

**MercyOne
Child Development Center
and Preschool**

Parent Handbook



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WELCOME

INTRODUCTION

Welcome to MercyOne Child Development Center and Preschool (CDC). Today begins what we hope is a positive and lasting relationship between your family and the staff at the center. This handbook will give you an overview of the program and clarify the center's policies and procedures.

HISTORY

The CDC opened on Dec. 16, 1974, in a renovated nurses' dormitory across from the hospital. Twenty-nine children from 24 families were enrolled with a staff of six people. Currently the center is located on the ground floor of the Dubuque Health Plaza, adjacent to the hospital, with approximately 300 children enrolled between the ages of 6 weeks and 9 years. There are approximately 50 staff members. The center has a full license with the Department of Human Services (DHS) with a capacity of 226 children per day. The center participates in Iowa's Quality Rating System (QRS) and is currently rated a Level 4. Application for the QRS rating is made every two years.

PHILOSOPHY / MISSION

The CDC is a department of MercyOne Dubuque Medical Center that provides quality child care and preschool services to employees of MercyOne Medical Center and other designated affiliates of MercyOne, regardless of race, sex, religion, age, disability or national origin. The early childhood programs are designed to promote a child's intellectual, social, emotional, and physical growth by:

- Providing a learning environment, rich in varied activities and experiences, and staffed by qualified personnel.
- Fostering each child's independence and self-esteem by encouraging him/her to explore his/her world and to master self-help skills.
- Promoting a child's socialization skills through play with peers and interaction with warm, caring adults.
- Encouraging good health and nutritional habits by washing hands and by eating appealing snacks and meals designed to meet each child's daily dietary requirements.

CONTACT INFORMATION

Address: MercyOne Child Development Center and Preschool
250 Mercy Dr., Dubuque, IA 52001

Phone: 563-589-9680

Director: 563-589-8675 (work) OR 563-581-5125 (cell)

Fax: 563-589-9559

Informational Website:

Parent Handbook, Waiting list, & Submission of schedules.

<https://www.MercyOneone.org/dubuque/careers/MercyOne-child-development-center-and-preschool/>



PROGRAM INFORMATION

PROGRAMS

The CDC is open Monday through Friday from 5:45 a.m.-7:30 p.m. All programs are designed to meet each child's developmental needs. Because all children have unique needs, we will do our best to make all reasonable accommodations as requested. Daily program schedules are posted in each classroom.

Nursery

Violet - 6 weeks-12 months

Indigo - 12-18 months

Blue/Green - 18 months and up

Ages are an estimate. Children are moved up when we feel they are developmentally ready. Regular developmental assessments are recorded by staff and discussed with parents.

ALL ARE
WELCOME
HERE

Preschool

Preschool is available for our Teal, Yellow, Orange, and Red classrooms. We follow the Dubuque school district schedule for our 4-year-old Pre-K classrooms. A birthdate cut off of September 15 is used to determine placement for preschool children. The children remain with this group for the duration of the school year. Children, who are 5 years old and eligible to attend kindergarten, but elect to delay kindergarten, are included in our 4-year-old Pre-K classrooms.

Dubuque Community Schools Free Pre-K: Iowa Quality Preschool Program

Children who are residents in Iowa and who will be 4 years old, but not 5, on or before Sept. 15, qualify to participate in the free Pre-K program of the Dubuque Community School District. The center is a participating site for the IQPP and eligible children are encouraged to attend 10.5 hours of Pre-K a week for free. Free Pre-K is held Monday - Thursday from 8:30-11:15 a.m. Similar structured programming will be held on Friday but will not be free hours. Please ask for more information about this program.

School Age/Bussing

We provide a quality program for school-age (6 – 9 years 11 months) students on Dubuque Community School District non-school days and summers. During the summer, the children enjoy a program of fun-filled activities, which include swimming, bowling, skating, hiking, and weekly plans based upon a theme. On Dubuque Community School District Non-school days space is limited and children will be accepted on a first come first serve basis. A maximum of 20 children can attend on any one day. For weather related Dubuque Community School District non-school days, you MUST call ahead to assure space is available. Children will not be accepted on a drop-in basis.



Before and after school services are available for school age children of MercyOne employees only. A minimum of 6 hours per pay period per child will apply and must be paid whether the child attends or not. Scheduled hours must not interfere with the PreK class hours. All school age children must be clocked out before PreK starts. We do not provide before and after care for school age children on any late start days unless you have pre-scheduled transportation on the MercyOne CDC bus OR if transportation has been arranged through the parents. Transportation adds related to late start or early release will be accommodated on a first come first serve basis and are not guaranteed if not previously scheduled. If there is a weather-related early out, you must call to assure space is available. For scheduled early releases, you must submit your schedule by Wednesday for the following week to avoid late fees. The CDC does not provide staff assistance with getting children on or off the school bus. Parents must be present to make these transitions. MercyOne staff will get children on or off the CDC Minibus.

Bus routes will be updated annually based on need and distance. Parents will be notified each Spring what the route for the following year will be. If extreme weather makes it unsafe to drive the CDC bus, CDC staff will notify parents as soon as the decision is made.

CHILD/STAFF RATIOS

Ratios are established by the Iowa DHS.

*All ratios may vary throughout the year depending on the age of the children.

Classroom	Ratio caregiver : children	DHS Capacity
Violet 1	1:4	15
Violet 2	1:4	15
Indigo	1:4	22
Blue	1:4	28
Green	1:4 or 1:6	26
Teal	1:6	17
Yellow/ Lisa	1:6	14
Yellow/ Jenny	1:6	15
Orange/ Jane	1:8	16
Orange/ Sarah T	1:8	17
Red/ Erica	1:12	21
Red/ Sarah O	1:12	20
Overflow	N/A	10

Total Center Capacity: 233

STAFF

The staff includes teachers with bachelor's and associate degrees, or equivalent experience in early childhood education. Upon hire, all staff attend a week of center and hospital orientation. This includes videos, observation, one-on-one time with staff, director and more. New staff will have certifications in CPR, first aid, universal precautions, and child abuse/mandatory reporting within the first three months of employment. All staff earn a minimum of 12 hours of professional development per year. Staff receives all required training for staff development and emergency plans during staff meetings held quarterly.

HOLIDAYS

MercyOne CDC will be closed on the following holidays:

New Year's Day
Memorial Day
Fourth of July
Labor Day
Thanksgiving
The Day After Thanksgiving
Christmas Eve
Christmas Day
New Year's Eve

NOTE: If a major holiday listed above falls on a Saturday, MCDC will be closed on the previous Friday and if a major holiday listed above falls on a Sunday, MCDC will be closed on the following Monday. (Major holidays are Christmas and New Year's Day).

If necessitated by emergent circumstances, an exception to holiday closures may be made by hospital administration.



GIFTS AND DONATIONS

We recognize your child benefits from the loving care of many different staff, and gifts and donations are greatly appreciated. However, according to MercyOne policy, all gifts should be given to the classroom or center rather than one individual teacher. Also, gifts made through the MercyOne Health Foundation are a great way to show your appreciation, and they are tax deductible.

MEALS

We participate in the Child and Adult Care Food Program (CACFP). We do not charge families separately for meals. There may be times when the Center is unable to meet all dietary needs. If this occurs, you are responsible for any alternate foods you need. All food brought in will be labeled with the child's name and date and kept in a refrigerator. We require that the alternates meet the same nutritional value as the posted menus.

All meals and snacks eaten at the center follow CACFP standards by following meal patterns established by the USDA.

- **Breakfast:** 1 serving milk, 1 serving fruits/vegetables, 1 serving grains/bread
- **Mid-morning/afternoon snack** (two of four components): 1 serving milk, 1 serving fruits/vegetables, 1 serving grains/bread, 1 serving meat/meat alternate
- **Lunch and dinner:** 1 serving milk, 2 servings fruits/vegetables, 1 serving grains/bread, 1 serving meat/meat alternate

Menus are posted at the front and back entrances of the center. Formula and baby food are provided for infants.

Children eating table food will follow this approximate schedule:

Breakfast - 7:00-7:45 a.m.
Lunch – 11 a.m.-12:30 p.m.
Dinner – 6 p.m.



Children coming after the scheduled mealtime should be fed at home.

BREAST MILK/SPECIAL FORMULA

All breast milk or special formula must be properly labeled with:

- First name and Last name
- Date it was pumped or date the can was opened

The container the breast milk comes in (i.e. cooler, bag, water bottle, etc.) must be labeled with:

- First and last name

If breast milk or special formula is NOT labeled, the parent will be given ONE notice.

After that, the parent will be contacted with the following options:

- They have 30 minutes to come feed the child
- They have 30 minutes to label the child's breast milk or special formula container

We can give them a bottle of center provided formula

SPECIAL DIET REQUESTS

The parent of a child requesting a special diet must contact the center director. A doctor's statement is required for all food allergies. For the safety of your child, please make sure you list all food restrictions on enrollment forms so we can adjust our meals accordingly. The director and parents will meet to discuss food allergies and what accommodations the center will be able to make. A doctor statement detailing the child's food allergies and a care plan for child with special health or developmental needs is required. The center director, nutrition director, CACFP consultant and parents will work from the center's menu to develop a special diet menu for the child if possible. If able to accommodate, a copy of the special diet menu will be given to the teachers and the kitchen staff. The menu will be developed as follows:

- a. Determine what meals the child can eat.
- b. Have the parents of the child with the special diet go through the center's current menu for each day and cross out the items they CAN NOT eat.
- c. Decide whether we will provide a replacement item or if they will bring it from home.

There may be times the director, nutrition director and CACFP consultant determine we are unable to meet the dietary needs of the child. If so, the parent will be required to provide all meals. No additional rate compensation will be made. Parents need to make every effort to follow the center menus as closely as possible, meeting the CACFP standards.

TREATS

Due to severe allergies, we prefer no edible treats be brought in. All snacks to be shared must be store-bought and have an ingredient label. The most common allergy is a nut allergy. On sack lunch days, no peanut butter, nuts, etc., are allowed. If these are brought in, they will not be served and will be sent home with the child. Although we are not fully a peanut-free center, we are a peanut-safe center and take precaution to avoid the risk of any reaction. Healthy treats such as fruit cups, muffins, crackers, cereal, etc. are encouraged. We would rather see stickers, pencils, little toys, or a book from home.

DISCIPLINE

It is important to treat each child as an individual in a manner that is appropriate to the child's development, activity, and general well-being. Consistency, positive reinforcement, natural consequences, and positive redirection are used at the center to shape appropriate behaviors in the children.

When necessary, a "break time" or a brief separation from the group is used. If your child is exhibiting a frequent behavior problem, we will call you to discuss the situation. Please discuss with the staff any changes, observations, questions, or suggestions you might have in dealing with your child. No punishment will be used in connection to rest, food, or toileting.

FIELD TRIPS

Field trips enhance our curriculum and are an integral part of our child care programs. Outings provide children with new and exciting experiences and parents are welcome to accompany us anytime. These trips may include scenic walks, bus rides, community parks and other points of interest.

Parents will be notified in advance if their child's class will be participating in a field trip. Permission slips will be distributed prior to each field trip, stating the date, time, cost, and method of transportation. Each child must have a signed permission slip to participate. All fees will be payroll deducted (if applicable) or taken with the automatic payment method provided. If you need to cancel your child's participation from a field trip, parents must let the teacher know before 7:30 a.m. so staffing can be adjusted accordingly. Participation in field trips is optional. If you choose not to participate, the child will stay behind and join a different class. Children will not be allowed to attend field trips off campus unless they are toilet trained. To provide your child with a safe learning experience, the class will walk or be transported by bus or trolley. First aid kits will be taken on all outings.

VOLUNTEERS, STUDENT TEACHERS, STUDENT NURSES

Occasionally you will see a new face at the center. The CDC works with MercyOne volunteers and early childhood student teachers. CDC staff always supervises all volunteers and student teachers.

ITEMS FROM HOME

If your child brings something from home to show the other children, a blanket or stuffed animal to nap with, please have your child place it in his/her bucket upon arrival and the teacher will allow the item to be taken out at the appropriate time. Any comfort items from home must remain at the center, not including show and tell items, snow gear, etc.

We ask parents not to send videos to school with their children. If the need should arise for a specific video, we will let you know through email. If you have some videos that you would like to share with us, check with your child's teacher. We cannot be responsible for lost or broken items from home.

CLOTHING

Please dress your child in comfortable play clothing so that he/she will feel free to participate in all activities from easel painting to water play to eating a messy lunch. We will be playing outside as often as the weather permits, so please send your child in a weather appropriate coat, hat, mittens, and boots when necessary. Please keep adequate clothing in the child's bin for accidents. Marking coats, boots and clothes with the child's name is essential. Although we watch carefully to keep track of children's clothing, we cannot take responsibility for any lost clothing.

SHOES

Please be sure that your child has comfortable shoes to wear at the center. Tennis shoes that tie or velcro are best. Slip on shoes can cause problems as children play. For safety reasons, children wearing sandals will not be allowed on the playground play structure. We ask that no flip-flop style shoes be worn at any time.



LOST AND FOUND

The lost and found area is in the front lobby. Articles that can be lost easily should be marked with the child's whole name rather than by using initials or first name.

CONFIDENTIALITY

As in all departments of the hospital, we take confidentiality very seriously. If you are visiting your child at the center, we ask that you not talk about other children or their behavior unless you are speaking directly to that child's parent. We do not release names or contact information of families unless the family has specifically approved the request for contact information to be shared.



TOILET TRAINING

Readiness for toilet training varies with each child. Most experts recommend toilet training begin no earlier than 18 months, preferably around 2 years old. Children need to have good communication skills as well as an awareness of their bodily functions. Please discuss your child's readiness with his/her teacher. Throughout the process, keep the teachers informed about struggles and successes at home. Please ask for a copy of our toilet training guidelines when you feel your child is ready.



ENROLLMENT INFORMATION

ANNUAL ENROLLMENT

It is a state regulation that all paperwork be updated annually for every child. Parents will receive new enrollment packets to be filled out and returned. If paperwork is not returned by date stated, a \$15 fee will apply, and children may be suspended until all paperwork is received. Enrollment packets will include the following:

- Emergency contact information
- Medical/dental consent
- Food program application
- A school age statement of health for each child five years of age and older and enrolled in school
- Renewal fee per child
- Authorized pick up permission form

During re-enrollment, many of these forms will be available online. Food program forms and rate sheets will always be paper copies.

PHYSICAL EXAMS AND IMMUNIZATIONS

Per Iowa DHS licensing standards a current (within the past 12 months) physical exam/statement of health condition (signed by a licensed physician or designee in a clinic supervised by a licensed physician) remain on file for each child 5 years of age and younger not enrolled in kindergarten.

The center must also have on file for each child an immunization record that meets the minimum Iowa law requirements signed by a licensed physician or designee in a clinic supervised by a licensed physician.

These must be submitted annually. You will be notified when your child's physical exam/statement of health condition and/or immunization records are expiring. You will receive a first, second and third notice. After the third notice if the forms are not returned by the due date, your child's care will be suspended until the paperwork is received. If paperwork is not received after 30 days your child will be unenrolled and services will no longer be provided. The center DOES NOT accept religious exemptions for physicals or immunizations.

CHILD CARE RATES

Rates can be adjusted at any time with a written notice to parents. Changes in the rate schedule will be communicated to parents by letter. Rates are totaled at the end of each MercyOne Dubuque Medical Center two-week payroll period. If your employer offers payroll deduction for our center, we require you to utilize this service. All other families will be required to set up credit card or automatic checking payments. The CDC will run your credit card or automatic checking payment Bi-Weekly, and parents are responsible for assuring funds are available. If your payment is rejected there will be a non-sufficient funds fee of \$20.00 per rejection. If your payment has been rejected, more than three times in any 6-month period, the child/children will be unenrolled from the CDC.

SCHEDULES

Two-week schedules are due by noon on Wednesday for the following 2 weeks. Schedules must follow the MMC 2-week pay schedule. Any changes to the schedule must follow the usual schedule change procedure laid out below. Schedules need to be submitted using the following link: <https://www.MercyOne.org/dubuque/careers/Mercy-child-development-center-and-preschool/online-schedule-form>

We would advise you to save the link to your favorites. You will receive a pop-up window confirming your submission and an email reply from dqcdcsch@Mercyhealth.com. Please assure you have received the email.

CHANGES

You may email schedule changes, cancellations, and questions to dqcdcsch@Mercyhealth.com or fill out a change of schedule form. Additions to submitted schedules can be made in advance of arrival by email or with a phone call, but please do not leave schedules by phone.

CANCELLATIONS

To cancel your child for the day, it is necessary to call in by **7:30 a.m.** if your child is scheduled to arrive before noon. If your child is scheduled to arrive at noon or after, it is necessary to call in any cancellation by **11:00 a.m.** All cancellations and schedule changes should be left on our scheduling line. Please be specific in the voicemail on what child/children the message applies to. Since staffing is based upon the number of children scheduled, it is important for the center to be notified of schedule time changes as soon as possible (arriving later, leaving later, etc.) so we can adjust our staffing accordingly.

ARRIVAL

If the time of your arrival at the center is going to be more than 15 minutes different than scheduled, we ask that you let us know as soon as possible. If your child arrives an hour or more before or after the scheduled arrival time without notifying the center, late fees will apply. If your arrival is consistently different than your scheduled time, we will discuss changing the scheduled times with you. Parents are responsible for bringing their children into the center and have direct contact with a staff member upon arrival. Parents are never to drop a child off and allow him or her to come into the center unattended. Likewise, at the end of the day, parents should personally inform the staff when taking a child home. This will enable staff to talk to you about your child's day.

DEPARTURE

Children should be picked up as close to their scheduled time as possible. If you are going to be more than 15 minutes late, please call as soon as possible to notify the staff. This allows us to adjust our staffing as necessary and let your child know when you will be arriving. If your child leaves an hour or more after the scheduled departure time without notifying the center, late fees will apply. DHS will be called if a child has been left at the center past closing and the parents cannot be reached. A fee of \$1.00 per minute, per child will apply after closing.



TIME CLOCK

The center uses the Procare software system for recording attendance. Each child needs to be clocked in at arrival and out at departure.

If your child is to be clocked in or out at any other time, (i.e., doctor's appointment), the parent is responsible for clocking the child in and out. The only exception is in the case of the school age children leaving or arriving by bus. These children will be clocked in and out by the staff.

Punch detail reports for the two previous pay periods will be kept in folders by the director's office. These reports will let you know how many hours your child was in attendance for each day and the total for the pay period. The center director can answer questions regarding payroll deductions.



Instructions for using Procure time clock

When clocking your child in/out.

- A) Tap the screen and touch "start."
- B) Enter your ID code, which is the last four digits of your Social Security number. This number will be different for each adult who will be dropping off or picking up the child on a regular basis (at least once a week).
- C) Enter the second code, which is 2012.
- D) Tap "check in" or "check out" next to the name of the child/children you are clocking in or out.
- E) Once the name is selected, touch "submit."

From time to time you may see a message box when you clock your child in. You will need to click on this message box and read the message before you will be able to continue with the clocking process.



FEES

Failure to follow the policies for schedules, cancellations and clocking in/out as outlined above will result in additional fees. Each family will be allowed one courtesy waived fee. All fees are as follows:

Late Schedules	Two-week schedules are due by noon on Wednesday for the following 2 weeks to avoid a \$15 late schedule fee.
Cancellations	Cancellations for any reason (other than low census in the employee work department) must be made by 7:30 a.m. for children arriving before noon or by 11 a.m. if arriving at noon or after. Failure to do so will result in a \$15 late cancel fee.
Late Arrival/Departure without Notice	If your child arrives or departs one hour late without given notice (within that hour), there will be a \$15 late arrival/departure fee.
No Show	If a child is scheduled for care and does not show up without proper notification, there will be a \$15 no-show fee.
Early Arrival without Notice	If your child arrives one hour early without given notice (within that hour), there will be a \$15 late early arrival fee.
Unscheduled Arrival	If your child arrives for care and was not previously scheduled, a \$15 fee applies.
Annual Enrollment	If annual enrollment forms are not returned by date stated, a \$15 fee will apply.
Care After Closing	If your child is in attendance after our closing time a fee of \$1.00 per minute/per child will apply until your child is picked up.
Illness Departure	If you fail to pick up your child within one hour of being notified that they are ill, it will result in a \$1 per minute charge.
Non- Sufficient Funds	If your payment is rejected there will be a non- sufficient funds fee of \$20.00 per rejection.

AUTHORIZED PICK UP

Only parents/legal guardians and individuals named on the pick-up authorization form may take the child from the center. Changes and additions must be made in writing. We will not accept changes by phone. However, we will accept phone calls asking that children be released to people previously added to the permanent file. If the teachers are unfamiliar with the individual, they will ask for identification. Please inform everyone allowed to pick up your child to be prepared to show identification.

Should a person who is not listed on the pick-up permission form arrive to pick up your child, your child will not be released, and the child's parent will be contacted immediately. If the need arises, the authorities will be contacted.

By law, both legal parents must be allowed access to their child while in attendance at a child care facility. If either parent has a court order that denies access, we must have a copy of the order in your child's file before we can refuse to release your child.

If at any time the center does not feel comfortable releasing your child to a pick-up person, the parent will be notified to make other arrangements. MercyOne does not assume responsibility for care once the child is released to an authorized pick-up person.

ACCESS SYSTEM

Parents will be issued secured access code that is always needed for entry to the center. Codes are to be used by adults only. Releasing the door to exit is also for adults only. The adults only rule is essential to the integrity of the system in providing safety and security for the children.

Security cameras are installed at both entrances to ensure that unauthorized individuals are not entering the building. Parents are allowed to have unlimited access to their child at any time while the child is in care unless parental contact is prohibited by court order.

PARKING

There is parking near the playground or south entrance to the center. This area is for parents to use when delivering or picking up their children. Please keep your child with you as you enter and leave the building or playground. For safety purposes, please do not leave any child in the vehicle unattended and do not leave your vehicle running.

WITHDRAWAL

Please notify the director two weeks prior to your child's last day at the center. This allows us to help prepare your child for the change and alert families on our waiting list that they may attend. At this time, you will be given a withdrawal form. This must be completed and turned in on or before your child's last day in attendance. If your family is moving, we ask you to list your new address for future notifications. All families are responsible for any outstanding financial obligations (such as childcare fees, including any minimum charges that apply, activity fees, late charges, etc.) There are no refunds either partial or complete for any remaining balance left on the account.

If there are items left after 30 days, they become the property of the center.

DISCHARGE/1:1 CARE

Meeting your child's individual needs is our primary concern. Occasionally, our child care program may not meet the needs of a specific child; not every program works for every child. Staff will work with parents to ensure that our program provides the best possible experience. If staff or parents have concerns about the appropriateness of a child's placement, we will meet to discuss how to best support the child. Additional staff, equipment, or other learning supports may be needed, and additional fees may apply. If our child care program is unable to meet the needs of your child and provide the best possible learning environment, we reserve the right to refuse services. Every effort will be made to assist the family in finding a more appropriate environment

SEPARATION OF EMPLOYMENT

MercyOne CDC admits children based upon priority of employment status as listed below. At the time that employment changes, the child's status will be updated to reflect the new employment relationship and a determination will be made as to whether the child's care will be able to continue or will be discontinued. Children of employees of MercyOne and listed affiliates that are currently on the waiting list will be given priority to enroll. It is the responsibility of the parent to notify the center of any employment changes.

Priority Employment Categories:

1. Benefit Eligible MercyOneOne/Trinity Health Employee (budgeted 32 + hrs. per pay period) and TIS
2. Medical or Allied Health Staff (Physician, ARNP, PA, CRNA, CNM)
3. MercyOneOne Medical Board Member
4. Non-Benefit Eligible MercyOneOne/Trinity Health Employee (budgeted less than 32 hrs. per pay period) or TSSC/TSOH/FCN
5. Grandchild of MercyOneOne associate
6. Other

EMERGENCY PROCEDURES

Please keep us informed of any changes in your address, and all phone numbers so you can be reached in an emergency. During drills or in the occurrence of a true emergency, class attendance, first aid kits and emergency contact information will be taken to the designated area. Immobile or small children, including infants, will be placed in an evacuation crib, and wheeled or carries to safety by a staff member. Head counts will be taken immediately once in the safe area. In all emergencies where the children need to leave the premises, children will be labeled using masking tape with their name and other important information in case their care must be transferred to another staff who may not know them as well. In these cases, children will be transported to Grandview Preschool. Transportation will be determined by the availability of staff vehicles, MercyOne vehicles, city transportation, etc. Children and staff will not return to MercyOne until the building is declared safe. Parents will be notified when emergency personnel are notified. Parents are not permitted to remove their child from care during any emergency or drill.



▪ **FIRE/TORNADO**

Monthly fire and tornado drills are conducted so the children become familiar with the procedure and are not frightened by the loud noises. An emergency exit map is in each classroom and by each exit. We encourage parents to note the emergency plan posted at all exits in case of a real emergency. The center will be prepared to evacuate during a tornado watch. The staff and children will evacuate for tornado warnings.

• **INTRUDER POLICY**

If an unauthorized person tries to pick up a child or another intruder should arrive at a site, staff will take the steps necessary to ensure the safety of all children. The staff, upon assessing the situation, will contact the authorities. If needed, children will be moved to another area of the site and parents will be contacted. We will not allow any child to be removed by any person not authorized on the pick-up permission form.

• **UNDER THE INFLUENCE OF DRUGS OR ALCOHOL**

For your child's safety, we will not release any child to a parent or an authorized pick-up person if they appear to be under the influence of drugs or alcohol. If an individual under the influence arrives to take your child, we will contact either the spouse, or emergency contacts, immediately. If problems arise, security and/or DHS will be contacted.

- **POWER FAILURE**

In the case of a power failure, emergency lights and flashlights will be available. Children will be reassured by the staff and kept calm by singing songs and playing games. If the power failure causes a threat to the children, the power company will be called, and parents will be notified to pick up their children.

- **BOMB THREAT**

If a bomb threat is made, bomb threat procedures are followed, and the building is evacuated immediately

- **MISSING/ABDUCTED CHILD**

In the unlikely event that a child is missing while in our program, the following steps will be taken:

Upon discovery of a missing individual, staff will:

- Conduct a quick search of immediate area or premise
- Notify the center's director or designee
- The director or designee will direct a complete search of the child care facility or field trip area
- The director will proceed with an immediate search of the perimeter of the facility or field trip area
- If the missing person is not located, the director or staff will contact security and emergency personnel as well as the parent/guardian.
- Call DHS.

- **SEVERE WEATHER/BLIZZARD**

In the event of severe winter weather, if the CDC makes the decision to close, parents have 30 minutes after the cancellation time to pick up their child. If road conditions are such that driving is difficult or impossible, children, staff, and any parents in the building will remain until the roads are declared safe. Cancellations will be posted on local TV and radio stations.

- **CHEMICAL SPILL**

If there is a minor chemical spill of a non-hazardous substance, the area will be blocked off and cleaned up immediately. However, if it is a serious or hazardous chemical spill, the children will be removed from the building and 22 will be called. If there is a chemical spill within the community, the Dubuque City Crisis Management Plan is followed.



- **CARDIAC CRISIS OR RESPIRATORY DISTRESS**

If a staff recognizes a child, staff member or visitor is in an unexpected respiratory distress or cardiovascular crisis, the following steps will be taken:

1. Follow CPR protocol
2. Dial 22 (switchboard) and give the code:
 - CODE BLUE:** Any adult or adolescent in unexpected respiratory distress or cardiovascular crisis
 - CODE PINK:** Any infant or child (approximate age up to 8 years) in unexpected respiratory distress or cardiovascular crisis
3. Remove children from room
4. Director or appointed person by director will call parents or emergency contact
5. Director or appointed person will contact all children's families to be picked up if determined necessary.
6. Do not disturb the scene
7. Director or designee will notify DHS
8. Document all events ASAP

- **STRUCTURAL DAMAGE**

If structural damage occurs to our building, children will be taken out of the building and moved to a designated area. Additional staff will be called in or asked to extend their shift. We will proceed to call switchboard and 911.

- **MEDICAL OR DENTAL EMERGENCY**

In the event of an emergency, the staff will assess the situation and respond in an appropriate manner. Another staff member will notify the parent (or emergency contact if parent is unavailable) so the child may be taken to a doctor or dentist as soon as possible. If unable to reach a parent or emergency contact to take the child, they may be taken by staff to the emergency room depending upon the severity of the situation.

HEALTH AND SAFETY PROCEDURES

FIRST AID KITS

The center has clearly labeled first aid kits available and easily accessible to staff at all times in the center, play yard and on field trips. The kits are sufficient to address first aid related to minor injury or trauma and are stored in an area inaccessible to children.



PETS IN THE CENTER

Any pet or animal present at the facility, indoor or outdoor, will be approved by the director. All animals must be in good health, show no evidence of carrying any disease, be fully immunized and be maintained on a flea, tick, and worm control program. A current (time-specified) certification from a veterinarian shall be on file in the facility, stating that the specific pet meets these conditions.

A caregiver supervises all contact between animals and children. The caregiver will be close enough to remove the child immediately if the animal shows signs of distress or the child shows signs of treating the animal inappropriately. The children are only brought into direct contact with animals known to be friendly and comfortable in the company of children. Staff are aware of children with allergies, and they will not be allowed around the pet at that time. All children will wash their hands before and after handling any pets or visiting animals. Bringing animals and children together has great benefits. Pets teach children about how to be gentle and responsible, about life and death, and about unconditional love.

Prohibited Pets: The facility shall not keep or bring in ferrets, turtles, hermit crabs, iguanas, lizards, or other reptiles, psittacine birds (birds of the parrot family), or any wild or dangerous animals.

The facility may consider an exception for reptiles if:

- The animals are kept behind a glass wall, in a tank, or in a container where a child cannot touch the animals or the inside of the tank
- The health department grants authority for possession of such animals

SMOKE-FREE ENVIRONMENT

The entire MercyOne Medical Center campus is a smoke-free environment. Smoking and the use of tobacco products are always prohibited in the center, play yard, and in every vehicle used to transport children.

SUNSCREEN

The children go outside every day that weather permits. All children are required to use sunscreen to go outside. Parents will be asked to sign a sunscreen release at enrollment. If your child has a sunscreen allergy, you will need to provide documentation and you will be allowed to bring in sunscreen of your choice. We ask parents to please donate sunscreen each year.

ACCIDENT/INCIDENT

An accident or incident involving a child, including minor injuries, minor changes in health status, or behavioral concerns will be communicated to the parent on the day of the incident. Incidents resulting in an injury to a child shall be reported to the parent on the day of the incident.

Incidents resulting in serious injury to a child or significant change in health status shall be verbally reported to the parents, guardians, and legal custodians immediately. Serious injuries shall be reported to DHS within 24 hours of the incident.

The parents, guardians, and legal custodians of any child included in incidents involving inappropriate, sexually acting-out behavior shall be notified immediately after the incident. A written report, fully documenting every incident, shall be provided to the parent or person authorized to remove the child from the center. The written report shall be prepared by the staff member who observed the incident, and a copy shall be retained in the child's file.



BITING POLICY

Biting is a common behavior among children birth to 3 years. It is important to think positively of children who bite. Biting can be a form of communication, a response to a child's needs not being met, or coping with a stressor. Our staff strives to respond proactively to biting by providing a supportive and nurturing environment to prevent daily stressors.

In the event biting occurs, teachers will document the incident and circumstances prior to the biting incident. A cold pack will be applied, or if the skin is broken staff will wash the area with soap and water and cover. The documentation will be reviewed to help the teachers eliminate triggers or events leading to the behavior. Rather than focusing on disciplining the child, the center will focus on what needs are not being met that may have caused the child to bite. Staff will assess the child's relationships, environment, and social-emotional supports.

When an incident occurs, the child who was bitten will immediately be cared for and shown support and concern. The child with the challenging behavior will be redirected in a caring and firm way and told the behavior is not acceptable (i.e., teeth are for eating, not biting; biting hurts.) At that time, we will also examine the needs of the child. The names of the children involved in the incident will NOT be discussed. The center will notify the parents of all children involved by completing incident reports that will be signed by parents and kept in the child's confidential file.

ACCESS POLICY

Our center is 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 also other people present at the facility.

1. Any person in the center who is not approved to be involved with child care shall not have unrestricted access to children 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.

2. Persons who do not have unrestricted access will be under the direct supervision and monitoring of a paid staff at all times and will not be allowed to assume any child care responsibilities. The teacher will assume the primary responsibility of the supervision and monitoring unless he/she delegates it to the teacher assistant due to a conflict of interest with the person. Supervision means to oversee an individual engaged with children in an activity or task to ensure that they perform it correctly.

Monitoring means to oversee ensuring proper conduct of others.

3. Center staff will approach anyone who is on the property without their knowledge to ask what their purpose is. If staff are unsure about the reason, they will contact management staff to get approval for the person to be on site. If it becomes a dangerous situation, staff will follow "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, or act as a contractor or volunteer at the center.
 - b. Shall not be on the property of the 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 not 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.
 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.

MEDICATION

ALL medications must be in their original container accompanied by the physician's orders. Medications is locked up, out of the reach of children. It is the parent's responsibility to take medications home if needed. Authorized staff will administer and document all medications given. The doctor's office may fax a note to 563-589-9559, attention CDC.

Parents must complete a medication release form for children requiring prescription or over-the-counter medication while attending the CDC. Please see a staff for assistance with forms. This must include:

- A beginning and end date medication can be given
- Expiration date of medicine
- Reason for medication
- Name of medication and dosage instructions
- Child's name
- Date filled
- Prescribing physician's name
- Pharmacy name and phone number
- Directions for use including precautions



The ONLY medication we except without a physician's direction is over-the-counter topical items being used no more than 7 consecutive business days, per calendar month. If the topical item is required longer, you will need a physician's release.

We are unable to store medication not currently in use for longer than 1 week. If the medication is left outside this time frame, it will be disposed of.

SAFE SLEEPING

The Academy of Pediatrics recommends back sleeping as the safest sleep position for infants under 12 months of age. To maintain safe sleep practices, these policies and procedures will be followed:

1. Infants will only be placed on their backs to sleep.
2. If a parent requests that their child be put to sleep in a position other than their back, the parent must provide a physician's signed note that explains how the infant should be put to sleep for medical reasons and length of time required.
3. Infants will be placed to sleep on a firm mattress; the sheet will fit the mattress snugly.
4. No toys, stuffed animals, pillows, crib bumpers, positioning devices (unless ordered by a health provider) or extra bedding will be in the crib.
5. Swaddlers will not be used on children over 6 weeks of age.
6. Sleeping infants will be visually checked every 15-20 minutes.
7. Infants will not share cribs.
8. Awake infants will have supervised "tummy time" to allow for development of strong back and neck muscles and prevent the development of flat areas on the head.
9. The time infants spend in a bouncer will be limited as this can delay motor development.
10. Pacifier use has shown to decrease the risk of SIDS. Infants may be offered a pacifier when they are in the crib if offered at home. Pacifiers will not be attached by a string to the infant's clothing. Pacifiers will not be reinserted if they fall out after the infant is asleep. All infants under 12 months will be placed on their backs but allowed to adopt a preferred position as their development allows.

CRIBS AND COTS

Cribs and cots are marked for children who attend daily. Children who attend on a part-time basis will be assigned to a crib or cot for the day. Sheets are laundered when soiled, with each change in occupant, or at least once a week.

HEAD LICE

There are varying opinions on the treatment of head lice. The center's approach focuses primarily on the home environment and gives guidance to parents for preventive measures, as well as detecting and treating head lice when necessary. The center's plan does not emphasize environmental cleaning, but rather the child's head and nit combing. Head lice are rarely transmitted through environmental vectors such as furniture, pillows, towels, etc. The focus should be on shampooing and the tedious task of nit removal.

Identified Head Lice Cases:

Children identified with head lice nits, may remain at the center until the end of the day. They can return to the center upon completion of the center's head lice control checklist (given when needed). A child will be excluded from the center if live lice are identified.

Center/Parent Plan for Head Lice:

Head lice information will be available upon request or given when needed. Open communication is encouraged to reduce incidences of head lice. Parents are responsible for weekly inspection of their child's hair. Reports of head lice should be made to the director, care providers and all close contacts. The parents, guardians or the designated adults will be responsible for completing the nit and/or lice removal.

UNIVERSAL PRECAUTIONS

Hand Washing

We recognize that hand washing, and hand hygiene are key to preventing the spread of infections. All staff shall wash their hands at the following times:

- Upon arrival at the center.
- Immediately before eating or participating in any food service activity.
- After diapering a child.
- Before leaving the rest room either with a child or by themselves.
- Before and after administering non-emergency first aid to a child if gloves are not worn.
- After handling animals and cleaning cages.
- At any time, their hands are visibly soiled.



Hand sanitizer will be available for limited use by staff when their hands are not visibly soiled. The use of water and soap is the preferred method of hand hygiene.

Throughout the day children will wash their hands at the following times:

- Upon arrival at the center we ask that parents assist their child in washing their hands with soap and water.
- Immediately before eating or participating in any food service activity.
- After using the rest room or being diapered.
- After handling animals.
- After using a tissue to blow their nose.
- At any time, their hands are visible soiled.

Gloves

Disposable gloves will be worn anytime a staff needs to handle any bodily excrement or discharge, including blood. Paper towels will be used for clean ups and disposed. Changing soiled clothes will take place on a disposable surface or a non-porous surface, which can be disinfected. Diaper changing areas are always disinfected after each use. Soiled or wet clothes, cloth diapers or other clothing will be put in a plastic bag, tied securely, and placed in the child's bucket for parents to pick up.

STAFF/CHILD ILLNESS

Closing due to staff/child illness: There may be times when the Center is unable to operate due to numerous staff or child illnesses. In the event this happens, parents will have one hour to pick up their child. Center closings will be sent by email.

If your child is showing signs of illness, please do not bring him/her to the center until they are symptom free for 24 hours. Alert the staff if your child has been exposed or diagnosed with a communicable disease. You will be notified if a release is needed so your child can return to the center. Notices will be posted at the front and back entrances regarding any illnesses in the center. If a notice is posted, please assume your child has been exposed.

Should a child become ill while at the center, the parent will be notified, and the child will be isolated from the group and allowed to rest in a quiet place. Ill children will always be supervised, and we will make every effort to keep them comfortable until their parent arrives. The parent will be expected to pick the child up from the center within one hour or it will result in a \$1 per minute charge. MercyOne is not responsible for any communicable diseases acquired while your child is in attendance.

Please keep the staff informed of any changes in your child's health status and/or eating habits (i.e., a child who develops an allergy or an infant changing formulas).



EXCLUSION OF ILL CHILD

Common Child Care Illnesses and Exclusion Criteria

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

- Prevents the child from participating comfortably in activities.
- A need for care that is greater than the staff can provide without compromising the health and safety of other children.
- An acute change in behavior: lethargy, lack of responsiveness, irritability, persistent crying, difficult breathing, or a quickly spreading rash.
- Fever with or without behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea) in infants older than 2 months of age.

A fever is defined as:

- A fever is a temperature that is 101 degrees F [38.3 degrees C] or above by any method.

The director/coordinator reserves the right to send a child home or require a doctor's release to return to care.

ILLNESS	EXCLUDE*	RETURN TO CHILD CARE
Asthma and Bronchiolitis	No, unless child meets exclusion criteria. *	With resolution of exclusion criteria. *
Croup	No, unless child meets exclusion criteria. *	With resolution of exclusion criteria. *
Diarrhea (infectious)	Yes (there are special exclusion rules for E. coli 0157.H7, Shigella and cryptosporidiosis).	When diarrhea stops and health care provider or public health official states the child may return. With resolution of exclusion criteria. *
Diarrhea (non-infectious)	Yes, if stool cannot be contained in the diaper, or if toiletied child has 2 or more loose stools in 24 hours, or blood in stool.	When diarrhea free for 24 hours and with resolution of exclusion criteria. *

Fifth Disease	No. Unless child meets other exclusion criteria. *	If excluded due to presence of other exclusion criteria, with resolution of exclusion criteria. *
Hand Foot and Mouth Disease	No. Unless child meets other exclusion criteria. * Or is excessively drooling with mouth sores.	If excluded due to presence of other exclusion criteria, with resolution of exclusion criteria. *
Head Lice (Pediculosis)	No. Unless child meets other exclusion criteria. *	Treatment of an active lice infestation may be delayed until the end of the day. Children do not need to miss school or child care due to head lice. The Iowa Department of Public Health & Healthy Child Care Iowa recommend a 14-day treatment protocol. If excluded due to presence of other exclusion criteria, with resolution of exclusion criteria. *
Impetigo	Yes, exclude at the end of the day if blisters can be covered.	After child has been seen by the doctor, after 24 hours on antibiotic, and blisters are covered. With resolution of exclusion criteria. *
Influenza	Yes.	When child is fever free for 24 hours and with resolution of exclusion criteria. *
Molluscum Contagiosum	No. Unless child meets other exclusion criteria. *	Skin disease like warts. Do not share towels or clothing and use good hand hygiene. If excluded due to presence of other exclusion criteria, with resolution of exclusion criteria. *
MRSA	No. Unless child meets other exclusion criteria. *	Wounds should be kept covered and gloves worn during bandage changes. Do not share towels or clothing and use good hand hygiene. If excluded due to presence of other exclusion criteria, with resolution of exclusion criteria. *
Otitis Media (ear infection)	No. Unless child meets other exclusion criteria. *	If excluded due to presence of other exclusion criteria, with resolution of exclusion criteria. * Note: Ear infections are not contagious.

Pertussis (Whooping Cough)	Yes.	Child may return after 5 days of antibiotics and resolution of exclusion criteria. *
Pink Eye (Conjunctivitis)	No. Unless child meets other exclusion criteria. *	Child doesn't need excluded unless health care provider or public health official recommends it. Child may be readmitted after treatment has begun. If excluded due to presence of other exclusion criteria, with resolution of exclusion criteria. *
Pneumonia	No, unless child meets exclusion criteria. *	With resolution of exclusion criteria. *
Rash	No. Unless child meets other exclusion criteria. *	With resolution of exclusion criteria. * After 24 hours of antibiotic if required by health professional. Note: Determining the cause of a rash requires a health professional's note.
Ringworm	No. Unless child meets other exclusion criteria. *	Treatment of ringworm infection may be delayed to the end of the day. Child may be readmitted after treatment has begun. Cover lesion(s) if possible. Do not share clothing, bedding, or personal items. If excluded due to presence of other exclusion criteria, with resolution of exclusion criteria. *
Strep Throat	Yes.	After 24 hours of antibiotic and with resolution of exclusion criteria. *
Vomiting	Yes.	When child hasn't vomited in 24 hours and with resolution of exclusion criteria. *

References:

American Academy Of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011.

Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition.

Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.

Center for Acute Disease Epidemiology. Guide to Surveillance, Investigation, and Reporting. Iowa Department of Public Health, January 2014

Iowa Department of Public Health Headlice brochure, updated 09/06/2016

http://www.idph.iowa.gov/Portals/1/userfiles/128/UPDATED_LiceBrochure_962016%20english.pdf



PARENT INVOLVEMENT

PARENT PARTICIPATION

We recognize that parent involvement makes a difference in the quality of the center. Parents have unlimited access to their children and provider during the center's hours of operation or whenever their children are in the center. Parent participation adds richness of experience for children, parents, and caregivers. The fees that you pay cover the bills, but the time you invest—being involved with your children and the adults that care for them—is an investment that pays even bigger dividends. Please feel free to participate in our program in any way, such as sharing a hobby, joining us for lunch, or just stopping by to visit. Throughout the year there will be opportunities to participate in various center events, such as open houses, staff appreciation events or fundraising bake sales. We will post a description of the activity and we encourage you to participate in one event a year. Maybe you would enjoy helping with an open house or find that helping at the bake sale fits in better with your time and interests. We need your active interest to provide the quality programming you want for your child. It is never too soon to begin making the investment that lasts a lifetime.

PARENT ADVISORY COMMITTEE

If you are interested in being a part of the parent advisory committee, please contact the director. The committee is evaluated yearly and meets bi-monthly to discuss issues, events, fundraising, etc.

PARENT- CENTER COMMUNICATION

Good communication between parents, caregivers and children is the key to creating successful experiences for children. We view our role as being in partnership with parents in providing quality care. Parents should feel free to contact teachers about their child's progress or other situations of concern. The director is always available for consultation.

Parent email is the best way for us to keep parents up to date on Center news and information. Please keep your email up to date to ensure you are kept informed of all happenings.

The digital display screens at the front and back entrance to the center contain parent information. Please watch these screens for exposure to communicable diseases or infections, and other important information.

Emergency evacuation procedures, mandatory reporting information, etc., can be found at the front and back entrances.

The bulletin boards near the child's clock in/out computer are used for information for parents. We also post-holiday sign-ups, events, and all other important parent information.

PARENT-TEACHER RELATIONSHIPS

We acknowledge the mutual responsibilities of the home and the center in the guidance of the child. At various times during your child's enrollment at the center you will be asked to complete informational surveys about your child, your family and your preferences and hopes for your child. We also appreciate opportunities to talk with parents regularly about their child. These are often informal daily conversations but will also be scheduled parent-teacher conferences. During conferences there is an opportunity for discussion of the educational program and the progress of the child. Conferences can be scheduled at the request of either parents or teachers at any time. Formal conferences are held for all children at least yearly.



PARENT CONCERNS

1. When complaints cannot be resolved at the point of origin, they are referred to the next higher level of authority.
2. When a complaint is referred to the director, an informal effort at reconciling the two parties is made.
3. If this is not successful, a formal written complaint must be submitted to the director in the form described below.
 - a) Name of person involved or description of the incident
 - b) A brief statement of the nature of the surrounding facts sufficient to understanding the nature of the complaint
 - c) A full account of the means that have been taken to resolve the matter
 - d) The complainant shall sign the report
4. The written complaint will be reviewed and referred to the appropriate personnel for resolution.

The final recommendation will be shared through personal conference or by written letter to the complainant from the director.

