

# Des Moines Area Community College Early Childhood Education Student Handbook



Revised June 2024

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## Introduction to the DMACC Child Development Center

This handbook contains policies, procedures, professional standards and other important information about the DMACC Child Development Center. Also included are the expectations for students as they complete different lab experiences required in the program. Your responsibility as a student enrolled in a lab experience is to be familiar with and follow to program policies, procedures, professional standards and information outlined in this handbook and seek clarification if you are unsure.

Your Early Childhood Education coursework includes both lecture-based and lab experiences. In the lab experiences, you will have the opportunity, over an extended time period, in a professional setting, to apply the knowledge you gained in your lecture-based coursework. You will not be expected to have learned all you will need to know! Your peers in the course, cooperating teachers and instructors are all here to support, coach and mentor you throughout these experiences.

When starting lab experiences, it is normal to experience some anxiety! Beginning your lab experiences can be overwhelming, but as you become familiar with the classroom schedules and routines, begin to develop relationships with children and your cooperating teachers, you will find the anxiety fades!

## Standards We Follow

### Iowa Department of Human Services Licensing Standards and Procedures

The DMACC Child Development Center is licensed by the Iowa Department of Human Services.

### National Association for the Education of Young Children - Early Childhood Program Accreditation

The NAEYC Academy for Early Childhood Program Accreditation administers a national, voluntary accreditation system to help raise the quality of all types of preschools, kindergartens, and child care centers. Currently there are more than 10,000 NAEYC accredited programs, serving nearly one million children and their families. Since the system began in 1985, NAEYC Accreditation has provided a powerful tool through which early childhood professionals, families, and others concerned about the quality of early childhood education can evaluate programs, compare them with professional standards, strengthen the program and commit to ongoing evaluation and improvement. For additional information on NAEYC Early Childhood Program Accreditation, use the following link: <http://www.naeyc.org>.

### Iowa IQ4K

Iowa Quality for Kids (IQ4K®) is Iowa's new Quality Rating and Improvement System (QRIS) for Department of Health and Human Services (HHS) licensed Child Care Centers and preschools, registered Child Development Homes and programs operating under the authority of an accredited school district or nonpublic school. IQ4K® provides five levels of quality (building blocks) that programs can achieve and continue to improve on. By implementing Continuous Quality Improvement (CQI), IQ4K® allows programs to assess their current grade across all areas of programming and devise a structured plan to increase the overall level of program quality. When you participate with IQ4K®, you could be eligible to earn an [Achievement Bonus](#) to support your program. The money is yours to enhance the overall quality of your program.

<https://iowaccrr.org/providers/iq4k/>

# DMACC Child Development Center Philosophy and Mission Statement

The program has a well-articulated mission and philosophy of program excellence that guides its operations. The goals and objectives relate to the mission, philosophy, and all program operations and include child and family desired outcomes

## Philosophy Mission Statement

We are committed to the unified purpose of providing high quality early care and education for children of DMACC students, staff and faculty while building skills and knowledge for Early Childhood students through hands-on education

We believe children learn best when:

- They are given a variety of developmentally appropriate activities in an environment that allows for child initiated participation together with teacher encouragement.
- They are exposed to a variety of ideas and concepts with a wide array of hands-on experiences.
- They feel safe and secure.
- They receive nutritionally balanced meals and snacks, and practice good health habits.
- They are guided and directed with positive, non-punitive techniques and expectations are clear, overt and age appropriate.

## Goals

The goals for the children who attend the center are development of positive self-concept and skills for life-long learning. We support these goals by providing the following experiences (excerpts from *Standards of Experience*, Dr. Lilian G. Katz):

- Providing opportunities to use meaningful investigation of their world.
- Encouraging children to intellectually examine events and objects around them and using their investigations to suggest, plan and implement activities.
- Engaging in meaningful extended conversations and discussions with peers and significant adults.
- Developing self-control as they help others solve problems and gain confidence in overcoming obstacles, facing setbacks, and solving problems.
- Building a sense of belonging within the family, classroom and community by providing real experiences so children can respect themselves and others.
- Outdoor and large motor play, healthy eating and habits.
- Supporting and engaging families as their children's most influential teachers.

## Orientation Requirements for DMACC Child Development Staff and Students

As part of NAEYC Accreditation requirements, the DMACC Child Development Center is required to prepare both staff and students prior to taking on their designated rolls in the lab. Below you will find the specific information that is required to be part of the orientation. All of these items are covered later in the handbook.

### Orientation for New Staff and Field Experience Students

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

- a. program philosophy, values, and goals;
- b. expectations for ethical conduct;
- c. health, safety, and emergency procedures;
- d. individual needs of children they will be teaching or caring for;
- e. accepted guidance and classroom management techniques;
- f. daily activities and routines of the program;
- g. program curriculum;
- h. child abuse and neglect reporting procedures;
- i. program policies and procedures;
- j. NAEYC Early Childhood Program Standards; and
- k. regulatory requirements.

#### Procedure:

Information about the items listed above is included in the DMACC Child Development Center Staff and Student handbooks with the exception of item “d” (this information is shared with students, as needed, during lab experiences). Students completing ECE 262: Early Childhood Field Experience are used in ratio for portions of the day making the above information important to support them in this role. Field Experience students are provided with the Student Handbook during an orientation several weeks prior to the start of the experience. Students are required to read the handbook prior to starting Field Experience. At the start of the semester, students are given the opportunity to ask questions and clarify content read in the handbook and then complete a student handbook checklist (see appendix for a copy) indicating they understand and must adhere to the program policies and professional standards/rules identified and will seek clarification when unsure. Follow-up training expands on the initial orientation.

### Orientation for Guidance Lab and Curriculum II Lab Students

Substitutes, volunteers, and other adults are given a preliminary orientation that introduces them to fundamental aspects of program operation before the begin working with children. The orientation includes:

- a. health, safety, and emergency procedures;
- b. accepted guidance and classroom management techniques;
- c. child abuse and neglect reporting procedures; and
- d. regulatory requirements

#### Procedure:

Information about the items listed above are included in the DMACC Child Development Center Staff and Student handbooks. Students completing ECE 343: Early Childhood Guidance Lab and ECE 359: Early Childhood Curriculum II Lab are considered volunteers in the program and are not used in ratio. Guidance and Curriculum II Lab students are provided a Student Handbook during an orientation on the first day of class with emphasis on the areas listed above. Lab students are required to read the handbook prior to their second day of lab and receiving ongoing mentoring as they build their knowledge about best practices for early childhood programs.

On the second day of lab, students are given the opportunity to ask questions and clarify content read in the student handbook and then complete a student handbook checklist (see appendix for a copy) indicating they

understand and must adhere to the program policies and professional standards/rules identified and will seek clarification when unsure. Students work with children under the direct supervision of qualified teaching staff. Follow-up training expands on the initial orientation.

**CPR/First Aid Certification Policy: NAEYC Early Childhood Program Standard 5.A.03**

At least one staff member who has a certificate showing satisfactory completion of pediatric first-aid training and satisfactory completion of pediatric CPR is always present with each group of children.

**Procedure:**

All DMACC Child Development Center teaching staff are required to have current CPR/First Aid Certification as well as current Universal Precautions Certification and Mandatory Child Abuse Reporter Training Certification. ECE 262: Early Childhood Field Experience students are required to maintain these same certification requirements while completing this course.

## Ethics and Professionalism

All teaching staff know and use ethical guidelines in their conduct as members of the early childhood profession. (For NAEYC's Code of Ethical Conduct, please visit: [http://www.naeyc.org/positionstatements/ethical\\_conduct](http://www.naeyc.org/positionstatements/ethical_conduct)).

### NAEYC Code of Ethical Conduct Statement of Commitment

As an individual who works with young children, I commit myself to furthering the values of early childhood education as they are reflected in the ideals and principles of the NAEYC Code of Ethical Conduct. To the best of my ability I will:

- Never harm children
- Ensure that programs for young children are based on current knowledge and research of child development and early childhood education.
- Respect and support families in their task of nurturing children.
- Respect colleagues in early childhood care and education and support them in maintaining the NAEYC Code of Ethical Conduct.
- Serve as an advocate for children, their families, and their teachers in community and society.
- Stay informed of and maintain high standards of professional conduct.
- Engage in an ongoing process of self-reflection, realizing that personal characteristics, biases, and beliefs have an impact on children and families.
- Be open to new ideas and be willing to learn from the suggestions of others.
- Continue to learn, grow, and contribute as a professional.
- Honor the ideals and principles of the NAEYC Code of Ethical Conduct.

\* This Statement of Commitment is not part of the Code but is a personal acknowledgment of the individual's willingness to embrace the distinctive values and moral obligations of the field of early childhood care and education. It is recognition of the moral obligations that lead to an individual becoming part of the profession.

Students enrolled in the Early Childhood Education program must accept responsibility for ethical behavior as defined by the National Association for the Education of Young Children (NAEYC) Code of Ethics in verbal, physical, and written interactions. Ethical behavior must be demonstrated at all times, especially when a student is in a field based classroom setting with children. Prior to the start of any lab experience, students sign a Code of Ethics agreement ([see appendix for a copy](#)).

### Confidentiality Policy

The DMACC Child Development Center strongly adheres to the National Association of the Education of Young Children (NAEYC) Code of Ethical Conduct. In this code the following statement addresses confidentiality, "We shall maintain confidentiality and shall respect the family's right to privacy, refraining from disclosure of confidential information and intrusion into family life."

### Confidentiality Procedure

Behaviors that would be considered a breach of this confidentiality policy include, but are not limited to:

- Talking with other individuals in or out of the Early Childhood Education program about families in a non-confidential environment
- Use of pictures of children and families of the DMACC Child Development Center for non-education purposes or for any reason without permission of the family.
- Sharing any information about children and families on any social networking site (for example, Facebook)

Failure to follow the above professional ethics guidelines could result in the filing of an academic misconduct report with the Judicial Office at Des Moines Area Community College.



## 10 Tips for Being a Professional

(adapted from Early Childhood Education Today 11<sup>th</sup> Edition by George Morrison)

1. ***I am honest and trustworthy.*** I present myself to all constituents (staff, students, parents, administration, and the community) in such a way that they know I can be depended on. I am ethical and have integrity so that I never misrepresent the profession, my school, or my district.
2. ***I am fair and strive diligently not to discriminate.*** I respect and attempt to celebrate the diversity of all cultures represented in our school. My practice is guided by the values of equality, tolerance, and respect for others.
3. ***I respect the privacy of others.*** I gather personal information for the specific purpose of informing my practice. This personal information is not used for purposes that might harm or compromise the trust of my students or their families.
4. ***I honor confidentiality.*** I discuss my students' progress, behavior, attitudes, and family circumstances with the support personnel who need the information for the sole purpose of helping me design programs to support my students intellectually, physically, socially, and emotionally. My discussions take place in the proper manner, context, and setting – not in the school halls or teachers' lounge.
5. ***I acquire and maintain professional competence.*** My most important obligation is to achieve quality. I am aware of my students' needs, interests, and abilities. I determine the best ways to import concepts to my students and, thus, employ multiple paths to learning. I understand the standards for appropriate levels of competence and strive to achieve these standards. I participate in independent study, attend seminars, conferences, and/or courses, and am involved in professional organizations. I collaborate with families, the community, and my colleagues.
6. ***I know and respect existing laws pertaining to my profession.*** I obey existing local, state, and national laws that are established on the ethical basis. I obey the policies and procedure of my school and district.
7. ***I honor contracts, agreements, and assigned responsibilities.*** I honor my commitment requires me to use my personal resources, expend extra energy, and work hours that extend past the school day and year. I accept personal accountability for professional work. I am a contributing member of my school community, even when the assigned duties or voluntary tasks do not directly affect my classroom and/or students.
8. ***I improve public understanding of teaching and the profession.*** I willingly share knowledge with the public by encouraging understanding of the educational process and counter any false views related to the profession, my school, and my district. I seek opportunities to speak with policy makers and the community about the importance of supporting education.
9. ***I communicate effectively.*** My spoken communication is intelligible and suited to the audience. My written communication is free of spelling and grammatical errors. I make provisions for children and parents who have differing levels of understanding and use of the English language.
10. ***I am cognizant of my appearance.*** I dress appropriately for each situation, but always in a manner that represents the professionalism in a positive light. As a role model for students, I am purposefully neat in my attire.

**Professional Dress/Appearance**

Students receive specific expectations for professional dress and appearance in their lab courses and sign the Student Professional Appearance Contract (see appendix for a copy).

**Cell Phone Use**

Students receive specific expectations for cell phone use in their lab courses and sign the Cell Phone Policy and Procedure (see appendix for a copy).

# Supervision of Children

## Supervision

Teaching staff supervise infants and toddlers/twos by sight and sound at all times.

Teaching staff supervise children primarily by sight. Supervision for short intervals by sound is permissible, as long as teachers check frequently on children who are out of sight (e.g. those who can use the toilet independently, who are in the library area, or who are napping).

### **Procedure:**

Supervision is an important aspect of classroom management. There are several components of supervision used to support a safe learning environment for children. They include: body positioning, scanning the environment and communication with other teachers.

- **Body Positioning**  
Position your body so you are always able to see the children. If you are on your knees in the classroom, be sure you can see over the shelving units so that you are aware of children's whereabouts at all times.
- **Scanning the Environment**  
Scan the environment (classroom, playground, etc.) often and thoroughly. This allows you to be constantly aware of what is happening in the environment.
- **Communication with Other Teachers**  
Talk with other teachers throughout the day regarding supervision needs. For example, "Amanda, I am going to help with toileting. Can you sit over near dramatic play since I cannot see that area from the bathroom?"

Note the difference in supervision expectations for children 0-2 and children 3 and above. Infants, toddlers and twos need a higher rate of supervision and should always be supervised by sight and sound. With preschool aged children, supervision for short intervals by sound is permissible as long as teachers check frequently on children who are out of sight. An example may be a child who is using the toilet.

## **Ratio**

Written procedures address the maintenance of developmentally appropriate teaching staff-child ratios within group size to facilitate adult-child interaction and constructive activity among children. Teaching staff-child ratios within group size are maintained during all hours of operation, including:

- a. indoor time,
- b. outdoor time, and
- c. during transportation and field trips (when transporting children, the teaching staff-child ratio is used to guide the adult-child ratio). Groups of children may be limited to one age or may include multiple ages. (A group or classroom consists of the children assigned to a teacher or a team of teaching staff for most of the day and who occupy an individual classroom or well-defined space that prevents intermingling of children from different groups within a larger room or area.)

**Procedure:**

The staff-to-child ratio follows the Iowa Department of Human Services Child Care Center Licensing Regulations:

<b>Age of Children</b>	<b>Minimum Ratio of Staff to Children</b>
Two weeks to two years	One to every 4 children
Two years	One to every 6 children
Three years	One to every 8 children
Four years	One to every 12 children
Five years to ten years	One to every 15 children

**a.** Combinations of age groupings for children four years of age and older may be allowed and may have staff ratio determined on the age of the majority of the children in the group. If children three years of age and under are included in the combined age group, the staff ratio for children aged three and under shall be maintained for these children. Preschools shall have staff ratios determined on the age of the majority of the children, including children who are three years of age.

**b.** If a child between the ages of 18 and 24 months is placed outside the infant area, as defined at subrule 109.11(2), the staff ratio of 1 to 4 shall be maintained as would otherwise be required for the group until the child reaches the age of two.

**c.** Every child-occupied program room shall have adult supervision present in the room.

**d.** During nap time, at least one staff shall be present in every room where children are resting. Staff ratio requirements may be reduced to one staff per room where children are resting for a period of time not to exceed one hour provided staff ratio coverage can be maintained in the center. The staff ratio shall always be maintained in the infant area.

**e.** The minimum staff ratio shall be maintained at mealtimes and for any outdoor activities at the center.

**f.** When seven or more children under the age of three are present on the licensed premises or are being transported in one vehicle, at least two adult staff shall be present. Only one adult is required when a center is transporting children in a center-owned vehicle with parent authorization for the sole purpose of transporting children to and from school. When a center contracts with another entity to provide transportation other than for the purpose of transporting school-age children to or from school, at least one adult staff in addition to the driver shall be present if at least seven children provided care by the center are transported (this program does not transport).

**g.** Any child care center-sponsored program activity involving five or more children conducted away from the licensed facility shall provide a minimum of one additional staff over the required staff ratio for the protection of the children.

**h.** For a period of two hours or less at the beginning or end of the center's hours of operation, one staff may care for six children or less, provided no more than two of the children are under the age of two years.

As a NAEYC accredited center, our program uses the recommended teacher-child ratios and maximum class sizes identified in the NAEYC Early Childhood Program Standards and Accreditation Criteria. The chart below outlines these best practices.

10.B.12		I-T-P-K			Always				O, PP			
<p><i>The following Teacher-Child Ratios within the Class Size Chart should be used for best practices. Assessor will rate this criterion according to the highest ratio and class size for each Age Category (Infant, Toddler/Two, Preschool, and Kindergarten).</i></p>												
Teacher-Child Ratios within Class Size (assessed in Criterion 10.B.12)												
Age Category	Age Range <sup>1</sup>	Class Size <sup>2</sup>										
		6	8	10	12	14	16	18	20	22	24	30
<i>Infant</i>	Birth to 15 months	1:3	1:4									
<i>Toddler /Two</i>	12 to 28 months	1:3	1:4	1:4 <sup>3</sup>	1:4							
	21 to 36 months		1:4	1:5	1:6							
<i>Preschool</i>	30 to 48 months (2½ to 4 years)				1:6	1:7	1:8	1:9				
	48 to 60 months (4 to 5 years)						1:8	1:9	1:10			
	60 months to Kindergarten Enrollment (5 years to Kindergarten Enrollment)						1:8	1:9	1:10			
<i>Kindergarten</i>	Enrolled in any public or private kindergarten								1:10	1:11	1:12	
<p><sup>1</sup> These age ranges purposefully overlap. If a class includes children whose ages range beyond the overlapping portion of two age categories, then the class is a mixed-age class. For mixed-age classes, universal criteria and criteria relevant to the age categories for that class apply.</p> <p><sup>2</sup> Class sizes as stated are ceilings, regardless of the number of staff.</p> <p><sup>3</sup> Class size of 10 is permissible for this age range, but an additional adult is required to stay within the best practice ratio.</p>												

## Guiding Young Children

### Positive Guidance Strategies

Cooperating teachers and students will use developmentally appropriate, positive guidance strategies to support children. Guidance strategies used may vary from classroom to classroom as teachers and students respond to each child's individual temperament, development, etc. though also emphasizing teaching a child what they can do rather than what they cannot. Teachers will provide children with a clear and consistent routine and expectations. These expectations will be clearly communicated to children in a variety of ways (verbal communication, gestures, visual cues, modeling, etc.)

Positive Guidance is an important aspect of our early childhood program. Positive guidance includes guidance techniques for a respectful interaction between an adult and a child. These techniques promote developmentally appropriate social behaviors in children, as well as positive self-concept in the child. The following guidelines have been developed to create a positive caring environment where children feel successful, confident, and respected. We commit ourselves to consistently using the following guidelines with the children in our care:

- **Give positive direction:** Avoid the use of negative words such as “don’t”, “not” or “can’t” as much as possible. Think about what you want the child to do, and state your directions positively and accordingly and give the reason for your request: “That wall is getting too high, it might fall and hurt someone. Let’s start a new one over here.” Instead of, “Don’t put any more blocks there.”
- **Redirect rather than suppress:** Children have a right to their feelings. If they are angry, you might suggest a socially acceptable way to help them work out their feelings, such as, “We pound the clay.” Redirection is likely to be most effective when you suggest something that meets the need expressed in their behavior.
- **Model appropriate behavior and communication:** Children learn best through imitation. Modeling appropriate behavior and communication is a very important role of a teacher. When talking with children, use correct English and refrain from slang expressions.
- **Encourage positive problem solving behaviors:** Children sometimes need your help solving a problem. By encouraging behaviors such as cooperating, helping, and using nice words, you are helping children learn how to positively and successfully solve their problems.
- **Use your voice as a teaching tool:** Be quiet in manner and tone. Go to the child and speak quietly. Children are expected to use quiet voices inside the building, and you are to set a good example by doing the same.
- **Using praise or disapproval:** This should be consistently given for a definite type of behavior – friendly but firm. Avoid using shame or blame or giving the child a sense of guilt. Show disapproval of a child’s actions, but never of the child. Be sure to tell the child what you like about what he does. The more problems a child has, the more he needs your love and understanding.
- **Giving Choices:** Give a child a choice only when you are willing for her to do what she chooses. “Do you want a turn on the swing?” may be used. “Do you want to wash your hands for snack?” is not a choice and should not be stated as one.
- **Avoid Competition:** Avoid situations that encourage competition. Trying to be the first one through, or to ‘paint the best picture’ or race to put the toys away are poor procedures.
- **Food as a Reward:** Food is never used as an award for positive or negative behavior.

## Challenging Behavior

Teachers address challenging behavior by:

- a. assessing the function of the child's behavior
- b. convening families and professionals to develop individualized plans to address behavior
- c. using positive behavior support strategies

### Procedure:

- a. In the DMACC Child Development Center, we utilize functional assessment using a standard form for collecting data (see appendix for a copy). We start by clearly identifying the child's behavior(s), the frequency and intensity of the behavior, identify triggers of the behavior, consider other factors that might be related to the behavior (diet, sleep, medications, etc.), and identify the purpose of the behavior. This data is used to determine the interventions that are most likely to support a decrease in the behavior.
- b. With functional assessment it is important to communicate with families as they are the individuals most familiar with the child. Families can participate by collecting data too. It is important to have as much information as possible about situations that predict challenging behavior and situations where appropriate behavior is observed. Data across different settings (for example, from both home and school) is helpful too. Staff of the DMACC Child Development Center and families communicate openly and regularly about challenging behaviors. In some cases, a joint decision is made to involve professionals outside of the program for additional support with this process.
- c. In the DMACC Child Development Center, the staff employs a variety of positive behavior support strategies with children. In addition, Early Childhood Education students are learning about these strategies in their lecture-based coursework and practicing these strategies in their lab experiences with mentoring and coaching from lab instructors and their cooperating teachers in the classroom. Both the Early Childhood Education program and the DMACC Child Development Center use the following resource frequently:

Center on the Social and Emotional Foundations for Early Learning (CSEFEL)  
<http://csefel.vanderbilt.edu/>

## Positive Behavioral Interventions and Support (PBIS)

The DMACC Child Development Center will implement the PBIS guidance strategies taught in the Early Childhood Guidance and Early Childhood Guidance Lab courses. These strategies place a focus on positive social-emotional development in young children.

### Classroom Rules

- Be Safe
- Be Responsible
- Be Respectful
- Be Kind

These are the basic, universal program rules. Each classroom will have expansions/specifics on these rules based on developmentally appropriateness.

## Foster Independence

One of the goals of our center is to encourage the children's independence in performing age appropriate tasks.

- **Give the children time and freedom:** Children need this time and freedom to discover how to use the equipment, materials, and toys.
- **Avoid jumping right in to do it for the child:** If the child needs assistance, first give verbal directions or ask helpful questions. Giving the minimal amount of "adult hands-on" help gives the child a chance to use his/her own skills and abilities. This becomes especially important with dressing skills and toileting skills.
- **Encourage and praise:** It is a time to learn, and as teachers, you will need to encourage and praise even the smallest effort. You will need lots of patience; allow children time to do things for themselves.

## Communication/Involvement

Learning the right degree of involvement takes time. The most important task is the help children feel comfortable so they can socialize and communicate with each other.

- **Helping children develop language skills:** As meaningful questions, talking about what they are doing or playing with is one approach. Another is to allow the children to discover the use of the toys and materials on their own and then discuss the results.
- **Facilitate play among children:** Encourage children to play with their peers. This may also mean that you become a part of their play!
- **Listening to children:** By listening to children, you give them their opportunities to develop their language skills. You also learn from children – what their thoughts and interests are and also at what level of development (language and conceptual) they are.
- **Being at eye level with children:** Sitting and kneeling down to the child's level is the best way to approach children. It is easier for children to relate and talk to you when you are at their level. Talking to children in a natural voice helps them feel important.
- **Be friendly and accessible to children:** Seek to establish a rapport with the children that says, "I am your friend, I like you. I think you can manage this situation, but I am here if you need me."

## Respecting Children and Families

Children respond positively when they feel respected, just as adults appreciate feeling respected. It is important to develop mutual respect in a relationship with a child. As well as respecting children, it is also important to respect their families. These families trust us with their children and must feel respected and comfortable upon their departure each day. The following are steps to take in building a positive relationship with children and families where mutual respect is present:

- **Learn the children's names and their correct spelling:** The children will wear nametags each day. If you see a child who does not have a nametag on, try to locate it and put it on.
- **Do not force yourself on children or families:** Some children need lots of "space" and time to adjust. Don't expect them to talk to you right away and avoid rushing them to leave their family. If they are clinging to their family who needs to get to class/work, ask the parent if they would like you to take the child.



- **Use proper pronouns when speaking with children:** Use pronouns such as “I” or “me” when the sentence calls for it. For example, say, “Bring the book to me.” NOT “Bring the book to Susan.” If you treat children with respect and dignity, they will soon learn your name. If a child calls you “teacher,” it is appropriate to say, “My name is Susan. If you call me Susan, I will know you want to talk to me.” Remember they are learning a lot of new names and faces too!
- **Avoid using the terms “big boy” or “big girl”:** This is neither respectful, flattering, nor constructive. This includes reference to “big boy” pants when working on toilet training. Growth is a process of nature, not a goal to be achieved.

### **Contact with Families Outside of the Center**

Student contact with children and families outside of the DMACC Child Development Center must be initiated by the family. Contact includes written and verbal communication, visiting or calling the child and/or family, providing child care services, etc.

### **Expectation of Students**

You will be assisting in all of the routines of daily care. It is important that we keep children’s daily routines consistent. Cooperating teachers will give you specific instructions about individual needs of children as the situations arise. If you are not sure about something, just ask. Each classroom in the DMACC Child Development Center follows a daily schedule with predictable routines. Daily schedules are posted in each individual classroom. The daily schedule includes:

- Snacks/meals
- Indoor/outdoor play
- Child initiated/teacher directed learning
- Individual/small/large group experiences

## Curriculum

- The program has a written statement of philosophy and uses one or more written curricula or curriculum frameworks consistent with its philosophy that address central aspects of child development (2.A.01).
- A clearly stated curriculum or curriculum framework provides a coherent focus for planning children's experiences. It allows for adaptations and modifications to ensure access to the curriculum for all children. (2.A.02)
- The curriculum guides teachers' development and intentional implementation of learning opportunities consistent with the program's goals and objectives (2.A.03).
- The curriculum can be implemented in a manner that reflects responsiveness to family home values, beliefs, experiences, and language (2.A.04).
- Curriculum goals and objectives guide teachers' ongoing assessment of children's progress (2.A.05)

### Procedure:

- The DMACC Child Development Center utilizes both the Creative Curriculum and Project Approach curricula frameworks to support the growth of children in a way that is congruent with the program's philosophy.
  - Creative Curriculum: model believes that children learn best when they are actively involved with materials and with others. The curriculum supports active learning and promotes progress in all developmental areas for all children by helping teachers plan and implement content-rich, developmentally appropriate activities.
  - Project Approach: refers to a set of teaching strategies that enable teacher to guide students through in-depth studies of real-world topics. Projects come from the interest of the group so it can multitude of subjects. A project, by definition, is an in-depth investigation of real –word topics worthy of a student's attention and effort. It provides a hands-on learning experience that will help motivate them and create a love for leaning that will continue on with then for hopefully the rest of their educational experiences. It is an authentic learning model that extend beyond the classroom to each child's home and community.
- Learning experiences focus on all areas of development (cognitive, social-emotional, language and physical-motor) as well as content areas (science, math, social studies, etc.), are connected to one or more learning objectives, are developmentally appropriate, and can be modified or adapted to support each and every child.
- Learning experiences are planning using the curricular frameworks identified above ensuring the experiences provided to children are developmentally appropriate and model best practices. The curricular frameworks pair well with the learning goals and objectives utilized by the program. Learning experiences are intentionally planned to provide opportunities for children to work towards learning goals and assessment data is used to determine strengths and needs of both individuals and groups and to inform future planning.
- Learning experiences are responsive to the cultural, linguistic and ability diversity of children and their families.

- The DMACC Child Development Center uses Teaching Strategies Gold Objectives for Development and Learning. The teaching staff assess children throughout the year using these learning objectives and have four identified checkpoints where this data is shared with families and submitted to the Iowa Department of Education. ECE students gain experience with this process during the Field Experience course where they select and document the progress of a focus child towards these learning objectives.

### **Play Settings**

Teachers provide time daily for

- a. Indoor and
- b. outdoor activities (except when conditions pose a health risk as defined by local health officials)

### **Procedure**

Daily schedules allow for both indoor and outdoor activities each day (see appendix for a copy).

## Outdoor Play

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

### Procedure:

The DMACC Child Development Center values outdoor play as a valuable learning opportunity. The daily schedule allows for extended periods of outdoor play at multiple points in the day. Outdoor play occurs throughout the year though modifications may be made due to weather, air quality, and environmental safety conditions (determinations for potential risk will be made by DMACC or local health officials). For example, on colder winter days, outdoor time may be shortened or on hot summer days, outdoor time may be moved in the schedule to occur earlier in the day when temperatures are more comfortable for children. To check AQI (Air Quality Index) staff will use [www.airnow.gov](http://www.airnow.gov). During unhealthy AQI days, strenuous outdoor activities are avoided, or children stay indoors.

When outdoor play is not available (storms, low wind-chills or high heat-index) alternative large-motor opportunities are provided within the classroom and/or the DMACC gym is used. Indoor equipment for large-motor activities will not require a fall zone and will be fully supervised when in use.

Staff and Teachers are to:

- Complete an assessment of the playground to be sure areas are clear of any debris and look safe for children.
- Space themselves out across the playground area
  - Every section should have a teacher supervising
  - Staff/teachers will not be clumped together standing or talking
  - Staff/teachers will place themselves so they can see the entire playground at all times

### Outdoor Safety

To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that:

- a. Children wear clothing that is dry and layered for warmth in cold weather.
- b. Children have the opportunity to play in the shade. When in the sun, they wear sun-protective clothing, applied skin protection, or both. Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin only with written parental permission to do so (see appendix for a copy).
- c. When public health authorities recommend use of insect repellents due to high risk of insect-borne disease, only repellents containing DEET are used, and these are applied only on children over 2 months of age. Staff apply insect repellent no more than once a day and only with written parental permission.

### Cold Weather Dressing

Families will be encouraged to dress children in weather appropriate clothing. In warm weather months, families are encouraged to dress children in sun protective clothing and hats. Children will be required to wear close toed shoes (no flip flops) to protect feet throughout the year. In cold weather months, families are encouraged to dress their children in layers. Families will be asked to send snow clothes in the winter (winter coat, snow pants, boots, hat, scarf, waterproof mittens). Extra cold weather clothing will be on hand, if needed, for children. Reminders will be included in newsletters, e-mail communications, etc.

## Sun-Protective Clothing

Families will be encouraged to dress their children in sun-protective clothing (clothing made with fabrics rated for ultraviolet protection, or clothing that protects skin areas most prone to sun damage). Examples of sun-protective clothing include: broad-brim hats, long sleeve shirts, full-length pants/skirts. Families will also be encouraged to use sunscreen that protects against both UVA and UVB radiation and is SPF 15 or higher and is referred to as “broad spectrum” sunscreen. This information will be shared in newsletters, classroom updates and/or information sent to families about the sunscreen policy and procedure.

## Sunscreen Procedure

- Sunscreen will be applied, with parental consent, during the months of April through October. Mid-March, families will be sent a letter reminding them of the sunscreen policy and requesting they bring sunscreen with a SPF of 15 or higher for their child. Reminders will be included in e-mail communications and classroom newsletters as well.
- Sunscreen will be applied to children ages 6 months and older. Infants younger than 6 months should wear protect clothing and stay out of direct sunlight. Caregivers should seek shade for infants under a tree, umbrella, stroller canopy, etc.
- Sunscreen will be provided by the child’s family. Lip balm may be provided if the family feels necessary. These products must be in an original container and labeled with the child’s name.
- Families must sign a consent form allowing teachers to apply sunscreen and/or lip balm to their child prior to outdoor activities.
- Teachers will wear gloves to apply sunscreen in a thick layer evenly on all exposed skin areas except eyelids, mouth, and palms of hands and fingers 30 minutes prior to outside activities. Children may help with this process if appropriate.
- Teachers will wear a new pair of gloves for application of sunscreen with each child.
- Teachers will document on the Permission for Administering Medication form the time and date of each sunscreen application (see appendix for a copy).
- Teachers will reapply the sunscreen according to label directions every 2 hours.
- If requested by families, lip balm will be applied by a teacher each time the child goes outside.
- Sunscreen and lip balm will be stored in a locked cabinet in the classroom.

## Insect Repellent Procedure

- The use of insect repellent is optional and will be used only as requested by families. Families requesting the use of insect repellent will provide the repellent in its original container labeled with the child’s first and last name. Families must provide written permission allowing teachers to apply insect repellent to their child prior to outdoor activities (see appendix for a copy).
- Insect repellent does not have to contain DEET though insect repellents containing DEET offer the broadest protection against mosquitoes, ticks, flies, chiggers, and fleas. If a DEET repellent is used, the teacher should confirm the concentration of DEET is 30% or less.
- Per family request, insect repellent will be applied to children 2 months and older immediately after going outside to limit fumes within the classroom. Insect repellent will be applied by teachers (children may not apply insect repellent).
- Products that combine insect repellent and sunscreen should not be used. If sunscreen is used, apply sunscreen first. Aerosol sprays are not recommended. Pump sprays are a better choice. Regardless of the type of spray used, teachers should spray the insect repellent into her/his hand and then apply to the child. Teachers will put a clean glove on their hand prior to each repellent application.
- Teachers will document on the Bug Spray Application Form the time and date of each insect repellent application (see appendix for a copy).
- Remove insect repellent by washing with warm water and soap when the child comes indoors and before the child eats.
- Teachers will reapply insect repellent according to the label directions.
- Insect repellent will be stored in a locked cabinet in the classroom.
- Teachers should practice hand hygiene after applying any insect repellent to children.

## Assessment

Programs conduct assessments as an integral part of the program. Programs use assessments to support children's learning, using a variety of methods such as observations, checklists, rating scales, and individually administered tests.

### **Procedure:**

Assessment of each child's development in an early childhood education program is essential to planning the learning experiences that are developmentally, culturally, socially and individually appropriate. On-going assessment of a child's development is key to the work that we do with children. The Child Development Center uses Creative Curriculum Teaching Strategies Gold, Ages and Stages and other assessment tools to determine and plan for children's developing abilities.

## Family Involvement

Families may visit any area of the facility at any time during the program's regular hours of operation as specified by the procedures of the facility

### **Procedure:**

The DMACC Child Development Center has an open door policy where we welcome and encourage families to visit the program anytime during regular hours of operation. During drop-off and pick-up times, you can support children and their families by:

- Greet children and their families at arrival and departure.
- Allow children the time and space to adjust when they arrive. Some children may need a consistent caregiver (DMACC staff member) to greet them and support the child as they transition from home to school.
- When children are comfortable, get them involved in play!
- Engage in conversations with families. For example, at pick-up, choose one specific part of the child's day to share (keep it positive) with the family.

## Health, Safety, & Nutrition

### Snacks and Meals

Adults sit and eat with children and engage them in conversation at snack and meal times

#### **Procedure:**

The DMACC Child Development Center follows the Child and Adult Care Food Program (CACFP) guidelines. Information on kinds and quantities of food children are required to receive at snacks and meals can be found on the CACFP Meal Patterns for Children 1-12 years (see appendix for a copy). Below you will find requirements for CACFP funded programs written in black and internal procedures for each of these requirements written in red.

### **Child and Adult Care Food Program (CACFP)**

The DMACC Child Development Center takes part in the Child and Adult Care Food Program or CACFP. Weekly menus are posted on the parent bulletin board. We make every attempt to provide a variety of nutritious menus for the children. Children will only be allowed food substitutions for medical or religious reasons with written doctor or religious authorization. This is in compliance with CACFP guidelines. This program:

- Provides nutritious meals and snacks to participants in day care facilities, such as child care centers, day care homes, and adult day care centers. Also provides meals to children in emergency shelters and snacks (and meals in a few States) to youth in after school programs.
- Reimburses day care centers at free, reduced-price, or paid rates for eligible meals and snacks served to children and adults, based upon the participants' eligibility under the Income Eligibility Guidelines.

**Iowa Child and Adult Care Food Program  
Best Practice Tips for Mealtime  
June 2011**

(Information printed in red is specific to the DMACC Child Development Center)

1. Wash hands just before mealtime. Washing hands in small groups under adult supervision is recommended. (Sitting on the floor for a story after washing hands may re-contaminate hands.) Soap, running water, suds, individual paper towels, and adult supervision are necessary for clean hands. Hand washing for each child should last 10-15 seconds. Play or sing a song (e.g., "Mary Had a Little Lamb" as a time frame for hand washing.)

NAEYC Accreditation criteria mandate the following:

"Proper hand-washing procedures are followed by adults and children and include using liquid soap and running water; rubbing hands vigorously for at least 20 seconds including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water)."

2. Children may help with table setting. Hands should be washed first. Instruction, observation, and adult supervision are necessary to follow good sanitation procedures.

To sanitize table, start by wiping down the table with warm soapy water. Once you have completed this, spray the table with bleach solution. Allow the bleach to have contact with the table for the amount of time specified on the bleach product (tip: ask your cooperating teacher!) and then dry with a paper towel. It is important to note that the bleach solution should not be sprayed if there are children at the table. Before spraying tables with the bleach solution, please be sure children are not at the table and area at a safe distance from the table being bleached.

Children are often outside or in group experiences when table setting is occurring; however, if available, children can assist with table setting (following the note above) after the sanitizing process is completed. If children do assist, they must follow hand-washing procedures prior to helping with table setting.

3. Have all foods, napkins, and utensils on the table before anyone sits down at the table. A few extra clean utensils on the table in a small basket or on the serving cart near the teacher, will make it possible to replace dropped items without leaving children unsupervised during meals.

The on-site cook ensures tables are set for meals with items listed above. Additional teachers not leading the snack or meal can serve as a runner for extra food and/or supplies if needed.

4. Children may choose where to sit or have assigned tables/seats using name cards, colors, or shapes. Do not overcrowd tables because this encourages spills. Children who need more mealtime assistance or more supervision may be seated near a teacher. No more than 7-8 children (or fewer if young children such as toddlers) and at least one teacher at each table is best. (DHS license capacity rules must be followed).

The tables in the DMACC Child Development Center can seat one teacher and seven children. For morning snack and lunch, children are assigned to specific tables and specific seats (identified with nametags) at their assigned tables. This procedure is in place to ensure children eat with their primary caregiver and "family" of peers and also to support children who may need to sit next to a teacher for additional support. For afternoon snack, children can self-select where they would like to sit.



5. After washing hands, children should go directly to the table to wait until the supervising adult says they may begin passing or eating food. This avoids problems, spilled food, dropped utensils, etc.

After the first few weeks of the semester, children are familiar with this routine and can easily locate their table and chair as it remains constant over time. A familiar prompt we provide children as they find their seat at the table and wait for their peers is “hands in your lap”. This helps to remove the temptation of touching food and other items on the table.

6. To observe possible choking and to encourage appropriate sanitation, teachers should be seated at the table during the entire meal service (beginning to end). If there is one teacher, she/he should sit at the side center, not at the end of the table to provide better supervision and to assist with passing foods. Two teachers at the table may sit at opposite ends or on opposite sides near the ends. To avoid choking, children should not be allowed to talk with food in their mouth or to be excused from the table if they still have food in their mouth.

One teacher or assistant teacher (student) will always be seated in the center seat at the table and will be charged with “leading” the snack or meal. Additional teachers may be seated wherever a seat is available and support children as needed. Examples of support additional teachers may provide include: acting as a runner, going to the kitchen for extra food and/or supplies, helping a child who may need to toilet during a meal, preparing toothbrushes and toothpaste, etc.

7. Use small sized serving containers (pitchers, bowls) and utensils for family style service so children can easily pass foods. Use two bowls (example: chili) per table because one bowl may be too heavy, too full, or too hot for easy passing. All foods should be passed before anyone begins to eat. The “table helper” or the host may then say when “it’s time for everyone to eat.”

Children should serve themselves the first time food is passed around the table. Teachers may need to support children with serving utensils (for example, squeezing tongs can be challenging). Teachers should pass out milk last. This helps to limit milks spills. Tip: use marking on the small pitchers to know how much milk or juice to serve at a snack or lunch.

8. Children should be appropriately encouraged to serve themselves, and to taste/eat the foods provided. Children should never be pressured or forced to take or taste foods, and foods must not be used to discipline or reward children.

Children should be encouraged to try new foods. Using the strategies listed in tip #10 below.

9. Eating or finishing a food should not be required before another food is offered or before the child leaves the table. However, if children do not take foods the first time they are passed, the teacher should encourage that food be passed (if there is food left in the serving containers) several times during the meal before anyone is excused from the table.

Passing food several times during the meal offers children multiple options to select to try a new food. Children should serve themselves the first time food is passed around the table. To avoid cross-contamination of germs, teachers should pass out seconds, thirds, etc. Please be sure to offer each food multiple times throughout the course of a snack or lunch.

Also, it is important to note that if a child starts to eat after the first food is served, the teacher will need to serve the remainder of the foods. This is most likely to happen in the younger classroom (it is so hard to wait and eat that delicious food).

10. Use “indoor voices” at mealtime. Speak with each child at your table. Be relaxed, personal, and speak with each child by name. Talk about the foods you are eating; where they come from; why they are good for us; variations in colors, shapes, and flavors. Mealtime is not a break time for teachers, but it is a continuation of the learning environment and provides an optimal opportunity to develop reading and math readiness skills through sense based learning, as well as food appreciation.

As you sit at the table greeting children as they arrive, simple games (I-spy) or singing simple songs are a great way to engage children. As the meal is underway, children enjoy hearing stories told by the teachers.

11. Mealtime manners or expectations should be simple and appropriate for the age of the child. The rules should help to make mealtime relaxed, pleasant, and positive for all.

You can support children with appropriate wording of requests. When a child says, “Give me more green beans”, you can rephrase, “If you’d like more green beans, you can ask, Can I please have some more green beans?”

12. Teachers should eat the same foods as children at mealtimes. Teachers who positively model food acceptance and tasting new foods are the strongest influence on children’s food preferences. This important part of a quality child care environment should be written into staff job descriptions and part of center policies/procedures. If teachers need special foods due to health conditions or disabilities, this should be opening explained to children.

Teachers should model trying new foods too! You can say, “I have never had couscous before, I am going to try a bite.” Teachers will sometimes encourage children by asking them to “lick, taste or chew” a new item. This provides the child with a choice on how they might like to approach a new food. Remember: encouraging children to try new foods is appropriate, forcing children to try new foods is not.

13. Having access to paper towels or sudsy cloths makes it possible for children to clean up after their spills. This fosters feelings of competence. Children should not be made to feel bad about spilling, but will learn that spills happen and the important thing is to make things right again.

The on-site cook will provide a wet cloth with the set table each day. This cloth is available to be used for spills or other clean-up. The wet cloth should be rinsed after clean-up.

14. Children can easily clear their meal setting. Children should ask to be excused from the table. If the child is no longer hungry, he/she may be excused. By excusing a few children at a time, the clean-up area is less congested and there are fewer spills. Clean up can be at the dining table or at a clean-up area. A clean up area should include a table to rest the plate on; a garbage can for paper waste and food scraps; a pan to collect dishes; a sudsy pan to pre-soak utensils; and sponges or paper towels to wipe their place at the table. Reading a book or working on a puzzle after clean up gives children who finish mealtime early a quiet activity near the eating area until others finish their meals. One supervising adult should go to the activity with the children, but at least one supervising adult should remain with children who are eating to provide adequate supervision until all children are finished eating.

Typically, children are excused when the majority of their peers are done eating. Prior to being excused, children are generally asked if they are finished and given some clean-up jobs like putting their silverware in the pitcher and using the wet cloth to wipe up their area. When developmentally appropriate, children are prompted to use a spatula to clean excess food off of their plate into a larger serving bowl on the table. This supports the cook with easy clean-up. When children are excused, they are generally asked to push in their chairs and throw their napkins away in the trash.

Iowa QRS Requirements mandate that children wash their hands both before and after snacks and meals. Therefore, when a child is excused from the table, they should transition to a sink to wash hands.

15. Children need plenty of time to eat (possible 15-50 minutes depending on the meal type and number of foods served), and should not be required to finish the meal. Even if the children choose not to take foods or to eat, they will benefit from socializing with the group at the table to talk, listen, and relax.

Snacks are typically scheduled for 15 minutes and lunch is schedule for 30 minutes. The length of snacks and meals can be shortened or extended following the children's needs.

16. A teacher must be seated at each table. This may include the teacher, teacher assistant, administration, volunteer, or cook. All teachers must be trained in mealtime policies and expectations so interaction with children is consistent.

Communicate with cooperating teachers in the classroom about where you are needed. If you are "leading a table" for a snack or meal, the cooperating teacher can supervise handwashing so you are able to go to the table and greet children as they arrive and vice versa.

17. Teachers need a break time during the day to attend to their personal needs and to decrease job related stress. These breaks are an essential part of maintaining a quality care program. During these breaks, the teachers may eat other foods of their choosing such as coffee, pop, etc., which should not be eaten in the presence of children.

While you are in with the children, water will be the only beverage allowed.

18. A written Center Mealtime Policy should be developed which will describe mealtime policies and procedures, and teacher mealtime responsibilities. This should be included in the Parent Handbook. It should be part of new staff training and should be posted in the meal service area as a reminder to staff and volunteers. It is helpful to review mealtime procedures and policies explained to them when they first participate.
19. The director must take responsibility for developing and implementing mealtime policies and procedures. The director or authorized representative must adequately train and supervise staff so CACFP requirements are met. Staff members are responsible for knowing CACFP menu patterns, service sizes, and mealtime procedures.

This document services as a guide to mealtime policies and procedures. CACFP menu patterns and service sizes are posted in each classroom so teachers can easily reference this information if they have a question (see appendix for a copy).

## Introducing New Foods

- Introduce new foods one at a time.
- Let the children become familiar with the new food through a story or food activity first.
- Talk about the new food. Have the children describe the color, shape, feel and smell, sound and taste. Avoid focusing on whether the child likes or dislikes the new food.
- Introduce small amounts of the new food, at a meal where familiar foods are served.
- If a child is involved in preparing the food they will be more likely to try it.
- Adults positively modeling food acceptance and tasting new foods is the strongest influence on children's food preferences.
- Encourage, but not force or pressure a child to try something.
- Be patient; it may take 10-15 exposures to a new food before a child will accept it.

## Division of Responsibility in Child Feeding

Adults are responsible for:

- Providing a variety of attractive, wholesome food at regular mealtimes in a supportive environment.
- Being good role models by explaining and demonstrating desired mealtime behaviors.

Remember ...

- Children decide whether they will eat, what and how much they will eat.
- Adults should eat the same foods as children at meals.
- If adults need special foods due to health conditions or disabilities, this should be opening explained to children.
- Teachers often need a break time during the day to attend to their personal needs and to decrease job-related stress. This is the best time for teachers to eat other foods of their choosing such as coffee, pop, etc., that are not appropriate to be eaten during the children's mealtime.
- Adults should appropriately encourage children to taste and eat the foods provided.
- Adults should not force or pressure children to take or taste foods. If children do not take foods the first time they are passed, the adult should offer these foods again to the children before they are excused from the table.
- You are encouraged to write these important aspects of a quality childcare environment into staff job descriptions and a center mealtime policy.

## Iowa CACFP Infant Feeding Guidelines

Adults are responsible for following guidelines as outlined in CACFP "Feeding Infants: A Guide for Use in the Child Nutrition Program." Copy is available in the infant classroom and online:

[http://www.fns.usda.gov/tn/Resources/feeding\\_infant.html](http://www.fns.usda.gov/tn/Resources/feeding_infant.html).

**Infant caregivers will:**

- Receive training on preparing, serving and recording infant meals (see appendix for a copy)
- Will be supervised on an ongoing basis
- Allow parents to introduce new foods at home. Parents will select formula for their child
- Use Infant Foods Tried at Home Iowa CACFP hand-out (see appendix for a copy)
- Will not feed solids until an infant is developmentally ready and parent indicates the infant is ready  
Serve juice only in a cup when infant is developmentally ready; limit juice to no more than 4 ounces a day
- Support and accommodate breastfeeding mothers. Infant may have breast milk up to two years of age
- Cow's milk may be fed after the child turns one and may be used in combination with formula during a transition period
- Practice USDA Feeding Infant Guide for food safety and sanitation standards
- Boil water used for infant formula and food preparation during the first three months of life
- Collect cool tap water by allowing tap to run for two minutes and then collect water for boiling. Use water only approved by local health departments

## Infant Safe Sleep Policy and Procedure

As part of the course orientation for ECE 268: Early Childhood Field Experience, students will read the Infant Safe Sleep Policy and Procedure, have an opportunity to ask questions to promote understanding then sign off indicating they have read, understand and agree to follow this policy (see appendix for a copy).

All staff, parents/guardians, volunteers and others who care for infants in the child care setting should follow these required safe sleep practices as recommended by the American Academy of Pediatrics (AAP) (1):

- a. Infants up to twelve months of age should be placed for sleep in a supine position (wholly on their back) for every nap or sleep time unless the infant's primary care provider has completed a signed waiver indicating that the child requires an alternate sleep position;
- b. Infants should be placed for sleep in safe sleep environments; which includes: a firm crib mattress covered by a tight-fitting sheet in a safety-approved crib (the crib should meet the standards and guidelines reviewed/approved by the U.S. Consumer Product Safety Commission [CPSC] and ASTM International [ASTM]), no monitors or positioning devices should be used unless required by the child's primary care provider, and no other items should be in a crib occupied by an infant except for a pacifier; One infant per crib.
- c. Infants should not nap or sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, play pen or play yard, highchair, chair, futon, or any other type of furniture/equipment that is not a safety-approved crib (that is in compliance with the CPSC and ASTM safety standards) (4);
- d. If an infant arrives at the facility asleep in a car safety seat, the parent/guardian or caregiver/teacher should immediately remove the sleeping infant from this seat and place them in the supine position in a safe sleep environment (i.e., the infant's assigned crib);
- e. If an infant falls asleep in any place that is not a safe sleep environment, staff should immediately move the infant and place them in the supine position in their crib;
- f. Only one infant should be placed in each crib (stackable cribs are not recommended);
- g. Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/items should not be hung on the sides of cribs. Swaddling infants when they are in a crib is not necessary or recommended, but rather one-piece sleepers should be used.
- h. Toys, including mobiles and other types of play equipment that are designed to be attached to any part of the crib should be kept away from sleeping infants and out of safe sleep environments;
- i. When caregivers/teachers place infants in their crib for sleep, they should check to ensure that the temperature in the room is comfortable for a lightly clothed adult, check the infants to ensure that they are comfortably clothed (not overheated or sweaty), and that bibs, necklaces, and garments with ties or hoods are removed (clothing sacks or other clothing designed for sleep can be used in lieu of blankets);
- j. Infants should be directly observed by sight and sound at all times, including when they are going to sleep, are sleeping, or are in the process of waking up;
- k. Bedding should be changed between children, and if mats are used, they should be cleaned between uses.
- l. Do not use wedges or infant positioners, since there's no evidence that they reduce the risk of SIDS, and they may increase the risk of suffocation.

### Additional Best Practice Requirements:

- The lighting in the room must allow the caregiver/teacher to see each infant's face, to view the color of the infant's skin, and to check on the infant's breathing and placement of the pacifier (if used).
- Keep the room at a temperature that is comfortable for a lightly clothed adult.
- A caregiver/teacher trained in safe sleep practices and approved to care for infants should be present in each room at all times where there is an infant. This caregiver/teacher should remain alert and should actively supervise sleeping infants in an ongoing manner. Also, the caregiver/teacher should check to ensure that the infant's head remains uncovered and re-adjust clothing as needed.

- The construction and use of sleeping rooms for infants separate from the infant group room is not recommended due to the need for direct supervision. In situations where there are existing facilities with separate sleeping rooms, facilities should develop a plan to modify room assignments and/or practices to eliminate placing infants to sleep in separate rooms.
- Pacifier use outside of a crib in rooms and programs where there are mobile infants or toddlers is not recommended. Pacifiers at naptime should not have cords or attaching mechanisms that might be a strangulation risk.
- Have supervised, daily “tummy time” for babies who are awake. This will help babies strengthen their muscles and develop normally.
- When a new Infant is coming into the program, be sure to talk to the parents about your safe sleep policy and how their baby sleeps. If the baby sleeps in a way other than on her back, the child’s parents or guardians need a note from the child’s physician that explains how she should sleep, the medical reason for this position and a time frame for this position. This note should be kept on file and all staff, including substitutes and volunteers, should be informed of this special situation. It is also a good idea to put a sign on the baby’s crib.

## Diapering

For children who are unable to use the toilet consistently, the program makes sure that:

- Removed by NAEYC
- For children who require cloth diapers, the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit.
- Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.

Staff check children for signs that diapers or pull-ups are wet or contain feces.

- At least every two hours when children are awake and
- When children awaken.
- Diapers, disposable training pants and underwear are changed when wet or soiled.
- Staff change children’s diapers or soiled underwear in the designated changing areas and not elsewhere in the facility.
- Each changing area is separated by a partial wall or is located at least three feet from other areas that children use and is used exclusively for one designated group of children. For kindergartners, the program may use an underclothing changing area designated for and used only by this age group (this indicator is only an emerging practice).
- At all times, caregivers have a hand on the child when the child is being changed on an elevated surface.

In the changing area:

- Post changing procedures and
- Following changing procedures (as outlined in the Cleaning, Sanitizing and Disinfecting Frequency Table).
- These procedures are used to evaluate teaching staff who change diapers

## Procedure

The DMACC Child Development Center does not allow the use of cloth diapers. This information is shared with families in the parent handbook so that they are aware of the policy.

The daily schedule is structured to check children children’s diapers a minimum of every two hours when children are awake and as soon as they awaken. In addition, teachers use sight, smell or child communication to determine if a diaper change is needed at another time. Diapers that are wet or soiled are changed promptly so children are clean, comfortable and to limit likelihood of rashes or skin irritation using the changing procedure outlines by the Iowa Department of Public Health (see appendix for a copy).



Each classroom has a designated changing area where diapers are changed. The changing area is separated from other areas used by children by a partial wall and/or a distance of at least three feet. The diaper changing areas are used primarily for the designated group in that classroom with a limited exceptions.

Teachers gather all necessary changing supplies prior to the child being put on a changing table. Once the child is on the changing table, the teacher has a hand on the child at all times to keep the child safe from falls. The diaper changing procedures are posted in all designated changing areas as easy reminders to follow (see appendix for a copy). If teachers encounter a dry diaper during this process, the diaper can be reused. Teachers (staff and students) are informally evaluated regularly through observation to ensure procedures are being followed (see appendix for a copy).

Diaper changing areas are not used for other purposes. When a teacher completes a diaper change, the diaper is placed in a hands-free container that is kept closed and is not accessible to children to keep them safe. The on-site cook for our program has no diaper changing responsibilities. The changing table is disinfected (soapy water) and sanitized (bathroom bleach) after each use as outlined in the NAEYC Cleaning, Sanitizing and Disinfecting Frequency Table (see appendix for a copy).

### Hand Washing

The program follows these practices regarding hand washing:

- a. Staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored.
- b. Hand washing is required by all staff, volunteers, and children when hand washing would reduce the risk of transmission of infectious diseases to themselves and to others.
- c. Staff assists children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.

Children and adults wash their hands

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

Adults also wash their hands

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

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

- o. using liquid soap and running water;
- p. rubbing hands vigorously for at least 20 seconds including back of hands, wrists, between fingers under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water).

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

- q. Staff wear gloves when contamination with blood may occur.
- r. Staff do not use hand-washing sinks for bathing children or for removing smeared fecal material.
- s. In situations where sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food.
- t. Hand hygiene with an alcohol-based sanitizer with 60% to 95% alcohol is an alternative to traditional hand-washing (for children over 24 months and adults) with soap and water when visible soiling is not present.

### **Procedure:**

Teachers introduce and frequently revisit hand-washing procedures with children. Teachers support children with handwashing based on the individual needs and abilities of the child. Teachers support children with environmental reminders (posted handwashing procedure with sequenced words and pictures, picture of numbers 1-20 as a visual cue to wash for 20 seconds, etc.).

Teachers are aware of when hand-washing is required for both children and adults and follow the Iowa Department of Public Health Handwashing procedure ([see appendix for a copy](#)). Handwashing posters are displayed above adults sinks to serve as helpful reminders. In addition, teachers are aware of proper handwashing techniques and other special circumstances regarding hand hygiene as outlined in NAEYC standards q-t above. This knowledge helps in the reducing the risk of transmission of infectious disease and allows teachers to support children in developing strong hand-washing practices.

### **Standard Precautions**

Procedures for standard precautions are used and include the following:

- a. Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized.
- b. Staff use barriers and techniques that minimize contact of mucous membranes or of openings in skin with potentially infectious body fluids that reduce the spread of infectious disease.
- c. When spills of body fluids occur, staff clean them up immediately with detergent followed by water rinsing.
- d. After cleaning, staff sanitize nonporous surfaces by using the procedure for sanitizing designated changing surfaces described in the Cleaning and Sanitation Frequency Table.
- e. Staff clean rugs and carpeting by blotting, spot cleaning with detergent-disinfectant, and shampooing or steam cleaning.
- f. Staff dispose of contaminated materials and diapers in a plastic bag with a secure tie that is placed in a closed container.

Standard Precautions are defined as: work practices recommended by the Centers for Disease Control and Prevention that are required for a basic level of infection control. They are “standard” because you do these practices all the time, not just for children who might be sick. Standard precautions apply to 1) blood, 2) all body fluids, secretions, and excretions except sweat; 3) broken skin; and 4) mucous membranes (eyes, nose, mouth). Standard precautions include good hygiene practices (particularly washing and drying hands before and after contact), the use of protective barriers (such as gloves, masks or eye shields), and appropriate handling and disposal of infectious waste.

Detergent is defined as a cleaning agent that helps dissolve and remove dirt and grease from fabrics and surfaces. Soap can be considered a type of detergent.



## Exposure Control Procedure

The following information on cleaning up body fluids was taken from Caring for Our Children: National Health and Safety Performance Standards, 3<sup>rd</sup> Edition:

Treat urine, stool, vomit, blood, and body fluids, except for human milk, as potentially infectious. Spills of body fluid should be cleaned up and surfaces disinfected immediately.

- For small amounts of urine and stool on smooth surfaces, wipe off and clean away visible soil with a little detergent solution. Then rinse the surface with clean water.
- Apply a disinfectant following the manufacturer's instructions.
- Disposable gloves should be worn.

For larger spills on floors, or any spills on rugs or carpets:

- Wear gloves while cleaning. While disposable gloves can be used, household rubber gloves are adequate for all spills except blood and bloody body fluids. Disposable gloves should be used when blood may be present in the spill;
- Take care to avoid splashing any contaminated material onto the mucous membranes of your eyes, nose or mouth, or into any open sores you may have;
- Wipe up as much of the visible material as possible with disposable paper towels and carefully place the soiled paper towels and other soiled disposable material in a leak-proof, plastic bag that has been securely tied or sealed. Use a wet/dry vacuum on carpets, if such equipment is available;
- Immediately use a detergent, or a combination detergent/disinfectant to clean the spill area. Then rinse the area with clean water. Additional cleaning by shampooing or steam cleaning the contaminated surface may be necessary;
- For blood and body fluid spills on carpeting, blot to remove body fluids from the fabric as quickly as possible. Then disinfect by spot-cleaning with a combination detergent/ disinfectant, and shampooing, or steam-cleaning the contaminated surface;
- If directed by the manufacturer's instructions, dry the surface;
- Clean and rinse reusable household rubber gloves, then apply disinfectant. Remove, dry and store these gloves away from food or food surfaces. Discard disposable gloves;
- Mops and other equipment used to clean up body fluids should be:
  - Cleaned with detergent and rinsed with water;
  - Rinsed with a fresh disinfectant solution;
  - Wrung as dry as possible;
  - Air-dried.
- Wash your hands afterward, even though you wore gloves;
- Remove and bag clothing (yours and those worn by children) soiled by body fluids;
- Put on fresh clothes after washing the soiled skin and hands of everyone involved.

## Toy Disinfecting and Sanitizing

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

Detergent is a cleaning agent that helps dissolve and remove dirt and grease from fabrics and surfaces. Soap can be considered a type of detergent.

**Procedure:**

Each classroom has a designated location where contaminated toys are kept until they can be washed by hand using water and detergent, rinsed and sanitized (bathroom bleach).

**Procedure for Wooden Unfinished and Finished Toys:**

If wooden products become soiled, you can wash them, however, do not soak them. Wooden toys are best cleaned without excess water. Use warm soapy water, wipe with a wet rag or stiff brush and then wipe dry.

**Toothpaste and Tooth Brushing**

At least once daily in a program where children older than one year receive two or more meals, teaching staff provide an opportunity for tooth brushing and gum cleaning to remove food and plaque. (The use of toothpaste is not required).

**Procedure:**

Teachers play an important role in promoting good oral health. Young children do not have the hand coordination to brush their teeth well, so it is important for an adult to supervise and help them with brushing. The ADA recommends starting to brush with fluoride toothpaste as soon as the child's first tooth comes in the mouth. For most children, this happens between ages 6 and 10 months.

Toothbrushing will occur at the classroom table each day after lunch (unless inappropriate for the age of the child). The ADA recommends using the following amount of fluoride toothpaste:

- Use a smear for children under 3
- Use a pea-size amount for children 3 to 6

**Next Steps:**

- The cook puts the recommended amount of toothpaste on a small square of wax paper for each child.
- The teacher scrapes the toothpaste off of the wax paper with the bristles of the toothbrush and hands the toothbrush to the child.
- Everyone brushes their teeth together for about two minutes. The teacher models brushing the inside, outside, and top of every tooth.
- Teachers rinse the toothbrushes and put them in a holder where they stand upright to air dry. Teachers make sure children do not pass germs from one toothbrush to another. This can happen by rinsing a toothbrush over another toothbrush, stirring toothbrushes in a sink filled with water, or bumping toothbrushes together in play.

Toothbrushes will be replaced if:

- The bristles become bent or frayed.
- At the start of each new semester.
- If there is a bout of illness in the classroom.
- If the children use the toothbrushes in an unsanitary manner.

In addition, the toothbrush holder will be disinfected at the end of each week. Toothbrushes will be stored in a classroom flipper.

*Procedure developed using the American Dental Association's (ADA's) fluoride toothpaste recommendations, which were released in February 2014. In addition, information was used from the Office of Health Start National Center on Health, Brush Up on Oral Health Newsletter, published September 2014.*

## Safety and Emergency Procedures

### Policy: NAEYC Early Childhood Program Standard 10.D.08

The program has written and posted disaster preparedness and emergency evacuation procedures. The procedures

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

The procedures include:

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

Children have opportunities to practice safety procedures.

**Procedure:** Children attending the DMACC Child Development Center have regular opportunities to practice safety procedures. Some of this practice is scheduled. For example, the Iowa Child Care Centers & Preschools Licensing Standards and Procedures require children practice fire and tornado drills monthly. Other safety procedures are practiced as they naturally occur in the children's day. Examples include reminders to use walking feet indoors to prevent falls, talking to children about not walking in front of children who are swinging to avoid injury, discussing how to safely cross streets when we are walking with children around campus, etc.

Below are emergency procedures with information on who is responsible in various situations, procedures for how to take shelter or evacuate, procedures for what to do in the event of missing children security threats, utility failure and natural disasters, emergency transportation information and plans for regular opportunities to practice procedures.

### Bomb Threats and Chemical Spills

Teachers will position themselves between the children and the pending threat as they move the children to the nearest classroom, where the door will be immediately locked. Every attempt will be made to keep the children calm and away from danger, including leaving the building as directed by the DMACC Security and relocating. Staff will contact the DMACC Security (x6500) while the center Director is simultaneously being contacted. A head count will be taken and parents/guardians contacted.

### Child Abuse – Accusation

The program has written procedures to be followed if a teacher is accused of abuse or neglect of a child in the program that protect the rights of the accused staff person as well as protect the children in the program.

#### Procedure:

If a DMACC Child Development Center staff member or Early Childhood Education student completing a lab experience is accused by a parent, staff, peer or other individual of abuse and/or neglect, the accusation will be reported to the Director and a determination will be made as to whether there is reasonable cause to suspect that a child has been subjected to abuse and/or neglect. If there is reasonable cause, a report must be made to the Department of Human Services. The Child Development Center will cooperate with any DHS investigation. In addition, the accused employee/student will be informed of the allegations and be given the opportunity to respond to those allegations. The Child Development Center will follow the applicable college policy/procedure:

Des Moines Area Community College - Educational Services Procedures #ES4631 (effective 7.28.14)

## **Child Abuse – Mandatory Reporting**

The program has a written policy for reporting child abuse and neglect as well as procedures in place that comply with applicable federal, state, and local laws. The policy includes requirements for staff to report all suspected incidents of child abuse, neglect, or both by families, staff, volunteers, or others to the appropriate local agencies. Staff who report suspicions of child abuse or neglect where they work are immune from discharge, retaliation, or other disciplinary action for that reason alone unless it is proven that the report is malicious.

### **Procedure:**

All DMACC Child Development Center staff and students are classified as mandatory reporters of child abuse. Prior to interacting with children in lab experiences, students receive an orientation where they are informed they are considered volunteers and will serve in a mandatory reporting role. Students sign a *Mandatory Reporting of Child Abuse* form indicating they have been made aware of this role and the procedures accompanying it (see appendix for a copy).

According to Iowa Code, if you are a mandatory reporter of child abuse and you suspect a child has been abused, you need to make a report to the Iowa Department of Human Services. The law requires you to report suspected child abuse to DHS orally (via the phone) within 24 hours of becoming aware of the situation. You must also complete a written report within 48 hours after your oral report. The Iowa Child Abuse Hotline is 1.800.362.2178.

In addition, the law also requires mandatory reporters to make an oral report (via the phone) to law enforcement if you have reason to believe that immediate protection of the child is necessary. If you believe a child is in imminent danger, immediately contact law enforcement, to provide immediate assistance to the child. Law enforcement is the only profession that can take a child into custody in that situation. After you have notified law enforcement, then call the Iowa Department of Human Services using the hotline above. The Ankeny Police Department can be reached at 515.289.5240 or in case of imminent danger, dial 911.

DMACC Child Development Center staff will directly report suspected incidents of child abuse by calling the Child Abuse Hotline and completing any necessary follow-up written reports. DMACC Child Development Center staff should inform the Center Director as soon as possible.

If Early Childhood Education students have suspicions of child abuse, they should go directly to a DMACC Child Development Center teacher, DMACC Child Development Center Director or to the instructor of the lab course they are completing to discuss if concerns meet the criteria for reporting. If a report is necessary, a DMACC staff person will support the student with each step of the process.

### **Dangerous Adult/Intruder**

A dangerous adult would include someone (could be a family member) showing inappropriate behavior, bearing arms, and/or showing signs of intoxication of alcohol and/or drugs. This same procedure includes any person that is prohibited by court order (copy obtained in child's file) to see or transport child. The following procedure should immediately take place:

1. Teachers in the immediate area will position themselves between the children and intoxicated parents/intruders in center, when possible given the situation. Students should immediately notify the closest staff person when suspicious of a person. Students SHOULD NOT handle this situation.
2. A teacher should attempt to have the intoxicated parents/intruders move to the hallway and close the classroom door, while someone contacts the DMACC Child Development Center Director. Students should immediately take this initiative if in a classroom with this situation, as long as staff is with the intoxicated person.
3. Director and lead teacher will talk with the intoxicated parent/intruder about alternative arrangements for transporting his/her children home. Another authorized pickup person is to be contacted during this time. Children must be released to the intoxicated individuals, if another pickup person cannot be contacted. Staff

should inform the parent that police will immediately be called about this situation. Also, DMACC Security (x6500) should be contacted immediately and inform them of this situation.

4. Director will request the intruder leave the DMACC Child Development Center Building. If there is resistance, DMACC Security will be contacted. Proceed as directed by Police.

## **Fire**

The following is a general outline for a fire emergency response. Each classroom will have specific procedures and guidelines to follow in the event of a fire, based upon its own environment and capabilities.

Fire drills will be conducted, documented, and filed in the classroom monthly.

1. All fire extinguishers in the center classrooms and kitchen are operational and are up-to-date on service.
2. Upon becoming aware of a fire, staff needs to quickly assess the severity of the situation and make a determination if an evacuation is necessary.
3. If the fire is controllable, staff will use the extinguisher to eliminate the fire.
4. All staff will be aware of the designated primary evacuation location and secondary location.
5. A pictorial fire evacuation route will be posted in each classroom.
6. Classroom staff will make individual plans for children who are immobile. All staff will be aware of the plan for the safety of immobile children.
7. Evacuation Steps:
  - a. Move all persons out of the building using the most reasonable exit based upon the location of fire, distance, injuries, smoke, posted evacuation map guidelines, and other factors.
  - b. Classroom staff will use the plan for the safety and evacuation of immobile children.
  - c. If possible, staff should take children's emergency information and the classroom first aid kit when evacuating.
  - d. Once a safe distance from affected building, count each person by name.
  - e. Telephone 911. Do not hang up until told to do so.
  - f. Assess injuries.
  - g. Treat injuries.
  - h. Assess weather, distance from affected building, and the need to move to another building for safety.
  - i. Move to another building as soon as possible.
  - j. Coordinate immediate efforts with emergency personnel, including medical, fire and police.
8. Staff will notify parents/guardians of the situation.
9. All staff members present during the event will complete a written report within 24 hours after the event.

## **Lightning**

If lightning is observed by teachers during outdoor play, children will immediately be taken into the building.

## **Missing or Abducted Child**

1. In case of a missing child, staff and students will make every attempt to locate the missing child in the immediate area while another staff calls the Director to assist with the search. If child is not found within a reasonable amount of time, DMACC Security (x6500) will be contacted. The parents/guardians should also be contacted as this time.

2. In case of an abducted child, staff will IMMEDIATELY contact the Director, DMACC Security, and parents/guardians.

### Power Failure/Natural Disaster (earthquake, flood, etc.)

Teachers will remain calm as to reassure the children about the power loss or natural disaster. Teacher and children will remain in the classroom, as practical, or on the outdoor playground or another appropriate location until power resumes/natural disaster concludes. If a long-term solution is required, school will be cancelled and parents/guardians contacted.

- When power failure/natural disaster occurs and it is determined that it **is best to evacuate** the building, the teachers will leave the building and follow applicable emergency plans/procedures.
- When power failure/disaster occurs and it is determined that it **is not best to evacuate** the building, the teachers will remain indoors and follow applicable emergency plans/procedures.
- If necessary, teachers will call DMACC Security (x6500) or 911 for assistance.
- Teachers will notify parents/guardians of the situation as soon as possible.
- If necessary, teachers will administer emergency medical treatment or secure appropriate medical assistance.
- Teachers will document the details of the incident, as needed, the same day.

### Severe Winter Weather/Blizzards

Weather conditions should be monitored by DMACC Child Development Center staff throughout the day. However, the Child Development Center will close **ONLY** if the DMACC Ankeny campus closes. Closings will be listed on the DMACC website ([www.dmacc.edu](http://www.dmacc.edu)). In the case of a closing, regular classroom activities will continue until parents arrive. Students will also remain at the center until the center Director dismisses them.

### Sex Offenders

Iowa law requires a person who has been convicted of a sex offense crime anywhere to register with the sheriff in the county which they reside, and, if the person attends or works for an institution of higher education, register with the sheriff in the county in which the institution is located. To obtain information regarding registered sex offenders, visit [www.iowasexoffender.com](http://www.iowasexoffender.com).

### Tornado

The following is a general outline for a tornado emergency response. Each classroom will have specific procedures and guidelines to follow in the event of a tornado, based upon its own environment and capabilities. Tornado drills will be conducted, documented, and filed in the classroom monthly.

1. All teachers will be aware of the designated primary evacuation location and secondary location within the building.
2. A pictorial evacuation route will be posted in each classroom. The route will be designated by a floor plan and dotted line with arrows to lead staff and children to the evacuation location within the building.
3. Classroom teachers will make individual plans for children who are immobile. All teachers will be aware of the plan for the safety of immobile children.
4. Teachers will maintain an awareness of the weather conditions at all times via radio.
  - A watch dictates a constant awareness of the weather conditions.
  - A warning dictates evacuation to the safest point in the building. Teachers will take immediate actions to find protection.
5. If a tornado emergency arises, teachers should take immediate actions to find protection for the children.
6. When evacuation of the classroom and/or center is necessary, staff should take the following items:
  - Emergency information
  - First aid kit
  - Disaster kit
7. Teachers will evacuate all children and others (e.g. volunteers) to the designated evacuation location upon notification of a tornado warning for the classroom's geographic area. If there is not enough time to evacuate to the designated safe area, teachers will direct children and others to place selves under tables, away from window(s) or to a hallway.
8. Once children are in a safe location, a head count is needed to assure all children are accounted for. Teachers should make every effort to keep children calm and prepared for any further action.



9. Teachers will institute the “cover and tuck” technique with the children.
10. Teachers and others must remain in the safe area/s until the highest ranking staff member on site has made a decision to leave.
  - The tornado may create other emergencies, such as fire, and evacuation from the building may be necessary.
  - Covering the mouth and nose with a cloth, tissue, or paper towel may be advised due to falling debris.
11. Teachers will notify parents/guardians of the situation.
12. If necessary, teachers will call 911 for assistance.
13. If necessary, teachers will administer emergency medical treatment or secure appropriate medication assistance.
14. All teachers present during the event will complete a written report within 24 hours after the event.

## Other Important DMACC Campus-Wide Information

### Disability Services

It is the mission of Des Moines Area Community College (DMACC) to offer quality programs and courses to meet the different community interests, student abilities and personal objectives of citizens of all ages and levels of education, for the purpose of improving the quality of life, the economic conditions, and the public welfare of our state. It is the policy of DMACC to comply with the access provisions of the state and federal civil rights legislation for persons with disabilities. DMACC is committed to providing an accessible environment that supports students with disabilities in reaching their full potential. Support services are available for students with disabilities to ensure equal access to educational opportunities. College policy calls for reasonable accommodation to be granted to students with disabilities in the form of auxiliary aids and services. DMACC employs a Disability Services Coordinator to review and grant requests for reasonable accommodation. For more information, please visit the DMACC Disabilities Services webpage: [https://www.dmacc.edu/student\\_services/disabilities/Pages/welcome.aspx](https://www.dmacc.edu/student_services/disabilities/Pages/welcome.aspx)

### Nondiscrimination Policy

Des Moines Area Community College shall not engage in nor allow discrimination covered by law. This includes harassment based on race, color, national origin, creed, religion, sex (including pregnancy and marital status), sexual orientation, gender identity, age, disability and genetic information. Veteran status in educational programs, activities, employment practices, or admission procedures is also included to the extent covered by law. Individuals who believe they have been discriminated against may file a complaint through the College Discrimination Complaint Procedure. Complaint forms may be obtained from the Campus Provost's office, the Academic Deans' office, the Judicial Officer, or the EEO/AA Officer, Human Resources. For information about the ADA, the Section 504/ADA Coordinator may be contacted at 515-964-6857. For Title IX questions and concerns contact 515-964-6850.

### Student Parking

Teachers, staff and students cannot park in the reserved Child Development Center parking spaces in Lot K for any reason. We have a very limited amount of reserved parking, and these spaces must be available for families when dropping off or picking up their children. Lot K is a staff, student and visitor parking lot. Head in parking ONLY is allowed and your car should not be touching the yellow lines. Those students arriving early will have no problem parking. Students who arrive later may find parking more difficult and will need to park across the road or in another lot.

## **Firearms**

Students are prohibited from having weapons and firearms on campus.

This policy does not apply to any certified law enforcement officer with a valid permit to carry weapons which has been issued to the officer in accordance with the Iowa weapons law and the weapons possession is within the limits of that permit, or the officer's duties require the officer to carry such weapons. This exception does not apply to military personnel (unless otherwise required by law). The full policy can be found at:

[https://go.dmacc.edu/student\\_services/int/Procedures/ES5040%20Final.pdf](https://go.dmacc.edu/student_services/int/Procedures/ES5040%20Final.pdf)

## **Tobacco and Alcohol Use**

The facility and outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children.

### **Procedure:**

Des Moines Area Community College (DMACC) is committed to providing a safe and healthy environment for its employees, students and visitors. In light of the Iowa Legislature's recent passage of The Smoke-Free Air Act (H.F. 2212) and findings of the U.S. Surgeon General that use of tobacco is a contributing factor to significant health hazards; it is the intent of the DMACC Board to establish a tobacco-free environment. Since July 1, 2008, the use of tobacco products is not allowed on any college property or in any college facility; this includes all buildings, grounds, sidewalks, parking lots, vehicles, and streets within the campus proper. DMACC will display notice of its tobacco-free policy at all college locations.

Students of the Early Childhood Education program as well as staff and families of the DMACC Child Development Center are informed of this policy via student, staff and family handbooks as well as signs posted outside of the building and on doors of the building.