Indianola Preschool, Inc.
POLICIES & PROCEDURES HANDBOOK

- General Policies
- Operational Policies & Procedures
- Health, Nutrition, and Safety Policies and Procedures
- Emergency Preparedness Policies & Procedures
- Policies Concerning Teachers
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creating bright futures

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INDIANOLA PRESCHOOL

Revised August 202

Disclaimer

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

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General Policies

Newsletter

A director's newsletter will be sent home digitally to each child on a monthly basis. Weekly newsletters from class teachers will be sent home digitally. Parents/guardians may request a hard copy of the weekly newsletter from their child's teacher. The preschool will, upon request, provide the monthly newsletter to both parents/guardians, even if they are divorced or separated. (07-10)

Restraining Orders

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

Solicitation

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

Celebrations

The following holidays/events may be celebrated at Indianola Preschool: Fall Party/Halloween, Thanksgiving, Christmas, Valentine's Day, Easter, May Day, and birthdays. These celebrations will not include any religious references. Additional class parties may take place throughout the year. Please discuss with your child's teacher at the beginning of the year if there are any celebrations in which you do not want your child to participate, as indicated on the enrollment form.

Educational/Medical Referral

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

Discipline and Grievance Policy

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

Dismissal Policy

Students will be dismissed one at a time by the teachers. Teachers will only dismiss students to parents/guardians or individuals who have been approved by the parent(s) or guardian. All changes to pick-up permissions must be sent in writing before dismissal time. Parents can adjust as needed on Brightwheel, but also need to message teachers to let them know of the change.

Student Teachers

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

Field Experience Policy

1. Initial contact between Indianola Preschool and a college's Department of Education must be made by the college teaching supervisor, not by the college student.
2. Resumes must be submitted to a Preschool Director before confirmation is made.
3. No more than three college students per semester will be accepted.
4. No students will be accepted during September, December, or May.
5. Background checks will be filed on each college student accepted. (4-09)
6. The Indianola Preschool reserves the right to terminate any field experience participant with notification to the college's Department of Education. (8-03)

Child Confidentiality

Students may be photographed for use in the newspaper and other media after parents sign a picture release agreement listed on the enrollment form. The posted photos do not include student names. A specific release will be signed for the use of Brightwheel parent communication and student portfolios. Brightwheel photos may contain one or more students with names, but only released to the parents of the students in the photos. Parents may not share photos of students other than their own at preschool on social media.

Sign-In and Sign-Out Tracking System for Students and Visitors Policy

Preschool:
Preschool students will be signed in and out by parents or other authorized pick-ups, using the Brightwheel App at drop-off and pick-up. Parents are given a unique code so that the office staff can see who dropped off and picked up each student daily. Any students who are marked absent will be contacted within the first 30 minutes of class to find out the reason for their absence (if parents have not previously notified the teachers or Indianola Preschool). Teachers will also sign students out of their classrooms as they leave for the day or move to another classroom.

Child Care:
Child Care students will be signed in and out by parents or other authorized pick-ups, using the Brightwheel App at drop-off and pick-up. Parents are given a unique code so that the office staff can see who dropped off and picked up each student daily.

Students may only be released to their parents/guardians or other authorized pick-up persons noted on their enrollment. Any changes to pick-up permissions need to occur at least 15 minutes before dismissal so teachers can be notified. New pick-up persons will need to show a photo identification before their student is released. Pictures may be added to Brightwheel by parents so that a picture ID is not needed at pick-up.

Visitors:
Classroom visitors will be required to use the sign-in sheet located in the office upon arrival and departure to track visitors. Visitors must note the reason for their visit and their contact details. Contact details may be given on the first visit if this will be a recurring situation, such as a Speech Pathologist, Occupational Therapy, or other scheduled volunteers. Visitors must also note the child they are working with or the classroom that they will be in during their time at Indianola Preschool.

Operational Policies & Procedures

Ages

All children must be three, four, or 5 (according to class requirements) by September 15th of that year. (8-23)

Class Size

Classes of 4- and 5-year-olds will have a maximum of 20 students with two teachers present. Classes of 3-year-olds will have a maximum of 16 students with two teachers present. If the class has a combination of ages, we may abide by the majority of the students' ages in that class. (5-00) (8-16) Child Care ratios may increase to state guidelines during transition periods, but won't exceed 18 students total.

State Ratios: 3-year-olds: 9:1
4-year-olds: 12:1
5-year-olds: 15:1

Registration Fee

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

Tuition Payment

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

Late Tuition Payment

Tuition payments are due on the first of each month. If payment is not paid by the 10th of each month, a $25 late fee will be assessed. If payment is not made by the 10th of the month, parents/guardians may write a letter to explain financial hardship or special circumstances to apply to the Board of Directors for special payment arrangements. Special payment arrangements will be made at the discretion of the Board. If no special payment arrangements are made due to a failure to make an application or the denial of the application by the Board, the child will be unenrolled from Indianola Preschool. (7-18)

Refunds

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

Returned Check Policy

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

Late Pick-Up Charge

Parents/Guardians are expected to pick up children on time at the end of class. If you are 10 minutes past the scheduled closing time, a warning note will be sent home, and you will be required to sign the Late Pickup Form. After the first warning, anyone late picking up their child again will have to sign another Late Pickup Form and will be charged a late fee of $25 for each 5-minute increment that he/she is late in picking up the child. Chronic lateness will result in termination from the program. (04-11)

Parent/Guardian Visitation

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

Mid-Year Enrollment

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

Supervision and Access Policies

Teachers will provide active and positive supervision of children by sight and hearing at all times, including when children are resting or sleeping, eating, using the bathroom, or when children are outdoors.

Active supervision requires focused attention and intentional observation of children at all times. Teachers position themselves so that they can observe all of the children: watching, counting, and listening at all times. During transitions, teachers account for all children with name-to-face recognition by visually identifying each child. They also use their knowledge of each child's development and abilities to anticipate what they will do, then get involved and redirect them when necessary. This constant vigilance helps children learn safely.

The following strategies allow children to explore their environments safely.

1. Set Up the Environment: Teachers set up the environment so that they can supervise children and be accessible at all times. When activities are grouped together and furniture is at waist height or shorter, adults are always able to see and hear children. Small spaces are kept clutter-free, and big spaces are set up so that children have clear play spaces, and teachers can observe.
2. Position Staff: Teachers carefully plan where they will position themselves in the environment to prevent children from harm. They place themselves so that they can see and hear all of the children in their care. They make sure there are always clear paths to where children are playing, sleeping, and eating so they can react quickly when necessary. Teachers stay close to children who may need additional support. When there are two teachers in the classroom, the teachers should position themselves so that they both can see as many of the children as possible and remain close to children who will need additional assistance. Teachers will position themselves within an arm's reach of children during water play in the sensory tables, both inside and outside.
3. Scan and Count: Teachers are always able to account for the children in their care. They continuously scan the entire environment to know where everyone is and what they are doing. They count the children frequently. This is especially important during transitions when children are moving from one location to another. When there are two teachers in the classroom, communication about children's location is necessary.
4. Listen: Teachers who listen closely to children immediately identify signs of potential danger.
5. Anticipate Children's Behavior: Teachers use what they know about each child's interests and skills to predict what he/she will do. They create challenges that children are ready for and support them in succeeding. But they also recognize when children might wander, get upset, or take a dangerous risk. Parents will inform teachers about changes in children's health, mood, etc., to help them anticipate children's behavior. Teachers will communicate with others as needed during transitions of care throughout the day.
6. Engage and Redirect: Teachers use what they know about each child's individual needs and development to offer support. They wait until children are unable to solve problems on their own to get involved. They may offer different levels of assistance or redirection depending on each child's needs.

Children who request privacy and have shown the ability to use toilet facilities properly should be permitted to use separate and private toilet facilities. School-aged children may use toilet facilities without direct visual observation, but must remain within hearing range in case children need assistance and/or to prevent unsafe behavior.

Children are going to be more active in the outdoor learning/play environment and need more supervision rather than less time outside. Playground supervisors need to be designated and trained to supervise children in all outdoor play areas. Staff supervision of the playground should incorporate strategic watching of all the children within a specific territory and not engaging in prolonged dialogue with any one child or group of

children (or other staff). Other adults not designated to supervise may facilitate outdoor learning/play activities and engage in conversations with children about their exploration and discoveries. Caregivers/teachers should try to maintain proximity to children who are developing new motor skills and may need additional support to ensure the safety of the children.

Caregivers/teachers will repeatedly count children with name-to-face recognition and will be able to verbally state how many children are in care at all times.

Developmentally appropriate child-to-staff ratios should be met during all hours of operation, including indoor and outdoor play and field trips.
Indianola Preschool will follow the following ratios:
Childcare (mixed age group): 8 children: 1 teacher
2-day and 3-day classes (3–4-year-old children): 8 children: 1 teacher
5-day classes (4–5-year-old children): 10 children: 1 teacher
TK class: 14 children (5-year-old children): 1 teacher

Additionally, children may not be sent into the building without a teacher to receive and supervise them. Parents and caregivers should remain on-site until the teachers are ready to receive children in the classroom. Field Trips are limited to walking field trips. On these field trips ratio is maintained with teaching staff, but additional parent volunteers are requested to assist with holding the stop sign to cross the street, or other additional tasks that help teachers remain focused on the supervision of the children.
Students will only engage in water play in the sensory tables inside and outside. During water play, teachers will remain within an arm's length distance of students to prevent any lapse in supervision. IPS students will not be near bodies of water (pools or ponds) during their regular school hours or on field trips. (04-23)

Enrollment Forms

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

- Enrollment Form (completed on Brightwheel)
- Child Health form (2 pages completed by parent)
- Child Health Exam Form (completed by doctor)
- Valid Iowa Certificate of Immunization Form (this can be obtained by contacting your doctor's office or public health) or a Valid Immunization Exemption Form
  Immunization Exemption forms do not need to be notarized and can be found here: https://hhs.iowa.gov/immunization#iowa-immunization-requirements. Medical and Religious exemption forms, or provisional certificates of immunization, will all be accepted.

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

Health, Nutrition, and Safety Policies and Procedures

Biting Policy

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

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

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

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

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

Medication Policy

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

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

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

Director(s) will make regular checks to ensure that any emergency medications (such as EPI pens, etc.) are replaced before expiration.

Medications must be kept in their original container labeled by the pharmacist with a) child's name; b) date prescription was filled; c) name of the physician; d) manufacturer's instructions or prescription label with specific legible instructions for administration, storage, and disposal; e) name and strength of medication; f) medications must have child resistant caps and will be stored inaccessible to children.

Care plans are required for any children with special health considerations (i.e., asthma, food allergies), and these must be completed by parents/guardians and the physician. These emergency care plans

will be reviewed and updated at teacher conferences or sooner, if needed. If an EpiPen or emergency medication is required, it needs to be kept at the preschool. (4-17)

Hepatitis B Policy

All children should complete a three-dose series of Hepatitis B vaccine beginning at birth as recommended by the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) (1). When a child who is an HBV carrier is enrolled, the director(s) and teachers should be informed. Children who carry HBV chronically and who have no behavioral or medical risk factors, such as aggressive behavior (such as biting or frequent scratching), generalized dermatitis (weeping skin lesions), or bleeding problems, may be enrolled without restrictions. Testing children for HBV should not be a prerequisite for enrollment. Regarding infection control measures and handling of blood or blood-containing body fluids, every person should be assumed to be an HBV carrier concerning blood exposure. All blood should be considered as potentially containing HBV. Child care personnel should adopt Standard Precautions, as outlined in Prevention of Exposure to Blood and Body Fluids, Standard 3.2.3.4, *Caring for Our Children.* (4-17)

Communicable Diseases

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

Exclusion Policy

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

Refer to the handout Common Child Care Illnesses and Exclusion Criteria for a complete listing of illnesses that constitute a reason for excluding a child from preschool. Please also refer to the handout *Guide to Childhood Illness* for a description of illnesses common to children. (4-17)

Ill Children Policy

Classroom teachers will keep a log to document illnesses of students (Symptom Record). If a child becomes ill (or is determined too ill to remain) at preschool, the child will be provided with a place to rest until the parent, legal guardian, or designated person arrives. The child will be supervised at all times by someone familiar with the child. A child with a potentially communicable illness will be provided care separate from other children, with extra attention to hygiene and sanitation until the child leaves preschool. Parents/guardians will provide emergency contact information before the beginning of the school year, and this information will be reviewed with all parents/guardians at teacher conferences. (7-10)

First Aid Kits

All first aid kits will be inspected monthly and restocked as needed. (4-17)

Fire and Tornado Drills

Fire and tornado drills will be conducted and recorded monthly. Teachers will use the class roster(s) during the drills. (4-17)

Urgent Care

If a child needs to be taken to urgent care, a familiar staff member should accompany the child to the hospital and stay with the child until the parent/guardian or emergency contact person arrives. Child-to-staff ratio must be maintained, so a substitute teacher may need to be called in to maintain the required ratio. (4-17)

Children with Special Needs

The preschool accepts children with special needs if a safe, supportive environment can be provided for the child. To help the preschool staff better understand the child's needs, the staff will ask the parent or legal guardian of a child with special needs to complete a "Special Care Plan" in conjunction with the child's health care provider(s). The program will attempt to accommodate children with special needs consistent with the requirements of the Americans with Disabilities Act. If the program is unable to accommodate the child's needs as defined by the child's health care provider(s) or the Individual

Education Plan without posing an undue burden as defined by federal law, the preschool directors will work with the parent or legal guardian to find a suitable environment for the child. (7-10)

Staff Health and Training

All staff members must have signed a statement that they are free of communicable diseases or other health concerns that could pose a threat to the health and safety of children. Staff members must also undergo a daily staff health assessment to ensure that any staff illness does not compromise the needs or health of the children. Staff members must also have a TB screening and have a physical done upon employment and every three years after that. All staff members have current certification in CPR and First Aid, and staff must receive annual Universal Precautions training. (4-17)

Safe Food Temperatures

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

Food Allergy Policy

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

Snack Policy

1. It is our policy that the snacks served to the children each day are nutritious and include foods from two of the basic food groups. The USDA Child and Adult Food Program is followed. There will be a required snack fee for all students each semester, based on how many days a week they attend each week. The snack fee should be included with the September and January tuition payments. The fees are as follows:
    a. Caterpillar, Dragonfly (2 days) - $30 per semester
    b. Ladybug, Bumblebee, Grasshopper (3 days) - $40 per semester
    c. Butterfly, Firefly, Spider (5 days) - $50 per semester

    Monthly snack menus will be shared at the beginning of each month. (8-14)
    Snacks from two different food groups (that meet allergy restrictions) can be provided by parents/guardians to celebrate a child's birthday. We request only commercially prepared and/or packaged snacks. Teachers will wear gloves when handing out snacks. Children will eat only when seated to decrease the possibility of choking. Children will eat in social groups with a teacher to guide and encourage, but not force appropriate conversation and eating behavior. If a child refuses to eat some type of food, teachers will offer the food again a little later. Food will not be offered as a reward or denied as a punishment. Adults will not eat or drink anything that the children are not allowed to have while the adults are in the view of the children. (7-10) (8-16)

Indoor Check

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

Activity Guidelines

Children will engage in daily activities to promote all areas of development through child-led play and teacher-led, or structured, activities. Indoor play will be at least 60 minutes daily, and outdoor play will be at least 30 minutes daily, as weather allows. Children should be dressed for play each day in clothes that allow for movement without restrictions that are appropriate for the weather, and keep their undergarments covered while playing. Teacher-led, or structured, activities will be engaging and will limit long periods of seated time. Teachers will incorporate movement activities and games into the curriculum and transition times. At no time will physical activity time be limited in an attempt to manage challenging behaviors.

We honor children and the unique ways they learn and develop, and we recognize the research that states children learn best through play.

Outdoor Play

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

When outside, children will engage in developmentally appropriate activities that encourage gross motor and fine motor development. These activities include, but are not limited to, running, walking, jumping, bicycling, crawling, skipping, digging, kicking, catching, throwing, drawing, painting, building, planting, and blowing bubbles. Teachers will also provide structured activities for children in which the curriculum and current unit activities are brought out for play.

In addition to outdoor play, teachers will incorporate movement activities or games into the standard indoor curriculum. (4-17)

Playground Policy

The director will provide initial training in our outdoor play space to all staff each year at pre-service training. Initial training will include maintaining supervision and sightlines, as well as maintaining adequate fall surfacing under equipment, sweeping sidewalks, and checking for broken toys or other safety hazards. Teachers are required to do their daily safety checks for recess time and report safety hazards to the director immediately.
Teachers will look for:
-Fall surfacing under equipment over 3 ft tall. If there is an issue with the depth of surfacing, teachers will immediately sweep/rake materials into place to provide the correct depth of surfacing.
-Teachers will also check for missing or broken parts on any equipment or toys. Broken toys will be disposed of or moved indoors to be fixed, so that they are not in use. Teachers will look for protrusions of nuts and bolts, rust, chipping or peeling paint, sharp edges, splinters, rough surfaces, visible cracks, or general wear and deterioration. Any issues will be corrected immediately and reported to the director.
-Other safety hazards like broken glass, toys, trash, or insect nests will be cleaned up by a teacher or another available staff member before outdoor play time or while children are away from the area.
At all times, teachers will remain in ratio with proper sightlines to appropriately supervise each play area.
A monthly playground safety checklist is completed by the assistant director or director as well. The checklist includes all the items that are assessed by teachers before their outside recess time, as well as equipment assessments. The monthly checklist will check for playground equipment installation, stability of handholds, and in-ground anchors, as well as the stability of non-anchored large play equipment (playhouse, benches, mud kitchen, tool bench, and picnic tables).

Transportation Policy

Indianola Preschool does not routinely transport children. Most of our field trips are walking field trips; for the Nature Center field trip, parents/guardians drop off and pick up their child at the site.
If volunteer parent/guardian drivers are needed to transport children to a field trip:

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

HIRTA Bus Policy

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

Field Trip Safety

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

Outdoor Check

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

Exposure to the Sun

During extended (greater than 20 minutes) outdoor play during summer, child care and other activities during the hours of 10 am and 2 pm, children will be protected from the sun using shade and sunscreen with UVB-ray and UVA-ray protection of SPF 15 or higher, with written parent/guardian permission. Sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms, and legs. Staff must wear gloves when applying sunscreen in lotion form; spray sunscreen is encouraged if it is necessary. (3-12)

Helmets

When children utilize any ride-on toys, they will wear an appropriate child's bike helmet. Children will remove helmets after riding, before playing with other toys or playground equipment. (7-10)

Appropriate Clothing

To promote safety at preschool, especially when outdoors, parents/guardians are strongly discouraged from sending their child to school with clothing that has drawstrings, flip flops, necklaces, or any other item that could pose a safety hazard to the child. Children should also wear clothing that always covers their underwear (undershorts under dresses) and fits well for lots of movement without constant readjustment. Children should be dressed for play every day, including weather-appropriate outdoor gear as needed. (7-10)

Cleaning and Sanitizing Policy

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

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

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

*Make fresh DAILY

*1 tablespoon bleach + 1-quart cool water

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

*Example of cleaning process:

*Clean the surface with soapy water and wipe it off.

*Spray the surface with bleach solution

*Wipe bleach solution over the surface with a paper towel. Do not dry it off.

*Allow to air-dry for 2 minutes.

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

Cleaning/Schedule

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

Hand Washing Policy

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

Toileting Policy

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

Although it is understandable and anticipated that toileting accidents will happen from time to time with young children, teachers will contact the parents/guardians if a child has two or more accidents at school to determine if there is something that can be done to help the situation. If sufficient evidence exists that a child is not toilet-trained, the preschool has the right to remove the child from the class after three accidents. If a child is removed from class, the spot will be held for one month. If the child is not fully potty-trained after one month, the preschool cannot guarantee a spot will be available. Once the child is fully potty-trained, parents/guardians are welcome to contact the preschool to check on class availability. More than 3 accidents in one month are considered not potty-trained and grounds for temporary removal from class.

Students may have accidents regarding toileting at preschool. In the event of a toileting accident, to minimize contamination of the clothing and the environment, the teacher will send all soiled clothing

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

Strangulation Prevention Policy

Strangulation occurs when something wraps around a person's neck and prevents them from breathing. The following potential strangulation risks are not used in our program: string/cords for windows or blinds, pacifiers with strings or ribbons attached, or lanyards.

To prevent strangulation at preschool, students will not have unsupervised access to art supplies or toys that could present a strangulation risk, including but not limited to yarn or ribbon for art projects, weaving bands on the playground, dance scarves, or boas or purses with long straps in the dramatic play center. Dramatic Play items with straps or long handles with be removed or shortened. Children will not be permitted to wrap items such as ribbon, necklaces, drawstrings, and certain clothing items around their necks. Additionally, electrical cords will be kept out of reach of students. Teachers and students do not wear lanyards during school hours.

During playground recess, children will be asked to remove helmets immediately after bike play is over to prevent entanglement on playground equipment. Students will not be permitted to use jump ropes for anything besides their intended purpose. Additionally, parents will be asked to remove hood or neck strings on outerwear, or a replacement will be arranged for the child to wear during school hours.

Comprehensive Behavior/Discipline Policy

Teachers will guide children to develop self-control and appropriate behaviors in the context of relationships with peers and adults. Teachers care for children without ever resorting to physical punishment or abusive language. When a child needs assistance to resolve a conflict, manage a transition, engage in a challenging situation, or express feelings, needs, and wants, the adult will help the child learn strategies for dealing with the situation. Discipline (teaching and guiding) will be an ongoing process to help children learn to manage their own behavior in a socially acceptable manner, and will not just occur in response to a problem behavior. Rather, the adults' guidance helps children respond to difficult situations using socially appropriate strategies. To develop self-control, children should receive adult support that is individual to the child and adapts as the child develops internal controls. This process should include:

Forming a positive relationship with the child. This positive relationship occurs when the adult spends time talking to the child, listening to the child, following the child's lead, playing with the child, and responding to the child's needs.

Basing expectations on children's developmental level.

Establishing simple rules children can understand (e.g., you can't hurt others, our things, or yourself) and being proactive in teaching and supporting children in learning the rules.

Adapting the physical indoor and outdoor learning/play environment to encourage positive behavior and self-regulation by providing engaging materials based on children's interests and ensuring that the learning environment promotes active participation of each child. Well-designed child care environments are ones that are supportive of appropriate behavior in children and are designed to help children learn about what to expect in that environment and to promote positive interactions and engagement with others.

Modifying the learning/play environment (e.g., schedule, routine, activities, transitions) to support the child's appropriate behavior.
Creating a predictable daily routine and schedule. Reminders need to be given to the children so they can anticipate and prepare themselves for transitions within the schedule. Reminders should be individualized such that each child understands and anticipates the transition.
Using encouragement and descriptive praise. Examples: "I can tell you are ready for circle time because you are sitting on your name and looking at me." "Your friend looked so happy when you helped him clean up his toys." "You must be so proud of yourself for putting on your coat all by yourself."
Use clear, direct, and simple commands. Teachers will tell the children what to do rather than what NOT to do. The caregiver/teacher should limit the number of commands. The caregiver/teacher should use if/then and when/then statements with logical and natural consequences. These practices help children understand they can make choices and that choices have consequences.
Showing children positive alternatives rather than just telling children "No"
Modeling desired behavior.
Using planned ignoring and redirection. Certain behaviors can be ignored while at the same time the adult can redirect the children to another activity. If the behavior cannot be ignored, the adult should prompt the child to use a more appropriate behavior and provide positive feedback when the child engages in the behavior.
Individualizing discipline based on the individual needs of children.
Using a time-out for behaviors that are persistent and unacceptable. Time-out should only be used in combination with instructional approaches that teach children what to do in place of the behavior problem. Time-outs will only be used temporarily to maintain a safe learning environment for peers until a teacher can give individualized attention to the student who is exhibiting unsafe behaviors.
If the parents/guardians disagree with the teacher's discipline plan, the said plan will remain in effect until parents/guardians meet with the teacher(s) and a compromise discipline plan is adopted. If parents/guardians and teacher(s) cannot adopt a compromise discipline plan, the original plan will remain in effect until parents/guardians meet with the teacher(s), director(s), and Board and a mutually agreed upon discipline plan is adopted. If parents/guardians, teacher(s), director(s), and Board cannot adopt a compromise discipline plan, the original plan will remain in effect. If parents/guardians refuse to cooperate with this policy, the child will be unenrolled from Indianola Preschool. (12-86. 08-03. 4-09) (Caring for Our Children 2023)
Suspensions, expulsions, or unenrollment due to behavior are a last resort and will only be recommended when the safety of the other students or teachers cannot be maintained or when the needs of the child cannot be adequately met. In these cases, the following procedure will be followed: Classroom teachers and the director will complete Ages and Stages and Ages and Stages: Social Emotional Assessments and ask that parents complete them as well. After which, a conference will be scheduled to conclude the assessments.
A special behavior intervention will be developed by parents and teachers and implemented with fidelity for 3 weeks. A review of changes and/or improvements in 3 weeks will occur (in person or over the phone.
Given the results of the intervention, teachers and parents will decide to continue the intervention to see more progress or to make a referral to the Area Education Agency for further assistance.
If a referral is made, and accommodations can be reasonably made and Indianola Preschool, the student may remain at IPS. If reasonable accommodations cannot be made, and the student needs to transfer to the school district preschool that provides for students on Individualized Education Plans, and transition plan will be made to support the student and family.
At no time will teachers or administrators use corporal punishment. Use of corporal punishment (hitting, spanking, kicking, biting, excessive force) will be grounds for immediate termination.
(01-23)

Tobacco-Free/Nicotine-Free Policy

Indianola Preschool facilities and grounds, including Indianola Preschool vehicles, are off limits for tobacco and nicotine use, including but not limited to cigarettes, cigars, chewing tobacco, snuff, vape, 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 Indianola Preschool-sponsored and non-Indianola Preschool-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 Indianola Preschool premises immediately. Providers/teachers/staff are prohibited from wearing clothing that smells of smoke when working. It is the responsibility of the administration/upper management to enforce this policy.

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

Allison Putney, Director 7-22-25

Documenting Injuries

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

Mandatory Reporting Procedures

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

Public Health
IOWA HHS

Kim Reynolds
GOVERNOR
Adam Gregg
LT. GOVERNOR
Kelly Garcia
DIRECTOR

CHILD ILLNESSES AND EXCLUSION CRITERIA FOR EDUCATION AND CHILD CARE SETTINGS

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

- 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, difficulty breathing, or a quickly spreading rash.
- Fever with behavior change or other signs and symptoms in a child older than 2 months (e.g., sore throat, rash, vomiting, diarrhea).
- For infants younger than 2 months of age, a fever with or without a behavior change or other signs and symptoms.
- A child with a temperature elevated above normal is not necessarily an indication of a significant health problem. A fever is defined as:
    - For an infant or child older than 2 months, a fever is a temperature that is above 101 degrees F [38.3 degrees C] by any method.
    - For infants younger than 2 months of age a fever is a temperature above 100.4 degrees F [38 degrees C] by any method.
- Temperature readings do not require adjustment for the location where the temperature is taken.
- In education settings please refer to your district's policy regarding fever definition.

ILLNESS	EXCLUDE	RETURN TO CHILD CARE/SCHOOL
Chicken Pox	Yes.	When all blisters are crusted with no oozing (usually 6 days) and resolution of exclusion criteria.

Diarrhea (infectious)	Yes (there are special exclusion rules for Shiga-toxin producing *E.coli* (STEC), shigellosis and cryptosporidiosis).	When diarrhea stops and health care provider and public health official states the child may return.
Diarrhea (non-infectious)	Yes, if stool cannot be contained in the diaper, or if toileted child has 2 or more loose stools in 24 hours, or blood in stool.	When diarrhea stops and resolution of exclusion criteria.
Fifth Disease	No. Unless child meets other exclusion criteria.	If excluded due to presence of other exclusion criteria, resolution of exclusion criteria.
Hand, Foot and Mouth	No. Unless child meets other exclusion criteria. Or is excessively drooling with mouth sores.	If excluded due to presence of other exclusion criteria, resolution of exclusion criteria.
Head Lice (Pediculosis)	No. Unless child meets other exclusion criteria.	Treatment of an active lice infestation may be delayed until the end of the day. Children do not need to miss school or child care due to head lice. Treatment recommendations can be found here: https://www.cdc.gov/parasites/lice/head/treatment.html
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.
Molluscum Contagiosum	No. Unless child meets other exclusion criteria.	Skin disease similar to warts. Do not share towels or clothing and use good hand hygiene.
MRSA	No. Unless child meets other exclusion criteria.	Wounds should be kept covered and gloves worn during bandage changes. Do not share towels or clothing and use good hand hygiene.
Otitis Media (ear infection)	No. Unless child meets other exclusion criteria.	If excluded due to presence of other exclusion criteria, resolution of exclusion criteria.

Updated 2/2024

Pertussis (Whooping Cough)	Yes.	Child may return after 5 days of antibiotics and resolution of exclusion criteria.
Pink Eye (Conjunctivitis)	No. Unless child meets other exclusion criteria.	Child does not need to be excluded unless health care provider or public health official recommends exclusion. Resolution of all exclusion criteria.
Respiratory illness (cough and cold symptoms) includes influenza, COVID-19, and RSV	Yes.	When child is fever free for 24 hours without use of a fever reducing medication AND respiratory symptoms are mild and improving.
Ringworm	No. Unless child meets other exclusion criteria.	Treatment of ringworm infection may be delayed to the end of the day. Child may be readmitted after treatment has begun. Cover lesion(s) if possible. Do not share clothing, bedding or personal items.
Strep Throat	Yes.	When resolution of exclusion criteria and after 24 hours of antibiotic.
Vomiting	Yes.	When vomiting has resolved and resolution of exclusion criteria.

Dental Emergencies

Toothache

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

Broken Tooth

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

Knocked-Out Tooth

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

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

Bitten Lip or Tongue

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

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

Objects Wedged Between Teeth

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

Possible Fractured Jaw

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

IOWA | Health and Human Services

FIRST AID KIT CHECKLIST

Type of First Aid Kit: Child Care Center/Preschool Kit ☐ Child Care Home Kit ☐ Field Trip Kit ☐ Vehicle Kit ☐ Vehicle #____

Place a checkmark (√) in the box if the item is present in the kit. Missing or used items should be replaced immediately.

Year _____	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Adhesive bandages (assorted sizes)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Antiseptic solution or antiseptic wipes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cold packs	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cotton-tipped swabs	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Disposable powder-free, latex-free gloves	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Emergency medication and/or care plans - children with special need[1]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Emergency numbers (Poison Control[2] & 911)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Eye patch	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First aid/choking/CPR chart & first aid guide	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Flexible roller gauze	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Liquid hand soap and hand sanitizer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mouthpiece for CPR	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pads (to contain bleeding of injuries)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pen/pencil and note pad	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Plastic bags (for blood/body fluids)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Safety pins	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Small scissors	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sterile eyewash	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sterile gauze pads (various sizes)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tape	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Telephone	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Thermometer—digital or tympanic	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Triangular bandages	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tweezers	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Water (2 L of water for cleaning wounds)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
"Grab and Go" Emergency Supplies:												
Cell phone	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Battery powered radio	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Flashlight	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Maps	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Parent/ guardian contact information for each child and signed emergency release	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Transportation policy and contingency plan	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Whistle	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wipes & extra diapers (if applicable)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

January _____
February _____
March _____
April _____
May _____
June _____
Signature of person conducting check and date

July _____
August _____
September _____
October _____
November _____
December _____
Signature of person conducting check and date

[1] If there are no children with known special needs (i.e. allergy, asthma, seizures) then this item may be marked as NA-not applicable.
[2] Iowa Poison Control Center 1-800-222-1222.Order free Poison Control Number stickers, magnets and other materials from https://www.iowapoison.org/order-material/bulk-order-material

HCCI 06/18/2024

CHILD CARE EMERGENCY PREPAREDNESS AND RESPONSE PLAN

Date of plan: August 2025

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

Facility Name:	Indianola Preschool
Facility Address:	205 S. Howard Street, Suite B, Indianola, IA 50125
Facility Phone:	515-961-3798
Facility Main Contact:	Allison Putney
Emergency Records/Supplies Kit Location(s):	Trinity United Presbyterian Church 200 S. Howard St. (TUPC) ISU Extension & Outreach Office 909 E. 2nd Ave Suite E
DHS Provider Number:	4191000008
Registration/Max. Child Capacity:	101 total students 45 at any one time

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

	Contact Name	Phone	Email/Website
Police/Sheriff	Brian Sher	911/961-9400	http://www.indianolaiowa.gov/149/Police-Department
Fire	Aaron Hurt	911/961-9405	http://www.indianolaiowa.gov/209/Fire-Department
Ambulance/Emergency Medical Technicians (EMTs)	Aaron Hurt	911/961-9405	http://www.indianolaiowa.gov/209/Fire-Department
Hospital	Blank Hospital	241-KIDS	https://www.unitypoint.org/blankchildrens/
Poison Control	Tammy Noble	1-800-222-1222	http://www.iowapoison.org/
County Emergency Manager	Troy Bass	961-1108 961-1122 24 hr Emergency #	http://warrencountyem.org/
Electric Company	IMU	961-9444	www.i-m-u.com
	Shut off the location in the facility: Main gray panel inside furnace room		
Gas Company	Mid American	800-595-5325	https://www.midamericanenergy.com
	Shut off location in facility: Outside to the east of bldg		
Water Company	IMU	961-9444	www.i-m-u.com
	Shut off location in facility: Inside furnace room against north wall		
Insurance Agent	Josh Stafford Phillips Stafford	515-978-9006	jstafford@phillisstafford.com
Radio/TV Station	WHO 1040am WHO Channel	515-245-8900 515-242-3500	http://whoradio.iheart.com http://whotv.com/
Neighbor	Kent Powgnas	961-2808 515-681-6934	kent.powgnas@lpl.com
Neighbor	Gary Ripperger	250-1421	http://www.hometowninsurance.biz
Our emergency contact phone number	Allison Putney	515-201-3073	Indianolapreschool@hotmail.com

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

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

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

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

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

Notifications:	Parents are required to complete Enrollment forms upon registering their child. They will also complete a Child Identification Card with a picture of the child, which will be used in case of an evacuation. At the beginning of the year, parents will be given the location and numbers of our 3 evacuation sites, as well as our preschool emergency contact number. Emergency contact information will be kept in a binder at school, in our emergency supply kit, and at the ISU Extension and Outreach office at 909 E. Second Ave., Suite E, Indianola
Delay in reuniting children with parents or authorized emergency contact:	The program will continue to provide care until parents or authorized emergency contacts arrive. If, in extreme cases, we are unable to reach the parents or an authorized emergency contact and the program is no longer able to provide care, staff will contact Iowa DHS to determine the next steps. Other contacts for reunifying children with families: -National Center for Missing and Exploited Children 24 hr. hotline: 1-800-THE-LOST or www.misskids.com\-Unaccompanied Minors Registry (UMR) www.missingkids.com/DisasterResponse -The National Emergency Child Locator Center (NECLC) is activated immediately after a Presidentially declared disaster. 1-866-908-9572 or https://egateway.fema.gov/inter/nefrls/home.htm
Release	-Parents are required to fill out a Child Release Form to provide documentation of who we may release the child to following a disaster. Only individuals authorized by parents may pick up a child, and if staff do not know the person, a photo ID is required before releasing the child.

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

Evacuation routes/exits:	-IPS has 3 classrooms: west, middle, and east. All classes have one door that leads outside. -If classes need to only exit the building, each class will proceed out the main classroom doors and assemble on the playground or west to the S. Howard sidewalk. -Classes needing to walk to Trinity will exit out their main classroom doors to the south sidewalk, where they will cross S. Howard St and walk to the PATH building. -Classes needing to be transported will exit out their main classroom doors and proceed west to S. Howard sidewalk and board the bus there.
Evacuating infants/toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	-Off-site emergency records are kept at the storage unit at Apex Storage. -Emergency records are also located in our emergency supply kit on site. Emergency supplies are located on site and at Trinity United Presbyterian Church, 200 S. Howard St.
Notifications:	-Director(s) or on-site supervisor will decide whether or not to evacuate the facility. Our center is small, so the individual will inform teachers of the decision to evacuate. The lead teacher of each class will communicate the plan to the children. If needed, 911 or other necessary calls will be made. Parents will be notified via email (if possible) and/or emergency text about any evacuation. -Hang relocation posters on classroom doors. -Directors (or safety officials, if necessary) will decide when it is safe to return to the facility.
Evacuation sites:	-**Neighborhood site: Trinity Presbyterian Church PATH building, 205 S. Howard Street, Indianola, 961-6231** **-Out of neighborhood site: Indianola Community Church, 14424 Kennedy St., Indianola, 961-8311** **-Out of town site: Crossroads Church, 2601 Border Street, Norwalk, 287-8580**
Transportation to evacuation locations:	-Transportation will be provided by Little Miracles Children's Center, 810 E. 2nd Ave., 961-5531, or First Assembly of God, 1700 W. 2nd Ave., 961-8488. Both have licensed drivers.
Additional:	

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

Location:	-To get away from windows in case of a tornado or severe storm, move children to the hallway with internal doors shut. -For larger groups of children or longer periods, move children to the west classroom.
Evacuation routes/ exits:	-When conditions are safe, return children to their classrooms to either resume class or exit via classroom doors.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	-Emergency records are located in our emergency supply kit on-site in the office. Emergency supplies are located on site and at Trinity United Presbyterian Church, 200 S. Howard St. Emergency supplies include an emergency plan & emergency contact IPS emergency cell phone and charger Child emergency information, permission to transport forms for each child Consent for medical treatment for each child Weather radio First aid kit Water, food, soap, and hand sanitizer Books, stuffed animals for comfort Plastic sheeting, duct tape, utility scissors, candles, matches Blankets, flashlights
Notifications:	-The director(s) or on-site supervisor will decide whether or not to shelter in place. Our center is small, so the individual will inform teachers of the decision to evacuate. The lead teacher of each class will communicate the plan to the children. If needed, 911 or other necessary calls will be made. Parents will be notified via email (if possible) and/or emergency text about any evacuation. -Directors (or safety officials, if necessary) will decide when it is safe to return to classrooms.
Additional:	

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

Location:	All children and adults remain in locked classrooms. If the threat is on the property, move children to the inner hallway with internal doors shut. All exits are locked and monitored by staff.
Evacuation routes/ exits:	All children and adults remain in locked classrooms until the lockdown status is ended.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Emergency records are located in our emergency supply kit on-site in the office. Emergency supplies are located on site and at Trinity United Presbyterian Church, 200 S. Howard St. Emergency supplies include an emergency plan & emergency contacts IPS emergency cell phone and charger Child emergency information, permission to transport forms for each child Consent for medical treatment for each child Weather radio First aid kit Water, food, soap, and hand sanitizer Books, stuffed animals for comfort Plastic sheeting, duct tape, utility scissors, candles, matches Blankets, flashlights
Notifications:	-Director(s) or on-site supervisor will decide whether or not to lock down. Our center is small, so the individual will inform teachers of the decision to evacuate. The lead teacher of each class will communicate the plan to the children. Call 911. Parents will be notified via email (if possible) and/or emergency text about the lockdown. -Directors (or safety officials, if necessary) will decide when it is safe to stop lockdown sheltering.
Additional:	

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

Event	FIRE AND/OR EXPLOSION
Steps you will take:	1. Alarm is sounded/alert staff. 2. Evacuate the facility with emergency supplies kit(s) based on procedures in your emergency plan. 3. When possible, close all windows and doors in the facility, and all electrical switches and breakers should be in the off position. You must evaluate the situation because you need to evacuate children and staff in the shortest time possible. Note: If the fire is small

	and not located in a room where children are present, you can use a fire extinguisher to put out the fire if you are trained on how to use the extinguisher. 4. Assess weather conditions outside and observe wind direction; move children and staff upwind of any smoke. 5. Using child attendance records, verify that all children and staff are accounted for using name-to-face counting. Repeat at regular intervals and every time children and staff are moved to a different location. 6. Call 911. 7. Put child identification cards on children. 8. Assess weather conditions. Consider moving to one of your other evacuation locations, as appropriate. 9. Once the fire department arrives, establish contact with a fire department official to provide the necessary information. 10. Communicate with parents using the procedures in your emergency plan. 11. Follow emergency procedures for reuniting children with parents or authorized emergency contact. 12. Re-enter the center/home after emergency officials say it is safe to return. 13. Complete the Child Care Initial Damage Assessment form, if appropriate. 14. Contact your DHS child care compliance staff person and Child Care Resource and Referral, as appropriate.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located at Trinity United Presbyterian Church, 200 S. Howard St.
Notifications:	Notify parents via emergency text message.
Additional:	

Event	SERIOUS INJURY OR ILLNESS
Steps you will take:	1. Evaluate the situation and do not put yourself at risk when trying to rescue an injured child or staff person. 2. Follow first aid procedures. Call 911 if appropriate. 3. For an injured or ill child, call the child's parents. For an injured or ill staff person, call the person's emergency contact. 4. If the child must go to the hospital by ambulance, one of the child's teachers will accompany the child when being transported. Call a substitute to replace the staff member accompanying the child. 5. If an illness or injury does not require immediate medical attention but requires a doctor's care, determine who will transport the child or staff person to the emergency room, clinic, or hospital. If the ill/injured is a child, parents or an authorized adult will transport the child to the emergency room, clinic, or hospital. If a parent/authorized adult is not available, one of the child's teachers will transport. If the ill/injured is a staff member, their emergency contact will transport. If they're not available, another staff member will accompany. Call substitutes to replace staff members.

	6. Document treatments and any action that took place based on the illness or injury using the Child Injury/Incident Report. 7. Contact DHS to report illness or serious injuries that happened in your child care program.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	First aid and emergency kits are located in the office.
Notifications:	The parents of the child are called. The emergency contact of the staff is called. If necessary, all preschool parents are notified via email.
Additional:	

Event	Infectious Disease - Pandemic
Steps you will take:	1. Increase the frequency of hand washing and sanitizing 2. Disinfect toys, materials, etc. between each group of children 3. Disinfect the bathroom between each use for toileting 4. Scheduled visitors to the facility must follow illness guidelines 5. Masks are encouraged for staff, visitors, and students 6. Weekly deep cleaning of the entire facility 7. Report on positive cases of infectious disease to DHS and Warren County Public Health 8. Follow guidance about exclusion, quarantine, and cleaning from DHS and WCPH 9. Notify parents and staff of the exclusion, quarantine time for their child, based on each individual case
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	NA at this time
Emergency records/supply kits:	Located in the office
Notifications:	Notify parents via email of positive cases that impact their child, and any subsequent exclusions required
Additional:	

Event	MISSING OR ABDUCTED CHILD
Steps you will take:	1. Anytime a child is unaccounted for, search the premises. Search each area that a child can potentially hide, as well as outdoor areas of the facility. 2. Double-check with other staff in case the child is in another location (e.g., the child was picked up by a parent). 3. If you have searched all potential hiding spots and outdoor areas and the child is not found, begin lockdown procedures: a. All exits are locked and monitored by staff. b. No one is let in or out of the child care facility. 4. Call 911. 5. Be prepared to provide the following information about the child: a. Child's name, age, height, weight, date of birth, and hair color. b. Child's clothing that he/she was wearing that day, along with any other identifying features. c. The time and last known location at which the child was noticed missing. d. If child abduction is suspected, are there any suspicious vehicles and/or persons around the child care facility? 6. Call the child's parents to tell them that the child is missing. Give them the same information that was relayed to emergency responders. 7. While waiting for law enforcement, continue to search for the missing child. Look in every cabinet, cubby, closet, and other locations where a child might hide. 8. Once law enforcement arrives, provide the necessary information. 9. Contact your DHS child care compliance staff person. 10. Complete an incident report. *If on a field trip, use the same procedure, but include any staff with knowledge of the location to help look for the missing child.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site in the office.
Notifications:	Call the Police. Call parents. If necessary, notify all parents via email. Call DHS.
Additional:	

Event	CHILD DEATH
Steps you will take:	1. If you find a child unresponsive, start CPR and continue until relieved by another adult certified in CPR. 2. Call 911.

	3. Calm the other children and move them away from the area. Listen to children's concerns and provide honest, developmentally appropriate answers. 4. Once emergency officials arrive, provide the necessary information. 5. As much as possible, leave the area where the child was found undisturbed. Do not clean or tidy anything in the room until investigators tell you that it is okay to do so. 6. Contact the child's parents. 7. Document treatments and any actions you took when caring for the child before finding the child unresponsive using the Child Injury/Incident Report Form. 8. Contact DHS to report the child death that happened in your child care program. 9. Close the school for the day.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site in the office.
Notifications:	Notify families via email. Conduct a press release, if necessary.
Additional:	

Event	HAZARDOUS MATERIALS OUTSIDE PRESCHOOL/COMMUNITY In most cases, you will receive a warning of a hazardous material emergency from local emergency officials; if not, call 911. Hazardous materials are those that might cause injury if inhaled or touched. A train derailing, a truck overturning, or an explosion or fire at a warehouse or chemical plant can potentially release hazardous materials into the air.
Steps you will take:	1. Alert staff. Initiate shelter-in-place emergency procedures (if evacuation is not immediate). 2. Using child attendance records, verify that all children and staff are accounted for using name-to-face counting. Repeat at regular intervals and every time children and staff are moved to a different location. 3. Shut windows and doors and turn off the air conditioning system. Seal doors and windows in your shelter-in-place evacuation location with plastic sheeting and duct tape, as appropriate. 4. Prepare for an out-of-area evacuation in case emergency officials tell you to evacuate the area. 5. Communicate with parents. 6. Monitor the facility at regular intervals. 7. Stay in communication with local emergency officials or monitor the media. 8. When given the all-clear, open windows to air out the facility or evacuate if directed to do so by emergency officials. 9. Reunite children with parents or authorized emergency contact.
Evacuating infants/ toddlers and others (children and staff) with limited mobility,	N/A at this time

special needs, or chronic medical needs:	
Emergency records/supply kits:	Located on-site in the office. Take along if evacuation is needed.
Notifications:	Notify parents via emergency text message. Post relocation posters if evacuating.
Additional:	

Event	HAZARDOUS MATERIALS INSIDE PRESCHOOL
Steps you will take:	1. Alert staff. 2. Evacuate the facility with emergency supplies kit(s). 3. Do not turn any electrical switches on or off. Eliminate all open flames. Do not use telephones (landlines or cell phones) or anything that could cause a spark while in the facility. 4. Assess weather conditions outside and observe wind direction; move children and staff upwind and uphill from the facility. 5. Using child attendance records, verify that all children and staff are accounted for using name-to-face counting. Repeat at regular intervals and every time children and staff are moved to a different location. 6. Call 911. 7. Put child identification cards on children. 8. Do not try to contain, touch, or identify (if unknown) the hazardous material. 9. If a child or staff person has had contact with the hazardous material, wash it off immediately. 10. Once emergency officials arrive, establish contact to provide needed information. 11. Communicate with parents. 12. Reunite children with parents or authorized emergency contact. 13. Re-enter the facility after emergency officials say it is safe to return. 14. Contact the DHS child care compliance staff person and Child Care Resource and Referral, as appropriate.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site in the office and at TUPC.
Notifications:	Notify parents via emergency text message. Post relocation posters.
Additional:	

Event	ELECTRICAL POWER FAILURE
Steps you will take:	1. Alert staff. 2. Access emergency lighting in your emergency supply kit. 3. Call IMU to report the outage.

	4. If there is danger of a fire, evacuate the facility with emergency supplies kit(s).
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site in the office and at TUPC.
Notifications:	If evacuation is needed, notify parents via emergency text message. Post relocation posters if needed.
Additional:	Note: Unexpected utility problems are common occurrences and may happen at any time. When there is a utility problem, the decision to close IPS or delay its opening will be based on the following factors: • The amount of natural light in the facility. • The temperature in the facility. • The ability and necessity of heating food. • The risk to the health and well-being of children and staff.

Event	GAS LEAK
Steps you will take:	1. Alert staff. 2. Evacuate the facility with emergency supplies kit(s). 3. Do not turn any electrical switches on or off. Do not use telephones (landlines or cell phones) or anything that could cause a spark while in the facility. 4. Using child attendance records, verify that all children and staff are accounted for using name-to-face counting. Repeat at regular intervals and every time children and staff are moved to a different location. 5. Call 911 and your gas company to report that you smell gas. 6. Put the child identification cards on the children. 7. Once an emergency official arrives, establish contact to provide the necessary information. 8. Communicate with parents. 9. Reunite children with parents or authorized emergency contact. 10. Re-enter the facility after emergency officials say it is safe to return.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site in the office and at TUPC.
Notifications:	Notify parents via email. Post relocation posters.

Additional:	

Event	WATER MAIN BREAK
Steps you will take:	1. Contact IMU to report the water main break. 2. Access water in your emergency supply kit.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site in the office and at TUPC.
Notifications:	Notify parents via email.
Additional:	

Event	CONTAMINATED WATER SUPPLY
Steps you will take:	Occasionally, water supplies are contaminated or are suspected of being contaminated with microorganisms or chemicals based on a break in a water main or other damage to the water system. Discontinue using tap water, ice machines, and any other water equipment. Use bottled water. Emergency officials may issue advisories/notifications when the water supply may be contaminated: •Boil water advisory/notice: Use bottled water and follow health department officials' recommendations for boiling and/or disinfection. The Iowa Department of Public Health Environmental Health Response Team has information available at http://www.idph.iowa.gov/ehs/emergency-preparedness. •Do not consume: Do not drink the water or use it in food preparation
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site in the office
Notifications:	Notify parents via email.
Additional:	

Event	THUNDERSTORMS
Steps you will take:	1. If you receive a THUNDERSTORM WATCH, listen to the radio or the NOAA Weather Radio for updates. Alert staff and cancel all outdoor activities.

	2. If you receive a THUNDERSTORM WARNING, alert staff and be ready to go to your shelter-in-place evacuation location if the weather becomes severe. Unstable weather can change quickly.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site in the office
Notifications:	
Additional:	

Event	TORNADO OR SEVERE WIND
Steps you will take:	1. If there's a TORNADO WATCH, listen to the radio or the NOAA Weather Radio for updates. Alert staff and cancel all outdoor activities. 2. If you receive a TORNADO WARNING or severe wind alert, alert staff and go to your shelter-in-place evacuation location. 3. Using child attendance rosters, verify that all children and staff are accounted for using name-to-face counting. Repeat at regular intervals and every time children and staff are moved to a different location. 4. Get under sturdy furniture, such as a heavy table, and hang on with one arm. Cover your head and neck, and help cover children. 5. Avoid using electrical equipment. Turn off utilities if time permits. 6. Monitor the weather via television and radio. 7. Once the weather event has passed through your area, assess damage to your facility and the surrounding areas. 8. Communicate with parents. 9. Move children and staff to safe areas in the facility. 10. If found unsafe, evacuate the facility with emergency supplies kit(s). (Remember, when considering the option to evacuate, you must also know if it is safe to transport children based on weather conditions and damage in the community.) 11. Post the notice of relocation on your facility entrance. 12. Follow emergency procedures for reuniting children with parents or authorized emergency contact. 13. Complete the Child Care Initial Damage Assessment form, if appropriate. 14. Contact the DHS child care compliance staff person and Child Care Resource and Referral, as appropriate
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time

Emergency records/supply kits:	Located on-site in the office and at TUPC.
Notifications:	Notify parents via emergency text message. Post relocation posters.
Additional:	

Event	HEAT WAVE
Steps you will take:	Protect children in severe heat waves by: 1. Reducing activity levels in the hottest part of the afternoon. 2. Stay in the coolest place available; an air-conditioned space is best. 3. Eat light foods. 4. Drink lots of water and other fluids, even if children say they are not thirsty. 5. Play outside earlier or later in the day, staying indoors between noon and 4:00 p.m. 6. Stay out of the sun. When children are outside, provide shaded areas, such as trees, umbrellas, etc.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site in the office.
Notifications:	Notify parents via email.
Additional:	

Event	SNOWSTORMS AND OTHER WINTER WEATHER
Steps you will take:	Prepare for cold-weather hazards by: 1. Listening to the radio, television, and NOAA Weather Radio for the latest weather reports and emergency information. 2. Listen to wind chill reports to determine if, and for how long, children can play outside. 3. Dress children warmly when playing outside in cold weather: several layers of clothes, boots, gloves or mittens, and a hat. 4. Limit the amount of time children play out in the cold. Bring children into the facility regularly. 5. If the Indianola Schools are dismissing early due to weather, teachers will contact parents/guardians to pick up children already at school. 6. If the Indianola Schools are cancelled or delayed, IPS classes will also be cancelled. If there is a morning delay for Indianola Schools, there will be no morning classes for IPS.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time

Emergency records/supply kits:	Located on-site in the office.
Notifications:	Notification of Indianola Schools closures and delays will be announced on TV on WHO 13. Parents will also be notified by email.
Additional:	

Event	FLOODING AND FLASH FLOODS
Steps you will take:	1. Listen to the radio and NOAA Weather Radio for the latest weather reports and emergency information. Follow the advice from local emergency officials. 2. Alert staff. 3. Move records and valuable equipment to higher surfaces. Store chemicals where flood waters cannot reach them and cause contamination. 4. Shut off the water at the main so contaminated water does not back up into the facility's water supply. 5. If time and conditions permit, unplug all electrical appliances. 6. Evacuate the area with emergency supplies kit(s) based on procedures in your emergency plan. 7. Post the notice of relocation at your facility entrance. 8. Using child attendance records, verify that all children and staff are accounted for using name-to-face counting. Repeat at regular intervals and every time children and staff are moved to a different location. 9. Put child identification cards on children. 10. Do not try to drive on flooded roads or through flooded areas. 11. Communicate with parents. 12. Reunite children with parents or authorized emergency contact.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site in the office and at TUPC.
Notifications:	Notify parents via emergency text message if evacuation is necessary. Otherwise, notify parents via email.
Additional:	

Event	EARTHQUAKE
Steps you will take:	1. During the shaking: a. Keep calm –do not leave your location. Remember that most injuries and deaths happen because of falling debris. b. If indoors, stay there. i. Take cover under tables, desks, or other heavy furniture. ii. Cover your head and neck, and help cover children. iii. Take cover in interior doorways or narrow hallways. iv. Stay away from windows and watch for falling objects.

	c. If outdoors, stay in the open. i. Move away from the building, if possible. ii. Avoid being under trees, near fences, power poles, and under overhead wires. 2. After the shaking stops: a. Evacuate the facility with emergency supplies kit(s) b. Do not turn any electrical switches on or off. c. Using child attendance records, verify that all children and staff are accounted for using name-to-face counting. Repeat at regular intervals and every time children and staff are moved to a different location. d. Put child identification cards on children. e. Communicate with parents using the procedures in your emergency plan. f. Be prepared for aftershocks. g. Assess damage to the facility. Inspect building for utility leaks (gas, water, sewer) or electrical shorts. If unsafe, do not re-enter the facility. h. Reunite children with parents or authorized emergency contact. i. Complete the Child Care Initial Damage Assessment form, if appropriate. j. Contact your DHS child care compliance staff person and Child Care Resource and Referral, as appropriate.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site in the office and at TUPC.
Notifications:	Notify parents via emergency text. Post relocation posters.
Additional:	

Event	DISGRUNTLED PARENT
Steps you will take:	1. Try to guide the parent to a private location or area in the facility. 2. When possible, position yourself closest to the nearest exit. 3. Listen to the parents' concerns without promising anything that does not follow your facility's policies and procedures or a court order. 4. If the parent becomes more agitated, refer to 'violent intruder' emergency procedures.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site in the office.
Notifications:	Call the police if needed.
Additional:	

Event	IMPAIRED PARENT (UNSTABLE, INTOXICATED, ETC.)
Steps you will take:	1. Offer to call the other parent or another person authorized to pick up the child. 2. If the parent refuses to allow another person to pick up the child, you cannot prevent the parent from taking their child. 3. Call 911. Report the vehicle make, model, and license plate number. Note: Law enforcement has the authority to take custody of the child if an officer identifies a safety issue. 4. If the parent becomes more agitated, refer to 'violent intruder' emergency procedures.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site in the office.
Notifications:	
Additional:	

Event	VIOLENT INTRUDER
Steps you will take:	1. Call 911. 2. Remain calm and be polite. 3. Try to keep the intruder away from as many children and staff as possible. If the intruder goes into a room with children, try to draw him/her into the least utilized portion of the room. 4. While you are engaging the intruder, other staff should evacuate the children if it is safe. If unable to evacuate, move unaffected classrooms to locations farthest from where the intruder is. This process should go room-by-room and as orderly and quietly as possible. Try to use routes that are not visible to the intruder. 5. Do not physically restrain or block the intruder's movement. 6. If the intruder chooses to leave the premises, allow them the freedom to exit. You want to note the make and model of the intruder's vehicle, license plate, and the direction the intruder was going. 7. Once law enforcement arrives, they will assume charge of the situation, negotiate, and direct movements. 8. If the decision is made to evacuate to either your out-of-neighborhood or out-of-town evacuation location, follow the procedures in your emergency plan. 9. Communicate with parents using the procedures in your emergency plan. 10. Reunite children with parents or authorized emergency contact.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time

Emergency records/supply kits:	Located on-site in the office and at TUPC.
Notifications:	Notify parents via emergency text message.
Additional:	

Event	HOSTAGE SITUATIONS
Steps you will take:	1. Remain calm and polite. 2.Follow the hostage taker(s) instructions. 3. Do not resist. 4. If it is safe, alert staff and call 911. 5. Once law enforcement arrives, they will assume charge of the situation, negotiate, and direct movements. 6. Communicate with parents. 7. Reunite children with parents or authorized emergency contact.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site and at TUPC.
Notifications:	Notify parents via emergency text.
Additional:	

Event	ACTIVE SHOOTER
Steps you will take:	An active shooter is someone killing or trying to kill people in a confined and populated area. Active shooter situations seem to be unpredictable, and the event often happens quickly. However, there may be signs that staff can be aware of to potentially prevent an attack. Examples of behaviors you should watch for include suspicious people watching your child care facility or taking pictures, or strange calls and unusual behavior by staff, parents/guardians, or visitors. Use A.L.I.C.E. when responding to an active shooter situation. 1.“Alert” – When you first become aware of the threat and recognize the signs of danger or get information about the danger from others. 2.“Lockdown” – If evacuation is not a safe option, implement your lockdown procedures. Doors to the room should be locked, lights out, children and staff are away from doors and windows, and out of sight. Try to keep everyone as quiet as possible and do not open the door. If possible, put items in front of the door to create a semi-secure barrier. 3.“Inform” – Communicate information about the situation in real time to other staff in your facility if it is safe to do so. Do not use ‘code words’ for the situation... instead, say ‘active shooter.’ Call 911. Stay on the phone with the dispatcher as long as it is safe for you to do so, even if you cannot talk to the dispatcher. Do not hang up. 4.“Counter” – Counter is a strategy of last resort when you are in the same area as the shooter. These are actions that create noise, movement, distance, and distraction to potentially reduce the shooter’s ability to shoot accurately.

	5."Evacuate" – When it is safe to do so, evacuate. 6. When law enforcement arrives, they will assume charge of the situation, negotiate, and direct movements. 7. Communicate with parents. 8. Reunite children with parents or authorized emergency contact.
Evacuating infants/ toddlers and others (children and staff) with limited mobility, special needs, or chronic medical needs:	N/A at this time
Emergency records/supply kits:	Located on-site in the office and at TUPC.
Notifications:	Notify parents via emergency text when it is safe to do so.
Additional:	

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

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

Protecting your computer hardware	External hard drive
Protecting your computer software	AVG Antivirus
If your computer is destroyed, critical documents are maintained and available.	Computer documents are saved on OneDrive and are available from any computer via preschool email.
Back-up records, including a copy of insurance policies, facility plans, bank account records, and computer back-ups stored in a secure location (fire/water-resistant safe)	On-site, we have paper copies in our emergency records kit. Backup records are in a locked file at our storage unit at Apex Storage.
Providing continuity if accounting and payroll records are destroyed	Financial information is stored in QuickBooks Online, which can be accessed from any computer.

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

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

Reopening your facility	If building needs to be rebuilt or extensive repairs are needed, contact Downing Construction, 961-5386 Work with DHS and CCR&R to prepare the facility for reopening Vendor CRS provides paper supplies; all other supplies are purchased by the Director(s). If IPS must remain closed temporarily, the alternative location will be Trinity United Presbyterian Church PATH building.
Alternate location for your program:	Trinity United Presbyterian Church PATH building 200 S. Howard Street, 961-6231 If significant damage is done to the facility, DHS and/or safety/fire officials will be contacted to make an inspection before reopening.
Displaced families:	Any available health and immunization information will be given to families who must relocate due to a disaster. Information will be either mailed or emailed. American Red Cross, http://www.redcross.org/prepare/disaster-safety-library
Communication systems:	Communicate with: -staff - Board of directors -families, landlord -suppliers - local media

	-DHS consultant CCR&R consultant to give updates on repairing/rebuilding/reopening status via phone and email.
Displaced staff:	American Red Cross, http://www.redcross.org/prepare/disaster-safety-library To replace staff who are not returning to work, substitute teachers will be contacted until new staff can be hired.
Support networks to cope with trauma:	Iowa Concern Hotline 1-800-447-1985 Disaster Distress Helpline 1-800-985-5990 National Child Traumatic Stress Network http://www.nctsn.org/trauma-types/natural-disasters Coping with Disasters, Violence, and Tragedies. National Association for the Education of Young Children. http://www.naeyc.org/content/disasters-and-tragedies Greenman, J. (2005). "What Happened to My World?: Helping Children Cope with Natural Disaster and Catastrophe."

Emergency Pack

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

Emergency Contact Information

1. Emergency contact numbers will be taken on all field trips.
2. Emergency contact information will be kept at an off-site location (Storage unit) in case of a catastrophic event. All information is kept confidential. (7-10)

Crisis Communication Team

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

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

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