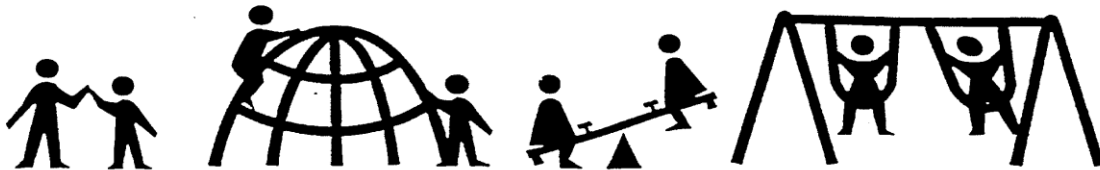
I (we) the undersigned have given childcare authorization to administer the sunscreen in the amount and method stated above.

Parent or guardian signature

Date

Appendix H: Playground Safety Checklist

America's Playgrounds Safety Report Card



DOES YOUR PLAYGROUND MAKE THE GRADE?
Evaluate your playground using the following criteria.
A full explanation of the criteria is on the back of this sheet.

	Yes	No
SUPERVISION		
Adults present when children are on equipment		
Children can be easily viewed on equipment		
Children can be viewed in crawl spaces		
Rules posted regarding expected behavior		
AGE-APPROPRIATE DESIGN		
Playgrounds have separate areas for ages 2-5 and 5-12		
Platforms have appropriate guardrails		
Platforms allow change of directions to get on/off structure		
Signage indicating age group for equipment provided		
Equipment design prevents climbing outside the structure		
Supporting structure prevents climbing on it		
FALL SURFACING		
Suitable surfacing materials provided		
Height of all equipment is 8 feet or lower		
Appropriate depth of loose fill provided		
Six foot use zone has appropriate surfacing		
Concrete footings are covered		
Surface free of foreign objects		
EQUIPMENT MAINTENANCE		
Equipment is free of noticeable gaps		
Equipment is free of head entrapments		
Equipment is free of broken parts		
Equipment is free of missing parts		
Equipment is free of protruding bolts		
Equipment is free of rust		
Equipment is free of splinters		
Equipment is free of cracks/holes		
TOTAL POINTS		

SCORING SYSTEM

Total the number of "Yes" answers in the "Total Points" box in the table.

24 – 20 = A

Congratulations on having a SAFE playground. Please continue to maintain this excellence.

19 – 17 = B

Your playground is on its way to providing a safe environment for children. Work on the areas checked 'No'.

16 – 13 = C

Your playground is potentially hazardous for children. Take corrective measures.

12 – 8 = D

Children are at risk on this playground. Start to make improvements.

7 & = F

Do not allow children on this playground. Make changes immediately.

****If any of the gray boxes are marked 'NO', the potential of a life-threatening injury is significantly increased. Contact the owner of the playground.**

For Additional Resources and Information Contact:
National Program for Playground Safety: 1-800-554-PLAY (7529) ~ www.playgroundsafety.org