

Indianola Preschool, Inc.

POLICIES & PROCEDURES HANDBOOK

- **General Policies**
- **Operational Policies & Procedures**
- **Health, Nutrition, and Safety Policies and Procedures**
- **Emergency Preparedness Policies & Procedures**

Revised August 2020

Disclaimer

Employment at Indianola Preschool, Inc. is "at will". This means that both Indianola Preschool and the employee have the right to terminate employment at any time, with or without cause. Nothing in this *Policies and Procedures* handbook or any oral or written representation by any employee, Director or Board member shall be construed as a contract of employment. (04-06)

General Policies

Newsletter

A Directors' newsletter will be sent home via email with each child at the beginning of each month. Weekly newsletters from class teachers will be sent home via email. Parents/guardians may request a hard copy of the weekly newsletter from their child's teacher. The preschool will upon request provide the monthly newsletter to both parents/guardians, regardless of the fact that the parents/guardians may be divorced or separated. (07-10)

Restraining Orders

In the event of a dispute between parents/guardians about releasing a child from school, the school will not honor a request by one parent/guardian that the preschool not release the child from school to the other parent/guardian without a valid current court order to that effect. In matters that are being disputed, a current court order must be in the school's possession to settle the matter. (7-10)

Solicitation

Being a non-profit preschool, we will not endorse or promote actions in the community that are designed for the profit of a group or individual.

Thankful Verse

"Thankful" verses are recited prior to snack time in each class. These will not contain a reference to God or any religious denomination. (4-93)

Educational/Medical Referral

If the teacher(s) and Board feel the child needs an educational/medical referral, a letter will be sent to the parents/guardians requesting such an evaluation. The parent/guardian will be asked to sign the letter agreeing or disagreeing to the evaluation. If the parent/guardian refuses to sign an agreement, the Indianola Preschool Board reserves the right to expel the child from the Preschool. (10-86)

Discipline and Grievance Policy

If the parents/guardians disagree with the teacher's discipline plan, said plan will remain in effect until parents/guardians meet with the teacher(s) and a compromise discipline plan is adopted. If parents/guardians and teacher(s) cannot adopt a compromise discipline plan, the original plan will remain in effect until parents/guardians meet with the teacher(s), director(s) and Board and a mutually agreed upon discipline plan is adopted. If parents/guardians, teacher(s), director(s) and Board cannot adopt a compromise discipline plan, the original plan will remain in effect. If parents/guardians refuse to cooperate with this policy, the child will be expelled from Preschool. (12-86. 08-03. 4-09)

Dismissal Policy

Students will be dismissed one at a time by the teachers. Teachers will only dismiss students to parents/guardians or individuals that have been approved by the parent(s) or guardian.

Student Teachers

One student teacher at a time may be placed in the preschool. A student teacher cannot legally be a substitute teacher. (11-85. 3-86)

Field Experience Policy

1. Initial contact between Indianola Preschool and a college's Department of Education must be made by the college teaching supervisor, not by the college student.
2. Resumes must be submitted to a Preschool Director before confirmation will be made.
3. No more than three college students per semester will be accepted.
4. No students will be accepted during the months of September, December or May.

5. Background checks will be filed on each college student accepted. (4-09)
6. The Indianola Preschool reserves the right to terminate any field experience participant with notification to the college's Department of Education. (8-03)

Child Confidentiality

In order for students to be photographed for use in the newspaper and other media, parents must sign a picture release agreement. Posted photos do not include student names.

Operational Policies & Procedures

Ages

All children must be three or four (according to class requirements) by September 15th of that year. (5-00)

Class Size

Classes of 4 and 5-year olds will have a maximum of 22 students with two teachers present. Classes of 3-year olds will have a maximum of 16 students with two teachers present. If the class has a combination of ages, we may abide the majority of student ages in that class. (5-00) (8-16)

Registration Fee

At the time of registration, a \$75 registration fee plus a \$50 materials fee will be due. Both fees will be collected throughout the school year when a child registers. Both fees are nonrefundable. (4-11) (8-15)(8-16)

Tuition Payment

A child starting preschool during the first 10 days of the month will pay full tuition for that month. A child starting preschool between the 11th and 20th will pay one half of the monthly tuition. A child starting preschool between the 21st and the end of the month will pay one-third of the monthly tuition. (4-85)

Late Tuition Payment

Tuition payments are due the first of each month. If payment is not paid by the 10th of each month, a \$25 late fee will be assessed. If payment is not made by the 10th of the month, parents/guardians may write a letter to explain financial hardship or special circumstances to apply to the Board of Directors for special payment arrangements. Special payment arrangements will be made at the discretion of the Board. If no special payment arrangements are made due to a failure to make an application or the denial of the application by the Board, the child will be dropped from the class. (7-10)

Refunds

Tuition payments are nonrefundable. An account with a credit balance due to prepaid tuition will be entitled to a refund only if the preschool receives 30 days notice that the child is being withdrawn from the preschool. In the event a student is registered that does not qualify for an Empowerment scholarship because the family income is too low, IPS will refund the tuition deposit. If any student is registered at IPS and withdraws the registration the money may be refunded with a showing of hardship at the discretion of the Board. (7-10)

Returned Check Policy

A \$25 charge will apply to all checks returned to the preschool. If a check is returned, future payments may be required to be made in cash or money order. (04-06)

Late Pick-Up Charge

Parents/Guardians are expected to pick up children on time at the end of class. If you are 10 minutes past the scheduled closing time, a warning note will be sent home and you will be required to sign the Late Pickup Form. After the first warning, anyone late picking up their child again will have to sign another Late Pickup Form and will be charged a late fee of \$25 for each 15-minute increment that he/she is late in picking up the child. Chronic lateness will result in termination from the program. (04-11)

Parent/Guardian Visitation

Indianola Preschool encourages parents/guardians to visit their child at preschool. Parents/guardians are afforded unlimited access to their child and, within reason, to their child's teacher during normal hours of operation. We do ask, however, that parents/guardians do not visit the 1st two (2) weeks of school as we all adjust to a new routine or the last week of school as we wind down (with the exception of field trips). Younger siblings should not accompany parents/guardians on classroom visits. (07-12)

Educational Enrichment Campaign

The Educational Enrichment Campaign will include funds for continuing teacher education, and other educational supplies for the preschool. The Treasurer will coordinate and present requests to the Board for approval. (7-08)

Mid-Year Enrollment

Children turning 3 during the school year may be evaluated on an individual basis to enroll. In the event that there are multiple children enrolling for limited available spots, the child who is turning 3 the earliest will be enrolled. (4-10)

Supervision and Access Policies

Parents/guardians have unlimited access to their children and to the teachers caring for their children during the school's hours of operation, or whenever their children are in the care of the school, unless parental contact currently is prohibited by court order. A copy of a current court order must be on file with the preschool if any biological parent is to be denied access to a child.

Parents/guardians will need to complete a pick-up permission form that includes the names, numbers, and relationship to the child, of all those persons allowed to pick-up the child. Persons not listed on the pick-up form will not be allowed to pick-up your child. Any volunteer who has "unrestricted access", which means that a person is alone with a child, or is directly responsible for children, must be at least 16 years of age. Volunteers must sign a statement indicating whether or not they have had a conviction of law in any state, or any record of founded child or dependent adult abuse in any state. They must sign a statement indicating whether or not they have a communicable disease or other health concerns that could pose a threat to the health, safety, or well-being of the children. They must complete the DHS Criminal History check Form B, 595-1396. They must complete the Request for Child Abuse Information Form. 470-0643. They must sign a statement that they have been informed and are aware of their Mandatory Reporting responsibilities. Anyone required to have an Iowa State record check is also required to be fingerprinted for the national criminal record check.

Anyone who has had a sex offense against a minor shall not be allowed on the preschool property, except for the time reasonably needed to transport the offender's own child to and from the preschool, unless they have the written permission of a director. Nor shall they operate, manage, or be employed by the preschool. The directors are not obligated to provide written permission, and may adopt more restrictive rules regarding sex offenders. However, if written permission is given, the director(s) must consult with the DHS licensing consultant prior to giving permission. Written permission shall include the location in the preschool where the sex offender may be present, the reason for their presence, the duration of their presence, and a description of the staff supervision that will be provided in order to ensure that no child is alone with the sex offender. (7-10)

Enrollment Forms

We are required to have the following on file before your child can attend school:

- Enrollment Form
- Child Health Form (2 pages completed by parent)
- Child Health Exam form (completed by doctor)
- Valid Iowa Certificate of Immunization Form (this can be obtained by contacting your doctor's office)

Children enrolled in Indianola Preschool are required by the state to have a completed copy of a current Child Health Exam Form. These forms are to be filled out by the child's physician, and they are valid for one year. The preschool must have a valid form on file throughout the entire school year. Should a form expire during the school year, an updated form will need to be provided within one month of the expiration date. The preschool will retain current Child Health Exam Forms from year-to-year of continuing IPS students. (04-11)

Health, Nutrition, and Safety Policies and Procedures

Biting Policy

Biting is a very common behavior among children birth to three years. Biting is a form of communication, as biting is almost always a response to the child's needs not being met or coping with a challenge or stressor.

When observing signs that a child might be on the verge of biting, the teacher may be able to act immediately and prevent the biting behavior (i.e., distraction, redirection, close physical presence of the teacher).

If a biting incident does occur, appropriate teacher responses should include the following:

- Teachers should keep their feelings in check and not express frustration or anger to the child
- Ensure all children are safe; applying first aid if necessary
- Teachers should (in a firm, calm voice) address the child that bit in a short, simple and clear way
- Teachers should shift their attention to the child who was bitten and show concern and support for that child
- Teachers should go back and talk with the child and the different strategies s/he can use next time, instead of biting
- Help the children move on. Do not make them play with one another, unless they want to (Zero to Three, 2010).

The teacher will fill out an Incident Report form and share information about the incident with parents/guardians of involved children. When informing parents/guardians that their child has been bitten or bit another child, it is important for teachers to maintain the confidentiality of the other child. When biting occurs more than once, the teacher(s) should observe the child and document observations, including behaviors and context (where, when, how, who – adults and children) both before and after biting occurs to identify functions of the behavior. It is also helpful to know when the behavior is absent. Teachers will then use the data to find patterns and potential solutions, and meet with the family to collect information about the child's behavior at home, share information and demonstrate a commitment to working together to address the child's needs. (7-10)

Medication Policy

Because administration of medication poses an extra burden for staff, and having medication in the facility is a safety hazard, medication administration in preschool will be limited to situations where an agreement to give medicine outside preschool hours cannot be made. Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction. Parents or legal guardians may administer medication to their own child during the preschool day. Only medically necessary medications will be administered.

The preschool will administer medication to children with written approval of the parent/guardian and an order from a health provider for a specific child or a specific condition for any child in the preschool for whom a plan has been made and approved by the director.

All administration of medications will be documented on Medication Consent and Log forms.

Medications must be kept in their original container labeled by the pharmacist with a) child's name; b) date prescription was filled; c) name of the physician; d) manufacturer's instructions or prescription label with specific legible instructions for administration,

storage, and disposal; e) name and strength of medication; f) medications must have child resistant caps and will be stored inaccessible to children.

Care plans are required on any children with special health considerations (ie: asthma, food allergies) and these must be completed by parents/guardians and physician. These emergency care plans will be reviewed and updated at teacher conferences or sooner, if needed. If an EpiPen or emergency medication is required, it needs to be kept at the preschool. (7-10)

Communicable Diseases

All communicable diseases must be reported to the local public health department (Warren County Health Services: 515-961-1074) so that control measures can be used. (7-10)

Exclusion Policy

Children will have direct contact with staff upon arrival for detection of illness. The preschool, not the child's family, makes the final determination about whether the acutely ill child can remain at the preschool. Children will be excluded if: a) the child's illness requires more care than the preschool staff are able to provide without compromising the needs of the other children or b) keeping the child poses an increased risk to the child or other children or adults.

Refer to the handout *2003 Inclusion/Exclusion listing Criteria* for a complete listing of illnesses that constitute a reason for excluding a child from preschool. Please also refer to the handout *Guide to Childhood Illness* for a description of illnesses common to children. (7-10)

Ill Children Policy

Classroom teachers will keep a log to document illnesses of students (Symptom Record). If a child becomes ill (or is determined too ill to remain) at preschool, the child will be provided a place to rest until the parent, legal guardian or designated person arrives. The child will be supervised at all times by someone familiar with the child. A child with a potentially communicable illness will be provided care separate from other children with extra attention to hygiene and sanitation until the child leaves the preschool.

Parents/guardians will provide emergency contact information prior to the beginning of the school year and this information will be reviewed with all parents/guardians at teacher conferences. (7-10)

Children with Special Needs

The preschool accepts children with special needs as long as a safe, supportive environment can be provided for the child. To help the preschool staff better understand the child's needs, the staff will ask the parent or legal guardian of a child with special needs to complete a "Special Care Plan" in conjunction with the child's health care provider(s). The program will attempt to accommodate children with special needs consistent with the requirements of the Americans with Disabilities Act. If the program is unable to accommodate the child's needs as defined by the child's health care provider(s) or the Individual Education Plan without posing an undue burden as defined by federal law, the preschool directors will work with the parent or legal guardian to find a suitable environment for the child. (7-10)

Staff Health and Training

All staff members must have signed a statement that they are free of communicable disease or other health concerns that could pose a threat to the health and safety of children. Staff members must also have a TB test and have a physical test done upon employment and every three years after that. All staff members have current certification in CPR and First Aid. (7-12)

Safe Food Temperatures

A director or on-site director will regularly monitor refrigerator temperatures. Temperature of the refrigerator should be maintained at 40 degrees or lower. Food should not be allowed to freeze, so between 33 and 40 degrees is ideal. (7-10)

Food Allergy Policy

If any child has a food allergy, parents/guardians need to inform the preschool in writing. A Food Allergy Action Plan will be filled out that includes a photo of the child, symptoms, dosage and emergency information. This plan must be signed by parent/guardian and physician. Parent/guardian will be asked for consent to post food allergy plan to make all staff/substitutes/volunteers aware of food allergy. Please make EpiPen or other emergency medication available to keep on site at the preschool. (7-10)

Snack Policy

1. It is our policy that the snacks served to the children each day are nutritious and include foods from two of the basic food groups. The USDA Child and Adult Food Program is followed. There will be a required snack fee for all students each semester, based upon how many days a week they attend each week. The snack fee should be included with the September and January tuition payment. The fees are as follows:
 - a. Rainbow, Moon (2 days) - \$20 per semester
 - b. Sun, Lightning, Star (3 days) - \$25 per semester
 - c. Orange, Red (5 days) - \$35 per semester

Weekly snack information will be shared in the class newsletters. (8-14)

Snacks from two different food groups (that meet any allergy restrictions) will be provided by parents/guardians to celebrate a child's birthday. We request only commercially prepared and/or packaged snacks. Teachers will wear gloves when handing out snacks. Children will eat only when seated to decrease the possibility of choking. Children will eat in social groups with a teacher to guide and encourage, but not force appropriate conversation and eating behavior. If a child refuses to eat some type of food, teachers will offer the food again a little later. Food will not be offered as a reward or denied as a punishment. Adults will not eat or drink anything the children are not allowed to have while the adults are in view of the children. (7-10)(8-16)

Indoor Check

The indoor environment will be routinely checked every month by the Director. This includes but is not limited to checking outlets, electrical cords, water temperatures, janitor closets, etc. Director will use the Health and Safety Checklist. (7-10)

Outdoor Play

Children will engage in daily outdoor activity when weather conditions do not pose a significant health risk. Weather that poses a significant health risk shall include wind chill at or below 15 degrees F and heat index at or above 90 degrees F, as identified by the National Weather Service. Teachers will use the Child Care Weather Watch chart and an outdoor thermometer to gauge weather. Please dress children in clothing appropriate for the weather.

When outside, children will engage in developmentally appropriate activities that encourage gross motor and fine motor development. These activities include, but are not limited to: running, walking, jumping, bicycling, crawling, skipping, digging, kicking, catching, throwing, drawing, painting, building, planting, and blowing bubbles. (04-11)

Transportation Policy

The preschool does not routinely transport children. Most of our field trips are walking field trips; for the Nature Center field trip, parents/guardians drop off and pick up their own child at the site.

In the event that volunteer parent/guardian drivers are needed to transport children to a field trip:

1. All children will have a booster seat (provided by parents/guardians)
2. Parent/guardian drivers will provide
 - a. proof of current driver's license
 - b. proof of car insurance
 - c. criminal background check
 - d. completed Transportation Volunteer form
3. All parent/guardian drivers will be provided a first aid kit
4. There will be no smoking in the vehicle. (04-11)

HIRTA Bus Policy

Any student arriving to Indianola Preschool via HIRTA bus transportation will be met at the door of the bus by a teacher and escorted into the school. Any student leaving Indianola Preschool via HIRTA bus transportation will be escorted to the door of the bus by a teacher. (08-13)

Field Trip Safety

1. Children may only use a public rest room if they are accompanied by a staff member or parent/guardian.
2. A parent or legal guardian will sign an informed consent form for trips for each child before each trip.
3. A first aid kit, emergency contact information for the children in the group will be taken on all trips.
4. At least two parent/guardian volunteers will accompany the group. (7-10)

Outdoor Check

The outdoor environment will be routinely checked every month by the Director. This includes but is not limited to checking equipment, fencing, surfacing, clearing debris, etc. Director will use the Health and Safety Checklist. (7-10)

Exposure to Sun

During extended (greater than 25 minutes) outdoor play and other activities during the hours of 10 am and 2pm, children will be protected by the sun using shade and sunscreen with UVB-ray and UVA-ray protection of SPF 15 or higher, with written parent/guardian permission. Sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs. (3-12)

Helmets

When children utilize any ride-on toys, they will wear an appropriate child's bike helmet. (7-10)

Appropriate Clothing

To promote safety at the preschool, especially when outdoors, parents/guardians are strongly discouraged from sending their child to school with clothing that has drawstrings, flip flops, necklaces, or any other item that could pose a safety hazard to the child. (7-10)

Cleaning and Sanitizing Policy

Cleaning, sanitizing, and disinfecting are important steps to removing dirt and reducing the spread of germs in child care settings.

Cleaning removes dirt and grime and is done with soap and water. Use spray bottles containing a mild soap/water mix and paper towels to clean surfaces.

Sanitizing/Disinfecting removes dirt, grime, bacteria and (nearly all) germs. The most common method of sanitizing in a child care program is the use of a bleach solution.

*Make fresh DAILY

*1 tablespoon bleach + 1 quart cool water

Use regular household bleach. Use of rubber gloves, safety glasses and/or an apron is recommended when mixing bleach and water. Discard unused bleach daily.

Example of cleaning process:

*Clean surface with soapy water

- *Spray surface with bleach solution
- *Wipe bleach solution over the surface with a paper towel. Do not dry off.
- *Allow to air dry for 2 minutes.

Bleach and water solution may also be used by dipping objects into a sink or pan filled with bleach and water solution and then allowed to air dry. Paper towels soaked in bleach and water solution can also be used to wash surfaces, then let the surface air dry. (7-10)

Cleaning/Schedule

- *Countertops & tabletops – clean & sanitize daily and when soiled
- *Food preparation and service surfaces – clean & sanitize before and after contact with food
- *Door, cabinet handles – clean & sanitize daily and when soiled
- *Floors – sweep after each class
- *Toys & utensils that go into the mouth or have been in contact with saliva or bodily fluids—clean & sanitize after each child's use
- *Toys that are not contaminated w/ bodily fluids – clean weekly & when visibly soiled
- *Phone receivers – clean & sanitize weekly
- *Waste containers – clean daily
- *Hand washing sinks, faucets, counters, soap dispensers, door knobs – clean & sanitize daily and when soiled
- *Any surface contaminated with bodily fluids – clean & sanitize immediately
- **The above will be done more frequently as needed due to frequent illnesses of students. (7-10)

Hand Washing Policy

1. Signs will be posted at each sink with the times when hand washing is required and the steps to follow.
2. All staff, volunteers, and children will wash their hands at the following times (as applicable):
 - a. upon arrival for the day or coming in from outdoors
 - b. before and after:
 - *eating, handling food
 - *giving medication
 - * playing in water that is used by more than one person
 - c. after:
 - *toileting
 - *handling bodily fluids (mucus, blood, vomit) and wiping noses and mouths
 - *cleaning or handling garbage
 - *touching pets or other animals
 - *playing in sandboxes
3. All staff, volunteers, and children will wash hands as follows:
 - a. Moisten hands with water and apply liquid soap. Rub hands with soap and lather for at least 20 seconds. Include between fingers, under and around nail beds, backs of hands and any jewelry.
 - b. Rinse hands well under running water with fingers down so water flows from wrist to finger tips. Leave the water running.
 - c. Dry hands with paper towel.
 - d. Use a towel to turn off the faucet. Discard in trash can. (7-10)

Toileting Policy

Children are expected to be potty trained before beginning preschool. It is the parent's/guardian's responsibility to potty train their own children. Our definition of potty training includes being able to manage clothing and toileting independently. Because changing soiled underwear introduces an increased risk of spread of infection and because the preschool is not equipped with diaper or pull-up changing facilities, all students must be potty trained before beginning school.

Although it is understandable and anticipated that toileting accidents will happen from time to time with young children, teachers will contact the parents/guardians if a child has two or more accidents at school to determine if there is something that can be done to help the situation. If sufficient evidence exists that a child is not toilet trained, the preschool has the right to remove the child from the class after three accidents. If a child is removed from class, the spot will be held for one month. If the child is not fully potty trained after one month, the preschool cannot guarantee a spot will be available. Once the child is fully potty trained, parents/guardians are welcome to contact the preschool to check on class availability.

Students may have accidents regarding toileting at preschool. In the event of a toileting accident, to minimize contamination of the clothing and the environment, the teacher will send all soiled clothing home in a closed bag for cleaning without rinsing or removing any of the soil from the articles in the preschool to avoid further contamination. The teacher should remove the child's shoes before the change begins so that the shoes do not become contaminated and spread germs wherever the child walks after the change. Remove and place all soiled clothing in a plastic bag. If the child's shoes are soiled, the teacher must wash and sanitize them before putting them back on the child. Gloves are in the bathroom where they are accessible to teachers but not children. Teachers will use the proper method to remove gloves. Before putting on clean clothing, both the teacher/caregiver and the child should wash their hands at the sink or wipe their hands as carefully as possible with disposable wipes or to remove germs that would otherwise be transferred to the clean clothing. When the change is complete, the child should wash his/her hands carefully. The teacher needs to wash after cleaning and sanitizing all surfaces involved in the change. Extra clothing is available at the preschool in case of accidents. Please wash and return borrowed clothing. (08-10)

CHILD CARE EMERGENCY PREPAREDNESS AND RESPONSE PLAN

Date of plan: August 2020

1. Basic Information: Provide information about your child care facility

Facility Name:	Indianola Preschool
Facility Address:	205 S. Howard Street, Suite B, Indianola, IA 50125
Facility Phone:	515-961-3798
Facility Main Contact:	Allison Putney
Emergency Records/Supplies Kit Location(s):	Trinity United Presbyterian Church 200 S. Howard St. (TUPC) ISU Extention & Outreach Office 909 E. 2 nd Ave Suite E
DHS Provider Number:	4191000008
Registration/Max. Child Capacity:	95 total students 45 at any one time

2. Emergency Contacts: Identify the contact information for emergencies and post in easily accessible locations

	Contact Name	Phone	Email/Website
Police/Sheriff	Rob Hawkins	911/961-9400	http://www.indianolaiowa.gov/149/Police-Department
Fire	Greg Chia	911/961-9405	http://www.indianolaiowa.gov/209/Fire-Department
Ambulance/Emergency Medical Technicians (EMTs)	Greg Chia	911/961-9405	http://www.indianolaiowa.gov/209/Fire-Department
Hospital	Blank Hospital	241-KIDS	https://www.unitypoint.org/blankchildrens/
Poison Control	Tammy Noble	1-800-222-1222	http://www.iowapoison.org/
County Emergency Manager	Troy Bass	961-1108 961-1122 24 hr Emergency #	http://warrencountyem.org/
Electric Company	IMU	961-9444	www.i-m-u.com
	Shut off location in facility: Main gray panel inside furnace room		
Gas Company	Mid American	800-595-5325	https://www.midamericanenergy.com
	Shut off location in facility: Outside to the east of bldg		
Water Company	IMU	961-9444	www.i-m-u.com
	Shut off location in facility: Inside furnace room against north wall		
Insurance Agent	Josh Stafford Phillips Stafford	515-978-9006	jstafford@phillipsstafford.com
Radio/TV Station	WHO 1040am WHO Channel	245-8900 242-3500	http://whoradio.iheart.com http://whotv.com/
Neighbor	Kent Powgnas	961-2808 681-6934	kent.powgnas@lpl.com
Neighbor	Gary Ripperger	250-1421	http://www.hometowninsurance.biz
Our emergency contact phone number		515-721-5967	

	Contact Name	Phone	Email/Website
DHS Child Care Compliance Staff Person	Melinda Larson	725-2635	http://dhs.iowa.gov/
DHS Child Abuse Hotline		1-800-362-2178	http://dhs.iowa.gov/child-abuse
Child Care Resource & Referral Agency	Michelle Greenough	1-877-216-8481	www.iowaccrr.org
Child Care Nurse Consultant	Lynn Wendt	961-1074	http://idph.iowa.gov/hcci

3. Emergency Assessment: Identify emergencies or possible disasters likely for your facility.
(check all that apply)

x	Bomb threat	x	Hazardous material exposure	x	Structural damage to facility
x	Criminal activity	x	Ice/snow storms	x	Thunderstorm/lightening
x	Dangerous person or potentially violent situations	x	Injury/medical emergency – provider/staff	x	Tornado watch/warning
x	Earthquake	x	Injury/medical emergency – child	x	Utility outages – power failure or water line disturbance
x	Fire/smoke	x	Missing, lost or abducted child		List additional event likely to happen in your area
x	Flooding		Mudslide/landslide		List additional event likely to happen in your area
x	Gas leak		Nuclear power plant or research facility accident*		List additional event likely to happen in your area

*NOTE: If a child care center is located within a 10 mile radius of a nuclear power plant or research facility, your plan must include procedures for a nuclear evacuation.

4. Parent Reunification: If we must evacuate our facility or when parents/guardians are unable to pick up their children, we will use the following procedures to reunite children with parents/guardians or an authorized emergency contact as soon as it is safe:

Notifications:	<p>Parents are required to complete Enrollment forms upon registering their child. They will also complete a Child Identification Card with a picture of the child, which will be used in case of an evacuation.</p> <p>At the beginning of the year, parents will be given the location and numbers of our 3 evacuation sites, as well as our preschool emergency contact phone number.</p> <p>Emergency contact information will be kept in a binder at school, in our emergency supply kit, and at the ISU Extension and Outreach office at 909 E. Second Ave., Suite E Indianola</p>
Delay in reuniting children with parents or authorized emergency contact:	<p>The program will continue to provide care until parents or authorized emergency contact arrive. If in extreme cases we are unable to reach the parents or an authorized emergency contact and the program is no longer able to provide care, staff will contact Iowa DHS to determine next steps.</p> <p>Other contacts for reunifying children with families:</p>

	<p>-National Center for Missing and Exploited Children 24 hr hotline: 1-800-THE-LOST or www.misskids.com\-Unaccompanied Minors Registry (UMR) www.missingkids.com/DisasterResponse</p> <p>-National Emergency Child Locator Center (NECLC) is activated immediately after a Presidentially declared disaster. 1-866-908-9572 or https://egateway.fema.gov/inter/nefrls/home.htm</p>
Release	<p>-Parents are required to fill out a Child Release Form to provide documentation of who we may release the child to following a disaster. Only individuals authorized by parents may pick up a child, and if staff do not know the person, a photo ID is required before releasing the child.</p>

5. Evacuation: If we need to evacuate our facility because there is a fire, gas leak, structural damage, etc., we will use the following procedures:

Evacuation routes/exits:	<p>-IPS has 3 classrooms: west, middle, east. All classes have one door that leads outside.</p> <p>-If classes need to only exit the building, each class will proceed out main classroom doors and assemble on the playground or west to the S. Howard sidewalk.</p> <p>-Classes needing to walk to Trinity will exit out their main classroom doors to the south sidewalk, where they will cross S. Howard St and walk to the PATH building.</p> <p>-Classes needing to be transported will exit out their main classroom doors and proceed to the west to S. Howard sidewalk and board the bus there.</p>
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	<p>-Off-site emergency records are kept at ISU Extension & Outreach Office, 909 E. 2nd Ave Suite E.</p> <p>-Emergency records are also located in our emergency supply kit on site. Emergency supplies are located on site and at Trinity United Presbyterian Church 200 S. Howard St.</p>
Notifications:	<p>-Director(s) or on-site supervisor will decide whether or not to evacuate the facility. Our center is small, so that individual will inform teachers of the decision to evacuate. The lead teacher of each class will communicate the plan to children. If needed, 911 or other necessary calls will be made. Parents will be notified via email (if possible) and/or emergency text about any evacuation.</p> <p>-Hang relocation posters on classroom doors.</p> <p>-Directors (or safety officials, if necessary) will decide when it is safe to return to the facility.</p>

Evacuation sites:	<p>-Neighborhood site: Trinity Presbyterian Church PATH building, 205 S. Howard Street, Indianola, 961-6231</p> <p>-Out of neighborhood site: Indianola Community Church, 14424 Kennedy St., Indianola, 961-8311</p> <p>-Out of town site: Crossroads Church, 2601 Border Street, Norwalk, 287-8580</p>
Transportation to evacuation locations:	-Transportation will be provided by Little Miracles Children's Center, 810 E. 2 nd Ave., 961-5531 or First Assembly of God, 1700 W. 2 nd Ave., 961-8488. Both have licensed drivers.
Additional:	

6. Shelter-in-Place: If we need to stay in the safest place inside our facility when there is a weather-related event such as a severe storm/tornado or notified by emergency officials when there is a chemical spill/hazardous gases, etc., we will use the following procedures:

Location:	<p>-To get away from windows in case of tornado or severe storm, move children to the hallway with internal doors shut.</p> <p>-For larger groups of children or longer periods of time, move children to the west classroom.</p>
Evacuation routes/exits:	-When conditions are safe, return children to their classrooms to either resume class or exit via classroom doors.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	<p>-Emergency records are located in our emergency supply kit on site in the office. Emergency supplies are located on site and at Trinity United Presbyterian Church 200 S. Howard St.</p> <p>Emergency supplies include: Emergency plan & emergency contacts IPS emergency cell phone and charger Child emergency information, permission to transport forms for each child Consent for medical treatment for each child Weather radio First aid kit Water, food, soap, hand sanitizer Books, stuffed animals for comfort Plastic sheeting, duct tape, utility scissors, candles, matches Blankets, flashlights</p>

Notifications:	-Director(s) or on-site supervisor will decide whether or not to shelter in place. Our center is small, so that individual will inform teachers of the decision to evacuate. The lead teacher of each class will communicate the plan to children. If needed, 911 or other necessary calls will be made. Parents will be notified via email (if possible) and/or emergency text about any evacuation. -Directors (or safety officials, if necessary) will decide when it is safe to return to classrooms.
Additional:	

7. Lockdown: If we need to stay in the safest place inside our facility when there is security issue, such as, a disgruntled person, active shooter, community violence, unstable custody disputes, hostage situation, other physical or verbal threats, etc., we will use the following procedures:

Location:	All children and adults remain in locked classrooms. If the threat is on the property, move children to the inner hallway with internal doors shut. All exits are locked and monitored by staff.
Evacuation routes/exits:	All children and adults remain in locked classrooms until lockdown status is ended.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Emergency records are located in our emergency supply kit on site in the office. Emergency supplies are located on site and at Trinity United Presbyterian Church 200 S. Howard St. Emergency supplies include: Emergency plan & emergency contacts IPS emergency cell phone and charger Child emergency information, permission to transport forms for each child Consent for medical treatment for each child Weather radio First aid kit Water, food, soap, hand sanitizer Books, stuffed animals for comfort Plastic sheeting, duct tape, utility scissors, candles, matches Blankets, flashlights
Notifications:	-Director(s) or on-site supervisor will decide whether or not to lockdown. Our center is small, so that individual will inform teachers of the decision to evacuate. The lead teacher of each class will communicate the plan to

	<p>children. Call 911. Parents will be notified via email (if possible) and/or emergency text about lockdown.</p> <p>-Directors (or safety officials, if necessary) will decide when it is safe to stop lockdown sheltering.</p>
Additional:	

8. Hazard/Incident Specific Events: Provide information about your procedures for emergencies or disasters likely to happen in your area. For example, flash flood, missing child or power outage.

Event	FIRE AND/OR EXPLOSION
Steps you will take:	<ol style="list-style-type: none"> 1. Alarm is sounded/alert staff. 2. Evacuate the facility with emergency supplies kit(s) based on procedures in your emergency plan. 3. When possible, close all windows and doors in the facility and all electrical switches breakers should be in the off position. You must evaluate the situation because you need to evacuate children and staff in the shortest time possible. Note: If the fire is small and not located in a room where children are present, you can use a fire extinguisher to put out the fire if you are trained on how to use the extinguisher. 4. Assess weather conditions outside and observe wind direction; move children and staff upwind of any smoke. 5. Using child attendance records, verify that all children and staff are accounted for using name-to face counting. Repeat at regular intervals and every time children and staff are moved to a different location. 6. Call 911. 7. Put child identification cards on children. 8. Assess weather conditions. Consider moving to one of your other evacuation locations, as appropriate. 9. Once the fire department arrives, establish contact with a fire department official to provide needed information. 10. Communicate with parents using the procedures in your emergency plan. 11. Follow emergency procedures for reuniting children with parents or authorized emergency contact. 12. Re-enter the center/home after emergency officials say it is safe to return. 13. Complete the Child Care Initial Damage Assessment form, if appropriate. 14. Contact your DHS child care compliance staff person and Child Care Resource and Referral, as appropriate.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located at Trinity United Presbyterian Church, 200 S. Howard St.
Notifications:	Notify parents via emergency text message.

Additional:	

Event	SERIOUS INJURY OR ILLNESS
Steps you will take:	<ol style="list-style-type: none"> 1. Evaluate the situation and do not put yourself at risk when trying to rescue an injured child or staff person. 2. Follow first aid procedures. Call 911, if appropriate. 3. For an injured or ill child, call the child's parents. For an injured or ill staff person, call the person's emergency contact. 4. If the child must go to the hospital by ambulance, one of the child's teachers will accompany the child when being transported. Call substitute to replace staff member accompanying child. 5. If the illness or injury does not require immediate medical attention but requires doctor's care, determine who will transport the child or staff person to the emergency room, clinic or hospital. If the ill/injured is a child, parents or an authorized adult will transport the child to the emergency room, clinic, or hospital. If a parent/authorized adult is not available, one of the child's teachers will transport. If the ill/injured is a staff, their emergency contact will transport. If they're not available, another staff member will accompany. Call substitutes to replace staff members. 6. Document treatments and any action that took place based on the illness or injury us thing Child Injury/Incident Report. 7. Contact DHS to report illness or serious injuries that happened in your child care program.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	First aid and emergency kits located in the office.
Notifications:	<p>Parents of child are called.</p> <p>Emergency contact of staff are called.</p> <p>If necessary, all preschool parents are notified via email.</p>
Additional:	

Event	Infectious disease, pandemic
Steps you will take:	<ol style="list-style-type: none"> 1. Remove plush, cloth and cardboard toys/materials from learning environment 2. Temperature/symptom check students daily upon arrival before admittance to the building 3. Increase frequency of hand washing and sanitizing 4. Disinfect toys, materials etc between each group of children

	<ol style="list-style-type: none"> 5. Disinfect bathroom between each use for toileting 6. Restrict visitors to the facility 7. Weekly deep cleaning of the entire facility 8. Report all positive cases of infectious disease to DHS and Warren County Public Health 9. Follow guidance about exclusion, quarantine, and cleaning from DHS and WCPH 10. Notify parents of exclusion, quarantine time for their child based on each individual case
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	NA at this time
Emergency records/supply kits:	Located in the office
Notifications:	Notify parents via email of positive cases that impact their child and any subsequent exclusions required
Additional:	

Event	MISSING OR ABDUCTED CHILD
Steps you will take:	<ol style="list-style-type: none"> 1. Anytime a child is unaccounted for, search the premises. Search each area that a child can potentially hide, as well as outdoor areas of the facility. 2. Double check with other staff in case the child is in another location (e.g., the child was picked up by a parent). 3. If you have searched all potential hiding spots and outdoor areas and the child is not found, begin lockdown procedures: <ol style="list-style-type: none"> a. All exits are locked and monitored by staff. b. No one is let in or out of the child care facility. 4. Call 911. 5. Be prepared to provide the following information about the child: <ol style="list-style-type: none"> a. Child's name, age, height, weight, date of birth, and hair color; b. Child's clothing that he/she was wearing that day, along with any other identifying features; c. The time at which the child was noticed missing; d. If child abduction is suspected, were there any suspicious vehicles and/or persons around the child care facility? 6. Call the child's parents to tell them that the child is missing.

	<p>7. While waiting for law enforcement, continue to search for the missing child. Look in every cabinet, chubby, closet, and other locations where a child might hide.</p> <p>8. Once law enforcement arrives, provide needed information.</p> <p>9. Contact your DHS child care compliance staff person.</p>
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in office.
Notifications:	<p>Call Police.</p> <p>Call parents.</p> <p>If necessary, notify all parents via email.</p> <p>Call DHS.</p>
Additional:	

Event	CHILD DEATH
Steps you will take:	<ol style="list-style-type: none"> 1. If you find a child unresponsive, start CPR and continue until relieved by another adult certified in CPR. 2. Call 911. 3. Calm the other children and move them away from the area. Listen to children's concerns and provide honest, developmentally-appropriate answers. 4. Once emergency officials arrive, provide needed information. 5. As much as possible, leave the area where the child was found undisturbed. Do not clean or tidy anything in the room until investigators tell you that it is okay to do so. 6. Contact the child's parents. 7. Document treatments and any actions you took when caring for the child prior to finding the child unresponsive using the Child Injury/Incident Report Form. 8. Contact DHS to report the child death that happened in your child care program. 9. Close school for the day.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in office.
Notifications:	<p>Notify families via email.</p> <p>Conduct press release, if necessary.</p>

Additional:	
Event	HAZARDOUS MATERIAL OUTSIDE PRESCHOOL/COMMUNITY In most cases, you will receive a warning of a hazardous material emergency from local emergency officials; if not call 911. Hazardous materials are those that might cause injury if inhaled or touched. A train derailing, a truck overturning, or an explosion or fire at a warehouse or chemical plant can potentially release hazardous materials into the air.
Steps you will take:	<ol style="list-style-type: none"> 1. Alert staff. Initiate shelter-in-place emergency procedures (if evacuation is not immediate). 2. Using child attendance records, verify that all children and staff are accounted for using name-to face counting. Repeat at regular intervals and every time children and staff are moved to a different location. 3. Shut windows and doors and turn off the air conditioning system. Seal doors and windows in your shelter-in-place evacuation location with plastic sheeting and duct tape, as appropriate. 4. Prepare for an out-of-area evacuation in case emergency officials tell you to evacuate the area. 5. Communicate with parents. 6. Monitor the facility at regular intervals. 7. Stay in communications with local emergency officials or monitor media. 8. When given the all clear, open windows to air out the facility or evacuate if directed to do so by emergency officials. 9. Reunite children with parents or authorized emergency contact.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site in office. Take along if evacuation is needed.
Notifications:	Notify parents via emergency text message. Post relocation posters if evacuating.
Additional:	

Event	HAZARDOUS MATERIALS INSIDE PRESCHOOL
Steps you will take:	<ol style="list-style-type: none"> 1. Alert staff. 2. Evacuate the facility with emergency supplies kit(s). 3. Do not turn any electrical switches on or off. Eliminate all open flames. Do not use telephones (landlines or cell phones) or anything that could cause a spark while in the facility. 4. Assess weather conditions outside and observe wind direction; move children and staff upwind and uphill from the facility. 5. Using child attendance records, verify that all children and staff are accounted for using name-to face counting. Repeat at regular intervals and every time children and staff are moved to a different location. 6. Call 911.

	<p>7. Put child identification cards on children.</p> <p>8. Do not try to contain, touch or identify (if unknown) the hazardous material.</p> <p>9. If a child or staff person has had contact with the hazardous material, wash it off immediately.</p> <p>10. Once emergency officials arrive, establish contact to provide needed information.</p> <p>11. Communicate with parents.</p> <p>12. Reunite children with parents or authorized emergency contact.</p> <p>13. Re-enter the facility after emergency officials say it is safe to return.</p> <p>14. Contact DHS child care compliance staff person and Child Care Resource and Referral, as appropriate.</p>
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in office and at TUPC.
Notifications:	Notify parents via emergency text message. Post relocation posters.
Additional:	

Event	ELECTRICAL POWER FAILURE
Steps you will take:	<ol style="list-style-type: none"> 1. Alert staff. 2. Access emergency lighting in your emergency supply kit. 3. Call IMU to report the outage. 4. If there is danger of a fire, evacuate the facility with emergency supplies kit(s).
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in the office and at TUPC.
Notifications:	If evacuation is needed, notify parents via emergency text message. Post relocation posters if needed.
Additional:	<p>Note: Unexpected utility problems are common occurrences and may happen at any time. When there is a utility problem, the decision to close IPS or delay its opening will be based on the following factors:</p> <ul style="list-style-type: none"> • The amount of natural light in the facility; • The temperature in the facility; • The ability and necessity of heating food;

	<ul style="list-style-type: none"> • The risk to the health and well-being of children and staff.
Event	GAS LEAK
Steps you will take:	<ol style="list-style-type: none"> 1. Alert staff. 2. Evacuate the facility with emergency supplies kit(s). 3. Do not turn any electrical switches on or off. Do not use telephones (landlines or cell phones) or anything that could cause a spark while in the facility. 4. Using child attendance records, verify that all children and staff are accounted for using name-to face counting. Repeat at regular intervals and every time children and staff are moved to a different location. 5. Call 911 and your gas company to report that you smell gas. 6. Put child identification cards on children. 7. Once an emergency official arrives, establish contact to provide needed information. 8. Communicate with parents. 9. Reunite children with parents or authorized emergency contact. 10. Re-enter the facility after emergency officials say it is safe to return.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in the office and at TUPC.
Notifications:	Notify parents via email. Post relocation posters.
Additional:	

Event	WATER MAIN BREAK
Steps you will take:	<ol style="list-style-type: none"> 1. Contact IMU to report the water main break. 2. Access water in your emergency supply kit.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in the office and at TUPC.
Notifications:	Notify parents via email.
Additional:	

Event	CONTAMINATED WATER SUPPLY
Steps you will take:	Occasionally, water supplies are contaminated or are suspected of

	<p>being contaminated with microorganisms or chemicals based on a break in a water main or other damage to the water system. Discontinue using tap water, ice machines and any other water equipment. Use bottled water. Emergency officials may issue advisories/notifications when the water supply may be contaminated:</p> <ul style="list-style-type: none"> •Boil water advisory/notice: Use bottled water and follow health department officials' recommendations for boiling and/or disinfection. The Iowa Department of Public Health Environmental Health Response Team has information available at http://www.idph.iowa.gov/ehs/emergency-preparedness. •Do not consume: Do not drink the water or use it in food preparation
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in the office
Notifications:	Notify parents via email.
Additional:	

Event	THUNDERSTORMS
Steps you will take:	<ol style="list-style-type: none"> 1. If you receive a THUNDERSTORM WATCH, listen to the radio or the NOAA Weather Radio for updates. Alert staff and cancel all outdoor activities. 2. If you receive a THUNDERSTORM WARNING, alert staff and be ready to go to your shelter-in-place evacuation location if weather becomes severe. Unstable weather can change fast.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in the office
Notifications:	
Additional:	

Event	TORNADO OR SEVERE WIND
Steps you will take:	<ol style="list-style-type: none"> 1. If there's a TORNADO WATCH, listen to the radio, or the NOAA Weather Radio for updates. Alert staff and cancel all outdoor activities. 2.If you receive a TORNADO WARNING or severe wind alert, alert staff and go to your shelter-in-place evacuation location.

	<p>3.Using child attendance rosters, verify that all children and staff are accounted for using name-to-face counting. Repeat at regular intervals and every time children and staff are moved to a different location.</p> <p>4. Get under sturdy furniture, such as a heavy table, and hang on with one arm. Cover your head and neck and help cover children.</p> <p>5. Avoid using electrical equipment. Turn off utilities if time permits.</p> <p>6.Monitor the weather via television and radio.</p> <p>7.Once the weather event has passed through your area, assess damage to your facility and surrounding areas.</p> <p>8.Communicate with parents.</p> <p>9.Move children and staff to safe areas in the facility.</p> <p>10. If found unsafe, evacuate the facility with emergency supplies kit(s). (Remember when considering the option to evacuate, you must also know if it is safe to transport children based on weather conditions and damage in the community.)</p> <p>11.Post the notice of relocation on your facility entrance.</p> <p>12.Follow emergency procedures for reuniting children with parents or authorized emergency contact.</p> <p>13.Complete the Child Care Initial Damage Assessment form, if appropriate.</p> <p>14.Contact your DHS child care compliance staff person and Child Care Resource and Referral, as appropriate</p>
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in office and at TUPC.
Notifications:	Notify parents via emergency text message. Post relocation posters.
Additional:	

Event	HEAT WAVE
Steps you will take:	<p>Protect children in severe heat waves by:</p> <ol style="list-style-type: none"> 1.Reducing activity levels in the hottest part of the afternoon. 2.Stay in the coolest available place; air-conditioned space is best. 3.Eat light foods. 4.Drink lots of water and other fluids, even if children say they are not thirsty. 5.Play outside earlier or later in the day, staying indoors between noon and 4:00 p.m. 6.Stay out of the sun. When children are outside, provide shaded areas, such as trees, umbrellas, etc.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special	N/A at this time

needs or chronic medical needs:	
Emergency records/supply kits:	Located on site in office.
Notifications:	Notify parents via email.
Additional:	

Event	SNOWSTORMS AND OTHER WINTER WEATHER
Steps you will take:	<p>Prepare for cold weather hazards by:</p> <ol style="list-style-type: none"> 1. Listening to radio, television and NOAA Weather Radio for the latest weather reports and emergency information. 2. Listen to wind chill reports to determine if, and for how long, children can play outside. 3. Dress children warmly when playing outside in cold weather: several layers of clothes, boots, gloves or mittens and a hat. 4. Limit the amount of time children play out in the cold. Bring children into the facility regularly. 5. If the Indianola Schools are dismissing early due to weather, teachers will contact parents/guardians to pick up children already at school. 6. If the Indianola Schools are cancelled or delayed, IPS classes will also be cancelled. If there is a morning delay for Indianola Schools, there will be no morning classes for IPS.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in office.
Notifications:	<p>Notification of Indianola Schools closures and delays will be announced on tv on WHO 13.</p> <p>Parents will also be notified by email.</p>
Additional:	

Event	FLOODING AND FLASH FLOODS
Steps you will take:	<ol style="list-style-type: none"> 1. Listen to radio and NOAA Weather Radio for the latest weather reports and emergency information. Follow advice from local emergency officials. 2. Alert staff. 3. Move records and valuable equipment to higher surfaces. Store chemicals where flood waters cannot reach them and cause contamination. 4. Shut off water at main so contaminated water does not back up into the facility's water supply. 5. If time and conditions permit, unplug all electrical appliances. 6. Evacuate the area with emergency supplies kit(s) based on procedures in your emergency plan. 7. Post the notice of relocation on your facility entrance.

	<p>8.Using child attendance records, verify that all children and staff are accounted for using name-to-face counting. Repeat at regular intervals and every time children and staff are moved to a different location.</p> <p>9.Put child identification cards on children.</p> <p>10.Do not try to drive on flooded roads or through flooded areas.</p> <p>11.Communicate with parents.</p> <p>12.Reunite children with parents or authorized emergency contact.</p>
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in office and at TUPC.
Notifications:	Notify parents via emergency text message if evacuation is necessary. Otherwise, notify parents via email.
Additional:	

Event	EARTHQUAKE
Steps you will take:	<p>1.During the shaking:</p> <ul style="list-style-type: none"> a.Keep calm –do not leave your location. Remember that most injuries and deaths happen because of falling debris. b.If indoors, stay there. <ul style="list-style-type: none"> i.Take cover under tables, desks or other heavy furniture. ii.Cover your head and neck and help cover children. iii.Take cover in interior doorways or narrow hallways. iv.Stay away from windows and watch for falling objects. c.If outdoors, stay in the open. <ul style="list-style-type: none"> i.Move away from the building, if possible. ii.Avoid being under trees, near fences, power poles and under overhead wires. <p>2.After the shaking stops:</p> <ul style="list-style-type: none"> a.Evacuate the facility with emergency supplies kit(s) <ul style="list-style-type: none"> b. Do not turn any electrical switches on or off. c. Using child attendance records, verify that all children and staff are accounted for using name-to-face counting. Repeat at regular intervals and every time children and staff are moved to a different location. d.Put child identification cards on children. e.Communicate with parents using the procedures in your emergency plan. f.Be prepared for aftershocks. g.Assess damage to the facility. Inspect building for utility leaks (gas, water, sewer)or electrical shorts. If unsafe, do not re-enter the facility. h.Reunite children with parents or authorized emergency contact. i.Complete the Child Care Initial Damage Assessment form, if appropriate. j.Contact your DHS child care compliance staff person and Child Care Resource and Referral, as appropriate.

Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in office and at TUPC.
Notifications:	Notify parents via emergency text. Post relocation posters.
Additional:	

Event	DISGRUNTLED PARENT
Steps you will take:	<ol style="list-style-type: none"> 1. Try to guide the parent to a private location or area in the facility. 2. When possible, position yourself closest to the nearest exit. 3. Listen to the parent's concerns without promising anything that does not follow your facility's policies and procedures or a court order. 4. If the parent becomes more agitated, refer to 'violent intruder' emergency procedures.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in the office.
Notifications:	Call police, if needed.
Additional:	

Event	IMPAIRED PARENT (UNSTABLE, INTOXICATED, ETC.)
Steps you will take:	<ol style="list-style-type: none"> 1. Offer to call the other parent or another person authorized to pick up the child. 2. If the parent refuses to allow another person to pick up the child, you cannot prevent the parent from taking their child. 3. Call 911. Report the vehicle make, model and license plate number. Note: Law enforcement has the authority to take custody of the child if an officer identifies a safety issue. 4. If the parent becomes more agitated, refer to 'violent intruder' emergency procedures.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time

Emergency records/supply kits:	Located on site in office.
Notifications:	
Additional:	

Event	VIOLENT INTRUDER
Steps you will take:	<ol style="list-style-type: none"> 1. Call 911. 2. Remain calm and be polite. 3. Try to keep the intruder away from as many children and staff as possible. If the intruder goes into a room with children, try to draw him/her into the least utilized portion of the room. 4. While you are engaging the intruder, other staff should evacuate the children if it is safe. If unable to evacuate, move unaffected classrooms to locations farthest from where the intruder is. This process should go room-by-room and as orderly and quiet as possible. Try to use routes not visible to the intruder. 5. Do not physically restrain or block the intruder's movement. 6. If the intruder chooses to leave the premises, allow them the freedom to exit. You want to note the make and model of the intruder's vehicle, license plate, and the direction the intruder was going. 7. Once law enforcement arrives, they will assume charge of the situation, negotiate and direct movements. 8. If the decision is made to evacuate to either your out-of-neighborhood or out-of-town evacuation location, follow the procedures in your emergency plan. 9. Communicate with parents using the procedures in your emergency plan. 10. Reunite children with parents or authorized emergency contact.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in office and at TUPC.
Notifications:	Notify parents via emergency text message.
Additional:	

Event	HOSTAGE SITUATIONS
Steps you will take:	<ol style="list-style-type: none"> 1. Remain calm and polite. 2. Follow the hostage taker(s) instructions. 3. Do not resist. 4. If it is safe, alert staff and call 911. 5. Once law enforcement arrives, they will assume charge of the situation, negotiate and direct movements. 6. Communicate with parents. 7. Reunite children with parents or authorized emergency contact.

Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site and at TUPC.
Notifications:	Notify parents via emergency text.
Additional:	

Event	ACTIVE SHOOTER
Steps you will take:	<p>An active shooter is someone killing or trying to kill people in a confined and populated area. Active shooter situations seem to be unpredictable and the event often happens quickly. However, there may be signs that staff can be aware of to potentially prevent an attack. Examples of behaviors you should watch for include suspicious people watching your child care facility or taking pictures, or strange calls and unusual behavior by staff, parents/guardians or visitors. Use A.L.I.C.E. when responding to an active shooter situation</p> <ol style="list-style-type: none"> 1. "Alert" – When you first become aware of the threat and recognize the signs of danger or get information about the danger from others. 2. "Lockdown" – If evacuation is not a safe option, implement your lockdown procedures. Doors to the room should be locked, lights out, children and staff are away from doors and windows and out of sight. Try to keep everyone as quiet as possible and do not open the door. If possible, put items in front of the door to create a semi-secure barrier. 3. "Inform" – Communicate information about the situation in real time to other staff in your facility if it is safe to do so. Do not use 'code words' for the situation... instead say 'active shooter.' Call 911. Stay on the phone with the dispatcher as long as it is safe for you to do so, even if you cannot talk to the dispatcher. Do not hang up. 4. "Counter" – Counter is a strategy of last resort when you are in the same area as the shooter. These are actions that create noise, movement, distance and distraction to potentially reduce the shooter's ability to shoot accurately. 5. "Evacuate" – When it is safe to do so, evacuate. 6. When law enforcement arrives, they will assume charge of the situation, negotiate and direct movements. 7. Communicate with parents. 8. Reunite children with parents or authorized emergency contact.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in the office and at TUPC.

Notifications:	Notify parents via emergency text when it is safe to do so.
Additional:	

Event	BOMB THREATS
Steps you will take:	Note: You should take any bomb threat seriously and treat it as a real situation until proven otherwise. When there is a threat made by phone: 1.Alert other staff of the threat currently being made. 2.Evacuate the facility with emergency supplies kit(s) based on procedures in your emergency plan. 3.While the person is on the phone, have another staff person call 911. 4.Keep the caller on the phone as long as possible. The Bomb Threat Information Form provides a list of questions to ask the caller and allows you to document characteristics of the caller and what the caller says. 5. Communicate with parents. 6.Reunite children with parents or authorized emergency contact. 7.Re-enter the facility after emergency officials say it is safe to return to the area.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on site in office and at TUPC.
Notifications:	Notify parents via emergency text. Post relocation posters.
Additional:	

9. Cyber Security and Back-Up Records: Provide information about your procedures for protecting electronic records as well as having back-up copies of records.

Protecting your computer hardware	External hard drive
Protecting your computer software	AVG Antivirus
If your computer is destroyed, critical documents are maintained and available	Computer documents are saved on OneDrive and are available from any computer via preschool email.
Back-up records, including a copy of insurance policies, facility plans, bank account records and computer back-ups stored	On-Site, we have paper copies in our emergency records kit. Back up records are in locked file at ISU Extension and Outreach, 909 E. 2 nd Ave, Suite E, Indianola

in a secure location (fire/water resistant safe)	
Providing continuity if accounting and payroll records are destroyed	Financial information is stored in Quickbooks online, which can be accessed from any computer.

10. Continuity of Operations/Recovery: Planning for an emergency or disaster also includes thinking about what issues you may have and what resources you will need after an emergency or disaster. The goals of continuity of operations/recovery are to:

- Rebuild you facility/building and restore services as quickly as possible;
- Meet the needs (physical, health and emotional) of children, families and staff; and
- Provide a supportive and caring environment that brings normalcy back into children’s lives

Reopening your facility	If building needs to be rebuilt or extensive repairs, contact Downing Construction, 961-5386 Work with DHS and CCR&R to prepare facility for reopening Vendor CRS provides paper supplies; all other supplies are purchased by Director(s). If IPS must remain closed temporarily, the alternative location will be Trinity United Presbyterian Church PATH building.
Alternate location for your program:	Trinity United Presbyterian Church PATH building 200 S. Howard Street, 961-6231 If significant damage is done to the facility, DHS and/or safety/fire officials will be contacted to make an inspection before reopening.
Displaced families:	Any available health and immunization information will be given to families who must relocated due to disaster. Information will be either mailed or emailed. American Red Cross, http://www.redcross.org/prepare/disaster-safety-library
Communication systems:	Communicate with: -staff - board of directors -families, landlord -suppliers - local media -DHS consultant CCR&R consultant to give updates on repairing/rebuilding/reopening status via phone and email.
Displaced staff:	American Red Cross, http://www.redcross.org/prepare/disaster-safety-library To replace staff that are not returning to work, substitute teachers will be contacted until new staff can be hired.
Support networks to cope with trauma:	Iowa Concern Hotline 1-800-447-1985 Disaster Distress Helpline 1-800-985-5990

	<p>National Child Traumatic Stress Network http://www.nctsn.org/trauma-types/natural-disasters</p> <p>Coping with Disasters, Violence, and Tragedies. National Association for the Education of Young Children.</p> <p>http://www.naeyc.org/content/disasters-and-tragedies</p> <p>Greenman, J. (2005). "What Happened to My World?: Helping Children Cope with Natural Disaster and Catastrophe."</p>
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Emergency Pack

1. There will be an emergency pack at the preschool and at the PATH building of the Presbyterian Church that contains: flashlights, batteries, radios, water, snacks, emergency contact information, first aid kits, books, blankets, and personal hygiene supplies. (7-12)

Documenting Injuries

1. Whenever an injury occurs, a Child Injury/Incident Report Form will be filled out by the attending teacher. A parent or legal guardian will sign the form, retain the white copy and the yellow copy will be filed in the Incident Reports folder. The folder will be reviewed by the Director at least every three months to identify hazards for corrective action. (7-10)

Emergency Contact Information

1. Emergency contact numbers will be taken on all field trips.
2. Emergency contact information will be kept at an offsite location (Child Care Resource and Referral office) in case of catastrophic event. All information is kept confidential. (7-10)

Crisis Communication Team

In the event that an aforementioned emergency occurs, the Crisis Communication Team will work together to ensure the safety of students and staff. The Crisis Communication Team will include:

- Director of Indianola Preschool
- Board President
- Board Vice-President/Secretary
- Head Teacher (if necessary)

The Director or Board President will be responsible for talking to the media, if necessary. A generic press release statement is available for publication if necessary. (08-13)

Mandatory Reporting Procedures

Teachers are Mandatory Reporters. As such, they must follow the policies and procedures outlined by the State of Iowa and Guide to Mandatory Reporting. Each year, the teachers are required to sign and date that they have reviewed this Guide. (07-12)



Common Child Care Illnesses and Exclusion Criteria

***A child should be temporarily excluded from care when the child’s illness causes one or more of the following:**

- Prevents the child from participating comfortably in activities.
- A need for care that is greater than the staff can provide without compromising the health and safety of other children.
- An acute change in behavior: lethargy, lack of responsiveness, irritability, persistent crying, difficult breathing, or a quickly spreading rash.
- Fever with behavior change or other signs and symptoms in a child older than 6 months (e.g., sore throat, rash, vomiting, diarrhea).
- A child with a temperature elevated above normal is not necessarily an indication of a significant health problem. For children older than 4 months a fever is defined as:
 - 100°F (37.8°C) axillary (armpit)
 - 101°F (38.3°C) orally
 - 101°F (38.3°C) Aural (ear) temperature.

Get immediate medical attention when an infant younger than 4 months has unexplained temperature of 100°F (37.8°C) axillary. Any infant younger than 2 months with a fever should get medical attention within an hour.

ILLNESS	EXCLUDE*	RETURN TO CHILD CARE
Chicken Pox	Yes.	When all blisters are crusted with no oozing (usually 6 days) and resolution of exclusion criteria.
Diarrhea (infectious)	Yes (there are special exclusion rules for E.coli 0157.H7, Shigella and cryptosporidiosis).	When diarrhea stops and health care provider or public health official states the child may return.
Diarrhea (non- infectious)	Yes, if stool can not be contained in the diaper, or if toileted child has 2 or more loose stools in 24 hours, or blood in stool.	When diarrhea stops and resolution of exclusion criteria.
Fifth Disease	No. Unless child meets other exclusion criteria.*	If excluded due to presence of other exclusion criteria, resolution of exclusion criteria.
Hand Foot and Mouth Disease	No. Unless child meets other exclusion criteria.* Or is excessively drooling with mouth sores.	If excluded due to presence of other exclusion criteria, resolution of exclusion criteria.

Head Lice (Pediculosis)	No. Unless child meets other exclusion criteria.*	Treatment of an active lice infestation may be delayed until the end of the day. Children do not need to miss school or child care due to head lice. The Iowa Department of Public Health & Healthy Child Care Iowa recommend a 14 day treatment protocol .
Impetigo	Yes, exclude at the end of the day if blisters can be covered.	After child has been seen by the doctor, after 24 hours on antibiotic, and blisters are covered.
Influenza	Yes.	When child is fever free for 24 hours and resolution of exclusion criteria.
Molluscum Contagiosum	No. Unless child meets other exclusion criteria.*	Skin disease similar to warts. Do not share towels or clothing and use good hand hygiene.
MRSA	No. Unless child meets other exclusion criteria.*	Wounds should be kept covered and gloves worn during bandage changes. Do not share towels or clothing and use good hand hygiene.
Otitis Media (ear infection)	No. Unless child meets other exclusion criteria.*	If excluded due to presence of other exclusion criteria, resolution of exclusion criteria.
Pertussis (Whooping Cough)	Yes.	Child may return after 5 days of antibiotics and resolution of exclusion criteria.
Pink Eye (Conjunctivitis)	No. Unless child meets other exclusion criteria.*	Child does not need to be excluded unless health care provider or public health official recommends exclusion. Resolution of all exclusion criteria.
Ringworm	No. Unless child meets other exclusion criteria.*	Treatment of ringworm infection may be delayed to the end of the day. Child may be readmitted after treatment has begun. Cover lesion(s) if possible. Do not share clothing, bedding or personal items.
Strep Throat	Yes.	When resolution of exclusion criteria and after 24 hours of antibiotic.
Vomiting	Yes.	When vomiting has resolved and resolution of exclusion criteria.

Please refer to [Caring for Our Children: National Health and Safety Performance Standards \(third edition\)](#) or the [Iowa Department of Public Health EPI Manual](#) for guidance on specific diseases not included in this list. Contact your local [Child Care Nurse Consultant](#) for additional information.

References:

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards: Guidelines for early care and education programs. 3rd edition*. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>
Iowa Department of Public Health EPI Manual: Guide to Surveillance, Investigation, and Reporting. Reportable Disease Information. Revised 6/2011
Healthy Child Care Iowa Head Lice brochure Revised 10/2008 http://www.idph.state.ia.us/hcc/common/bdf/headlice_brochure.pdf

★ ★ ★ ★ ★ Guide to Childhood Illness

Recommendations for Parents and Child Care Facilities

ILLNESS	WHAT YOU SEE	WHAT TO DO	WHEN CAN CHILD GO BACK TO CHILD CARE?
5 th DISEASE (Erythema infectiosum)	Fever, headache and very red cheeks. Lace-like rash on chest, stomach, arms and legs that lasts 3 days to 3 weeks. You may see the rash off and on. Usual for ages 5-14 and is unusual in adults.	Consult with child's doctor and ask about using over the counter pain/fever medicine. Give child plenty of fluids. Prevent scratching by trimming fingernails and putting gloves on the child during the night. Pregnant women exposed to this disease should consult with their doctor.	Keep child home if fever is present.
★ CHICKEN POX (Varicella)	Itchy, blistery rash with mild fever. Blisters usually occur in clumps and are more commonly seen on the stomach, chest and back. After several days, blisters scab over. Some children have only a few blisters, others can have several hundred.	Consult with child's doctor. Calamine lotion or cool baking soda in water bath can help to reduce itching. Prevent scratching by trimming fingernails and putting gloves on the child during the night.	Child should stay home, until all the blisters are crusted with no oozing scabs
COLD SORES & MOUTH SORES	Fever, painful, small, fluid-filled or red blisters on mouth, gums or lips. The sores are usually reddish or purple and can appear one-at-a-time or in little bunches. Children with hand, foot and mouth disease may also have a small red rash on hands and feet.	The sores should be kept as dry and covered as possible. Do not allow children to share toys.	If the child is drooling and has sores, consult child's doctor before returning to child care. Otherwise, child does not need to miss child care.
EAR, NOSE AND CHEST INFECTIONS	May include mild symptoms such as cough, runny nose, watery eyes, sore throat, chills and tiredness associated with the common cold, croup, pneumonia, respiratory syncytial virus (RSV), bronchitis and ear infections.	Make sure the child gets plenty of rest. Ask child's doctor about using over the counter pain or fever medicine. The child and those caring for him should wash their hands often. Seek medical treatment immediately if child has the following signs of difficulty breathing: -Blue or gray skin around the nose, mouth or fingernails -Struggles to breathe -Makes noisy, high-pitched sounds when breathing	Child who is listless or with fever should stay home. Child without fever does not need to miss child care as long as child can participate easily in activities.
DIARRHEA	The child's bowel movements are more frequent, loose and watery than usual. Stool may contain blood.	Make sure the child gets plenty of rest and give a diet of clear liquids. Breastfeeding can continue. If symptoms continue, fever occurs, or if blood appears in stool, call your doctor. The child and care givers should wash hands frequently.	Child can go back to child care when diarrhea is gone and the child feels better. *There are special exclusion rules for <i>E. coli</i> O157:H7 and <i>Shigella</i>
FEVER	An increase in body temperature above normal. It does not always indicate serious illness. A fever may be present if the child's temperature is 101 degrees measured by the mouth. The most common causes of fever in children are sickness, teething and recent vaccination.	Call child's doctor if your child is uncomfortable or has a change in behavior. If a child under 8 weeks of age has an armpit temperature of 100 degrees, call your doctor.	Child does not need to stay home unless child has a fever AND behavior changes, signs or symptoms of illness.
★ FLU (Influenza)	Fever, chills, sore throat, cough, headache, muscle aches, extreme sleepiness. Some children may develop pneumonia with influenza. Children with influenza may have nausea, vomiting or diarrhea but never without respiratory symptoms.	Consult with child's doctor. Make sure child gets plenty of rest. Ask doctor about over-the-counter fever/pain relievers and antiviral medicine. All children older than six months are recommended to get an influenza vaccination every year.	Child can go back to child care after the child feels well.
★ HEPATITIS A	Stomach pain, sick feeling, fever and diarrhea. Skin and white part of eyes might turn yellow.	Consult with child's doctor IMMEDIATELY.	Child can go back to child care one week after the start of symptoms.
IMPETIGO	Skin sore with a yellow, honey colored scab. It may ooze and drain. Most sores are on the face, around the nose and mouth.	Consult with child's doctor. Your doctor may give you medicine and will tell you how to take care of the sores. The child and care givers should wash hands frequently.	Child can go back to child care 24 hours after the child started medicine from the doctor.
LICE (Pediculosis)	Lice (bugs) and eggs (nits) in hair near scalp, especially on top of head, behind ears, and back of neck causing scalp to itch.	Use regular shampoo and cream rinse daily for 14 days. Comb hair everyday with a fine toothed comb while cream rinse is still in the hair.	There is no need for child to be sent home from child care the day of diagnosis and should be allowed to return after first treatment. Call 800-369-2229 and request "Getting Rid of Head Lice" brochure.
★ MENINGITIS (Viral or Bacterial)	Fever, headache and stiff neck are common symptoms in anyone over 2 years old. Newborns and small infants may appear over-sleepy or inactive, be irritable, vomit or feed poorly.	Consult with child's doctor IMMEDIATELY. Viral meningitis is only spread when someone has contact with an infected person's stool. Bacterial meningitis can be spread through the air, so close contacts may be given medicine to prevent illness.	Children with bacterial meningitis may return to child care 24 hours after starting antibiotics. Children with viral meningitis may return when feeling better.
MRSA – community acquired (Methicillin resistant <i>Staph aureus</i>)	A boil or pimple that can be swollen red and painful and have drainage. Often mistaken for a spider bite.	Consult with child's doctor. Treat and cover all open wounds. Reinforce hand washing and environmental cleaning.	Child or staff does not need to stay home if the wound is covered.
★ MUMPS	Rare in children with 2 doses of the measles, mumps and rubella vaccine. Fever, swollen and sore glands at the jaw. Sometimes children also have a cough and runny nose.	Consult with child's doctor and ask about using over the counter pain/fever medicine. Give plenty of liquids.	Child can go back to child care 5 days after start of symptoms or until symptoms are gone, whichever is longer.
PINK EYE (Purulent Conjunctivitis)	Eyes are red/pink with creamy or yellow discharge and the eyelids may be matted after sleep. Eyelids and around the eyes may be red, swollen and painful.	Consult with child's doctor. Child without fever should continue to be watched for other symptoms by parents or child care providers.	Child may return to child care when all symptoms are gone.
RASH ILLNESS	Usually red, splotchy areas on the skin, sometimes with bumps that may or may not be whitish in color. Child may have a fever or behavioral change.	Consult with child's doctor if child develops a fever and acts differently with the rash.	If the child has no fever or behavioral change with rash, then the child may return to child care.
RINGWORM	Ring shaped, scaly spot on skin or head. May leave a lighter spot on skin or a flaky patch of baldness on head. May have a raised donut-shaped appearance.	Consult with child's doctor. Ringworm is spread by direct skin to skin contact. Cover the area to prevent spread. Do not let your child share personal items (combs, brushes, clothing, towels, bedding). Dry skin thoroughly after washing and wash bathroom surfaces and toys daily.	Child does not need to miss child care. Child should not go to the gym, swimming pools or play contact sports. It is important to know that treatment may take at least 4 weeks.
SCABIES	Severe itching that can be worse at night. You may see small red bumps on the skin or burrows between fingers, on wrists or elbows, in armpits, or on waistline.	Consult with child's doctor.	Child can go back to child care 24 hours after first treatment.
STREP THROAT	Sore throats can be due to many causes. Strep throat is a severe form of a sore throat. Common symptoms include: sore throat, hard to swallow, fever, enlarged glands and extreme fatigue.	Consult with child's doctor. Give all medicine for the entire time directed. Antibiotics are not recommended for treatment without a positive laboratory test.	Child can go back to child care 24 hours after antibiotics are started.
VOMITING	Common causes of vomiting are sickness and upset stomach.	Consult with child's doctor if fever is present. Call doctor immediately if child is unable to keep fluids down for more than 24 hours.	Child can return to child care once symptoms are gone.
★ WHOOPING COUGH (Pertussis)	Persistent, deep-sounding cough. Some children may have a "whoop" sound in cough. Some may vomit or lose their breath during and after coughing.	Consult with child's doctor. Give all prescribed medicine for the entire time directed. Doctor may prescribe medicine to close contacts to prevent illness.	Child can go back to child care after 5 days of antibiotics or 21 days of cough if no antibiotics are given.

★ Immunization is available

Do you need a doctor? Call the Healthy Families Line at 1-800-369-2229.

Do you need health coverage for your child? Low cost or free health care coverage may be available for your child through the *hawk-i* program. *hawk-i* provides child physical exams for well or ill children and medicine from the doctor, dental and vision services, immunizations, and much more. Call 1-800-257-8563 or visit: www.hawk-i.org.



Healthy Child Care Iowa
Iowa Department of Public Health
September 2006

Dental Emergencies

Toothache

Rinse the mouth with warm water to clean it out. Place a cold compress or ice wrapped in a cloth on the outside of the cheek. Call and go to the dentist as soon as possible. Do NOT use heat or place aspirin on the tooth or gum tissue.

Broken Tooth

Rinse the mouth with warm water to clean the area. Place a cold compress on the face to reduce swelling. Call and go to the dentist as soon as possible. If possible, bring the broken tooth fragment with you to the dentist.

Knocked-Out Tooth

If it is a baby tooth, call the dentist as soon as possible. Do NOT attempt to put a baby tooth back in the socket.

If it is a permanent tooth, rinse it gently in cool water. Do NOT scrub it or clean it with soap. If possible, put the tooth back in the socket and hold it there with clean gauze or a wash cloth. If the tooth cannot be put back in the socket, place the tooth in a clean glass with milk, saliva, or water. Take the tooth and go to the dentist immediately.

Bitten Lip or Tongue

Clean the area gently with a cloth and apply direct pressure to the bleeding area. If swelling is present, apply a cold compress. If bleeding does not stop, go to a hospital emergency room immediately.



Know what to do if a painful dental emergency occurs with you or your child.

Objects Wedged Between Teeth

Try to remove the object with dental floss, guiding the floss carefully to avoid cutting the gums. If using floss does not work, call the dentist. Do NOT try to remove the object with a sharp or pointed object.

Possible Fractured Jaw

Apply a cold compress to control swelling. Go immediately to the emergency room of a local hospital. Head injuries can be life threatening.

FIRST AID KIT CHECKLIST*



Type of Kit: Center Kit Home Kit Field Trip Kit Vehicle Kit Vehicle # _____

Place a checkmark (✓) in the box if the item is present in the kit. Notify director of all missing items and items that are not sufficient to treat an injury. Following each use of the First Aid Kit, the contents should be inspected and missing or used items replaced. Conduct monthly check of all First Aid kits.

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Bandage - flexible, roll type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bandages - sterile gauze pads & adhesive bandages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold packs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medication - children with special need ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye patch pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid chart or booklet (AAP First Aid or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves – disposable, non-porous, latex free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand sanitizer and liquid soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouthpiece for rescue breathing/CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notepad and pen for notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent guardian contact information - each child ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic bags for soiled clothes or first aid waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety pins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Splints (metal or plastic) - finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tape bandage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone number for Poison Center ³ & EMS ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometer (non glass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tissues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triangular bandages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tweezers (disposable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water (bottled or sterile) to clean wound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whistle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wipes (baby wipes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Emergency Supplies Recommended:												
Battery Powered Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Year: _____

January _____	July _____
February _____	August _____
March _____	September _____
April _____	October _____
May _____	November _____
June _____	December _____

(Signature of person conducting inspection and date of inspection)

(Signature of person conducting inspection and date of inspection)

*Caring For Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, 3rd edition STANDARD 5.6.D.1

¹ Vehicle/Field Trip First Aid Kits-If there are no children with known special needs (i.e. allergy, asthma, seizures) then this item may be marked as NA-not applicable. Emergency medications should be available when transporting children and on field trips. Medications are child specific and require proper authorization according to written policy of the facility.

² Vehicle/Field Trip First Aid Kits-Parent/ guardian emergency contact information should be available when transporting children and on field trips.

³ Iowa Poison Center 1-800-222-1222. Call the Poison Control Center for stickers with Poison Control Center telephone number.

⁴ EMS = emergency medical service (means local ambulance, fire department, or law enforcement) Most Iowa communities have 911 emergency service.



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

***Tobacco-Free/Nicotine-Free Policy guidelines for use with
Preschools and Child Care Centers/Homes***

Fact and Purpose:

IPS finds that:

- a) Tobacco use is the single most preventable cause of death in the United States¹; and
- b) Children are exposed to tobacco advertising that leads to favorable beliefs about tobacco use, plays a role in leading young people to overestimate the prevalence of tobacco use, and increases the number of young people who begin to use tobacco²; and
- c) Electronic cigarettes can increase nicotine addiction among young people and may lead children to try other tobacco products that are known to cause disease and lead to premature death³; and
- d) Imitation tobacco products may lead children to use tobacco by desensitizing them to the dangers of tobacco and advancing the false idea of tobacco use as socially acceptable⁴; and
- e) Tobacco products (extends to all types of tobacco, nicotine and electronic smoking device (ESD) products), once consumed in public spaces, are often discarded on the ground requiring additional maintenance expenses, diminish the beauty of outdoor grounds, and pose a risk to toddlers due to ingestion; and
- f) The prohibition of tobacco and nicotine use at all times will serve to protect the health, safety and welfare of staff, students and visitors.

Policy

IPS facilities and grounds, including **IPS** vehicles, are off limits for tobacco and nicotine use including but not limited to cigarettes, cigars, chewing tobacco, snuff, pipes, snus, Electronic Smoking Devices (ESD) and nicotine products that are not Food and Drug Administration (FDA) approved for tobacco cessation. This requirement extends to students, employees and visitors. This policy applies at all times, including **IPS**-sponsored and non-**IPS** sponsored events. Persons failing to abide by this policy are required to extinguish their smoking material, dispose of the tobacco/nicotine product or leave the **IPS** premises immediately. It is the responsibility of the administration/upper management to enforce this policy.

Effective Date:

This policy statement is effective immediately upon the date of adoption.

Appropriate Official

Date

.....
To ensure the preschool/child care has a strong tobacco-free/nicotine-free policy, and to qualify for free window clings and outdoor signage, the policy must explicitly include all of the following:

- ✓ Policy must extend to all types of tobacco, nicotine and ESD products (i.e. not only cigarettes; include all tobacco, ESDs and nicotine products not approved by the FDA for cessation.)
- ✓ Policy must extend to employees, students & visitors
- ✓ Policy must apply at all times, including school-sponsored & non- school-sponsored events
- ✓ Policy must extend to school vehicles
- ✓ Policy must extend to entire preschool/child care property to receive metal signage

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1. Campaign for Tobacco-Free Kids. *Tobacco Overview*. Retrieved November 10, 2015, from http://www.tobaccofreekids.org/facts_issues/tobacco_101/
 2. U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
 3. U.S. Food and Drug Administration, FDA warns of health risks posed by e-cigarettes (2009), available at <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm173401.htm>.
 4. Jonathan D. Klein & Steve St. Clair, *Do Candy Cigarettes Encourage Young People to Smoke?*, 321 BRIT. MED. J. 362 (2000), available at <http://www.bmj.com/cgi/content/full/321/7257/362>.