



## Parent Handbook Center Wide Policies and Procedures

Lil' Hands Big Dreams  
730 Main Street  
Norwalk, Iowa 50211  
(515)-981-0717

Director  
Mary Ferden



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## Welcome to Lil' Hands Big Dreams

### 2. Handbook Notice

- a. This handbook will help to explain our school and our operational policies further. We reserve the right to update this handbook at any time, but we will let families know if we do. Please take a few minutes to become familiar with this information. Once reviewed, you will provide your digital signature on Brightwheel stating that you have received and reviewed the Lil' Hands Big Dreams Parent Handbook.

### 3. Philosophy

- a. We believe in the value of human diversity and the fair treatment of all people. It must be our number one goal to provide the kind of influence that encourages all children to become creative, independent, responsible, fully functioning, self-directed adults who can make decisions for themselves. Secondly, as adults, we must strive to continue learning and growing in our relationships with others so that we may nurture a peaceful environment and surround the children with understanding, warmth, and giving.
- b. In addition, parents create the spirit and feeling of the program in general. If we have an impersonal feeling- "It's their school" rather than "It's our school"- then the school will be impersonal because it reflects the attitudes of the people involved. If parents feel irritated about bringing their children to our program that becomes part of the subtle fiber of the school's spirit also.
- c. To be sure that we maintain that positive, accepting atmosphere that is the basis to our philosophy, we must first strive for the personal "Our Family, Our School, and Our Community" feeling. That is our commitment to you and your family here at Lil' Hands Big Dreams Child Development and Preschool.
- d. Here at Lil' Hands Big Dreams Child Development and Preschool we believe:
  1. All children have the right to feel good about themselves and it is the responsibility of all teachers and families to nurture the child's self-esteem.
  2. That all our educational and guidance decisions for the children must be based on our knowledge of child development.
  3. Each person is a unique individual and has their own needs. Each person has a right to meet this need in their own way and in their own time. However, one of the responsibilities of having rights is recognizing and respecting the rights of others.

4. Everyone is entitled to feelings, "good and bad", as well as the trial and error process that goes along with feelings. It is important for people to understand these rather than deny them.
  5. In appreciating and supporting the close ties between the child and family and that children are best understood in the context of their family, culture, and society.
  6. Creativity, self- expression, and curiosity are expressions of individuality and should be encouraged to develop in all people.
  7. In helping children and adults achieve their full potential in the contexts of relationships that are based on trust, respect and positive regard.
  8. Each child and family is due the respect for personal privacy demanded by professional ethics.
4. Hours of Operation
- a. Lil' Hands Big Dreams Child Development and Preschool is open...
    1. Monday through Friday
    2. 6:30 AM to 5:30 PM
    3. Closed on Weekends
5. Parking
- a. To ensure our children's safety, it is of utmost importance that we practice safety and courtesy while in the parking lot. Please watch out for others, drive slowly, and hold children's hands.
  - b. If you are entering the building, please DO NOT hold the door open for others. The person behind you may not be a parent.
6. Programs
- a. While our program is licensed for 115 students, we will never have 115 students in our program at one time. Our classroom spaces were designed to give space for movement and exploration. We honor DHS required ratios...
    1. Infant birth- age 2: 4 children-1 adult
    2. 2 year-olds: 6 children-1 adult
    3. 3 year-olds: 8 children – 1 adult
    4. 4 & 5 year olds: 12 children – 1 adult
  - b. However, we take into consideration a child's ability to function effectively in the next classroom and group our children in a way that meets the needs of all the students in the classroom. For example, we don't move a one year old automatically into our toddler room if they are not developmentally ready to move up due to their nap schedule, their ability to eat table food, their physical skill level etc. We try to meet the needs of every child by placing them in the best environment for their personal needs.
  - c. The following are our room ratios:
    1. Infant Room [room licensed for 15] 8-12 students enrolled 2-3 teachers.

2. Toddler Room [room licensed for 16] 8-12 students enrolled 2-3 teachers.
3. Early Preschool PS1 [room licensed for 16] 12 students enrolled 2 teachers
4. Preschool PS2 [room licensed for 16] 12-14 students enrolled 2 teachers
5. Pre-kindergarten [room licensed for 24] 18-20 students enrolled with a UPK cap at 20 students, 2 teachers.
6. School Age Building [room licensed for 27] 24 students enrolled with 2 teachers even though the ratio is 15-1.

7. Contact Information

a. Location and Address

Norwalk Office  
 730 Main Street  
 Norwalk, IA 50211  
 Office: 515-981-0717

Owner Director	Mary Ferden Cell: 515-971-4430 Email: <a href="mailto:lilhandsbigdreams@live.com">lilhandsbigdreams@live.com</a> *Brightwheel Admin Message Feed
Admissions Onsite Supervisor	Caitlin Ferden Cell: 515-422-1334 Email: <a href="mailto:lhbdnewenrollment@gmail.com">lhbdnewenrollment@gmail.com</a> *Brightwheel Admin Message Feed
Billing Onsite Supervisor	Brian Ferden Cell: 515-422-2422 <a href="mailto:lilhandsbigdreams@live.com">lilhandsbigdreams@live.com</a> *Brightwheel Admin Message Feed
UPK Director	Natasha Magee <a href="mailto:lhbdupk@gmail.com">lhbdupk@gmail.com</a>

b. \*Brightwheel Admin Message Feed

- i. Brightwheel is an app to help parents stay connected with their child and teacher during school hours. This is where you can communicate directly with your child’s administration team via the Admin Message Feed with any billing concerns or issues that you would like to address privately.

8. Program Oversight

- a. Our program’s quality and compliance with State laws are carefully regulated and evaluated annually by the State of Iowa, Department of Health and Human Services (DHS). In addition, we also ask parents to



complete and return an evaluation of the program intermittently. Summaries of evaluations are presented to our Board of Directors to enable them to monitor the quality of our services.

## Enrollment Information

### 10. Admissions Process

- a. Children are eligible for admission at the age of 6 weeks. The admission process begins with a tour of the school. Children are enrolled on a first-come, first-serve basis, depending on availability in the most developmentally appropriate class. Children are placed on an interest list if there is no availability in the most appropriate class.
- b. Spaces are filled from the interest list according to the following priority system:
  1. Lil' Hands Big Dreams staff children
  2. Siblings of currently enrolled children
  3. Previous LHBD families
  4. General Public
- c. Children must be able to benefit from participation in an inclusive group setting. If, after a tour and discussion of the child's needs, it is determined that Lil' Hands Big Dreams is not a good fit for the child, LHBD will attempt to give resources and information about other programs that may benefit the child and family.

### 11. Registration and Requirements

- a. After parents are notified of the admission date, you must complete the Lil' Hands Big Dreams Enrollment Process (will be emailed to you via Brightwheel) and pay the non-refundable registration fee.
- b. Upon receipt of payment of registration fees, the parent receives the enrollment packet, family handbook, permission forms (photo, CACFP, sunscreen), nutrition forms (if applicable), and health and immunization forms.
- c. On the first day a child attends school, the office must have in each child's file:
  1. A signed Parent Handbook and Tuition Agreement
  2. A completed set of enrollment paperwork
  3. Completed medical action plan (if applicable)
- d. Within 30 days of a child's first date of attendance:
  1. A health assessment by a licensed physician
  2. A record of immunization or a completed exemption form
- e. PLEASE NOTE: We are required to have each of these forms in our files in order to maintain our license to operate. State law requires us to exclude from school any student whose files are incomplete until we have received their missing paperwork. We appreciate your cooperation.

## 12. Enrollment Records *IQPPS 1.1*

- i. Each year, Lil' Hands Big Dreams completes an audit of enrollment records. At the conclusion of this audit, families will be notified if anything needs to be updated. Some forms must be updated every year, including the Child Enrollment Form and Consent and Release.
- ii. Other records must be updated throughout the year, such as physicals and immunization records. When visiting your child's physician for a yearly "well-child" appointment, please request a copy of your child's physical and most recent immunization record. You may bring in these items yourself.
- iii. In addition, any time a family's information changes such as address, place of employment or health insurance provider, a new Consent and Release form must be completed.
- iv. Items Needed Prior to First Day of Care
  1. Signed Parent Handbook
  2. Child Enrollment Form
  3. Consent and Release Form
  4. Field Trip and Transportation Form
  5. Sunscreen and Bug Spray Form
  6. New Student Information Form
  7. Immunization Record
  8. Child Physical
  9. Non-Refundable Deposit of \$75.00

## Tuition and Fees

### 14. Registration Fee

- a. Parents/Guardians who wish to enroll their child at Lil' Hands Big Dreams will pay a non-refundable registration fee of \$75.00 for processing the paperwork required for enrollment.\*
  - i. *\*Universal Preschool students do not pay a registration fee*

### 15. Tuition Rate

- a. All tuition rates are subject to change.
- b. Tuition rates will be discussed upon registration.
- c. Rates are based on the child's age, schedule and funding.

### 16. Payment Schedule

- a. Payment schedules may vary per student. Please see Mr. Brian for help to set up your payment schedule in Brightwheel.

### 17. Payment Processing Fees

- a. Bank Transfers (ACH): 0.6% (minimum fee of \$0.25 and a maximum of \$2.00)
- b. Credit/Debit Cards: 2.95%

- c. These fees are subject to change.

#### 18. Annual Fees

- a. Lil' Hands Big Dreams will charge a \$15.00 per child "Supply Fee" every Fall in replacement of issuing out school supply lists. All funds collected will be pooled and used to order supplies throughout the school year for art projects, teacher projects and more. This rate is subject to change.

#### 19. Late Pick Up Fee

- a. Lil' Hands Big Dreams closes at 5:30 PM, Monday through Friday. Parents will be charged \$5.00 for the first 5 minutes and \$5.00 for every minute a child is present after their contracted pick-up time ( this will pay for the teachers' time when they have to stay past their scheduled out time). Teachers will record late fees for processing. If there is a late pick-up fee, parents will receive a written notice from Mr. Brian stating the amount of the late pick-up fee. The fee will be added to your payment the following week.
- b. If parents do not arrive to pick up their child from the program by 5:35, staff members will first try to contact the parents using all phone numbers provided on the Emergency Contact and Medical Consent form. If parents are unable to be reached, staff members will try to contact all emergency contact persons. If staff members are unable to contact emergency contact persons, our director, Miss Mary, will be notified and they will then notify the Department of Human Services and/or the Norwalk Police Department.

#### 20. Returned Checks/Insufficient Funds

- a. There will be a service charge for any returned checks. In the event of a returned check, a money order will be due immediately, late fees will apply, and immediate termination of services may apply. Payments from customers with prior unpaid returned checks must be, from there on out, in the form of a money order or cashier's check.
- b. All payments rejected due to insufficient funds will be charged a \$25.00 penalty. Missed payments and late fees must be paid within 10 days of the original due date. Repeated incidents could result in termination of child care services. A payment plan should be discussed with the office if a family is having trouble making tuition payments.

#### 21. Delinquent Accounts

- a. Families will be charged \$5.00 per day starting on Sunday of the following week after payment is due and a new bill is generated. Families that are behind in payments more than two weeks without contacting the business manager and setting up a payment arrangement may have their child care services terminated. For information about assistance programs that will help cover the cost of child care tuition, please speak with the Business Manager. A payment plan must be agreed upon between family and Center before an account will be considered "in good standing" and no longer eligible for termination. This requires a signed payment plan contract.

## 22. Subsidized Care/CCA

- a. Lil' Hands Big Dreams accepts child care assistance. Parents will be responsible for full payments until authorization has been received and then a weekly copay after a determination amount has been calculated. If at any time assistance is stopped, parents will be responsible for full tuition as of the date the assistance ended.

## 23. Universal Preschool (Four Year Old Part Time Preschool)

- a. Tuition is at no cost to the families. Tuition is paid for by the Statewide Voluntary Preschool Program grant. No fees will be charged for children of the Universal Preschool Program. No deposit is required.

## 24. Withdrawing

- a. If you need to withdraw your child from Lil' Hands Big Dreams, you must give a two week advance notice in writing. The two week notice begins the day it is received in the school office. You will be charged tuition during this two-week notice period, whether your child is in attendance or not.

## 25. Child Records *IQPPS 5.1*

- a. Each fall, Lil' Hands Big Dreams completes an audit of enrollment records. At the conclusion of this audit, families will be notified if anything needs to be updated. Some forms must be updated every year, including the Emergency Contact and Medical Consent form.
- b. Other records must be updated throughout the year, such as physicals and immunization records. When visiting your child's physician for a yearly "well-child" appointment, please request a copy of your child's physical and most recent immunization record. You may bring these items yourself.
- c. In addition, any time a family's information changes such as address, place of employment or health insurance provider, a new Emergency Contact and Medical Consent form must be completed.

## 26. Confidentiality

- a. Confidentiality is a top priority for Lil' Hands Big Dreams. Personal information of families and staff will not be shared for any reason without prior written consent of the individual. When discussing a child's activities and friends in the classroom, only first names will be used. In situations regarding behavior problems and/or Incident/Accident Reports, names of children involved will never be given to families. Brightwheel is an app used to communicate between parents and staff. Please know that staff can read messages sent via Brightwheel. Please keep Brightwheel communication information things that you do not mind staff reading.

# Program Policies and Procedures

## 28. Calendar

- a. The Center is closed 9 holidays per year:
  1. New Year's Day

2. President's Day [Teacher In-Service]
3. Memorial Day
4. Independence Day
5. Labor Day
6. Columbus Day [Teacher In-Service]
7. Thanksgiving Day
8. The day after Thanksgiving
9. Christmas Eve Day
10. Christmas Day

- b. The regular rate will be paid for these holidays. When a holiday falls on a Saturday, the Center will be closed on Friday. When a holiday falls on a Sunday, the Center will be closed on Monday.

29. Severe Weather

- a. In case of severe inclement weather, an "alert" notification will be sent via brightwheel with information on delayed openings or early closures. We will notify you as soon as possible if LHBD will be closed due to inclement weather.
- b. You are required to notify the admin team as soon as possible if you will not be bringing your child to the center due to inclement weather.
- c. Please see the Emergency Procedure section of this handbook to learn more about weather related emergency protocols.

30. Inclusion Policy *IQPPS 1.7, 9.10*

- a. Lil' Hands Big Dreams Child Development and Preschool provides for all children, including those with disabilities and unique learning needs. Modifications are made in the environment and staffing patterns in order to include children with special needs. Staff members are aware of the identified needs of individual children and are trained to follow through on specific intervention plans. It is our belief that inclusion will enrich the experience for teachers, students, other children and their families. LHBD facilities, play spaces and bathrooms meet the Americans with Disabilities Act accessibility requirements.

31. Nondiscrimination Policy *IQPPS 1.7, 9.10*

- a. Lil' Hands Big Dreams does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its activities or operations. These activities include, but are not limited to, hiring, and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all staff members, clients, volunteers, subcontractors, vendors, and clients. Lil' Hands Big Dreams is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the basis of race, color, gender,

national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

### 32. Celebrations and Birthdays

#### a. Birthdays

- i. Birthday celebrations should be arranged in advance with your child's teacher. Please check with the teacher about appropriate foods and activities. Because of choking hazards, latex balloons are not permitted in the Center.

#### b. Holiday Celebrations

- i. In an effort to affirm each child and family at the Center in their choices of cultural holiday celebrations, we encourage families to share with the classroom their special rituals and traditions throughout the year. Each of us has something special to share which makes our style of celebration unique. Your child and all of the children and staff will grow and benefit from this diversity.
- ii. Throughout the year we welcome your participation in creating center-wide and classroom traditions which truly reflect our diverse community. In the classrooms, we focus on activities, songs, games and projects which reflect the season and its unique qualities. We share and discuss the various family traditions as contributed by children, parents and teachers. Please discuss with your caregivers the style in which you would like to share rituals, customs, foods or costumes with the children. You may bring family photos, special books, cultural foods or other symbols of your traditions. (If you would like to bring food, please check with your primary caregiver about the appropriateness of any individual food item.) Through these activities, children will develop an understanding of various cultural celebrations as well as gain pride in their own family traditions. If you are uncomfortable with your child participating in a particular tradition or activity, please alert the Center Director, so we can ensure your preferences are respected.
- iii. In addition to our classroom activities, we are developing Center-wide traditions that reflect and respect the diversity within our Center. We feel that children and families will learn from and enjoy the traditions that we create as a community.

### 33. Grievance Policy

- a. Disagreements may occur, even with the best of intentions. Experience has taught us that open communication is the key to maintaining a positive relationship. The adults must demonstrate the cooperative, compassionate communication we want our children to imitate. If you have a concern, please discuss it with your child's teacher or the staff involved. If the concern is not resolved to the satisfaction of all parties, a meeting can be arranged between the persons involved and a member of the administration. At that time, a course of action can be determined.

#### 34. Smoke-Free and Weapon Free Environment

- a. Lil' Hands Big Dreams and both playgrounds are smoke-free and tobacco-free environments. Smoking and the use of any product containing, made, or derived from tobacco, including e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah, shall not be permitted on the premises of the childcare center or during any off-premises activities. Additionally, firearms and ammunition are prohibited in all licensed childcare centers, including Lil' Hands Big Dreams, unless carried by a law enforcement officer.
- b. Please see our Tobacco and Nicotine Free Policy located in this handbook for more information.

#### 35. Babysitting

- a. Lil' Hands Big Dreams strongly discourages families from entering employment arrangements with staff.
- b. However, we recognize that our staff members are highly trained, wonderful people and are often the people that know your child best, next to you. Any arrangement between a family and a Lil' Hands Big Dreams employee for employment or services outside the program and services of Lil' Hands Big Dreams is an individual endeavor and private matter, not connected or sanctioned by Lil' Hands Big Dreams.

## Classroom Policies and Procedures

#### 37. First Day at LHBD

- a. Preparing for the first day of school can be exciting, but it can also be an overwhelming and anxious time – we understand! We will work with you to make your child's first day the best it can be. Don't hesitate to share any concerns you have before that first drop-off. If possible, we recommend new students start with a few half days, gradually lengthening their time. This helps your child become familiar with the new environment and new faces and reduces anxiety. Each child is unique in their patterns and ease of adjustment to new situations.
- b. Be sure to talk with the staff daily during the transition phase. A consistent daily schedule (arrival and departure routines) also helps children adjust to a new routine and environment. You're always welcome to call any time to see how your child's adjusting or download the Brightwheel app for updates throughout the day.
- c. On the first day, we ask that you send in the items listed below. Please make sure to label each item with your child's name.
  1. Please provide two complete sets of extra clothes, including socks, for your child. It's always a good idea to keep a sweater or sweatshirt at the center, too.

2. Clothing should be updated periodically to make sure it still fits and is appropriate for the season.
3. Diapers and wipes (if applicable). These items will stay at school.
4. A small blanket or a comfort item is optional. We'll keep these items in your child's cubby and ask that you take them home weekly to wash them.
5. A child-sized tote or backpack to send soiled clothes and art projects home in.

### 38. Arrivals

- a. Children are assumed, but not required, to be in attendance every day. We highly value any time your child may be able to spend at home with you or relatives. If your child is absent for any reason, please call to notify the Center (515-981-0717) or message on brightwheel, at your earliest convenience so we do not worry about your child and your family.
- b. Because infant schedules are individualized, the infant's arrival time is flexible. For toddlers and older children, though not required, arrival before 9:00 a.m. helps to keep the curriculum and class schedules on track.
- c. All children must be accompanied by his/her guardian when they come into the classroom. Please bring your child all the way to their classroom and communicate with the teacher in the classroom that you are leaving.
- d. If your arrival time will vary more than 30 minutes for the usual time, please contact the center. This allows us to plan appropriately for your child and avoid worrying.

### 39. Separation Anxiety

- a. The first few weeks of school are always a time of adjustment, and many students (and parents) feel a sense of separation anxiety which is perfectly normal. Here are a few strategies to help with the process. Remember, separation anxiety is a phase, it is perfectly natural, and it will pass.
  - i. Make the goodbye prompt and cheerful. Giving your child "one more minute" prolongs the inevitable. As a parent, the best thing you can do is hug your child, say "I love you," and reassure them that you will be back soon.
  - ii. Establish a goodbye routine. Children crave routine, and parents who establish a consistent goodbye routine have better luck with successful goodbyes. This could be a secret handshake or a special 'I Love You' ritual. This provides a special moment between the two of you that offers a sense of reassurance.
  - iii. Trust your child's teacher. This may be difficult to do when you do not yet know them, but keep in mind that our teachers have chosen this profession because they love children, and they have a wealth of ideas and strategies to help settle an upset little one.
  - iv. Acknowledge how your child is feeling. It is important to accept and respect your child's temporary unhappiness as it is genuine and



normal. Say things like, "I know you feel sad when Mommy leaves, but you will have a good time, and I will be back very soon."

#### 40. Departures

- a. When a child has not been picked-up by the center's 5:30 p.m. closing time and we have not been informed by the parent of any delay, Center staff will attempt to contact the parent(s) and/or the parent authorized emergency contacts for the child's Emergency Card. If, after an hour, no parent or parent authorized person can be contacted and the staff cannot continue to supervise the child at the Center, the Center staff will call the Norwalk Police Department to seek assistance in caring for the child until a parent or person authorized by the parent is able to pick-up the child.
  - i. Please see our Late Pick-Up Fee Policy located in this handbook for more information

#### 41. Change in Pick Up Person

- a. The safety of our students is our top priority. Please notify your child's teacher if someone other than you will be picking up your child. Lil' Hands Big Dreams staff will only release your child to the parents and guardians or the other adults you authorized on the student's Consent and Release Form or within the Brightwheel App. If you need to authorize a new pickup person, please send the request via Brightwheel asking to update your Consent and Release Form. For your child's safety, any time a person we do not recognize comes to pick up your child, we will ask for a government-issued photo ID.

#### 42. Custodial and Foster Care

- a. Some families have legal custodial orders that address who is permitted to pick up or visit a child. If there are custody orders or protection orders relating to your child, a copy must be provided to Lil' Hands Big Dreams for your child's file. This information is confidential and solely for the safety and well-being of your child. Families must update the administration team when custody orders change or expire. Please note that employees cannot be responsible for supervising parenting time (visitation), and, as a result, visitation for non-custodial parents is not permitted in our centers.
- b. For enrolled children in the foster care system, Lil' Hands Big Dreams will need to receive a copy of the foster care paperwork. Lil' Hands Big Dreams will release the child only to the foster parents or the child's caseworker, who must sign the child in and out on the visitor's list and provide proper identification. The caseworker must verify any additions or changes in writing (by letter).

#### 43. Personal Belongings

- a. Your child will be provided with stimulating, educational toys every day. Special objects such as a blanket, soft toy, or a stuffed animal are okay for rest time. Please leave other toys and belongings at home, as bringing a treasured object to school can create tension between children and stress for children and staff if something is lost or misplaced.
- b. Toy weapons (guns, water pistols, swords, shields, or other items that resemble weapons) are not permitted at Lil' Hands Big Dreams. All

personal electronics (except augmentative communication devices) brought to school must be stored in the “off” position in the child’s cubby. Use of personal electronics is not permitted in the classroom. We cannot assume responsibility for lost or damaged personal belongings.

#### 44. Clothes and Shoes

- a. A full day at our school includes fun activities like singing, painting, playing indoors and out, dancing, and eating, so we recommend easy-fitting, washable clothes. Being comfortable lets kids focus on learning and having fun!
- b. Make sure your child is wearing shoes for easy movement. Flip-flops, clogs, cowboy boots, and slick-bottomed shoes often cause children to fall when running outside and limit their play. Please be sure that your child’s shoes are rubber-soled and closed-toe with a closed heel or heel strap. Shoes are required for all students.
  - i. Please provide two complete sets of extra clothes, including socks, for your child. It’s always a good idea to keep an extra pair of shoes and a sweater or sweatshirt at school, too. Clothing should be labeled with your child’s first and last name and checked periodically to make sure it still fits.
  - ii. Please provide appropriately layered clothing to keep warm in cold weather, including mittens or gloves, caps, hoods, or hats, sweaters or sweatshirts, socks, and warm, waterproof outerwear and footwear.
  - iii. Please have your children wear sun-protective clothing such as clothing made with fabrics rated for ultraviolet protection or clothing that protects skin areas most prone to sun damage.
  - iv. Sometimes learning and fun can get messy! Lil’ Hands Big Dreams isn’t responsible for lost, stained, soiled, or torn clothing.

#### 45. Label ALL Clothing

- a. Please label all clothing. We do our best to keep track of children’s clothing, but wet clothes, children’s frequent desire to trade, hide and discard clothing and the sheer number of garments to keep track of makes the job difficult. You are more likely to have missing clothing returned if it is labeled.

#### 46. Dress your Child Appropriately

- a. Our program’s philosophy encourages children to engage in sensory and art activities that oftentimes are very “messy”. Working with water, sand, gravel, flour, paint and other messy materials provides children with opportunities to experience all kinds of measuring, pouring, basic physics and chemistry activities, self-expression and make-believe play. Please dress your child appropriately so she/he can participate without fear of ruining good clothes. Even the use of smocks and paint shirts cannot guarantee clothes will not get messy.
- b. Generally, children will play outside every day as part of their regular gross motor activities. Please bring outdoor clothing appropriate for the day’s weather. We recommend layers of clothing which can be worn or

removed to ensure your child's comfort during outdoor activities. Keeping extra clothing on hand at the Center is a good idea.

- c. Please leave a pair of rubber soled shoes in your child's cubby if she/he arrives at the Center wearing boots or smooth soled dress shoes. Water-shoes must be worn for outdoor water play.

#### 47. Extra Clothes at the Center

- a. All children need to have an extra set of clothing at the Center. Infants and toddlers need at least two sets of extra clothing.
- b. If your child is in diapers, be sure to provide enough for each day's needs. You may want to bring a week's supply.
- c. If you change your child at the Center, please use the changing tables and follow the diapering procedures posted at each table. To prevent the spread of illness and infection it is very important that the procedures be completed in proper sequence.

#### 48. Diapers, Wipes and Accidents

- a. Parents of children in diapers and of children who are toilet training must provide an ongoing supply of diapers, wipes, and additional necessary clothing. If your child is wearing pull-ups, it is helpful to send in the type with Velcro sides. This allows us to help your child change without having to take off their pants and shoes. Cubbies and coat hooks should be checked daily for items that need to be laundered. For children who require cloth diapers, the diaper must have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine.
- b. Both the diaper and the outer shell must be changed as a unit. Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.

#### 49. Toys From Home

- a. The Center discourages children from bringing toys from home, except for specific program purposes such as "Show and Share". Toys from home often cause conflict and we cannot be responsible for their safe keeping. However, bringing a small "piece of home" to childcare, for the purpose of ease and comfort during naptime is often important to children. Please be sure that all naptime "lovey" items are clearly labeled with your child's name.

#### 50. Outside Play

- a. We play outside every day that weather permits. When the weather keeps us inside, we find safe and fun ways to get active indoors. Our playground equipment and materials are designed for active play and exploration, which keeps kids learning while getting exercise and fresh air. Teachers plan outdoor activities to address multiple areas of skill development, including climbing, balance, and coordination, throwing, kicking, running, jumping, and pedaling.

#### 51. Air Quality

- a. Lil' Hands Big Dreams staff monitor the conditions and make decisions using the National Weather Service "Air Now" data and reports. On days that are labeled code yellow, outdoor time will be reduced. Children will not go outside on days labeled code red, and gross motor activities will occur indoors. Children will use the playground at least twice daily in most situations. In exceptional cases such as a child with asthma or an extreme allergy condition, a doctor's note is required outlining proper care for the child.

#### 52. Weather Watch Guidelines

- a. We use the Child Care Weather Watch guidelines to determine if the wind chill factor or heat index is safe for outdoorplay. To make sure that your child can play comfortably outside it is important dress him/her according to the weather. When it's cold outside, your child needs a warm coat, mittens or gloves and a hat (labeled with your child's name). For the warmer days dressing your child lightly just as important. For those in-between days dressing your child in layers is a practical idea.

#### 53. Technology

- a. The use of multimedia in our program is an extension of the teaching and learning that takes place in our classrooms. Teachers may select movie, television, and computer game titles based upon weekly themes. Children are not required to view part or all of a video or television show, or to play computer games. Instead, the activity is offered as one of several centers. All multimedia must have a rating of "PG" or "E" and must possess an educational theme. Children are limited to a specified amount of time per week they may use or view multimedia:

#### 54. Naps

- a. Infants sleep according to their own individual schedules, as determined by parents and primary caregivers. The U.S. Public Health Association and the American Academy of Pediatrics strongly recommend that infants be put to sleep on their backs to reduce the chance of Sudden Infant Death Syndrome (SIDS). It is the policy at Lil' Hands Big Dreams that all infants will be put to sleep on their backs, and we will follow guidelines set forth by the American Academy of Pediatrics. (See "A Child Care Provider's Guide to Safe Sleep" American Academy of Pediatrics)
- b. Older children nap from approximately 12:30 to 2:30 p.m. Children who do not sleep or who rest for a while are then allowed to play quietly. Children are allowed to wake up at a gentle, relaxed pace.
- c. In all the rooms, there are soft places for children to pause throughout the day and to pace themselves.
- d. On occasion, parents need to pick up their child during nap time. Please attempt to be as quiet as possible during this time. If you call ahead, we can have your child ready for pick-up to prevent naptime disruptions.

#### 55. Schedule *IQPPS 2.3, 2.6, 3.12*

- a. Lil' Hands Big Dreams classroom schedules provide children with learning opportunities, experiences, and projects. The development of our daily schedules vary based on these factors:
  - i. Age Group
  - ii. Seasons and Outside Times
  - iii. Need of the Classroom as whole
  - iv. Focus Area
  - v. Nap Times
  - vi. Diapering and Toilet Training
- b. All classroom schedules are posted outside of your child's classroom. The classroom schedule remains the same each day once developed and contain these key elements:
  - i. Provides time to learn, play and explore
  - ii. Provides time and support for transitions
  - iii. Includes both indoor and outdoor experiences
  - iv. Includes time for a child's need to rest and be active

#### 56. Learning and Curriculum *IQPPS 2.5*

Here at Lil' Hands Big Dreams we use the same curriculum throughout our program. From Infants to PreKindergarten, a version of the curriculum can be found in each classroom. Working from The Teaching Strategies curriculum, our teachers plan their lessons based on the resources found within the purchased programs. Early childhood education is one of the most important times in a child's life and making sure that they have the tools to learn, grow and achieve their dream is of the utmost importance.

- a. Creative Curriculum
  - i. Creative Curriculum is a research-based approach to teaching that addresses the whole child. The curriculum encompasses not only academic skills like language and math but also social and emotional development along with developing cognitive skills. The curriculum is guided by student interest and covers a variety of topics.
- b. PBIS
  - i. PBIS, Positive Behavior Interventions and Supports, emphasizes positive reinforcement and positive interactions between teachers and students. It also helps to avoid potential behaviors in the classroom by equipping teachers to be proactive and to have a concrete plan in place to handle whatever may come in the classroom and the school as a whole.

#### 57. Assessment *IQPPS 4.1, 4.2, 4.8*

Lil' Hands Big Dreams uses a variety of assessments to obtain students' levels when entering the program and then throughout the school year. Parents are encouraged to work with their child's teacher to assess and meet their child's needs.

- a. Assessment Plan
  - i. ASQs, GOLD, and IGDI's, and Ages and Stages are some of the assessment programs used alongside informal classroom assessments such as written observations, work samples, and checklists and are built into our classroom activities.
  - ii. All assessment programs are structured around broad curriculum areas, including social, emotional, physical, language, and cognitive development.
  - iii. Initial enrollment and annual forms allow parents to provide information about their child that may assist the teacher when completing assessments.
  - iv. Children are assessed three times a year
  - v. Children will be assessed in familiar spaces, and assessments will be conducted by adults the child is familiar with.
  - vi. Assessments will be conducted via observation during the natural course of the child's day.
  - vii. This may include during one on one, small group, or large group opportunities.
- b. Assessment Results
  - i. Teachers use the information gathered during the assessment process to:
    - ii. Identify children's interests and needs
    - iii. Be intentional in their teaching
    - iv. Develop goals for each child and plan for individual student needs
    - v. Guide instructional/environmental planning that best meets the needs of all children
    - vi. Share progress with families by pinpointing where children are along a continuum of development and education.
    - vii. Assessment results and developmental progress is shared with parents at their parent-teacher conferences.
    - viii. Suppose assessments indicate a need for further evaluation. In that case, the teachers will discuss this with the family and use the information gathered for referral to an outside agency for additional diagnostic screenings and assessments.
- c. GOLD Assessments\*
  - i. In partnership with Creative Curriculum is the GOLD assessment tool. This tool is used as an observation guide to ensure that each student is developing and understanding key concepts being taught. It's not a test or ever delivered as a test. It's a natural process through which the teacher observes the child's play and documents achievements as they are made. *\*4 Year Old Preschool Only*
- d. IGDI'S\*
  - i. This is a literacy screener to assess the development of a child's basic understanding of reading skills. The classroom teacher administers this tool using a tablet that has four sections; picture

naming, what doesn't belong, rhyming, alliteration, and sound identification. We use this data to group students based upon their level of understanding for small groups and help build their skills. \*4 Year Old Preschool Only

- e. ASQ
    - i. ASQ 2: This is a development tool we use to identify the strengths and areas of growth socially and emotionally. We provide these to the parents and we score them. This allows us to gain input from the parents who know them best, and see how we can support the child in the next step of their development.
    - ii. ASQ 3: The second part of the screening assesses children in many areas of development from the parents' point of view. We then score it and make goals for the child based upon their needs.
58. Parent Teacher Conferences
- a. Parent-teacher conferences will typically be held twice per year, as well as each time your child transitions classrooms if requested by the family teachers. The goal of the parent-teacher conference is to gain insight into your child's development both in the center setting as well as the home setting. During conferences, your child's development and any goals you may have for your child will be discussed. Lil' Hands Big Dreams uses GOLD and IGDI's on the preschool level and Ages and Stages for under three to help assess children's development. Parents are encouraged to request conferences whenever they feel it necessary.

## Health and Safety

### 60. Daily Health Checks

- a. Each morning when your child arrives, we will conduct a daily health check. This is a quick physical observation where we check and observe a child's behavior/mood and physical condition, including breathing, skin, eyes, ears, nose, and mouth. Additionally, we ask that you please alert us of anything out of the ordinary we need to know regarding sleep, appetite, bowel movements and urination, mood, and behavior at home and/or unusual events.

### 61. Meals and Food Service Policies *IQPPS 5.13*

At Lil' Hands Big Dreams, children are provided a nutritious breakfast, lunch and snack. Lil' Hands Big Dreams follows the nutritional guidelines established by the child and adult Food Program. Menus will be posted outside of each classroom. You may request a copy to take home if you would like. Children will be encouraged to sample all foods that are offered, but will never be forced to eat. Please inform your child's teacher if your child cannot eat a certain food or has different dietary needs (e.g. vegetarian, vegan, lactose intolerant) so a substitution can be made. For

certain dietary restrictions, you may be asked to provide food from home for your child.

62. Food From Home *IQPPS 5.13*

- a. Children are welcome to bring in treats to celebrate a birthday or holiday. Due to various food allergies and dietary restrictions in our classrooms, we recommend supplying store-bought snacks still in the original packaging. Please check with your child's teacher before bringing any homemade snacks. A list of healthy snack options approved by the USDA and Iowa Department of Education is available.

63. Food Allergies and Action Plan *IQPPS 5.13*

- a. If your child has a food allergy, please complete a Food Allergy Action Plan form. This form will be posted in your child's room, as well as in food preparation areas. If medication for an allergic reaction is provided, please have your physician sign the Food Allergy Action Plan as well.

64. Infant Formula and Breast Milk

- a. Formula needs to be prepared and bottled at home according to your infant's daily needs. Any leftover formula, juice or food should be taken home at the end of each day or discarded. Nothing should be left in the refrigerator at the Center overnight. Breast milk should be brought frozen or, if thawed, the date it was thawed must be on the bottle. All partially used bottles of formula or breast milk are disposed of after 24 hours. All bottles and baby food containers should be clearly labeled with the child's name.

65. Mealtime and Snack Procedures

- a. Snacks are planned as relaxed, social, and learning experiences. They are served family-style giving children many opportunities to develop self-help skills. Children are not forced to eat. They are served at least a small portion of every food and encouraged to taste all foods. No food is ever withheld as a punishment or used as a reward. Dessert is not used as a special treat. The staff tries to be sensitive to the individual eating patterns of each child. Staff eat seated at the table with the children and model good mealtime eating habits and behavior. You are also welcome to take your child out to lunch.

66. Medication Policies *IQPPS 5.8*

Medications are to be administered to children in accordance with Lil' Hands Big Dreams Child Development and Preschool medication policy and state licensing regulations (*if state regulations are more stringent than Lil' Hands Big Dreams policies, state policies must be met; if Lil' Hands Big Dreams policies are more stringent, Lil' Hands Big Dreams policies must be met.*) Lil' Hands Big Dreams permits the following designated staff members to administer medication to a child with a signed note from his or her parent/guardian and a written order from a physician when necessary.



67. Medication Administration

- a. Only the following persons are allowed to administer medications:
  - i. Director
  - ii. Assistant Director
  - iii. Site Supervisor
  - iv. Lead Teachers
- b. If the classroom does not have a Lead Teacher, the Director will designate another staff member or members who may administer medications.
- c. A parent/guardian may come to administer medication to his or her own child during the day. When possible, the child's physician should arrange a dosing schedule that does not involve the hours the child is in the center.
- d. The parent/guardian should complete the Authorization for Administration of Medication form for all types of medication to be administered. Medication and the Authorization form should be dropped off at the Director's office.

68. The Five Rights of Medication Administration

- a. Any person administering medication to a child must be knowledgeable in the Five Rights of Medication Administration and these must be checked each time a child is given medication in any form, i.e., oral, or topical:
  1. Right Child
  2. Right Medication
  3. Right Dose
  4. Right Time
  5. Right Method (i.e., orally)
- b. When a parent brings a new medication to the center, to be certain that the child receives the correct dose while in our care, the parent should review with at least one of the medication administrators how to measure the proper dosage of oral medications. Parents should provide directions with any form of medication that requires special administration.

69. Completing the Monthly Medicine Record

- a. The **Monthly Medicine Record** is to be completed by the Medication Administrator who should first verify that the medication is the correct one for the child and initial the check column. The Administrator should then receive verification from a co-worker stating that this is the correct medication and dosage for the child and the coworker will initial the **Day of Month** in which the medication was given. Upon completion of administering the medication, the Medication Administrator initiates the **Day of Month** as well.
- b. The Medication Administrator should record every instance of medication administration on the **Monthly Medication Record**. All required dosages must be accounted for on the **Monthly Medication Record**. If a dosage is missed while at the center/school, if a child is absent or has left early or if a parent/guardian has come to the center/school and administered the medication, this must be noted in the area designated for that dosage and

initiated. Below are the instructions on how to document a dosage which can also be found at the bottom of the Monthly Medication Record.

- c. Place your initials in the box showing the medication was given.
  - i. Use an “A” when a child is absent
  - ii. Use an “O” when medication is not given for any reason. Document the reason the medication was not given and document that the parent was informed on the back of the Monthly Medicine Record.
- d. Instructions for using Monthly Medication Record:
  - i. First Column: Record the medicine name, dosage, and route.
  - ii. Second Column: Record the time(s) of the day the medicine is to be given at the center. If the medicine is given more than one time a day, use a separate row for each time of day the medicine is to be given.
  - iii. Third – Last Column(s): The person who measures and gives the medicine must place their initials in the appropriate row (for a time) and column (for date) that the medicine was given. Use columns numbered from 1-31 for the date. The person who measures the medicine dosage is the only person allowed to give the medicine.
  - iv. Upon completion, this form should be filed in the child’s record. Return all unused medication to the parent/guardian.

#### 70. Storage of Medication

- a. All medications must be kept out of the reach of children in a locked container (this could be a cabinet or drawer), including insect repellants. Sunscreen and diaper cream do not need to be in a locked container (unless required by licensing) but must be out of the reach of children. Medications requiring refrigeration must also be kept in a locked container in the refrigerator even if the refrigerator is in a room not accessible to children.
- b. If a child has an EpiPen for allergic reactions, it should be out of the children’s reach but in a prominently marked, easily accessible area within the classroom. The same system should be in place for any child with medications for other life-threatening conditions such as diabetes. These medications should not be in locked areas. A system must be in place to take these medications on walks and field trips as well. **[LHBD places all EpiPen’s in a red medication bag in the front of the classroom backpack. This ensures that the EpiPen remains easily accessible for staff in case of emergency.]** In addition, the expiration dates of the stored medications such as these should be checked at least twice a year during August and February (Health, Safety, and Emergency Preparedness months.)

#### 71. Prescription Medications

- a. *Before the center can administer any prescription medication to a child, Lil’ Hands Big Dreams requires written authorization signed by the parent/guardian as well as a written order from the physician.*
- b. The parent/guardian should provide the following:

- i. A completed parent/guardian **Medication Authorization** form specifying the dosage, the time(s) the medication should be administered, start and end date, a method to be given.
- ii. The medication, which should have a current pharmacist's label that includes the child's full name, dosage, current date, times to be administered, and the name and telephone number of the physician. All medication should be provided in the original container.
- iii. A medication syringe for any liquid medication labeled with the child's name
  - 1. **NOTE:** A new parent/guardian **Medication Authorization** form is necessary each time a medication is prescribed. This is true for any ongoing medications such as nebulizers, or allergy medications.
- c. Children with chronic illnesses such as diabetes or asthma or those children with unusual circumstances, i.e., monitors or catheters, must have a care plan on file from their physician. Additionally, training by a medical professional should be arranged for staff as necessary depending on the situation and state requirements. Such training is also required for the administration of unusual medications such as insulin shots, medication not typically prescribed for children of that age (example, ADHD medications).
- d. Any unused prescription medication will be returned to the parent/guardian at the end of the time stated on the Authorization for Administration of Medication/medication label.
  - i. **NOTE:** All authorizations, both prescription and non-prescription must originate from the child's health care provider. A parent/guardian **Medication Authorization** form written and signed by the parent/guardian who is also a physician is not acceptable.

## 72. Non-prescription Medications

- a. Before LHBD staff can administer any non-prescription medications (e.g. Tylenol; Orajel, or any like product, which although it is a topical anesthetic, is considered an over the counter medication (OTC) rather than a topical ointment) to a child, Lil' Hands Big Dreams requires written authorization signed by the parent/guardian on the day that the medication is to be given, specifying the dosage, time, and reason. A parent/guardian's note will not be valid for more than five days (this will depend on state requirements).
- b. The parent/guardian should provide the following:
  - i. A completed parent/guardian **Medication Authorization** form specifying the dosage and the time(s) the medication should be administered.
  - ii. The medication, which should be provided in the original container with a legible manufacturer's label. The expiration date specified on the label should still be valid, and the child's full name should be written on the container.

- iii. A medication syringe for any liquid medication labeled with the child's name
- c. If a medication is not recommended for the age of the child or the label recommends consulting a physician for children under the age of that child and/or the parent/guardian is requesting that the center administer a higher dosage than what is recommended, Lil' Hands Big Dreams requires a written order from the child's physician.
- d. In order for any non-prescription medications to be administered for more than five days, Lil' Hands Big Dreams requires a written order from the physician, including the child's name, dosage amount, current date, time(s) to be administered, duration of administration, and the name and telephone number of the physician.
- e. As needed medication must list the reason to give the medication and the dosage and be given according to the instructions on the medication label or instructions provided by the child's physician, in writing. As with any other medication, it must have a start date and an end date and be written for no longer than 90 days. The parent must be notified each time the medication is given.
- f. Medication should not be provided in a child's bottle. If the child is not feeling well, he or she may not get all the medication necessary into his or her system. Further, bottle feeding times may not correspond to the appropriate medication administration schedule. As stated above, all medication must be brought to LHBD in the original container.
- g. Topical ointments such as Orajel and diaper creams applied to open, oozing sores should be applied using gloves and proper hand washing.
- h. **NOTE:** LHBD faculty cannot administer acetaminophen or other fever-reducing medicines so that a child can remain at the center. LHBD can administer fever-reducing medicines, at the parent/guardian's request, to a child while he or she awaits the parent/guardian's arrival if written authorization from the parent/guardian or physician has been provided. The child cannot be readmitted to the center until he or she is fever free (without medication) for at least 24 hours and has no other symptoms.
- i. Any unused prescription medication will be returned to the parent/guardian at the end of the time stated on the Authorization for Administration of Medication/medication label.

### 73. Non-Prescription Topical Ointments

- a. Before LHBD staff can administer any non-prescription topical ointments (e.g., diaper cream or sunscreen) to a child, Lil' Hands Big Dreams requires written authorization signed by the parent/guardian.
- b. The parent/guardian should provide the following:
  - i. A completed parent/guardian **Medication Authorization** form specifying the dosage and the time(s) the ointment should be administered
  - ii. A completed Sunscreen and Insect Repellent Permission Form with any special instructions noted.

- iii. The ointment, labeled in with the child's first and last name on the original container.
- iv. When applying any type of ointment to a child with open, oozing sores and when applying oral ointments such as Orajel, this should be done using gloves and proper hand washing.
- v. Duration of administration cannot exceed 90 days for all non-prescription topical ointments such as diaper cream. Diaper cream must be designated for use as a diaper cream on the label; otherwise, a physician's note is required.
- vi. Duration of administration cannot exceed one year for sunscreen and insect repellants.
- vii. **Note:** ALL STAFF may apply non-prescription topical ointments to children

#### 74. Homeopathic/Herbal Medications

- a. Before LHBD staff can administer any form of homeopathic or herbal medications, Lil' Hands Big Dreams requires written authorization signed by the parent/guardian as well as a written order from a physician.
- b. The parent/guardian should provide the following:
  - i. A completed parent/guardian **Medication Authorization** form specifying the dosage, the time(s) the medication should be administered, start and end date, method, name and phone number of physician, and the physician's signature.

#### 75. Sunscreen and Insect Repellent

- a. All families will be required to supply sunscreen for their child/ren for outdoor activities. A permission slip must be on file before sunscreen will be applied to a child. Sunscreen must be SPF 15 or above, and will be applied by classroom teachers regularly throughout the day.

#### 76. Guidance, Behavior and Discipline Policies

- a. Young children strive for understanding, independence and self-control. Their "work" is to learn about the world. They try to make sense and learn how to behave in this mysterious place. Children learn by exploring, experimenting and testing the limits of their environment and experiencing the consequences of their behavior. In this way, they come to understand their own limits and how the world works.
- b. While our program is licensed for 115 students, we will never have 115 students in our program at one time. Our classroom spaces were designed to give space for movement and exploration. We honor DHS required ratios:
  - 1. Infant birth- age 2: 4 children-1 adult
  - 2. 2 year-olds: 6 children-1 adult
  - 3. 3 year-olds: 8 children – 1 adult
  - 4. 4 & 5 year olds: 12 children – 1 adult

- c. However, we take into consideration a child's ability to function effectively in the next classroom and group our children in a way that meets the needs of all the students in the classroom. For example, we don't move a one year old automatically into our toddler room if they are not developmentally ready to move up due to their nap schedule, their ability to eat table food, their physical skill level etc. We try to meet the needs of every child by placing them in the best environment for their personal needs.
- d. The following are our room ratios:
  1. Infant Room [room licensed for 15] 8-12 students enrolled 2-3 teachers.
  2. Toddler Room [room licensed for 16] 8-12 students enrolled 2-3 teachers.
  3. Early Preschool PS1 [room licensed for 16] 12 students enrolled 2 teachers
  4. Preschool PS2 [room licensed for 16] 12-14 students enrolled 2 teachers
  5. Pre-kindergarten [room licensed for 24] 18-20 students enrolled with a UPK cap at 20 students, 2 teachers.
  6. School Age Building [room licensed for 27] 24 students enrolled with 2 teachers even though the ratio is 15-1.
- e. Our approach to guidance and discipline is to promote a sense of independence, autonomy and self-esteem, while maintaining the control necessary for a safe and non-threatening environment. The basis of this control is a secure, orderly, developmentally appropriate, and caring environment; a positive "yes" environment which allows children to experiment and test their own behavior within clearly defined limits. Shaming, humiliation, extreme duress or corporal punishment are not used with children at Lil' Hands Big Dreams and are cause for immediate termination of staff.

#### 77. Guidance and Discipline Policy

- a. Discipline is a matter of planning, setting clear limits and expectations, redirection and logical consequences, NOT PUNISHMENT.
- b. The teacher's job is to encourage and support self-control, to protect children and to help children learn how to behave reasonably by praising appropriate behavior and efforts of appropriate behavior.
- c. Each child is respected as a special individual who even at his/her worst is not a "little criminal" but a young child who is struggling to understand their social world and to achieve self-control. It is not appropriate or fair to characterize children as bad, mean, nasty, or other negative terms.
- d. When a young child is hurting another child or being destructive, teachers will:

1. Support the emotion and always recognize the child's feeling of anger, confusion or hurt as his/her right.
  2. State the rule and tell the child to stop in a firm but friendly voice – personally, not from across the room if at all possible.
  3. State and model the acceptable behavior. "Be gentle with John," while stroking John's arm.
  4. Identify the emotion and offer acceptable alternatives for handling that emotion, "You seem angry. You can stamp your feet or punch the cushion."
  5. Offer the child reasonable choices.
  6. Seek assistance from other staff if unable to handle the situation calmly.
- e. Teachers will not:
1. Shame or humiliate the child.
  2. Shake, jerk, squeeze or physically indicate their disapproval.
  3. Say "bad" girl or boy to otherwise imply that the child is the problem, instead of the behavior being the problem.
  4. Moralize or let too much personal emotion come through.
  5. Use "no" too often. Staff use the positive ("Hold on to the cup") and other words like "Please don't..." instead of "No."
  6. Use bribes, false threats or false choices.
  7. Use food or scheduled activities (music, field trips) as reinforcements.
- f. Teachers always:
1. Make clear that it is the child's behavior and not the child that is unacceptable.
  2. Help the child with appropriate language to understand the problems with his/her behavior. Use redirection, logical consequences or breaks (depending on the age of the child) to address the misbehavior and the child's state.

**Lil' Hands Big Dreams does not condone or tolerate the use of physical punishment of any kind on Lil' Hands Big Dreams property. This policy restricts parents and staff from using physical punishment on their children while on Lil' Hands Big Dreams property. Also, Lil' Hands Big Dreams will not tolerate psychological abuse, coercion, threats, derogatory remarks, withholding, or threatening to withhold food as a form of discipline.**

78. Suspension/Expulsion Policy 441 IAC 109.4(2)

- a. For this policy, terms used are described:
  - i. In-program suspension refers to a child being removed from a classroom or from activities that include other children.

- ii. Out-of-program suspension refers to removing a child from the program in the short term or to place restrictions on the time a child may attend the program.
  - iii. Expulsion refers to any dismissal of a child from the program permanently at the request of the program's staff.
  - iv. "Soft expulsion" refers to program practices encouraging parents or other family members to voluntarily terminate services.
- b. Out-of-program suspension and expulsion are not a general practice of the preschool and will only be used as a last resort when there is a serious safety concern that cannot be reduced or eliminated with reasonable modifications. If there is a situation where we feel the physical safety and emotional wellbeing of the other children and our staff is compromised, we will make an individualized assessment about whether we can meet the needs of the child without fundamentally altering our program. In making this assessment, we will not react to unfounded preconceptions or stereotypes about what a child can or cannot do, or how much assistance they may require. Instead, we will meet with the child's parents or guardians and any other professionals (such as educators or health care professionals) who work with the child in other contexts. This decision will not be made without exhausting all other available options.
- c. In-program suspension is also not a general practice of the preschool. We utilize EC-PBIS (explained above) and work to prevent, teach, then reinforce. We utilize a calming area in our classroom called "AI's Place" to help children work through big feelings. The preschool will never utilize "soft-expulsion."
- d. Using parent reports, teacher assessments, information within a child's file, and other observations, we can make determinations on what a child needs. Teachers will have regular support by the PBIS coach and the director to help with problem-solving, general classroom management, making modifications to the environment, and making accommodations for specific children and groups of children. If behavior issues arise in the classroom, teachers will document the behaviors on our Behavior Incident Form and look for common patterns. The next step is that the teacher will communicate with the director and PBIS coach by showing data collected from the forms. The teacher and director will communicate with parents and team with them to come up with a plan. If it is determined that services or modifications are needed, we will implement interventions as necessary and bring Heartland AEA in (with parental consent) as needed. If the child is determined to need special education accommodations and must be served at the district's special education preschool program, we will help families and children to make the transition as seamless as possible by offering tours of the program, meeting the new teacher ahead of time, bringing something familiar from their old classroom to their new classroom, and more. We partner closely with the district to make everyone comfortable and minimize any issues related to the transition of programming mid-year.



- e. Parents are constitutionally entitled to notice and an opportunity to be heard when an expulsion or lengthy removal (removal of more than ten days) is being considered. See, e.g., *Goss v. Lopez* (U.S. Supreme Court, 1975). Children with disabilities in early childhood programs are entitled to additional protections when they are removed from their educational program for disciplinary reasons. These protections are required by the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973. The preschool will implement disciplinary removals in a nondiscriminatory manner. Discipline practices will not disproportionately impact any group of children. For example, for young children with disabilities (or for whom a disability has not been ruled out), we will consider the implications of the child's behavioral needs, and the effects of the use of disciplinary removals when ensuring the provision of FAPE. (IDEA, 300.114(a)(1)).

#### 79. Biting and Aggression Policy

- a. Periodically in all child care programs, outbreaks of biting occur. Biting primarily happens in infant and toddler rooms, and is an unavoidable consequence of very young children in group care. When it happens, it is scary, frustrating and very stressful for children, parents and teachers. But it's a natural phenomenon, not something to blame on children, or parents or teachers. There are no quick and easy solutions.
- b. Here's how we try to manage biting behavior:
  - i. When a child is bitten, caring attention is focused on the bitten child. We avoid any immediate response to the biter that reinforces the biting, including negative attention. Instead the child is redirected to a new activity. When so appropriate, the biter will participate in the care of the bitten child as a lesson in empathy allows for a positive conclusion to the incident.
  - ii. We explore intensively the context of each biting incident and look for patterns. The teacher will use the Center Action Plan for documentation and ask the following questions:
    1. Was the space too crowded?
    2. Were there too few toys?
    3. Was there too little to do or too much waiting?
    4. Was the child who bit getting the attention and care he/she deserved at other times, other than when he/she was biting?
  - iii. We work with each biting child on resolving conflict or frustration in an appropriate and positive manner, including using words if they are capable of them.
  - iv. The teacher will observe the child to get an idea of why and when they are likely to bite. We try to adapt to the environment and work with parents to reduce any stress the child may be experiencing.
  - v. We let children know at other times that biting is wrong and hurtful.
  - vi. We help children understand what is acceptable to do with their teeth (chew on teething toys, eat their food, etc.).

- vii. We help children develop other ways to express their feelings in more acceptable ways.
- c. Some things to keep in mind:
  - i. The program accepts responsibility for biting and other hurtful acts and for protecting the children. It is our job to provide a safe setting where no child needs to hurt another to achieve his or her ends. The name of the biting child is not released because it serves no useful purpose and can make an already challenging situation more difficult.
  - ii. Biting is a stage some children go through. It is a natural and common phenomenon that has virtually no lasting developmental significance. There are a number of possible explanations for why some children bite, none of which are the fault of the home, parents and/or teachers. Most of the time, it is hard to guess what is going on in the child's mind.
  - iii. Parents are neither responsible for a biting child nor always a significant factor in the "cure." Working with staff on a strategy for change at the Center or home and reducing any possible stress a child may be feeling are positive ways parents can impact the situation.
  - iv. Some children become "stuck" for a while in a biting syndrome. It may be frustrating for parents of the bitten child because the Center staff are unable to "fix" the biting child quickly or do not terminate the biting child's care immediately. We make every effort to address the behavior quickly and balance our commitment to the family of the biting child with that of other families. Only after we feel we have made every effort to make the program work for the child do we consider termination.
- d. First Aid in response to biting (both child and adult).**
  1. Wear gloves and clean wounds with soap and water. Run water over the wound for 5 minutes.
  2. Apply ice or cool compress to help reduce the pain or swelling.
  3. Bandage the wound as necessary.
  4. Write a detailed incident report for both children involved in the incident.
- e. First Aid if the bite breaks the skin (both child and adult).**
  1. Wear gloves and clean wounds with soap and water. Run water over the wound for 5 minutes.
  2. Control the bleeding.
  3. Cover the wound with sterile dressing and bandage.
  4. Contact the parents of BOTH children involved and encourage them to contact their healthcare provider to determine if their child needs to be seen.
  5. Write a detailed incident report for both children involved in the incident.

**f. Action Plan**

- i. When children bite their parents are informed personally and privately the same day. All information is confidential and names of the children involved in the incident are *not* shared between parents. In addition, biting is always documented on our standard Incident Form which is completed and signed by the teacher and the parents. The Director is also notified. One copy is given to the parent and one copy is kept in a locked file cabinet in the Center office.

**g. When biting occurs, this is what you can expect from the Center:**

1. We will put the child's safety first and provide first aid as well as comfort, support and advice to any child who is bitten.
  2. We will provide appropriate programming for children to help prevent biting.
  3. We will provide teachers with adequate knowledge and training to deal properly and effectively with biting.
  4. We will take your concerns seriously and treat them with understanding and respect.
  5. We will tell you what specific steps we are taking to address biting and explain the reasoning behind those steps.
  6. We will respond to your questions, concerns and suggestions – even when our response to some suggestions is no.
  7. We will work to schedule conferences with you about biting at a time you can attend.
  8. We will keep your child's identity confidential if he or she bites. This helps avoid labeling or confrontations that may prolong the behavior.
  9. We wish we could guarantee that biting will never happen in our program, but know there is no such guarantee. You can count on us to deal appropriately with biting so it will end as quickly as possible.
- h. Children displaying chronic disruptive behavior which has been determined to be upsetting to the physical or emotional well-being of another child may require the following actions:
- i. **Initial Consultation**
    1. The Director may require the parent(s) of any child who attends Lil' Hands Big Dreams to meet for a conference. The problem will be defined on paper, goals will be established and the parent will be involved in creating approaches towards solving the problem.
  - ii. **Second Consultation**
    1. If the initial plan for helping the child fails, the parent(s) will again be required to meet with the Director. Another attempt will be made to identify the problem, outline new approaches

to the problem and discuss the consequences if progress is not apparent.

#### 80. Weapons and Violent Play

- a. There is a strict policy of allowing no weapon play at Lil' Hands Big Dreams. Children are not permitted to play with weapons of any type or size or to pretend that other items are weapons, including their fingers, hands, or blocks. Redirection should be used when a child is engaging in weapon or violent play. If a child brings a weapon to Lil' Hands Big Dreams, the weapon should be placed out of sight and sent home the same day with a note explaining the policy about weapons.
- b. Competitive behavior is minimized in our programs. In young children, competition often increases negative behavior and decreases acceptance of others. Bullying is not considered acceptable behavior; all efforts will be made to guide children in finding appropriate ways to interact with others.

#### 81. Dismissal from Lil' Hands Big Dreams

- a. We reserve the right to dismiss your child from our school enrollment if their behavior, or that of the parents, becomes unacceptable or disruptive. This includes non-compliance with the policies and procedures outlined in this document.

#### 82. Illness Policy

- a. We realize that it is difficult for working parents to keep their children home, but exclusion from school will help prevent contagion and promote the health and safety of your child. Children should be kept home from school if they are feverish, have diarrhea and/or vomiting, have nasal mucous discharge that isn't clear, or if they show signs of becoming sick (listlessness/drowsiness, productive cough, sore throat, ear pain, eyes that are pink, burning, itching, or producing discharge). **See exclusion criteria on the following pages for more specifics.** If your child cannot comfortably participate in the day's usual activities or your child needs to stay indoors and/or have additional rest, these signs are generally indicative that the child should not be at school.
- b. Lil' Hands Big Dreams has established guidelines in accordance with state child care law and other best practices concerning sick children. In case of a communicable disease or condition, and at the discretion of the LHBD Admin Team, other parents will be notified to watch for symptoms in their children.
- c. If your child becomes ill during the school day, every effort will be made to make them comfortable, away from the other children, but with a familiar caregiver. A parent will immediately be called to come and pick them up. Lil' Hands Big Dreams is not able to provide arrangements to care for sick children. Parents are required to respond as soon as possible concerning the sick child when contacted by LHBD staff. If we cannot reach the parent within thirty minutes, we will reach out to the family's emergency contacts as stated on enrollment/annual forms. If the illness warrants, the child's pediatrician will be contacted for consultation.

- d. Children may attend with minor illnesses if it is not contagious, and it does not affect the child's...
  - 1. ability to participate in the day's routine. Minor illnesses include:
  - 2. Mild respiratory infections
  - 3. Acute infections subsiding after treatment, such as pink eye, impetigo, ear infections
  - 4. Cold symptoms without a fever
- e. If the child's health deteriorates at some point in the day, the parent will be contacted to come to pick them up.

83. Sick Children

- a. It is common for babies to have 8-10 illnesses a year and preschoolers almost as many. Illness of children in group child care settings is a difficult problem for staff and parents. It is inconvenient for the parent who has to leave work or school and difficult for staff trying to care for the child.
- b. Everyone shares a concern for the child's well-being, and everyone can get frustrated under the circumstances. Parents are strongly encouraged to arrange alternate child care for the inevitable days their child will be too ill to be at the Center.

84. Exclusion Policy

- a. A child should be temporarily excluded from an education or child care setting when the child's illness causes one or more of the following:
- b. Prevents the child from participating comfortably in activities.
- c. A need for care that is greater than the staff can provide without compromising the health and safety of other children.
- d. An acute change in behavior: lethargy, lack of responsiveness, irritability, persistent crying, difficulty breathing, or a quickly spreading rash.
- e. Fever with behavior change or other signs and symptoms in a child older than 2 months (e.g., sore throat, rash, vomiting, diarrhea).
- f. For infants younger than 2 months of age, a fever with or without a behavior change or other signs and symptoms.
- g. A child with a temperature elevated above normal is not necessarily an indication of a significant health problem. A fever is defined as:
  - i. For an infant or child older than 2 months, a fever is a temperature that is above 101 degrees F [38.3 degrees C] by any method.
  - ii. For infants younger than 2 months of age a fever is a temperature above 100.4 degrees F [38 degrees C] by any method.
- h. Temperature readings do not require adjustment for the location where the temperature is taken.
- i. In education settings please refer to your district's policy regarding fever definition.
- j. The following list covers most common illnesses, but is not inclusive of all reasons for exclusion. Children should be excluded from the child care setting for the reasons outlined below:

Illness	Exclude	Return to Child Care
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Chicken Pox	Yes	When all blisters are crusted with no oozing (usually 6 days) and resolution of exclusion criteria listed above.
COVID-19	<p>If older than two years of age and able to wear a mask correctly and consistently, exclude for 5 days from positive test (if no symptoms) or symptom onset.</p> <p>If younger than two years of age and unable to wear a mask, choose not to wear a mask, have moderate or severe COVID-19 illness, or are immunocompromised; excluded for 10 days.</p>	<p>On day 6 of fever free for 24 hours without the use of fever reducing medication and if symptoms have improved. Per CDC guidance, you should wear a mask from days 6-10. OR if you have access to antigen tests, you should consider using them. With two sequential negative tests 48 hours apart, you may remove your mask sooner than day 10.</p> <p>On day 11 if fever free for 24 hours without the use of fever-reducing medication and if symptoms have improved.</p>
Diarrhea (Infectious)	<p>Yes</p> <p>*There are special exclusion rules for E.Coli 0157.H7, Shigella and Cryptosporidiosis</p>	When diarrhea stops and health care providers and public health officials state the child may return.
Diarrhea (non-infectious)	Yes if stool cannot be contained in the diaper, or if a 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 the child meets other exclusion criteria.	If excluded due to presence of other exclusion criteria, resolution for exclusion criteria.
Hand and Mouth (HFMD)	No. Unless the child meets other exclusion criteria. Or is excessively drooling with mouth sores.	If excluded due to presence of other exclusion criteria, resolution for exclusion criteria.
Head Lice (pediculosis)	No. Unless the 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. Treatment recommendations can be found here:

		<a href="https://www.cdc.gov/parasites/lice/head/treatment.html">https://www.cdc.gov/parasites/lice/head/treatment.html</a>
Impetigo	Yes, exclude at the end of the day if blisters can be covered.	After the child has been seen by the doctor, after 24 hours on antibiotics, blisters are covered.
Influenza	Yes	When a child is fever free for 24 hours and resolution of exclusion criteria.
Molluscum Contagiosum	No. Unless the child meets other exclusion criteria.	Skin disease similar to warts. Do not share towels or clothing and use good hand hygiene.
MRSA	No. Unless the 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 the child meets other exclusion criteria.	If excluded due to presence of other exclusion criteria, resolution of exclusion criteria.
Pertussis (whooping cough)	Yes	Children may return after 5 days of antibiotics and resolution of exclusion criteria.
Pink Eye (conjunctivitis)	No. Unless the child meets other exclusion criteria.	Child does not need to be excluded unless a health care provider or public health official recommends exclusion. Resolution of all exclusion criteria.
Ringworm	No. Unless the 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.

- k. For children’s comfort and to reduce the risk of contagion, children should be picked up within 30 minutes of notification. Children should remain home for 24 hours without symptoms before returning to the Center. In

the case of a suspected contagious illness or continuing symptoms, a doctor's note may be required before returning.

#### 85. Required Conditions for a Child to Return to the Center

- a. A child who has been excluded due to illness from the Center may return:
  1. when he/she is free of fever (without the use of fever-reducing medications), vomiting and diarrhea for a full 24 hours
  2. when he/she has been treated with an antibiotic for a full 24 hours (unless otherwise specified)
  3. when he/she is able to participate comfortably in usual program activities, including outdoor time
  4. The child should be free of open, oozing skin conditions and drooling (not related to teething) unless
  5. a health care provider signs a note stating that the child's condition is not contagious
  6. the involved areas can be covered by a bandage without seepage or drainage through the bandage
  7. If a child is excluded because of a reportable communicable disease, Lil' Hands Big Dreams may require a doctor's note stating that the child is no longer contagious.
  8. The center makes the final decision whether or not to exclude a child from the program.

#### 86. Notification of Exposure

- a. If a child or staff member in the group has an infectious or communicable disease, you will be notified by a sign in your child's classroom or in another visible location in the Center. We will specify the disease, the date the group was exposed and information on possible symptoms to watch for.

#### 87. Allergies

- a. Allergies whether environmental or food related are taken seriously at Lil' Hands Big Dreams. Please inform your child's care team immediately if your child develops any environmental allergies, food allergies, or intolerances. All members of your child's care team will be made aware and prepared for changes to the child's care, if applicable.

#### 88. Environmental Allergies

- a. If your child suffers from seasonal environmental allergies, please get a note from your child's physician with the possible symptoms and medications to be taken to aid in relief.
- b. If your child suffers from environmental allergies that result in your child being diagnosed with Asthma, please complete an Asthma Action Plan form. If medication for the child's asthma is provided, please have your physician sign the Asthma Action Plan as well.



89. Food Allergies *IQPPS 5.13*

- a. If your child has a food allergy, please complete a Food Allergy Action Plan form. This form will be posted in your child's room, as well as in food preparation areas. If medication for an allergic reaction is provided, please have your physician sign the Food Allergy Action Plan as well.

90. Food Intolerances

- a. If your child has a food intolerance, please complete a Food Allergy Action Plan form. This form will be posted in your child's room, as well as in food preparation areas.

91. Chronic Health Conditions

- a. For any child with health care needs such as allergies, asthma, or other chronic conditions (ex: seizures, G-Tube, etc.) that require specialized health services, a medical action plan shall be completed and is required. The medical action plan must be updated annually and when changes to the plan are made by the child's parent or health care professional. Blank medical action plans may be found in the administration office. The medical action plan shall be signed by both the parent and the child's health care professional and must include the following:
  1. A list of the child's diagnosis or diagnoses, including dietary, environmental, and applicable activity considerations
  2. Contact information for the child's health care professional(s)
  3. Medications to be administered on a scheduled basis; and
  4. Medications to be administered on an emergency basis with symptoms, and instructions.

92. Handwashing *IQPPS 5.6*

- a. Handwashing has long been established as one of the most important things to prevent the spread of illness.
- b. In our school, hand washing requirements for staff are as follows:
  1. Upon arrival at school/center
    - a. Before and after setting up snacks/food for student consumption
    - b. Before and after helping students use the bathroom
    - c. After handling items soiled with body fluids such as blood, drool, urine, stool, or discharge from nose or eyes
    - d. After handling an ill child
    - e. After using the bathroom or taking care of other personal needs (i.e., nose-wiping) and eating
  2. In our school, hand-washing requirements for students are as follows:
    - a. Upon arrival in the morning
    - b. After using the bathroom
    - c. Before and after eating food
    - d. Before and after sensory play
    - e. After they have touched a child who may be sick or who has handled soiled items

- f. After blowing/wiping their nose
- 3. The required method for handwashing is as follows:
  - a. Rub hands vigorously for at least 20 seconds using warm water and soap.
  - b. Wash between fingers and back of hands and wrists.
  - c. Rinse hands well under running water and dry thoroughly with a clean paper towel.
  - d. Turn off water using a paper towel instead of bare hands. This helps prevent acquiring new germs on already clean hands.

93. Medical Report and Immunization Records *IQPPS 5.1*

- a. A record of immunizations and a children’s medical report must be completed and on file at school within the first 30 days of each child’s first day of attendance. Records should also include results of any screenings, prescribed medications, descriptions of any allergies, and current or chronic health conditions. If an immunization and medical report are not on file within 30 days of the child’s first day of attendance, your child will be excluded from Lil’ Hands Big Dreams until records are submitted to our admissions team.
- b. As the child receives new immunizations, the date and type of shot or immunization should be reported to administration to be added to the child's record. Immunizations may be obtained either through the pediatrician or the Warren County Health Department. A schedule of immunizations can be acquired through the Center office. See <http://www.cdc.gov/vaccines/> for the current national immunization schedule.

94. Universal Precautions

- a. Lil' Hands Big Dreams follows universal precautions to prevent the transmission of HIV/Aids, Hepatitis B, and other bloodborne pathogens. Universal precautions refer to infection control measures that all healthcare workers and childcare providers follow to protect themselves and the children in their care from disease-producing microorganisms. The concept requires workers to treat all blood and various other bodily fluids as infected with HIV, hepatitis B virus, and other bloodborne pathogens.
- b. Lil' Hands Big Dreams staff follow the following universal precautions when encountering blood or bodily fluids:
  - 1. Gloves are worn for contact with blood, body fluids, mucous membranes, open wounds, and handling items or surfaces soiled with blood or body fluids. Only approved latex or vinyl gloves are worn. Gloves are never to be washed and reused.
  - 2. Hands and other skin areas are washed thoroughly if they contact blood or body fluids. Hands should be washed immediately after gloves are removed.
  - 3. Saliva is not considered by the Center for Disease Control to transmit HIV. Still, it is a body fluid, and mouth-to-mask

ventilation devices will be available for resuscitation and shall be used by trained personnel.

4. Staff must review information and procedures about universal precautions, HIV/HBV infections/transmissions, and handling of infectious waste annually.

95. Cleaning and Sanitation *IQPPS 5.18, 5.19*

- a. Cleaning and disinfecting are part of our broad approach to preventing infectious diseases at Lil' Hands Big Dreams. Each classroom has a "yucky bucket" for toys that have been contaminated with bodily fluids. Contaminated toys are specifically washed, sanitized, and air-dried. All surfaces and toys are sanitized and air-dried daily upon arrival and departure. For more specifics about the frequency and type of cleaning that occurs for each surface at Lil' Hands Big Dreams, please reference the NAEYC Cleaning, Sanitizing, and Disinfecting Frequency Table.

96. Toilet Training *IQPPS 5.5*

- a. High collaboration between you, your child, and your child's teachers makes for more successful toilet learning. Children learn toileting skills through consistent, positive encouragement from all the adults who care for them.
- b. When your child shows an interest, you and your child's teachers will discuss how to work together to encourage toilet learning. We're committed to working with your child consistently so that toilet learning can be accomplished in a developmentally appropriate manner with minimum stress for you and your child.
- c. Every child begins toilet learning at a different age and progresses at a different rate. We're always available as a resource to answer any questions about your child's progress. Several complete changes of clothes and two pairs of shoes should be kept at the center during toilet learning.
- d. Restroom facilities are available for the students as needed. Occasional accidents happen and are not a problem. Toilet learning is an important time in a child's development. For children who are unable to use the toilet consistently, the following procedures are in place:
  - i. Diapering is only done in the designated diaper area, i.e., the bathroom adjacent to the classroom. Food handling is not permitted in this diapering area.
  - ii. Staff follow all diapering guidelines set forth in the Iowa Quality Preschool Program Standard 5, Criteria 5:
    1. Clothes that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering;
    2. Staff checks children for signs that diapers or pull-ups are wet or contain feces every two hours. Diapers are changed when wet or soiled;
    3. Staff changes children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility;

4. At all times, caregivers have a hand on the child if being changed on an elevated surface;
  5. Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding;
  6. Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly using a hands-free device (e.g., a step can). Containers are kept closed and are inaccessible to children. The container is clearly labeled to show its intended use; and,
  7. Diapering and gloving posters are posted in the changing area showing procedures with visuals and words.
  8. These procedures are used by the program administrator to evaluate teaching staff that change diapers.
- e. Soiled diapers and clothing is removed without contaminating any surface not already in contact with stool or urine.
    - i. Fold the soiled surface of the diaper inward;
    - ii. Put soiled disposable diapers in a covered, plastic-lined, hands-free covered can. If reusable cloth diapers are used, put the soiled cloth diaper and its content (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free, covered can to give to parents/guardians.
    - iii. Put soiled clothes in a plastic-lined, hands-free plastic bag;
    - iv. If gloves were used remove them using the proper plastic-lined, hands-free covered can;
    - v. Whether or not gloves were used, use a disposable antibacterial wipe or alcohol-based hand sanitizer to clean the surfaces of the caregiver/teacher's hands and an application to clean the child's hands, and put the wipes, if used, into the plastic-lined, hands-free covered can. Allow sanitized hands to dry completely before proceeding;
    - vi. Check for spills under the child. If there is any, use the paper that extends under the child's feet to fold over the soiled area so a fresh, unsoiled paper surface is now under the child's buttocks.
  - f. Potty chairs are not used due to the risk of spreading infectious diarrhea.
  - g. All families are asked to provide an extra set of clothing for their child in case of an "accident" or messy play.
  - h. Please clearly label the clothing with your child's name to reduce the possibility of mistakes.
97. Field Trips and Transportation
- a. Children, two years and older, may go on field trips. When the toddler classroom plans a walking trip, the teacher follows a 4:1 ratio (1 teacher for every 4 children). If that cannot be achieved by the use of substitutes or parents, then the trip will be canceled. The ratio for preschool field trips is 4:1. First Aid Kits accompany all trips or walks, as do Emergency and

Medical Treatment Authorization forms which parents fill out at intake. Parents are informed of all trips, including walks, and sign a permission slip for those trips utilizing vehicle transportation. The office is notified of which children and staff members have gone and where they will be when they leave the building. You may be invited to participate in Center trips.

- b. Regular field trips that are age appropriate, fun for children, and that expand the children's understanding of the world will be used as an extension of learning to give children opportunities to explore, be active, and conduct field studies as part of the implementation of Lil' Hands Big Dreams (LHBD) Emergent Curriculum program.
  - c. Children under 18 months will not be taken on field trips. However, they can be taken on stroller rides around the center (if the area permits it) or short nature walks, for those that are walking. These outings should not regularly replace their daily playground requirement.
  - d. Children 18 months to 2-years-old can be taken to a local park, small petting zoo, or another unstructured, simple excursion. Whenever possible, the toddler and preschool classrooms can plan a field trip together (for example: when going to the petting zoo).
  - e. In the summer LHBD staff plan bi-weekly field trips for children in our school age program, and at least monthly trips for 2–4-year-olds. Field trips are visits to locations such as zoos, orchards, museums, science centers, community businesses (pet stores, restaurants, grocery stores, etc.) or nature preserves. All excursions should promote children's development and enjoyment.
  - f. The Director and teachers should know the center's field trip budget and plan accordingly. If they need more money for a particular field trip, they should discuss the possibility with the director. All field trips should be conducted in the most cost-effective way, but funding should not restrict the caliber of the children's experience. Some trips to parks, nature preserves, etc. are inexpensive, leaving money for costs of train rides, boat trips, swimming pools, museum admissions, etc.
  - g. The program will maintain (only) the teacher - child ratio for each group of children. If staff want to invite parent volunteers, they will send a flier home to all families at least two weeks before the field trip, saying the center needs a certain number of parents to help with the field trip, and that the first to apply will be accepted, with one or two alternates. Older children will not be able to accompany the parents, unfortunately.
  - h. All staff and volunteers will ride the bus with the children. The number of children in the bus shall not exceed the capacity rated by the manufacturer. Preschool classrooms must take their field trips together, and the two-year-olds should join them at least once per month. No classroom may take individual trips unless specified by the Director and pre-arranged to ensure appropriate bussing is available.
98. Mandatory Reporting
- a. It's our mission to ensure all children in our center are safe and well cared for, not only while they are at our center, but at all times. Iowa law requires

everyone who works directly with children to report suspicions or evidence of child neglect or abuse to local law enforcement. Those who fail to report can be held accountable under the law. The law prohibits interference with an individual's attempt to report child abuse or neglect. Our school will offer full cooperation during the investigation of the reported incident.

- i. Should a staff member have reason to suspect abuse, they will contact Lil' Hands Big Dreams administration and follow up with an immediate phone call to Warren County Human Services. If an administrative staff member is unavailable, staff members have the authority to make the call and to prepare a written report of the account.
- ii. Lil' Hands Big Dreams will not hire a person who has been convicted of abuse of any type, and all staff undergo a fingerprint and criminal background check before employment begins.
- iii. All staff members are responsible for protecting all children from abuse from any child or staff member.
- iv. All staff members are required to report any suspected cases of abuse, whether it is suspected at Lil' Hands Big Dreams or away from Lil' Hands Big Dreams.
- v. All Lil' Hands Big Dreams staff receive training in recognizing and responding to child maltreatment, including abuse and neglect.
- vi. Lil' Hands Big Dreams strictly prohibits the mistreatment, neglect, or abuse of any child in the program by any staff member. Any employee found in violation of the abuse and neglect policies shall be immediately terminated. If the charges are not upheld, the director will determine eligibility for reinstatement.

#### 99. Documentation of Accidents and Incidents

- a. Your child's safety is of our utmost concern, but we recognize that minor bumps and scrapes are an everyday part of your child exploring and learning through experience. Known minor injuries sustained at school are reported to parents on an Incident Report Form, of which you will receive a copy. If your child is injured in our care, our first step is to administer first aid. A first aid kit is available in the office, and each class always has a small first aid kit with them. The most common treatment is ice on bumps, soap and water cleansing, and a bandage on a minor wound. All permanent staff members are trained in First Aid and Infant/Child CPR within the first 90 days of their employment, and they must maintain their current certification every two years.
- b. If an accident is more than minor, a parent will be called to discuss the need for possible medical treatment. If the accident is more serious, a parent will be contacted and requested to come immediately. In the event of a life-threatening illness or injury, an ambulance will be called. To ensure your child's safety, your Enrollment Agreement provides a record of names, addresses, and phone numbers of the people you have authorized to pick up your child. We ask you to keep this information

current and supply names and phone numbers for your child's doctor and preferred hospital.

100. Documentation of Accidents
  - a. Staff members shall document accidents and incidents that occur Lil' Hands Big Dreams using a written Accident/ Incident Report and Incident report on Brightwheel. The parent shall sign the report the same day as the incident. A copy may be given to the parent. All Accident/Incident Reports must be given to the administrative team to be placed in the child's permanent file.
101. Documents of Health Incidents
  - a. Each time a parent is contacted regarding an ill child or symptoms of illness, a Health Check will be completed on Brightwheel. All parents will be notified of any communicable illnesses present in the center via a sign posted on the main entrance to the center explaining the illness as well as Brightwheel. In addition, parents with children in the classroom of the infected child will receive an email regarding the illness.
102. Supervision
  - a. Lil' Hands Big Dreams staff assume responsibility for enrolled children when they enter the classroom or are escorted by a staff member onto Lil' Hands Big Dreams property. Teaching staff always supervise toddlers/twos by sight and sound. Children 3-5 years of age are supervised primarily by sight, but supervision for short intervals by sound is permissible, as long as teachers frequently check on children who are out of sight.
  - b. All classrooms monitor attendance by updating their attendance records throughout the day and counting and matching the numbers of children present with names on attendance records. "Name to Face" headcounts occur throughout the day, particularly when moving about the center at every threshold.
  - c. Active supervision will be in the form of focused attention and intentional observation of children. Our staff position themselves accordingly during play, outdoors, basic care routines, and transitions so that they can observe all children: watching, counting children, and always listening. During transitions, our staff account for all children with name-to-face recognition by visually identifying each child. They use their knowledge of each child's development and ability to anticipate what they will do, then get involved and redirect them when necessary to engage or redirect. This constant vigilance helps children learn safely.
  - d. When not at our center (field trips, walks, etc.), we ensure supervision by scheduling one extra staff above ratio, watching, counting children, and always using the sight and sound method of supervision. We use supervision zones (four corners) on the playground and in the classroom, so staff are scanning their area constantly. Staff are versed on active supervision upon being hired and additionally reminded, as needed. These supervision rules include not using their cell phone during supervision, staying in their supervision zones, and sitting with and

supervising children at snack time. Staff also use name-to-face recognition while counting children.

- e. We avoid being around any bodies of water, but if it were necessary, we would make sure to have every child within an adult's arm's length. When we play with water activities such as sprinklers and sensory tables, our staff is trained to use "touch supervision" and to never leave a child unattended during water play activities.

103. SIDS and Safe Sleep Policy

- a. Sudden Infant Death Syndrome (SIDS) is the unexpected, sudden death of a child under age one (12 months) for which a cause of death cannot be identified. It is not known what causes SIDS; however, several sleeping practices have been linked to an increased risk for SIDS. Therefore, Lil' Hands Big Dreams has a strict policy for infant sleep placement.

- i. All staff, substitute staff, and volunteers at Lil' Hands Big Dreams follow the updated June 2022 safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Products Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Infant Death (SUID) and to prevent accidental sleep related infant deaths.

- ii. SIDS is the sudden death of an infant under 1 year of age, which remains unexplained after a thorough investigation. SUID includes all unexpected deaths; those from a known and unknown causes. An example of SUID is infant suffocation during sleep. Lil' Hands Big Dreams will use the following to help keep your baby safe during sleep:

1. Infants will always be placed flat on their backs (supine position) for routine sleep - naps and nighttime. The supine sleep position is recommended for every sleep, even for infants with gastroesophageal reflux.
2. Only one infant will be placed to sleep in each crib with no bed-sharing. Siblings, including twins and triplets, will be placed in separate cribs.
3. Infants will be placed on a firm mattress, non-inclined, with a tight fitted sheet only, in a crib that meets the CPSC federal requirements CFR 1219 for full-size cribs and CFR 1220 for non-full size cribs.
4. Infants will NOT sleep on couches, adult beds, recliners or other soft surfaces.
5. No toys, soft objects, stuffed animals, pillows, bumper pads, boppy pillows, blankets, quilts, furlike or loose bedding will be in the sleep environment including nothing draped over or attached to the crib.
6. Devices such as wedges or infant positioners will not be used. The AAP has found no evidence that these devices are safe and their use may increase the risk of suffocation.



7. The use of home cardiorespiratory monitors or commercial devices marketed to reduce the risk of SIDS/SUID will not be used and are not recommended by the AAP.
8. To avoid overheating, the temperature of the room where infants sleep will be monitored and kept at a level that is comfortable for a lightly clothed adult. Infants will not wear hats while indoors.
9. Infants will be monitored for overheating. Signs of overheating include sweating, flushed skin, or feeling warm to the touch. If extra warmth is needed, appropriately sized sleep clothing sleep sacks will be used as an alternative to blankets. Infants will be dressed appropriately for the environment, with no greater than one layer more than an adult would wear to be comfortable in that environment. Weighted blankets, weighted sleepers, or other weights not be placed on or near the sleeping infant.
10. Swaddling is not necessary or recommended in the child care setting. The risks of swaddling include overheating, hip dysplasia, SIDS, and other accidental deaths.
11. Infants may use a pacifier during sleep with parent permission. Nothing should be attached to the pacifier including a string, cord, or stuffed toy. Pacifiers may not be attached to the infant's clothing.
12. If the infant falls asleep anyplace other than a crib (i.e.: bouncy chair, car seat, swing, highchair, or when being held) the infant will be immediately moved to a crib and placed flat on their back.
13. Sleeping infants will be actively observed by sight and sound.
14. When infants are able to roll back and forth from front to back, the infant will be placed on their back for sleep and allowed to assume a preferred sleep position.
15. Infants shall not be allowed to sleep in a car seat or swing at Lil' Hands Big Dreams.
16. Additional recommendations we follow:
  - a. Our child care program is smoke free and nicotine free. Cigarettes, cigars, chewing tobacco, snuff, vape, pipes, snus, Electronic Smoking Devices (ESD), and nicotine products (except those that are Food and Drug Administration (FDA) approved for tobacco cessation) are not allowed in our child care business. All staff, substitute staff and volunteers are prohibited from wearing clothing that smells of smoke when working.
  - b. Several times a day, awake infants will have supervised "tummy time" to assist in the development

- of strong back and neck muscles and to prevent the development of flat areas on the back of the head.
      - c. We are a breastfeeding supportive child care. The feeding of human milk is associated with a reduced risk of SIDS.
      - d. We encourage that infants be immunized in accordance with guidelines from the AAP and CDC.
      - e. All staff, regardless of room assignment, are educated on safe sleep practices upon hire and annually after.
- 104. Strangulation Prevention Policy
  - a. Infants and young children have been injured and died from unintentional strangulation. Eliminating strangulation hazards helps keep infants and children safe.
    - i. String and cords long enough to encircle a child's neck will not be accessible.
    - ii. Window blinds and draperies will not have looped cords and will be out of reach, if applicable.
    - iii. Tension or tie-down devices will be installed as appropriate to hold cords tight.
    - iv. Dramatic play items with handles or straps will be removed or shortened. Ties, scarves, necklaces and boas for dramatic play will only be used by children under the age of three when directly supervised.
    - v. Pacifiers attached to strings/ribbon will not be used.
    - vi. Parents will be asked to remove hood and neck strings from all children's clothing.
    - vii. If lanyards are used by older children and staff, they will be the break-away type.
- 105. Tobacco and Nicotine Free Policy
  - a. Tobacco use is widely recognized as a major preventable cause of disease and death in smokers and nonsmokers alike. As Lil' Hands Big Dreams is committed to providing a safe, healthy, comfortable and productive environment for all children and those who visit or work in and around our company property, Lil' Hands Big Dreams is designated as a tobacco-free child care center.
  - b. Lil' Hands Big Dreams facilities and grounds, including company 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 Lil' Hands Big Dreams - sponsored and non - Lil' Hands Big Dreams 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 Lil' Hands Big Dreams premises

immediately. It is the responsibility of the administration/upper management to enforce this policy. Effective Date: 6/1/2022

106. Emergency Procedures
  - a. We make every effort to be prepared for potential emergencies. Lil' Hands Big Dreams has an emergency response plan for fire, inclement weather, or if a lockdown becomes necessary. This plan is updated annually and submitted to Iowa. These plans are reviewed annually with the staff. Additional precautions we take in the event of an emergency are:
    1. Emergency phone numbers are posted by all phones.
    2. Lil' Hands Big Dreams keeps an emergency "To-Go" bag in the main office with first aid supplies and emergency contact information for all students and staff.
    3. All Lil' Hands Big Dreams classrooms have an additional emergency backpack located in their classroom that has first aid supplies, emergency contact information and extra diapers.
    4. Fire drills are practiced once each month, and shelter-in-place drills every three months to prepare children in the case of an emergency.
    5. Emergency evacuation plans are posted in each room.
    6. Annual inspections by the Norwalk fire inspector. If an emergency requires evacuation, we'll notify you as soon as the children have been relocated to a safe area.
107. Fire, Tornado, Bomb, or other Emergency Situations
  - a. Fire regulations and tornado warning procedures are posted near the exits in each classroom. Fire and tornado drills are conducted every three months; all classrooms are required to participate. In the event of a fire, bomb threat, or other evacuation emergencies, the children and teachers will immediately leave the building and go to each class' designated spot. Once all children are accounted for all classes will meet at:
    - i. Location A: Grass located south of the parking lot
    - ii. Location B: Norwalk Christian Church (701 Main Street Norwalk, IA 50211)
  - b. In case of a tornado, each classroom has a designated area to seek shelter until the emergency is over. Parents will be called as soon as safely possible following an emergency situation. For the safety of children, parents, and staff, we ask that parents do not attempt to pick up their child during an emergency situation.
108. Blizzard/ Severe Winter Weather
  - a. The director will monitor the weather and local news stations throughout the day to determine when it is appropriate to close the center early or cancel care for the following day. The director or site supervisor will post on Brightwheel to inform parents of the situation. Routine classroom activities will continue until parents arrive.

109. Missing or Abducted Child
  - a. Lil' Hands Big Dreams staff are trained to supervise the children at all times. Our staff uses the "name to face" method on Brightwheel in addition to sight and sound supervision throughout daily transitions.
  - b. In the event of a missing child, the staff will search for the child in the immediate area, while another staff member calls the Site Supervisor to help with the search.
  - c. If the child cannot be located in a reasonable amount of time, the Director will notify the Norwalk Police Department and the child's parents.
  - d. In the event of an abducted child, the Site Supervisor must immediately contact the Director and the Norwalk Police Department, and the child's parents.
  - e. An incident report will be completed immediately by those who were caring for the child at the time.
110. Power Failure
  - a. Staff members and children should remain in the classroom and if possible, proceed with activities as usual, or may go to the outdoor playground until power resumes.
  - b. If power cannot be restored within two hours, the center will close and parents will be contacted. The director and site supervisors are responsible for contacting parents to inform them of the closing and of the need to immediately pick up their child.
  - c. Activities will resume as soon as possible until parents arrive.
111. Evacuation
  - a. In the event that Lil' Hands Big Dreams has to evacuate our center and other emergency facilities in Norwalk, you will be notified via the Alert system on Brightwheel with the details on the out of area emergency destination.
112. Photography and Video
  - a. Lil' Hands Big Dreams Child Development and Preschool regularly takes photographs and videos of children enrolled to document development and display children engaged in learning. Lil' Hands Big Dreams retains all rights, title, and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgment. They may be shared with you and other families on "Brightwheel", by email, by posting in the center, in a parent newsletter or placed in a video to commemorate the graduating pre-kindergarten classes progression through the program. They may be used to better communicate with families, to illustrate the daily curriculum, to chronicle a child's development, or to document center activities. Lil' Hands Big Dreams takes care that any use, display, or dissemination of photographs or videos of children is accomplished in a thoughtful and safe manner. Images and videos of students will not be reproduced, posted to our website, internet or social media sites as they are considered confidential.

## Families in the Program

114. Communication *IQPPS 1.1*
  - a. Brightwheel is an app to help parents stay connected with their child and teacher during school hours. This is where you can communicate directly with your child's teachers throughout the day.
  - b. Daily Communication
    - i. Lil' Hands Big Dreams uses Brightwheel to communicate, share photos, notes and activities.
  - c. Weekly and Monthly Communication
    - i. Lil' Hands Big Dreams uses a combination of Brightwheel, classroom email, and newsletters to communicate upcoming events, closures, updates, and more.
115. Brightwheel
  - a. Upon enrollment, you will receive an invite via email or text to set up your Brightwheel account. Through the app, you can communicate with your child's teacher or administration via messaging, as well as pay tuition and receive your child's daily report.
  - b. Create a free Brightwheel account. When you receive an invitation via email or text, please create a free parent account using either the website or mobile app. Make sure to use the same email address or cell phone number that the invitation was sent to.
  - c. Confirm your child's profile. You will see your child's profile after you create an account - you can confirm information such as birthdays, allergies, and additional contacts. If you do not see your child's profile, please contact us with the email address or phone number you used to sign up. You will not see updates within Brightwheel until we start to use it regularly.
  - d. Set your account preferences. You can adjust your notification preferences within your profile settings on the app.
  - e. Add your payment information. Brightwheel offers secure, automated online payments that save time and give you advanced tools and reporting.
116. Check In and Outs
  - a. Lil' Hands Big Dreams uses our Parent Communication App, Brightwheel, to document all check in and outs regarding a child's attendance. Upon your child's arrival at the center, they will be "checked-in" and you will be notified via brightwheel. This check in includes the day, time, child's name, classroom, and who checked them in. The same information is documented when a child is transferred between classrooms or checked out. Communication regarding absences is also done via the Brightwheel app.

- b. All visitors will be required to sign into the office with an administrative personnel and must list the time in/out, name, identification, contact information and reason for the visit.
117. Family vs. Approved Pick-Ups vs. Emergency Contacts
- a. We ask that you add and edit Family Members, Approved Pickups, and Emergency Contacts on your child's profile. When adding contacts, you are given four options: Parent, Family, Approved Pickup, and Emergency Contact. Each one has slightly different functions and privileges, as listed in the chart. We do not recommend listing anyone as an Emergency Contact as emergency contacts do NOT have pick-up privileges. Only parents, family, and approved pickups may check a child out. For more information on how to add contacts to your child's profile, [click here](#).

	Parent	Family	Approved pickup	Emergency contact
Create a brightwheel account	✓	✓	✓	
Can check-in & check-out	✓	✓	✓	
View activity feed	✓	✓		
Send and receive messages	✓	Send only		
View child's profile	✓			
View and pay bills	✓			

118. Newsletters
- a. A monthly newsletter will be posted on the bulletin board in your child's class. If you sign up for Brightwheel a copy will be sent to you. This newsletter provides you with general information and announcements about the center and the detailed weekly themes and announcements.
  - b. A quarterly newsletter will be sent via brightwheel from the center administration office. This newsletter will provide you general information and announcements about the center as a whole including upcoming closure dates and information you will need to know.
119. Parent Teacher Conferences
- a. Parents are invited to schedule a conference at any time. Twice a year we formally schedule a conference with your child's teachers.
  - b. Parent/teacher conferences are a time to discuss the child's experience in the program. It is time to share information, develop a relationship

between parents and staff, discuss concerns that parents or staff might have and, most of all, a time to appreciate the child. It is also an occasion to recognize the efforts of both parents and staff on behalf of the child.

- c. We believe the goals of a high quality child development center are to:
    1. Provide a relaxed, fun and secure learning environment for each child.
    2. Broaden and deepen a child's experience by providing opportunities for new experiences to challenge the child and familiar experiences to master challenges in all areas of development: motor, cognitive, perceptual, social, emotional, language and expressive capabilities.
    3. Promote a sense of positive self-esteem and self-confidence as a competent and capable active learner and member of a community.
    4. Promote those understandings, dispositions and skills that lead to success in future schooling.
  - d. The following is an outline of the potential topic areas a conference may cover:
    1. Daily Life: Sense of Security
      - a. Topics: separation, schedule/ pacing, care.
    2. The Child's Social Experience
      - a. Topics: sense of independence, relationship with adults and children.
    3. Socialization and Self-Control
      - a. Topics: emerging self-control, frustrating situations for the child, response to frustration and coping styles, program/parent efforts to help the child.
    4. Program Participation and Learning
      - a. Topics: favorite activities and interests, exploration and learning style, participation in activities and use of materials, problem solving skills, school readiness skills (for older preschool and kindergarten children).
    5. Special Strengths
      - a. Topics: individual skills, personality factors.
    6. Parent(s)/Staff Questions or Concerns
    7. Follow-up Goals or Concerns from Previous Conferences
120. Family Support *IQPPS 8.1*
- a. While Lil' Hands Big Dreams specializes in providing high-quality early childhood education, we recognize that our students and families may have needs outside early education. We have a variety of ways that we can support our families. These include:
    1. Assist families with locating community resources
    2. Help families obtain emergency assistance in areas such as food, clothing, utilities, housing, and counseling
    3. Assist families with a successful transition to school and community

4. Please reach out to Mr. Brian or Miss Caitlin if you are in need of support.
- b. Please visit our website under the “Family Support” tab for links to more local community resources.

1. Tuition Assistance  
<https://hhs.iowa.gov/child-care>
2. Iowa WIC  
<https://hhs.iowa.gov/WIC>
3. Iowa Child Care Resource and Referral  
<https://iowaccrr.org/families/>
4. WON (Women of Norwalk)  
<https://www.facebook.com/WomenofNorwalk/>
5. NorWALK TogetheR  
<https://www.facebook.com/groups/1149844812392090>
6. Early Childhood Iowa  
<https://earlychildhood.iowa.gov/parents-and-families>

121. Home Language

- a. It is important to Lil’ Hands Big Dreams that all families are given the opportunity to fully understand, interpret, and become involved in their child’s education. Lil’ Hands Big Dreams will work with the family to provide information in the language they are most comfortable with for any family that makes a request.

122. Family Involvement

- a. Lil’ Hands Big Dreams believes that children thrive when the relationship between the family and the center is a partnership. We have an open-door policy—parents and guardians are always welcome at the center, so just let us know when you’d like to come to say hello! We strongly believe in positive two-way communication. Families are encouraged to communicate with teachers and administration in whatever way is most convenient for them. This may include by phone, notes, email, or in person. Information is shared with families through verbal conversations, the Brightwheel app, newsletters, flyers, family bulletin boards, notes, phone calls, posters, conferences, and e-mail. Lil’ Hands Big Dreams has an open-door policy and offers many opportunities to be part of your child’s early learning experience and connect with other families.
- b. Volunteer Information and Opportunities
  - i. Volunteering is always welcome. We would love to have you share your time and talents with the class.
    1. We encourage you to read a book, play an instrument, or share a hobby with the children. Ask your child’s teacher about the many ways you can help.
    2. Donating Items
    3. Lesson plan prep (cutting out items, building structures, etc)
    4. Field trip supervision



5. Eating lunch or snack with your child – please inform the teachers one day in advance
6. Volunteering in your child’s classroom for special events

123. LHBD Family Standards

- a. All Lil’ Hands Big Dreams employees are expected to treat all children and families with respect and dignity. In return, we expect the same from all of our families. If difficulties arise, we encourage families to share their concerns with our administration team verbally or in writing. Inappropriate language directed toward staff and/or in front of children will not be tolerated. Through communication, we will work to resolve the issue. If you are not satisfied with the solution, we encourage you to contact our director, Mary. Please do not confront children or other parents in our program. When any member of the Lil’ Hands Big Dreams community shows behavior that threatens the safety of others or shows repeated disrespect towards other members of our community, LHBD reserves the right to ask the family in question to leave the school immediately and terminate that child’s enrollment at Lil’ Hands Big Dreams.

124. Access Policy

- a. Any person in the center who is not an owner, staff member, substitute, or subcontracted staff or volunteer who has had a record check and approval to be involved with child care shall not have unrestricted access to children for whom that person is not the parent, guardian or custodian, nor be counted in the staff to child ratio. Unrestricted access means that a person has contact with a child alone or is directly responsible for child care.
- b. Persons who do not have unrestricted access will be under the direct supervision and monitoring of a paid staff member at all times and will not be allowed to assume any child care responsibilities. The primary responsibility of the supervision and monitoring will be assumed by the Center Director, Mary, unless he/she delegates it to the Business Manager, Brian, due to a conflict of interest with the person. Lil’ Hands Big Dreams Buildings are locked at all times and only staff may open doors for visitors. If staff doesn’t know the visitor they shall ask for ID or get the On-Site Supervisor/Assistant Director. Center staff will approach anyone who is on the property of the center without their knowledge to ask what their purpose is.
- c. If a staff member is unsure about the reason, the Owner/Director/Site Supervisor is to get approval for the person to be on site. If it becomes a dangerous situation, staff will follow the “Dangerous Adult” procedure. Non-agency persons who are on the property for other reasons such as maintenance, repairs, etc., will be monitored by a paid staff member and will not be allowed to interact with children on the premises.
- d. A sex offender who has been convicted of a sex offense against a minor (even if the sex offender is the parent, guardian, or custodian) who is required to register with the Iowa sex offender registry:

- i. Shall not operate, manage, be employed by, or act as a contractor or volunteer at the child care center.
  - ii. Shall not be on the property of the child care center without written permission from the Owner/Director, except for the time reasonably necessary to transport the offender's own minor child to and from the center. The Owner/Director is not obligated to provide permission and must consult with their licensing agent first.
- 125. Affidavit Policy
  - a. At times families may be dealing with difficult situations at home. When legal matters are present in the home, families may need to collect affidavits for their legal team. Due to the nature of the relationship between caregiver and child, families may choose to ask a Lil' Hands Big Dreams staff member to provide such a statement. Our program's priority is providing the best possible care when children are away from home and our focus will remain on the child, making sure all their needs are met during what could be a difficult time at home. Lil' Hands Big Dreams staff members will not provide written statements or affidavits of a professional nature to families.
- 126. Program Evaluation *IQPPS 10.15*
  - a. "The program offers staff and families opportunities to assist in making decisions to improve the program. Collaborative and shared decision making is used with all participants to build trust and enthusiasm for making program changes. Staff and families meet at least annually to consult on program planning and ongoing program operations."
    - i. Lil' Hands Big Dreams asks parents to complete a program evaluation annually. The information gathered from these anonymous surveys is used by the staff to develop goals for our center and to improve the overall quality of care at our center. A parent's point of view is different from a teacher's point of view. Therefore, parent feedback on the program evaluations is very important to the success of our program and satisfaction of our families.
    - ii. Lil' Hands Big Dreams will conduct a center wide parent meeting annually to review program changes, updates, questions and concerns of the parents.

**These policies are subject to change at the discretion of Lil' Hands Big Dreams Child Development and Preschool. This document will be regularly reviewed and updated in order to ensure that all policies and procedures are functioning as intended, and to ensure the health and safety of all staff and students.**