

LAKE MILLS COMMUNITY PRESCHOOL & DAYCARE



PARENT HANDBOOK

Our motto is: "To provide quality, affordable and safe child care and preschool services for all children."

Statement of Philosophy

The Lake Mills Community Preschool & Daycare is an environment organized and arranged to provide for the care and development of all children.

Infants: 6 weeks to 12 months * Staff to Child Ratio is 1:4
One-Year-Olds: 12 months to 23 months * Staff to Child Ratio is 1:4
Toddlers: 24 months to 35 months * Staff to Child Ratio is 1:6
Preschoolers: 3 years to Kindergarten * Staff to Child Ratio is 1:8
School Age: Kindergarten to 12 years * Staff to Child Ratio is 1:15

To respond to the needs of families, the Center and its Board of Directors declares that services provided will meet or exceed the following principles:

1. To radiate a positive and vibrant learning center.
2. To hire and maintain a qualified, competent staff who meet or exceed Department of Human Services requirements. All staff are required to hold high esteem for the individuality of a child and the child's need for compassionate care.
3. To communicate regularly and fully with parents concerning their child's development on a day-to-day basis and to involve parents in decision making through membership on the Board of Directors.
4. To provide a facility that is clean, well-maintained, and safe.
5. To provide flexible programming and services to better aid the working schedules of parents.
6. To provide nutritional meals and snacks that meets the standards of the Department of Education's Child and Adult Care Food Program.
7. To act as a parenting resource center able to provide or refer parents to sources of information or aid in coping with the process of parenting.
8. To provide the balanced program of activities designed to develop characteristics necessary to live in the world as an individual capable of cooperation, and to tolerate competition. All of the programs offered at the center are designed to meet the emotional, social, physical, and intellectual needs of its children.
9. To insure an atmosphere for employees of the Center and its clients that is non-racist, non-sexist, and honors individuality.

The responsibility for the welfare of the child will be shared by the home and the Center. Parents have the opportunity to be involved with the health, nutrition, education, and parenting components of the program. The program goals for the Center will focus on the development of a child's healthy personality through the process of quality daily living. Play is recognized as the primary way for a child to develop his/her identity. With the support of inventive adults and a variety of stimulating learning materials, a child in the Center will develop an enthusiasm for learning through purposeful play.

The daily program will be as individualized as possible within a group setting. For each child we will offer: a stimulating environment, structure, learning materials available to help children explore, experiment, and discover. There will be time during the day to play, rest, and "just be a kid".

General Information about LMCPD

Hours of Operation:

The Lake Mills Community Preschool & Daycare is open Monday - Friday, 5:30 a.m. to 5:45 p.m. We will make every effort to be open regardless of the weather. However, please watch for closure announcements on KIMT or Facebook in the event of severe weather. The center will be closed for the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. Please note any additions or corrections to our list of closed days in the newsletter and also posted on the Parent's Bulletin Board in the foyer area.

Enrollment Procedure:

Children are enrolled to the Center on a first come first serve basis with priority given to children who have a sibling already in the program. To enroll your child, we must have the following on file prior to their first day at the center:

1. Enrollment application (with permission forms)
2. Up-to-date Immunization Card
3. Physical Examination Form completed by a physician/physician's asst./nurse practitioner
4. Emergency Medical and Dental consent form
5. Application for Free/Reduced Price Meals
6. Payment Agreement & Rate Agreement Form
7. CACFP Enrollment Form
8. Paid Registration Fee

This information will be entered into the child's file and kept by the Director. Each child's file will be open to the child's parents or legal guardians at all times. Written permission will be obtained from parents if information is to be shared. Each child's file must be updated annually or when any changes occur. All required forms are available upon request.

An updated medical form signed by a doctor is required annually in order for enrollment to continue. (Once the child is officially enrolled in school, they will only need an update signed by their parent/guardian.) Parents/Guardians are also responsible for informing staff when there needs to be a change and/or update on your child's enrollment forms or Immunization Record. All required forms are available upon request.

Visitation:

The Lake Mills Community Preschool & Daycare has an open door policy for parents and legal guardians. You may visit your child at the Center at any time during the day without prior notice. We encourage siblings, grandparents, friends, and relatives to visit also, but ask that you make arrangements prior to these visits. Short stays of less than 30 minutes seem to be the least disruptive to the child.

Volunteer help is always welcome. If you are interested and have even a small amount of time to share with us, please contact the Director. We also welcome donations of books, toys, and supplies that are clean and in good condition.

Access Policy:

Centers are responsible for ensuring the safety of children at the center and preventing harm by being proactive and diligent in supervising not only the children, but other people present at the facility.

1. **Any person in the center who is not an owner, staff member, substitute, or subcontracted staff or volunteer who has had a record check and approval to be involved with child care shall not have "unrestricted access"** to children for whom that person is not the parent, guardian, or custodian, nor be counted in the staff to child ratio.
***"Unrestricted access" means that a person has contact with a child alone or is directly responsible for child care.**
***It is imperative that centers not allow people who have not had a record check assume child care responsibilities or be alone with children. This directly relates both to child safety and liability to the center.**
2. **Persons who do not have unrestricted access will be under the direct "supervision" and "monitoring"** of a paid staff member at all times and will not be allowed to assume any child care responsibilities. The primary responsibility of the supervision and monitoring will be assumed by the teacher unless he/she delegates it to the teacher assistant due to a conflict of interest with the person.

“Supervision” means to be in charge of an individual engaged with children in an activity or task and ensure that they perform it correctly.

“Monitoring” means to be in charge of ensuring proper conduct of others.

3. Center staff will approach anyone who is on the property of the center without their knowledge to ask what their purpose is. If staff is unsure about the reason they will contact the director or another management staff to get approval for the person to be on site. If it becomes a dangerous situation staff will follow the “intruder in the center” procedures. Non-agency persons who are on the property for other reasons such as maintenance, repairs, etc. will be monitored by paid staff and will not be allowed to interact with the children on premise.
4. A sex offender who has been convicted of a sex offense against a minor (even if the sex offender is the parent, guardian, or custodian) who is required to register with the Iowa sex offender registry (Iowa Code 692A):
 - a. Shall not operate, manage, be employed by, or act as a contractor or volunteer at the child care center.
 - b. Shall not be on the property of the child care center without the written permission of the center director, except for the time reasonably necessary to transport the offender’s own minor child or ward to and from the center.
 - i. The center director is not obligated to provide written permission and must consult with their DHS licensing consultant first.
 - ii. If written permission is granted it shall include the conditions under which the sex offender may be present, including:
 1. The precise location in the center where the sex offender may be present.
 2. The reason for the sex offender’s presence at the facility.
 3. The duration of the sex offender’s presence.
 4. Description of how the center staff will supervise the sex offender to ensure that the sex offender is not left alone with a child.
 5. The written permission shall be signed and dated by the director and sex offender and kept on file for review by the center licensing consultant.

Grievance Procedure:

In every Center, there can be honest differences of opinion regarding your child’s individual care or Center operations. Conferences with parents, staff members, and/or administrators will be scheduled as needed. Grievances of parents against staff, or staff against parents, should only be dealt with by the persons involved and the Director, or at a meeting facilitated by the Director. If needed, the President of the Board of Directors will facilitate and/or attend such a meeting.

LMCPD Fee Policies

Registration Fee: There is a non-refundable registration fee of \$30.00/family that is due upon admission to the center. If a family terminates services and re-enrolls at a later date another \$30.00 registration fee applies.

Hourly Rates: See current Rate Agreement Form.

- Your child will be charged for the hours that they attend at the rate agreed to on the Rate Agreement Form or the minimum weekly charge agreed to, whichever is greater. If your child attends for 42 hours and the rate you agreed to is in the 30-39 hour range, you will be charged for all 42 hours at the 30-39 hour rate.
- If your child is scheduled for more hours than they attended, your child will be charged for the hours that they are scheduled for that week, regardless of what hours they attended, unless an absentee day is requested (see Absentee Day policy). These hours will be paid for at the rate agreed to on the Rate Agreement Form. Please note if the hours attended or the minimum weekly charge is greater, the greater amount will be paid.

Drop-in rate: See current Rate Agreement Form.

Scheduling and Billing: All parents are required to fill out a schedule for when their children will be in attendance at LMCPD. **Parents are then billed according to the schedule submitted or the clocked-in time (whichever is greater), the rate agreement form signed, and any minimum weekly charges that may also apply.**

Families have three options when scheduling care:

- Option 1: Full-time and part-time families can schedule care with a consistent weekly schedule.
- Option 2: Full-time and part-time families with schedules that consistently change, must submit a weekly or monthly schedule to the Director or On-Site Supervisor by **Monday at 12:00 NOON** of the week preceding the change. This does not mean that families can periodically submit days when a child is going to be absent, it means consistently submitting a schedule on a weekly basis.
- Option 3: Drop-in daycare is available for families who are not enrolled at LMCPD. Advance notice is required when scheduling care. Once a family finalizes drop-in daycare, they will be responsible for paying for the time requested no matter if they attend or not. Also, families requesting drop-in care are responsible for paying the charges at the time they pick up their children.

Changes to schedules MUST BE MADE IN WRITING. They can be submitted via e-mail to lmdaycaread@wctatel.net. There are also forms available for families to complete located in the front entry.

Changing your schedule mid-week: **If you need to change your schedule after the Monday deadline we will only accept your children if we have room.** This needs to be directly requested and approved by LMCPD administration before it can take place. For this additional time your family will be charged at the rate specified on the current rate agreement form. If prior approval was not obtained from LMCPD administration, the drop-in rate of \$4.00/hour per child will apply for enrolled families. This also applies to school age children on Early Dismissal, No School Vacation Days, and School In-Service Days. We will assume that your child will be at the center as scheduled unless a schedule change has been submitted by the Monday deadline.

Holidays: When the center is closed due to a holiday (or bad weather day), your weekly minimum will also be prorated like absentee days. Children scheduled for the optional day will be responsible to pay for the hours they are scheduled to attend the center.

Children who leave and return during the day: These children will remain checked in while absent. Staff/child ratio needs to be maintained for their anticipated return. This applies to all times children leave during the day and return later (ex: doctor and dentist appointments, dance class, etc.). The only exception is for 4-yr-old preschool and before/after school children.

Absentee Days:

Hours Rate Agreed On	Infant	Toddler	3yrs & up	School Age
40 +	10 days	10 days	10 days	3 days – summer only
30 – 39	10 days	10 days	10 days	3 days – summer only
20 – 29	5 days	5 days	5 days	0 days
0 – 19	0 days	0 days	0 days	0 days

- Infant, Toddler and 3 years & up children who are not of school age, and who are classified under the 40+ or the 30-39 hour categories on the rate agreement form, will receive the full 10 absentee days if they remain in that category for at least 75% of the year.
- Infant, Toddler and 3 years & up children who are not of school age, and who are classified under the 20-29 hour category on the rate agreement form, will receive the full 5 absentee days if they remain in that category for at least 75% of the year and do not fall below into the 0-19 category of which there are not absentee days.

Absentee days need to be requested in writing in order to receive them. A family must complete an Absentee Day Request form located in the front entry (or obtain a form from a staff member) and **submit it to LMCPD administration within 5 business days after the absence occurs**. Absentee Day Requests can be submitted in advance as well.

One absentee day equals one calendar day. There are no partial absentee days. If you use an absentee day your minimum weekly fee will be prorated.

Once all absentee days are used, the family will pay for the additional time the child is absent from the center.

- Provision 1: Families who quit attending and then re-enroll, must pay the registration fee and will not receive any additional absentee days.
- Provision 2: If five days go by without hearing from a family, they will be withdrawn from the program and must re-enroll before returning.

Optional days: During the Lake Mills Community School's Christmas break each year (official dates are announced), LMCPD operates with limited staff. Families are required to schedule care by the deadline announced. If a family schedules care and then does not attend, they will be charged (absentee days cannot be used during this time). If a family does not schedule care but attends, they will be charged the drop-in rate. Additional days which may be treated as optional days include: Good Friday, the day after Thanksgiving, and the day before or after July 4th. Please watch the newsletters for additional information on these additional optional days.

Summer Program Fees: Summer activity fees are set by the LMCPD Board of Directors each spring. There is not a second child discount. This fee goes to pay for admission fees, extra craft supplies, gasoline for trips, etc. This fee is non-refundable.

Payment Due Date:

1. Charges are based on the rate agreement form completed and signed twice a year by families and filed in the office at LMCPD.
2. Bills are distributed (electronic or paper copy) at the beginning of each week for services that were provided the prior week (Monday-Friday) Charges are generated by the ProCare computer system at 5-minute intervals. Children who are here for less than one hour will be billed for one complete hour.
3. Payments are due by Friday of the week the current bills are printed unless arrangements are made in writing with the Director. All charges must be paid in full each week.

Late Payment Fee: Accounts that are not paid in full by Friday will be assessed a late fee of \$10.00. This means all bills must be paid weekly. If a family has not made any payments after 30 days, the child(ren) will no longer receive preschool/daycare, and the account will be submitted to the Small Claims Court.

NSF Checks: Checks which are returned to us labeled "Non-Sufficient Funds" will be assessed a \$35 processing fee. Families who continually have checks returned by the bank will be required to pay on their accounts in cash.

No Show Fee: Families need to call and tell us within 2 hours of their start time if they will not be attending for the day. Families who fail to do this will be charged a \$5.00 no show fee (per child), in addition to the scheduled time. Absentee days may not be used.

Late Pick-up Charge: The center closes at 5:45 p.m. and there is a charge of \$5.00 for each 15 minutes that a child remains after that time.

Termination of Care: A family that no longer wishes to use the center must give the director a written two week notice prior to their desired last day of attendance. If a family fails to do this, they will be assessed a \$25.00 charge on their last bill.

Tuition Express: Direct withdrawal is available for all families as a way to pay off their bill.

1. Families may choose to have their charges automatically deducted from their checking or savings account. Families may also choose to have their charges automatically charged to a VISA or Mastercard.
2. Families may bring in a credit or debit card and can swipe their card at the check-in computer in the front entry. Someone in the office can also swipe your card for you.

Health Policies

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

Child Abuse: The State of Iowa requires that all members of childcare institutions be on the lookout for, and report to the proper authorities, any and all cases of abuse to a child. The Center is therefore obligated to report any suspected cases of child abuse and/or neglect.

Blood Borne Pathogens: In accordance with regulations governed by DHS, all persons handling any item contaminated with body fluids will wear latex gloves. For example: changing diapers, handling clothing soiled with urine, stool, vomit, or blood.

Caring for an Injured Child: All staff are trained in first-aid and CPR and will treat minor injuries happening at LMCPD. All accidents that occur to children will be documented on a Child Accident Report detailing what happened, who was involved, and what action was taken. This is to be signed by the caregiver and the parent. The parent may receive a copy of the report if he/she chooses; the original report will be kept in child's file at the Center.

Recording Incidents: Incidents involving a child, including minor injuries and/or minor changes in health status or behavioral concerns, shall be reported to the parent on the day of the incident. Incidents resulting in a serious injury to a child and/or a significant change in health status or behavioral concerns- including sexual acting out behaviors- shall be reported immediately to the parent. A written report shall be provided to the parent (or person authorized to remove the child from the program). The staff member(s) who observed the incident shall prepare the written report and a copy shall be retained in the child's file. Minor injuries include any injury that requires first aid such as scrapes and bruises, a bump on the head, biting that does not break the skin, etc. Serious injuries include those that might require medical care such as: laceration that requires stitches, head injury, loss of or change in level of consciousness, injury to the eyes, teeth or bones, convulsions, nosebleed that doesn't stop after 15 minutes of pressure, asthma attack that doesn't respond to medication, bleeding from the ears, and loss of permanent tooth.

Medication Administration: The Center will administer medication supplied by the parents or legal guardian if:

1. The parent/legal guardian has first properly completed and signed a Monthly Medicine Record Form.
2. The medication is stored in its original container, **with accompanying physician or pharmacist's instructions and label intact**. This label must be legible. The instructions may be written by the licensed health care provider or given over the telephone by the licensed health provider's office to LMCPD staff.
3. It is prescribed specifically for your child (we will not administer prescriptions to siblings).

***Acetaminophen and Ibuprofen will not be given to children to "mask" a fever.

All medications will be stored so they are inaccessible to children and the public. This includes all ointments, cough drops, inhalers, and any prescriptions or over-the-counter medications that your doctor has ordered and authorized.

Although a parent may come over at any time to give medications themselves, **the Center staff reserves the right to refuse giving any medication**. We are not responsible for medications left at the Center and encourage parents to take medications home with them when their child no longer needs them. The Center will send home or dispose of medications left at the Center.

Illnesses: Illness is a part of every child's life and will be exposed to it from time to time. When a child becomes ill at the center, a determination will be made by the Director or On-Site Supervisor whether the child requires exclusion from the center. Most illnesses do not require exclusion. Determination will be made according to the following criteria:

1. Illness prevents the child from participating comfortably in activities.
2. Illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.
3. Illness poses a risk of spread of disease to others.

If any of these criteria is met, the child will be excluded, regardless of the type of illness. The following information should assist you in deciding when to keep your child at home as well.

Conditions Requiring Temporary Exclusion:

- The illness prevents the child from participating comfortably in activities as determined by the staff of the child care program.
- The illness results in a greater need for care than the staff of the program determine they can provide without compromising their ability to care for other children.
- The child has any of the following conditions, unless a health professional determines the child's condition does not require exclusion:
 - Appears to be severely ill.
 - **Fever** (temperature above 101 degrees orally, above 102 degrees rectally, or 100 degrees or higher taken axillary (armpit) or measured by an equivalent method) and behavior change or other signs and symptoms (sore throat, rash, vomiting, diarrhea, etc.) An unexplained temperature above 100 degrees axillary (armpit) or 101 degrees rectally in a child younger than 4 months should be medically evaluated. For example, an infant with a fever but behaving normally on the day after an immunization that is known to cause fever does not require exclusion. Exception: *Any infant younger than 2 months with a fever should get medical attention within an hour.* Note: LMCPD staff takes axillary temperatures only, as recommended by our Child Care Nurse Consultant. **This means fever not masked by medication.**
 - **Diarrhea** – defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool that is not contained by the child's ability to use the toilet – until the diarrhea resolves. Exceptions include: Toxin-producing *E Coli* or *Shigella* infection until the diarrhea resolves and the test results of 2 stool cultures are negative for these organisms. Also *S typhi* infection until the diarrhea resolves, the test results of 3 stool cultures are negative for these organisms, and the child has been cleared by a health professional or health department.
 - **Blood in the stools** not explained by dietary change, medication, or hard stools.
 - **Vomiting** more than 2 times in the previous 24 hours, unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration.
 - **Abdominal pain** that continues for more than 2 hours or intermittent pain associated with fever or other signs or symptoms.
 - **Mouth sores** with drooling.
 - **Rash** with fever or behavioral changes.
 - **Pink or red conjunctiva** (whites of the eyes) with white or yellow eye mucus drainage (signs of bacterial infection), often with matted eyelids after sleep and eye pain, or redness of the eyelids or skin around the eye until treatment has been started (viral conjunctivitis usually has a clear, watery discharge that may not require exclusion).
 - **Tuberculosis**, until the child's physician or local health department states child is on appropriate treatment and can return.
 - **Impetigo**, until 24 hours after treatment has been started.
 - **Streptococcal pharyngitis (strep throat or other streptococcal infection)**, until 24 hours after treatment has been started.
 - **Head lice or nits**, until after the first treatment (note: exclusion is not necessary before the end of the program day).
 - **Scabies**, until after treatment has been given.
 - **Chickenpox (varicella)** until all lesions have dried or crusted (usually 6 days after onset of rash).
 - **Pertussis**, until 5 days of appropriate antibiotic treatment.
 - **Mumps**, until 9 days after onset of parotid gland swelling.

- **Measles**, until 4 days after onset of rash.
- **Hepatitis A virus infection**, until 1 week after onset of illness or jaundice or as directed by the health department when immune globulin has been given to the appropriate children and adult contacts.
- **Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.**

Conditions That Do Not Require Exclusion:

- Common colds, runny noses (regardless of color or consistency of nasal discharge), and coughs.
- Fever without any signs or symptoms of illness in children who are older than 4 months. For this purpose, fever is defined as temperature above 101 degrees orally, above 102 degrees rectally, or 100 degrees or higher taken axillary (armpit) or measured by any equivalent method. Fever is an indication of the body's response to something, but is neither a disease nor a serious problem by itself. Body temperature can be elevated by overheating caused by overdressing or a hot environment, reactions to medications, and response to infection. If the child is behaving normally but has a fever, the cause of the fever should be sought, but the child does not require exclusion for fever alone.
- Watery eye discharge without fever, eye pain, or eyelid redness.
- Yellow or white eye drainage that is not associated with pink or red conjunctiva (whites of the eyes).
- Rash without fever and behavioral changes.
- Lice or nits without lice (may delay treatment until the end of the day).
- Ringworm (may delay treatment until the end of the day).
- Thrush (white spots or patches in the mouth).
- Fifth disease (slapped cheek disease, parvovirus B19) in a child without immune problems.
- Cytomegalovirus infection.
- Chronic hepatitis B virus infection.
- Human immunodeficiency virus (HIV) infection, with consideration of risk to the HIV-infected child or others decided on a case-by-case basis by health professionals.
- The presence of infectious germs in stool or urine without illness symptoms. Exceptions include potentially serious organisms (Escherichia coli O157:H7, Shigella, Salmonella typhi).
- Children with chronic infectious conditions that can be accommodated in the program according to the legal requirements of federal law in the Americans with Disabilities Act (HIV infection). The act requires that child care programs and schools make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

If your child becomes ill with a communicable disease, please inform the Center so that other families may be notified. When in doubt of your child's health condition, play it safe for him/her and other children in the Center and keep the child home.

The staff at LMCPD do their best to prevent the spread of illness at the center. This includes hand washing, assisting children with hand washing, sanitizing surfaces, equipment, toys and other materials used on a daily basis, the laundering of bedding and other items. Staff members also make daily health assessment checks of children by observing them, speaking with their parents and talking with the children. This helps everyone to be on the lookout for signs and symptoms of illness. The staff will do its best to inform parents when their child has been exposed to a communicable illness and will give them examples of sign and symptoms to look for.

LMCPD's health policies were derived from the American Academy of Pediatrics – "Managing Infectious Diseases in Child Care and Schools." The conditions listed above are not an inclusive list. Additional information regarding policy can be found in this reference guide and on the following chart:

SIGNS & SYMPTOMS CHART OF COMMON DISEASES

Disease	Signs/Symptoms	Incubation Period	Contagious Period	Exclusion Criteria
Chickenpox (Varicella-Zoster Infections)	Rash (small, red bumps blistering over 3-4 days, then forming scabs. Blister crops will come out over several days. Rash more noticeable on trunk. Rash may appear inside mouth, ears, genital areas, and scalp. Fever, runny nose, cough.	14-16 days, as short as 10 days and as long as 21 days after contact.	Most contagious period is from 1 to 2 days before the rash appears until right after it appears.	Can return to child care when all blisters have scabs (usually 6 days after start of rash), and when the child is able to participate without compromising the staff's ability to care for the health and safety of the other children in the group.
Diaper Rash/Thrush (Candidiasis)	Candida diaper rash: redness in diaper area, worse in the creases, redness often bordered by red pimples, shiny appearance, sores or cracking or oozing of skin in severe cases. Thrush: white patches on the inside of cheeks and on gums and tongue. Usually causes no other signs/symptoms.	Unknown	Yeast that causes thrush and infects diaper area is widespread in the environment, normally lives on skin and is found in the mouth and stool. Mild infection of the lining of the mouth is common in healthy infants. May occur with antibiotic use.	Child does not need to be excluded from child care.
Diarrhea	Frequent loose or watery stools, abdominal cramps and tenderness, fever, generally not feeling well, blood in stool, individuals can be infected and infectious with minimal signs or symptoms.	See specific disease sheets in American Academy of Pediatrics Reference Guide for incubation and contagious periods.	Infectious causes include viruses (rotaviruses, enteric adenoviruses, astroviruses, caliciviruses, hepatitis A, enteroviruses), bacteria (<i>Shigella</i> , <i>Salmonella</i> , <i>Campylobacter</i> , <i>Escherichia coli O157:H7</i> , <i>Clostridium difficile</i>), and parasites (<i>Giardia lamblia</i> , <i>Cryptosporidium parvum</i>). A health professional must clear the child for readmission for all cases of bloody diarrhea or diarrhea caused by <i>Shigella</i> , <i>Salmonella</i> , <i>E coli O157:H7</i> , or <i>G lamblia</i> .	Exclude if: diarrhea not contained in toilet (all infants and children in diapers with diarrhea must be excluded), blood or mucus in stool, abnormal color of stool for the child (all black or very pale), no urine output in 8 hours, fever and behavior change, jaundice (yellow skin or eyes), appearance of being ill. May return to child care when stool is contained in toilet (for toilet trained children). Even if stools stay loose, may readmit when the child seems well and stool consistency has not changed for a week. When child is able to participate without compromising the staff's ability to care for the health and safety of the other children in the group.
Fifth Disease(Human Parvovirus B19)	Fever, muscle aches, joint pain (uncommon in children but more common in adults), headache, red "slapped cheek" rash 1 to 3 weeks after these signs or symptoms. Rash followed shortly by a lace-like appearing rash proceeding from trunk to arms, buttocks, and thighs.	4 to 14 days, but can be as long as 21 days.	Until the rash appears (except in rare cases of infection in patients with certain blood disorders or compromised immune functions).	No exclusion unless the child has sickle cell disease or a compromised immune system, or the child is unable to participate because staff cannot care for child without compromising their ability to care for the health and safety of the other children in the group.
Hand-Foot-and-Mouth Disease (Most Commonly Enterovirus)	Tiny blisters in mouth and fingers, palms of hands, buttocks, and soles of feet that last a little longer than 1 week. May see common cold signs or symptoms with fever, sore throat, runny nose and cough. Other signs such as vomiting and diarrhea can occur.	3 to 6 days.	Virus may shed for several weeks after the infection starts; respiratory shedding of the virus is usually limited to a week or less.	No exclusion is necessary unless child is unable to participate because staff are unable to care for the child without compromising the ability to care for the health and safety of the other children in the group, or if the child meets other exclusion criteria such as fever with behavior change.
Influenza	Sudden onset of fever, headache, chills, muscle aches and pains, sore throat, cough, mild pinkeye, decreased energy, abdominal pain, nausea and vomiting. In young infants, croup, bronchiolitis or pneumonia.	1 to 3 days.	From the day before signs or symptoms appear until 7 days after the onset of flu.	Child does not have to be excluded from child care unless is unable to participate because staff are unable to care for child without compromising the health and safety of the other children in the group. Or if the child meets other exclusion criteria such as fever with behavior change.
Pink Eye (Conjunctivitis)	Bacterial: red or pink, itchy, painful, tiny amount of green or yellow discharge, may be crusted shut in	Bacterial: Unknown	Bacterial: Contagious period ends when the course of medication is started.	Exclude from child care for bacterial conjunctivitis (i.e. red eyes and green or yellow discharge). May return after

	<p>the morning, may affect one or both eyes.</p> <p>Viral: pink, swollen, watering eye(s) sensitive to light. May affect only one eye.</p> <p>Allergic: itching, redness, and excessive tearing, usually of both eyes.</p> <p>Chemical: red, watery eyes, especially after swimming in chlorinated water.</p>	<p>Viral: Sometimes occurs early in the course of a viral respiratory disease that has other signs or symptoms.</p> <p>Allergic: Reaction may be immediate or delayed for many hours or days after contact.</p> <p>Chemical: Usually appears shortly after contact with the irritating substance.</p>	<p>Viral: Contagious period continues while the signs or symptoms are present.</p> <p>Allergic & Chemical: No contagious period.</p>	<p>treatment has begun with antibiotic eye drops or ointment.</p> <p>No exclusion for all other forms, except on recommendation of the health department or the child's health professional.</p>
Pneumonia	Cough, fast, difficult breathing, fever, muscle aches, loss of appetite, lethargy.	Will vary depending on the germ causing it.	Depends on the germ causing the pneumonia.	No exclusion unless the child is unable to participate because staff is unable to care for the child without compromising the health and safety of the other children in the group, or the child meets other exclusion criteria such as fever with behavior change.
Respiratory Syncytial Virus (RSV)	Cold-like symptoms for most children. Very young infants exhibit irritability, poor feeding, lethargy, cyanosis (turn blue with cough or brief periods of no breathing). Respiratory problems include bronchiolitis (wheezing from narrowed airways in lungs), pneumonia.	2 to 8 days; 4 to 6 days is most common.	The virus can be shed for 3 to 8 days (3 to 4 weeks in young infants, usually beginning a day or so before signs or symptoms appear).	Child does not have to be excluded from child care unless exhibits rapid or labored breathing or cyanotic (blue) episodes, is unable to participate because staff cannot care for the child without compromising the health or safety of the other children in the group, or the child meets other exclusion criteria such as fever with behavior change.
Strep Throat (Streptococcal Pharyngitis)	Sore throat, fever, stomachache, headache, swollen lymph nodes in neck, decreased appetite. Is much less likely if there is a runny nose, cough or congestion. Children younger than 3 years with group A streptococcal infection rarely have a sore throat. Commonly have a persistent nasal discharge (which may be associated with a foul odor from the mouth), fever, irritability and loss of appetite.	2 to 5 days.	The risk of spread is reduced when a person is treated with antibiotics, but many people carry the bacteria that cause strep throat in their nose and throat and are not ill.	Exclude from child care until after 24 hours of antibiotic treatment and when the child is able to participate and staff can care for the child without compromising their ability to care for the other children in the group.

Diaper Policy: It is the policy at LMCPD to use only commercially available disposable diapers or pull-ups for infants and toddlers, who are not toilet trained, while they are attending the Center, unless the child has a medical reason that does not permit their use (a health care provider must document the medical reason). For those 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. Cloth diapers and clothing that is soiled by urine or feces is immediately placed in a plastic bag and sent home that day for laundering (without rinsing or avoidable handling). Parents are responsible to provide diapers or pull-ups and commercial baby wipes for their children. If LMCPD diapers or pull-ups are used, parents will be charged a diaper fee of \$.25 per diaper.

Cold, Heat, Sun, & Insect-Borne Disease Protection: In cold weather, please dress your child appropriately, preferably in layers. When children are in the sun, LMCPD staff members will apply sunscreen with an SPF of 30 or higher with parental permission. When public health authorities recommend the use of insect repellents due to high risk of insect-borne disease, repellents containing DEET will be used and will only be applied on children over 2 months of age with parental permission. Insect repellents will only be applied once a day.

Sleep Policy: According to Iowa DHS licensing standards, all children under age six (and not enrolled in school) who are present at the center for five or more hours need to have a supervised nap and/or quiet time. Children are never forced to sleep, but are encouraged to lie quietly for the designated rest times.

LMCPD will follow the recommendations of the American Academy of Pediatrics and place infants (children under the age of one year) on their backs, on a firm tight-fitting mattress, for sleep in a crib. Waterbeds, sofas, soft mattresses, pillows, and other soft surfaces shall be prohibited as infant sleeping surfaces. Bumper pads, pillows, stuffed toys and other soft products shall not be placed in a crib. No child is allowed to sleep in an infant car seat, swing, bouncy seat, or items not designed for sleeping. Sleeping infants are actively observed by sight and sound. The infant's head shall remain uncovered during sleep. Unless the child has a note from a physician specifying otherwise, infants shall be placed in a supine (back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS). The doctor's order should include the following: medical diagnosis for why infant should sleep in position other than his or her back, the position the baby should be placed for sleep based on this medical diagnosis, and the date the practice should begin. An Authorization for Exception to Sleep Policy form can be obtained from the administrative office.

Biting Policy: Biting is quite common among young children. It happens for different reasons with different children and under different circumstances. Understanding the reason for biting is the first step to changing the behavior.

Caregivers are instructed to temporarily remove the child who is biting from the group setting. Behavior modification techniques will be implemented following the guidance policy to prevent further incidents. To address the issue of a child who is biting other children or staff, the child's parents, the caregiver, and the Director will cooperatively seek solutions to the problem. Confidentiality will be adhered to in all incidents. LMCPD reserves the right to discontinue childcare for any child whose behavior is detrimental to the general well being of other children receiving child care at the Center.

An accident report is filed for all bites. For a child who is severely bitten, the wound will be immediately cleansed with soap and water. If the skin is broken, parents will be notified promptly so they can consult with their medical practitioner if other measures should be taken.

Emergency Procedures

Emergency Medical Care: For serious injuries, the Caregivers and Administration at LMCPD, will take whatever steps are necessary. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the parent through any of the persons listed on the emergency information form the parent completed for us.
3. Attempt to contact the child's physician.
4. If we cannot contact the parent or the child's physician, we will do any or all of the following: (a) call another physician or paramedics, (b) call an ambulance, (c) have the child taken to the hospital in the company of a staff member.
5. Any expense under #4 will be borne by the child's family.

Evacuations:

1. Fire: LMCPD staff and children practice monthly fire drills. They evacuate through doors in their classrooms and meet in the front parking lot. Staff also take with them their emergency contact information binders. In the event of a real fire, children will be transported to Salem Lutheran Church (in center vehicles and/or busses from the Lake Mills Community School) and families will be notified via phone call or text message as soon as possible. (The center is also inspected on a biannual basis by a representative from the Iowa State Fire Marshall's Office.)
2. Tornado: LMCPD has worked with the Winnebago County Emergency Management Staff to designate safe places in the building for children and staff to gather. Staff and students practice monthly tornado drills so they are prepared if a real event would happen. Staff and students remain in their safe places until help arrives and/or an all clear is heard. If the building has structural damage, children will be transported to Salem Lutheran Church in center vehicles and/or Lake Mills Community School busses. LMCPD staff will take their emergency contact binders with them and parents will be notified of the incident as soon as possible via phone call or text message.
3. Bomb threat or chemical spill: LMCPD staff and students will evacuate to Salem Lutheran Church either in center vehicles and/or busses from the Lake Mills Community School. Staff will take with them their emergency contact binders and parents will be notified of the incident as soon as possible via phone call or text message.
4. Town evacuation: If the town of Lake Mills needs to be evacuated, all staff and students will be transported to Hanson Family Life Center (HFLC) in Forest City. (We have an agreement with HFLC that they will come to our center if the town of Forest City needs to be evacuated.) Staff will take with them their emergency contact binders and parents will be notified of the incident as soon as possible via phone call or text message.

In all events, children will be released to parents ONLY through verbal and visual contact with LMCPD administration.

Information about LMCPD Classrooms

Infant & Toddler Program: Our Infant/Toddler program is founded on the principles of developmentally appropriate practice. Program staff make decisions about the well-being and education of young children based on three sources of knowledge: 1) What is known about child development and learning – an understanding of characteristics within a given age group helps determine what activities, materials, interactions, and experiences will be safe, healthy, interesting, achievable and challenging. 2) What is known about each child – an understanding of the unique strengths, interests, and needs of each child in the group helps guide caregivers to respond and provide support to individual children. 3) Knowledge of the social and cultural context in which children live – knowing about a child’s family and community helps caregivers ensure that learning experiences are meaningful for, relevant to, and respectful of each child and family.

The Creative Curriculum for Infants & Toddlers is based on accepted theories of child development. We know that at each stage of life, children take on special developmental tasks and challenges related to their social, emotional, physical and cognitive development. For infants and toddlers, development occurs in all of these areas as they use their senses to gain a sense of security and identity and to explore the people and objects in their world.

The Creative Curriculum for Infants & Toddlers is individualized to meet the needs of every child. A knowledge of child development tells us what is age appropriate – that is, what children, in general, are like at a given age. The information we gather from working with children and talking with their families enables us to make the program individually appropriate for each child. We do this by making changes to the environment, planning activities, and developing strategies that build on our intimate knowledge of each child’s temperament, interests, culture, emerging capabilities, and preferred learning styles.

Each family’s culture is respected and family members are encouraged to participate in the program. Parents and early childhood professionals are natural partners in promoting children’s growth and development. In programs for infants and toddlers, it is almost impossible to serve children without also serving their families.

The physical environment is safe, healthy, and contains a variety of toys and materials that are both stimulating and familiar. Every high quality early childhood program provides an environment where children can be safe and healthy, yet free to move around, explore, and experiment. Infant and toddler environments also need to be warm and engaging so that children and families feel welcome and comfortable.

Children select activities and materials that interest them, and they learn by being actively involved. During the earliest years, children are learning to trust the world, to actively explore their environment, and to do things for themselves. The more opportunities that are provided children to follow their own interests, the more they learn from experience, and the greater the chances that they will continue to be successful learners throughout their lives.

Adults show respect for children and interact with them in caring ways. We know from research that if any single factor defines quality in an early childhood education program, it is the caring nature of adult-child interactions. Children’s healthy development depends on being cared for by adults who will respond immediately and appropriately to their needs and communications.

Classroom Schedules

Infant Room: Throughout the day the infants in the classroom are involved in many daily routines and activities. Each infant is on his or her own planned schedule so individualizing is very important in our classroom. Some of the activities and daily routines are: daily routines (feeding, diapering, napping, nurturing), literacy/reading time (focusing on communication/language skills), music and movement, exploration of objects and gross motor development (crawling, pulling up, standing, taking steps).

Yellow Room (Older Infants/One-year-olds): When children transition from the Infant Room to the Yellow Room, they begin to see more structure in their daily schedule of routines and activities.

5:30 a.m.	Arrival & Free Play
7:00 a.m.	Diapering
7:30 a.m.	Breakfast
8:00 a.m.	Large Motor Activity-Outdoors/Gym
9:00 a.m.	Diapering & Circle Time
9:30 a.m.	Snack
10:00 a.m.	Individual Activities & Centers
10:30 a.m.	Diapering & Story Time
11:00 a.m.	Lunch
11:30 a.m.	Rest Time
2:00 p.m.	Diapering & Music Time
2:30 p.m.	Snack
3:00 p.m.	Large Motor Activity-Outdoors/Gym
4:30 p.m.-5:45 p.m.	Diapering & Centers

Parents are required to provide diapers & wipes (Infant, Yellow & Blue Room), as well as 2 or 3 bottles (Infant Room) for their child's use while at the Center. Please have these items labeled with your child's name for easy identification.

Blue Room (Toddlers): Our daily routine allows for regular diaper changes, rest times, meals and snacks, and learning activities. All children will be given many opportunities to explore and develop according to each child's developmental stage. Our program and routine provides stimulation, exploration, noises and sounds to encourage language development. We provide lots of opportunities to play independently or in groups.

5:30 a.m. – 7:30 a.m.	Arrival & Free Play
7:30 a.m. – 8:00 a.m.	Breakfast
8:00 a.m. – 8:30 a.m.	Centers
8:30 a.m. – 9:00 a.m.	Large Motor Activity – Outdoors/Gym
9:00 a.m. – 9:30 a.m.	Diapering & Centers
9:30 a.m. – 10:00 a.m.	Snack
10:00 a.m. – 10:30 a.m.	Circle Time/Music & Individual Activities
10:30 a.m. – 11:00 a.m.	Large Motor Activity – Outdoors/Gym
11:00 a.m. – 11:30 a.m.	Story Time & Individual Activities
11:30 a.m. – 12:00 p.m.	Lunch
12:00 p.m. – 12:30 p.m.	Diapering & Quiet Time
12:30 p.m. – 2:30 p.m.	Rest Time
2:30 p.m. – 3:00 p.m.	Diapering & Snack
3:00 p.m. – 3:30 p.m.	Centers
3:30 p.m. – 4:30 p.m.	Large Motor Activity Outdoors/Gym
4:30 p.m. – 5:45 p.m.	Diapering & Centers

Purple Preschool Classroom: Preschool classes are provided at the center for anyone ages 3-4 by September 15th. These classes are open to children in daycare and from the public. Classes meet Monday, Tuesday, Thursday and Friday from 8:15-11:15 a.m. Families may choose to schedule which days of the week they want their child to attend. There is no additional fee for preschool and children are charged their hourly rate. Parent/Teacher conferences will be held upon request.

LMCPD follows the Lake Mills Community School calendar for preschool classes. When school is off due to holidays and in-services, preschool classes will not be held. We also follow LMCS in regards to canceling due to bad weather. When school is 1 hour late, we will still hold classes. When school is 2 hours late or cancelled for the day, our classes will be cancelled as well.

The goal at LMCPD is to prepare children for their first year at public school by learning to recognize and write names, recognize numbers, learn colors and shapes, learn how to get along with others, color, paste, and cut. Early literacy skills are introduced by singing and reading books in both large and small groups. Field trips are taken to various locations around Lake Mills to study the community. A sharing time gives children the experience of speaking in front of others.

Green Preschool Classroom: Children who turn 3 after September 15th and/or those who attend 4-year-old preschool at LMCS will spend time in the green preschool classroom during the day. Children in this classroom participate in art projects (and other fine motor activities), free play, large motor play, singing songs, and much more!

Approximate Daily Schedule for the Purple and Green Preschool Classrooms:

5:30 a.m.	Arrival and Free Play
7:30 a.m.	Breakfast
8:15 a.m.	Preschool Begins-Circle Time (arriving & talk about activities for the day)
8:30 a.m.	Centers
8:50 a.m.	Bathroom & Cleanup
9:00 a.m.	Large Motor (Gym or Outdoor Play)
9:30 a.m.	Snack
9:45 a.m.	Large Group (Music, calendar, weather, story)
10:00 a.m.	Small Group (Art/learning activities) & Centers
10:40 a.m.	Cleanup, Bathroom & End of Preschool
11:00 a.m.	Large Motor (Gym or Outdoor Play)
11:30 a.m.	Lunch
12:00 p.m.	Quiet Time & Bathroom
12:30 p.m.	Rest Time
2:25 p.m.	Bathroom
2:30 p.m.	Snack
3:00 p.m.	Large Motor/Free Play
3:30 p.m.-5:45 pm	Centers

School-Age Before & After School Program: During the school year, the Lake Mills Community School currently provides a school bus that transports school age children to and from school. The bus arrives to pick students up around 7:50 a.m. and brings them back to the Center after school around 3:30 p.m. (2:30 on Wednesdays) LMCPD makes every effort to ensure that we are receiving the children that we are expecting off of the Lake Mills Community School bus. This means that it is very important for parents to give us an accurate schedule for their child as well as informing us of any changes to the schedule. It is the responsibility of the parent, to communicate with the school about whether your child is to ride the bus after school, on any given day. LMCPD staff members do not ride along on the school bus. When children are riding the school bus, they are in the care of the Lake Mills Community School and its bus driver. If you have concerns about anything that takes place on the school bus, please direct them to the Lake Mills Community School.

School-Age Summer Program: During the summer months LMCPD offers a special summer program for school age children. We take the children (weather permitting) on field trips each week and other days are spent either at the LM pool, around Lake Mills, or at the center. On days we are not on field trips, we do art projects, cooking activities, play games and other fun events. We will provide transportation to pre-approved events based on the number of attendees.

Field Trip Policy: Field trips are a very important part of the preschool and school-age curriculum. Field trips allow children to explore and learn about new places in Lake Mills as well as in surrounding areas. Only children with the field trip permission form on file will be taken from the Center (this form is included in the registration packet). Parents will be informed of the places their children will visit prior to the trip and the daycare will always send at least one extra staff person with on field trips. As Iowa state law requires, all children under age 6 will be secured in an approved safety or booster seat while riding in the vans. If behavior concerns arise, the teacher or caregiver will consult with the On-Site Supervisor or Director and a decision will be made by the teacher/caregiver and On-Site Supervisor/Director whether or not the child will attend the next field trip/activity away from the center.

Parents occasionally request to accompany our classes on various field trips and we always welcome the parents to join us. Due to the limited capacity of the vans, at times we do not have additional room for the adults to ride with us, but

parents are always welcome to drive themselves and join us once we reach our destination. If you are interested in accompanying us on a field trip, please talk with your child's teacher to make arrangements.

Outdoor Play: The daily program provides for regular outdoor play when weather, air quality, and/or environmental safety conditions do not pose a health risk as defined by local health authorities. In cold weather, please provide appropriate clothing (snow boots, mittens, scarves, etc.). When outdoor opportunities for gross motor activities are not possible because of weather conditions, LMCPD will provide similar activities inside in our gym.

Transportation Policy: LMCPD owns three 15-passenger vans which are used in transporting children ages 3-12 to various field trips and area parks. It is our policy to not transport children under the age of three in a motor vehicle unless in an emergency situation (fire, bomb threat, etc.). All children transported in a motor vehicle will be individually secured into a booster seat in accordance with federal motor vehicle safety standards and the manufacturer's instructions. No child will be allowed to ride in the front seat of any vehicle. All drivers will be of legal age to drive with director's approval. Drivers will not operate a vehicle under the influence of alcohol, illegal drugs, prescription or nonprescription drugs that could impair their ability to operate a motor vehicle. Employees driving a van are also not permitted to have access to their cell phone while operating a van. If they find it necessary to use their phone, they must pull over to a safe location.

Lockers: These are provided in each classroom to provide the child with a place of his/her own to store outer clothing, treasures, or to put art projects for safekeeping.

Damages: Responsibility for damage to toys, equipment, and the facility by children will lie with the Center. In cases of deliberate destruction parents will be notified. Repeated acts of deliberate destruction may result in dismissal of the child from the Center. LMCPD discourages bringing toys from home. If a child chooses to bring personal objects or property, the Center is not responsible for damages.

Clothing:

1. What to wear – Think of your child's comfort and provide simple clothing that is free of complicated fasteners. Provide clothing that is washable. Children should wear clothes that will allow them to play outdoors comfortably. (PLEASE LABEL ALL GARMENTS INCLUDING HATS, SNOWPANTS, AND BOOTS).
2. Footwear – Shoes are mandatory at the Center for children who are able to stand independently and are ambulatory. Please consider the child's daily activities when choosing shoes. Flip flops and sandals with only toe straps prevent your child from running, climbing, jumping, and pedaling safely. Bare feet are not allowed!
3. Extra Clothing – Please send an extra set of clothing for your child. Please label these items and include a sweater or sweatshirt that can be left at the Center. The extra set of clothing should be sent with your child's name clearly labeled. These clothes will be kept in your child's locker. The Center will not be responsible for lost items.

Media Use Policy: Active media that children can control, such as cameras, video cameras, audio recorders, and developmentally appropriate software may be used in the preschool and school age classrooms as active learning materials. Use of passive media such as televisions, film, and videotapes/DVDs will be limited.

Drop Off/Pick Up Policy: All families will be required to inform the center of authorized individuals allowed to pick up and drop off your child. Any changes must be reported to the Director. Children will be released only to persons authorized to pick up as indicated on the enrollment forms. If someone other than the authorized person will be picking a child up, there must be written permission from the parent noting that person's name, phone number, and the date the child is to be picked up. If you need to update your authorized pick up, please let the office know. Authorized pick up forms are located in the office.

Staff may be required to ask for picture identification if they do not know the person picking up the child. If someone other than the parent will be picking up the child, the Center must be notified. We release children to authorized individuals only. Staff will release a child to either biological parent UNLESS we have a copy of a custody order or court document on file stating otherwise. If there is no court document available, or if there is any doubt that the child should leave with the non-custodial parent, the following precautionary steps may be taken: Call the parent/guardian that the child lives with and/or the legal custodian; and/or call the police department.

Nutrition Policy

The Center participates in the Department of Education's Child and Adult Care Food Program (CACFP) and therefore will provide nutritional, well-balanced meals and snacks for the children. Menus are planned weekly and are posted on the parent's bulletin board and in each classroom. Foods with a high incidence rate of choking will be avoided or modified.

All children under 12 months will be fed on demand, unless the parent provides other written instructions. The Center will provide Parent's Choice Milk Based Formula with Iron for those infants whose parents have made written request with the director. If an infant requires a different kind of formula, the parents must supply it. We also ask all parents to bring bottles for their infant to use at the Center.

For all other children, breakfast will be available between 7:30 a.m. – 8:00 a.m. and consists of milk, juice or fruit, and a whole grain product. Lunch (served between 11:30 a.m. -12:30 p.m. depending upon the classroom schedule) will be whole-grain product, protein, fruit & vegetable, and milk. Morning snack (served between 9:30 a.m. – 10:00 a.m.) & afternoon snack (served between 2:30 p.m. -4:00 p.m.) will consist of 2 components, either a whole-grain product, meat or meat alternate, a fruit or vegetable, and milk, juice or water.

Food Brought From Home: We encourage families not to send food with their child (under age 6) to daycare, unless necessary for a documented medical condition. All foods and beverages brought from home are labeled with the child's name and the date. (According to licensing guidelines, the Center will not monitor or restrict parents from providing meals or snacks for their school-age child.)

We would like to strongly encourage families to bring non-food items into the center when celebrating a birthday or special holiday. Some ideas of acceptable items include: pencils, stickers, etc. Families who wish to bring food treats in for a birthday or special holiday are strongly encouraged to bring either whole fruits or commercially prepared packaged foods in factory-sealed containers. Please try to avoid foods high in calories and sugar. Food brought into the center will be monitored and supplemented to ensure that our food program guidelines are being maintained. Please let us know if the item you are bringing in needs to be refrigerated.

Allergies: If your child has special health care needs or food allergies or other special nutrition needs, please discuss them with the Center Director and/or your child's teacher. LMCPD has a special form for the child's health care provider to complete which will assist LMCPD in developing an individualized care plan, prepared in conjunction with the child's family and specialists involved in the child's care. Parents with children who have a documented food allergy have the option of providing their own food; however no discount will be given. LMCPD staff will do everything in its power to protect children with food allergies from contact with the problem food, this includes obtaining consent from the parents or guardian of a child with food allergies to post information about the child's food allergy in the food preparation area and in the areas of the facility the child uses as a visual reminder to all those who interact with the child during the day.

For children with disabilities who have special feeding needs, LMCPD staff will keep and provide families with a daily record documenting the type and quantity of food a child consumes.

Breastfeeding Mothers: We will provide all breastfeeding mothers, including employees, a private and sanitary place (other than a bathroom) to breastfeed their babies or express milk. The area will have an electric outlet, comfortable chair, and nearby access to running water. Mothers are also welcome to breastfeed in the infant room, if they wish. Please speak with our Director or staff in the Infant Room for more information.

CACFP Anti-Discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

Behavior Guidance Policy

Increasing evidence suggests that an effective approach to addressing problem behavior is the adoption of a model that focuses on promoting social-emotional development, providing support for children's appropriate behavior, and preventing challenging behavior.

LMCPD believes that the foundation of an effective early education program must be positive, supportive relationships between teachers and children as well as with families and other professionals. Good relationships are key to effective teaching and guidance in social, emotional, and behavioral development. As adults build positive relationships with children, their potential influence on children's behavior grows significantly. Children pay particular attention to what an adult says and does, and they seek out ways to ensure even more positive attention from that adult. Children develop positive self-concept, confidence, and a sense of safety that helps reduce the occurrence of challenging behavior.

LMCPD recognizes the relationship of classroom design to challenging behavior as well. Staff members use classroom preventive practices, including specific adult-child interactions and classroom design, to support development and use of appropriate behavior. The combination of giving children positive attention for their prosocial behavior, teaching them about routines and expectations, and making changes in the physical environment, schedule, and materials may encourage children's engagement in daily activities and prevent or decrease the likelihood of challenging behavior. For example: providing children with choices, creating well-organized learning centers, eliminating wide-open spaces, limiting the number of children in learning centers and so on.

LMCPD realizes the importance of using social and emotional teaching strategies also. Many children need explicit instruction to ensure they develop competence in emotional literacy, anger and impulse control, interpersonal problem solving, and friendship skills.

Bullying

Bullying will not be allowed. If a student feels they are being bullied, the student (or parents) need to inform the Director right away. The Director will look into the situation and involve the Board of Directors, if necessary. The information the Director will inquire about will include: how long has this been happening, which child (or children) are doing the bullying, name specific incidents that have happened, which caregivers have been involved before this point, have the parents of the child accused of bullying been contacted before today, etc. All bullying situations will be taken seriously and actions will be taken depending on the findings of the investigation.

Discharge Policy

It is desired that each child involved in the LMCPD be happy and secure, and that the Center meets all the needs of the child. Every child may experience some misbehavior on occasion and many misbehaviors can be corrected by redirection from the staff. If the misbehavior of a child jeopardizes any of the priority developments of other children at the center, or if the misbehaviors violate the physical or emotional safety of the staff, actions may be taken because of unnecessary subjection of certain verbal and physical abuses.

Verbal abuses may include: inappropriate language, swearing, cursing, degrading or slanderous remarks, and defiance of corrective directions from the staff. Physical abuse may include destructive treatment of the centers furnishings or equipment.

The parent will be contacted if their child's behavior has been inappropriate in the areas described above. The parent will be asked to sign a contract to help an inappropriate behavior pattern. The terms of the contract are:

1. First offense: An incident report will be written by the staff and the parent may be called. The parent will need to sign the report. The report will be placed in the child's file.
2. Second offense: The parent will be notified at work and a conference will be held. An incident report will be written and signed by the parent.
3. Third offense: The parent will be called at work and the child will need to be picked up immediately and another conference will be held with the parent. An incident report will be written and signed by the parent and child care services will be suspended for one week.
4. Fourth offense: The parent will be called at work and the child will be picked up immediately. Child care services will be discontinued.

The four offenses must occur within a 6-month interval.