

  

Parent Handbook

Longfellow KEY

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WELCOME

Welcome to the Longfellow KEY Before and After School Program. This non-profit organization was formed in 1984 by concerned parents to overcome the before and after school care challenges faced by so many families. The program for children in kindergarten through sixth grade offers a wide variety of activities that enhance self-expression, exploration and further the development of the children in a safe, fun and friendly environment.

ORGANIZATION

The Longfellow KEY BASP is a fully licensed center following the standards of the Iowa Department of Human Services. KEY is incorporated in the State of Iowa as a non-profit corporation and is exempt from federal income tax under section 501c3 of the Internal Revenue Code. Longfellow KEY is governed by a board. The board meets monthly to plan the budget, to determine KEY policies and to deal with other related program issues. The Longfellow KEY program is not a part of the Iowa City School District. The Iowa City School District provides the space, utilities and custodial services as an in-kind donation to the program. All staff salaries, supplies, food and other expenses are supported entirely by the tuition fees.

Enrollment in the Before and After School Program

constitutes an understanding that you will

abide by the policies described in the handbook.

SECTION I – FAMILY RIGHTS

Families have the right to:

1. Know that their children are in a safe, friendly environment.
2. Share concerns with staff about anything they do not feel is in the best interest of the children.
3. Be informed of their child’s behavior.
4. Consult staff when necessary.

SECTION II – FAMILIES’ RESPONSIBILITIES

Families’ responsibilities are to:

1. Pay fees/tuition on time as explained in Section V.
2. Keep the children’s records current as explained in Section VII and/or VIII.
3. Pick up the children on time as explain in Section XI.
4. Follow the health policy as explained in Section XVII.
5. Display appropriate behavior around all children and staff involved in the program.
6. Notify the Longfellow KEY staff, in writing, of children’s absences.

SECTION III – CHILDRENS’ RIGHTS

Children have the right to:

1. Be in a safe, friendly environment.
2. Use all the equipment and space on an equal basis.
3. Have their ideas and feelings respected.
4. Have discipline that is fair, equal and respectful of them.
5. Have staff members who care about them, enjoy being with them and help them to grow.

SECTION IV – CHILDRENS’ RESPONSIBILITIES

Childrens’ responsibilities are to:

1. Learn to recognize the consequences for their actions.
2. Respect the rules and standards set by the program staff.
3. Remain with a staff person at all times.
4. Maintain proper care of the materials belonging to the program and/or other children.
5. Report to the program immediately before and after school.

SECTION V – FEES AND PAYMENT POLICY

1. Fee Information:

Before School Only = $75/month

After School Only = $140/month

Before and After School = $180/month

Conference Days = $35/day\*

Spring Break (4 days) = $135/week\*

Summer Week = TBD

Part time Summer Week = TBD

School Year Down Payment = One month’s tuition

Summer Down Payment = $50/week

\*Spring Break and Conference Days are not included in the monthly tuition.

\*\*Tuition price for the summer depends on a full time or part time enrollment as well as travel cost.

1. Tuition payments are made in nine equal installments. Advance payment of the first month’s tuition for the following school year is due on June 1. This payment reserves the child’s placement for the following school year and no tuition is due until October. The remaining eight payments are due on the first school day of the month, from October through May.
2. School year tuition must be paid by the 7th calendar day of the month. If payments are received after the 7th a $10 late fee per child will be added. If tuition is not paid by the 15th, or if arrangements for payment have not been made, the child may be suspended from the program. Tuition is the same amount each month regardless of the number of days the child actually attends. Reinstatement may occur when all fees, including a $30 reinstatement fee, have been paid.
3. Any down payments made are non-refundable.
4. Non-sufficient funds checks are held until cash or a money order is received by the program to cover the amount of the check. In addition, the program’s total back charge will be assessed for the non-sufficient funds check. Parents will be notified immediately by the director upon receipt of the non-sufficient funds notice and shall have five school days in which to pay the charge in the tuition in full by cash or the equivalent. If not paid by the end of the fifth school day after the notice, the child will be suspended from the program until payment is received or arrangements have been made. If tuition and the non-sufficient funds charge are not paid in full, the child may be dismissed from the program.
5. If a child withdraws from or is discharged from the program, tuition will not be pro-rated for that month. **A 30-day written notice must be given in order to withdraw a child from the program.**
6. Conference Days and Spring Break Day Camps are available for an additional fee. If a minimum of 10 pre-registered students is not reached by the given deadline then the program will not be open on the Conference Day or Spring Break. Pre-registration forms will be available at the beginning of the school year. Spring Break pre-registration forms will be available in February.

**Tobacco-Free/Nicotine-Free Policy:**

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

SECTION VI – IRS STATEMENTS

Monthly invoices are issued at the beginning of each month. Invoices will be emailed to each family monthly or printed upon request. For families that need signed receipts to turn into their employers, please turn in your invoice with your tuition check. The Director will then sign and return your invoice for you to turn in. In case the signed invoice does not fulfill the employer’s criteria, please see the Director so alternative arrangements can be made. The program provides an additional itemized statement at the end of the year for your tax purposes.

SECTION VII – WAITING LIST/REGISTRATION/ENROLLMENT

The program encourages children of all backgrounds to attend. It does not discriminate on the basis of color, race, religion, disability, sex, nationality or ethnicity in admission decisions or any other policies. Childcare Assistance is accepted at KEY.

1. Waiting List Procedure:
2. To be placed on the waiting list, families must complete the Waiting List Form. Waiting list forms will be accepted starting in April. Families who submitted the waiting list form before December 1st, 2015 hold their spot on the list and do not have to sign up again.
3. Families who will submit a form starting in January 2016 will be put on a lottery list for the following school year. Once program is filled for the year the remaining waitlist forms will be properly disposed of. If a family does not make it into program they must resubmit a new form each year if they wish to be in KEY.
4. Families who are already enrolled in the program have first priority for the following school year. Fall Deposits will be sent out to current families beginning of February each year.
5. Families enrolled in the morning program have first priority for the afternoon. If a family enrolled in morning program is offered an afternoon space, they must stay enrolled in the morning program for at least 3 months after being accepted into the afternoon program.
6. If a family is offered a position, declines the offer but wants to stay on the list, they will be placed onto the lottery list.
7. [**http://www.iowacityschools.org/pages/ICCSD/parents/Before\_and\_After\_School\_Progra**](http://www.iowacityschools.org/pages/ICCSD/parents/Before_and_After_School_Progra)
8. Registration/Enrollment Procedure:
9. A child must be in grades K-6 to be eligible for enrollment.
10. Openings are determined on the basis of the number of children allowed by the program’s state license. Positions for enrollment are prioritized as follows:

Families with currently enrolled children who wish to remain in their enrollments status, currently enrolled children who wish to change their current enrollment status (the morning or afternoon preference), siblings of currently enrolled children and on a first-come basis for available times according to the position of waiting list.

1. Children will be allowed to attend the program only after all forms have been completed and returned and payments have been submitted.
2. Every year following the initial enrollment, families must re-register and update emergency forms.
3. All families must use ACH payments unless grandfathered in 2016.
4. Children requiring special accommodations – Longfellow KEY accepts all children that attend Longfellow Elementary. No child will be discriminated due to special needs he/she may need for day-to-day activities. This includes children currently involved with Longfellow KEY or a child(ren) on the waiting list.
5. Parents/Guardians of the child may be asked to attend a meeting or regularly scheduled meeting to discuss with program personnel the best way to meet the needs of the child. (Meeting dates and time will be determined by the child’s parents and program personnel).
6. \*Note: Limitations of accommodations may exist for children whose needs require extreme modifications beyond the capability of the program’s resources. Financial, professional, and educational resources may be researched for the benefit of the family as well as the program.
7. \*Note: We reserve the right not to enroll any child who poses a direct threat to themselves or others. The determination that a child poses a direct threat may not be based on generalizations or stereotypes about the effect of the disability; it must be based on an individual assessment that considers the particular activity and the actual abilities and disabilities of the individual.

SECTION VIII – ENROLLMENT FORMS

Parents must complete the following listed forms BEFORE the child can attend the program. These forms MUST be completed accurately and legibly (please print or type). This includes filling in ALL blanks, including complete addresses, doctors’ names, emergency persons, etc. These forms must be renewed at the beginning of each school year.

1. Parent Emergency Medical/Dental Consent
2. Physical Assessment/Health Form
3. Immunization Card and Physical must be available in school office
4. Record/Photograph/Late Fee/Tuition Fee/Consent to Share Information/Waiver for Participant by Parent/Travel Release Authorization/
5. Pick-up Permission Form
6. Medication Release Form (as needed)
7. School-Age Activity Authorization

SECTION IX – WITHDRAW FROM THE PROGRAM

Families who wish to withdraw their children from the program must provide a statement in writing at least 30 days prior to the discontinuation of this service. Full tuition will be due for any month in which the child attends. Non-payment of the fall deposit in June will constitute withdraw from the program for the following school year.

SECTION X – HOURS OF OPERATION AS OF FEBRUARY 2016

Morning Program – 7:00am to 7:55am (M – F) Children will not be allowed into the school before 7:00am.

Afternoon Program – 2:55pm to 5:45pm (MTWF)

1:55pm to 5:45pm (Th)

Conference Days, Spring Break and Summer Program\* – 7:00am to 5:45pm (M – F)

\*There is an additional fee for these services, see director for details.

SECTION XI – DROP-OFF/PICK-UP

Children may be dropped off any time between 7am and 8:25am and picked up any time between 2:55pm and 5:45pm. Prior to 7am the program is NOT licensed or insured to operate and therefore cannot be responsible for your child. To ensure the safe arrival and departure of your child, please be sure that the doors are unlocked, the caregivers are on duty before leaving your child at the school and the sign in/out book is signed. This procedure will give you an opportunity to talk informally with the director and other staff members and to check your family folder. If other arrangements are needed, please contact the director.

SECTION XII – LATE PICK-UP PROCEDURE

The opening and closing hours of KEY must be respected. The program closes at 5:45pm. Families whose children remain past 5:45pm must pay overtime fees of $1 per minute per family. Late fees are paid directly to the caregiver who must stay late. If a family is late, two staff members who are willing to stay are chosen. When that staff person can no longer stay, the director or a board member is informed and at their discretion, the Department of Human Services may be contacted to file a report or to assume the care of the child. Repeated late pick-ups will result in the discharge of the child from the program. Unpaid late fees will be added to the family’s invoice and an additional $5 late payment charge will be included. When possible, please call the program to let us know if you will be late. For the children it is often a scary situation and if we can tell them you are on the way or where you are, it is very comforting to your child.

SECTION XIII – ABSENCES

1. If your child will not be attending the program because of a scheduled appointment, vacation or other planned absence, please notify the director, in writing, in advance.
2. If your child is ill, please call the program number cell number, 319-330-2668. This phone is not attended at all times but you may leave a message on our answering machine or email the Director at [longfellowkey@gmail.com](mailto:longfellowkey@gmail.com)

**Policy for Admission and Exclusion from Child Care due to Illness**

*A diagnosis of disease can only be made by the child’s health care provider. The parent, legal guardian, or other person the parent authorizes shall be notified immediately when a child has any sign or symptom that requires exclusion from the early childhood education or care program. The program shall ask the parents to consult with the child’s health care provider. The early childhood education or care provider shall ask the parents to keep the provider informed of the advice received from the health care provider. The early childhood education or care provider reserves the right to admit or exclude a child regardless of the health care provider’s recommendations.*

*The child’s health care provider shall determine if antibiotics or other medication are required for treatment of an illness. The use of antibiotics for illness is not required or encouraged as a condition for attendance at the early childhood education or care program unless noted below.*

**Part I: Admission and Permitted Attendance**

Children with the following conditions **may be permitted** to attend early childhood education and care programs if they can:

1. participate in the usual daily activities with other children and the early childhood education;
2. or the care provider is not leaving the other children unattended to care for the ill child.

Children with the following conditions may be permitted to attend:

1. Infants and young children may have as many as six respiratory illnesses each year. These diseases include - the common cold, croup, bronchitis, pneumonia, respiratory syncytial virus (RSV) and otitis media (ear infection). Exclusion of children with these illnesses from early childhood education and care has not helped in preventing these infections.
2. Children who are carriers of an infectious disease in their stool or urine that can cause illness, but who have **no** symptoms. Exceptions include *E. coli* 0157:H7, *Shigella* or *Salmonella typhi*;
3. Children with conjunctivitis (pink eye) who have a clear, watery eye discharge and **do not** have any fever, eye pain, or eyelid redness;
4. Children with a rash, but **no** fever or change in behavior;
5. Children with cytomegalovirus (CMV) infection, parvovirus B19, HIV or carriers of Hepatitis B;
6. Shingles (herpes zoster), children shall keep sores covered by clothing or a dressing until sores have crusted;
7. Pediculosis (head lice), there is no need for the child to be sent home before the end of the day and can return after first treatment. Parents should be notified.
8. Children with influenza may return to early childhood education and care when the child feels well enough;
9. Children with Methicillin-resistant *Staphylococcus aureus* (MRSA) **do not** need to stay home as long as the wound is covered and drainage is contained;
10. Children with norovirus infection who have **no** diarrhea and are not otherwise ill, may remain in the program if special attention is paid to handwashing, proper diaper disposal, and maintaining a clean environment. See part II for children who have had diarrhea and/or vomiting;
11. Children who have ringworm. Children with ringworm should **not** go to the gym, swimming pools or play contact sports. Treatment may take at least four weeks;
12. Children with viral meningitis may return to child care when the child feels well enough.

**Part II: Exclude Children with Following Conditions**

To ensure the overall health and safety of all the children, we ask that you not bring your child to child care if one or more of the following exists:

1. The illness prevents the child from participating comfortably in child care center activities including outdoor play;
2. The illness results in a greater need for care than caregivers can provide without risking the health, safety, and supervision of the other children in care;
3. The child has one of the following, unless medical evaluation by a health care professional indicates that you can include the child in the child care center’s activities:
   1. Fever, accompanied by behavior changes or other signs or symptoms of illness until medical professional evaluation finds the child able to be included at the facility;
   2. Symptoms and signs of possible severe illness like:
      1. Lethargy that is more than expected tiredness,
      2. Uncontrollable coughing,
      3. Unexplained irritability, fussiness, or persistent crying,
      4. Difficult breathing,
      5. Wheezing,
      6. Other unusual signs for the child.
4. Blood in stools not explainable by dietary change, hard stools, or medication that may cause gastrointestinal damage such as ibuprofen, naproxen, or aspirin;
5. Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration;
6. Persistent abdominal pain (continues more than two hours) or intermittent pain associated with fever or other signs or symptoms;
7. Mouth sores with drooling, unless a health care provider determines that the child is noninfectious;
8. Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;
9. Diarrhea, defined as loose, watery, and frequent stools. Children with diarrheal illness of infectious origin generally may be allowed to return to child care once the diarrhea resolves, except for children with diarrhea caused by Norovirus, *Salmonella typhi*, *Shigella*, or *E. Coli* 0157:H7. For *Salmonella typhi*, three negative stool cultures are required. For *Shigella* or *E. coli* 0157:H7, two negative stool cultures are required taken at least 24 hours apart. If treated with antibiotics, samples should not be taken less than 48 hours after therapy is done;
10. Norovirus, children not in diapers and child care center staff with diarrhea and/or vomiting should remain at home until 24 hours after diarrhea and/or vomiting cease, and until stools are formed. Children in diapers should remain at home for three days following cessation of diarrhea and/or vomiting and until stools are formed;
11. Erythemia infectiosum (5th Disease), keep child at home if fever is present;
12. Pink eye (conjunctivitis) with purulent discharge (defined as pink or red conjunctiva with white or yellow eye discharge), child may go back to child care when all symptoms are gone;
13. Scabies, until after the first treatment;
14. Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend care;
15. Impetigo, until 24 hours after the child started medicine from the health care provider;
16. Strep throat or other streptococcal infection, until 24 hours after antibiotics are started;
17. Varicella-Zoster (Chickenpox), until all sores have dried and crusted;
18. Pertussis, until five days of appropriate antibiotic treatment have been completed or 21 days of cough if no antibiotics are given;
19. Mumps, child can go back to child care five days after start of symptoms or until symptoms are gone, whichever is longer;
20. Hepatitis A virus, until one week after start of symptoms;
21. Measles, until four days after onset of rash;
22. Rubella, until six days after onset of rash;
23. Herpes simplex, children with herpetic gingivostomatitis, an infection of the mouth caused by the herpes simplex virus, who do not have control of oral secretions, shall be excluded from child care. Children with mild cases who do have control of their mouth secretions may not have to be excluded; or
24. Meningitis (bacterial), child may return to child care 24 hours after starting antibiotics.

**Part III: Illness while in Child Care**

If a child becomes ill while in child care and it is determined that the child should be excluded:

* Contact immediately the parent, legal guardian, or other person authorized by the parent;
* Care for the child apart from other children;
* Give appropriate attention and supervision until the parent picks the child up; and
* Give extra attention to hand washing, diaper changing, disinfecting surfaces .
* Use Universal Precautions

SECTION XIV – RELEASE OF CHILDREN

A child will be allowed to leave with a person other than designated persons only if permission has been given to the director on the Pick-Up Permission Form or in writing by the family. If your child attends extracurricular activities or has any other kind of arrival/departure change within the period he/she is enrolled in the program, you must provide the director with a written notice prior to the date the change is effective. If the child is attending an extracurricular activity and then returning to KEY you must provide KEY with a note stating who will be responsible for signing him/her out of the program and then signing him/her back into the program. For safety reasons, the person signing the child/children out must be an adult. Extracurricular activities might include: soccer, language class, girl scouts, cub scouts, etc.

Access Policy

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

1. Any person in the center who is not an owner, staff member, substitute, or subcontracted staff or volunteer who has had a record check and approval to be involved with child care **shall not** have **“unrestricted access”** to children for whom that person is not the parent, guardian, or custodian, nor be counted in the staff to child ratio.

**\*“Unrestricted access” means that a person has contact with a child alone or is directly responsible for child care.**

**\*It is imperative that centers not allow people who have not had a record check assume child care responsibilities or be alone with children. This directly relates both to child safety and liability to the center.**

1. Persons who do not have unrestricted access will be under the direct “**supervision”** and **“monitoring”** of a paid staff member at all times and will not be allowed to assume any child care responsibilities. The primary responsibility of the supervision and monitoring will be assumed by the teacher unless he/she delegates it to the teacher assistant due to a conflict of interest with the person.

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

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

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

SECTION XV – PROGRAM AVAILABILITY

Longfellow KEY follows the school calendar and is in session on all days classes are held in the elementary building. **If school is closed or dismissed early due to weather, unscheduled closing or any other emergency conditions, KEY will not be held.**  It is the parent’s responsibility to pick up the child if school is dismissed early. If the start of school is delayed because of weather or any other building emergency, the program will not operate in the morning. If school begins later, then afternoon KEY will be held. Longfellow KEY has received permission from the school district to be open during conference and in-service days as well as Spring Break (4 days) and summer, these services are known as day camps or summer camps. In the event of inclement weather or building emergency the Longfellow KEY program reserves the right to close its day/summer camps for the health and well-being of the staff and students.

SECTION XVI – DISTRIBUTION OF MEDICATIONS

Whenever a child is to be given prescription or over-the-counter medication, the parent/guardian must complete and submit to the director a signed medication authorization form. Medication brought to the program must be presented and stored in the original or duplicate child-proof medication container with full prescription labeling as dispensed by the pharmacy and re-documented each month. If medication is to be kept at the program for treatment of a chronic condition, then no more than a one-month supply should remain at the program at any time. All medication will be stored in a locked box located in a locked file cabinet. If the medication needs to be refrigerated it will be stored in a sealed container in the program’s refrigerator. The Director or Assistant Director will be responsible for administering and documenting the medication for all students. Documentation will include a notation of the name of the medication, the time, date, dosage given or applied and the initials of the person administering the medication or the reason the medication was given.

SECTION XVII – HEALTH POLICY

Relevant information regarding any chronic medical condition (asthma, ADHD, diabetes, epilepsy, etc.) affecting a child must be provided, in writing, to the director **PRIOR** to the child’s first day of attendance at the program. Information provided shall include, but not be limited to: **emergency**/care procedures, **medication** use instruction, **name and phone of doctor** following the specific condition.

1. If a child has any of the following conditions, **DO NOT** bring your child to KEY: **contagious disease/virus, fever over 100 degrees within the past 24 hours, vomiting or diarrhea or a condition requiring medical attention.** If he/she is already at KEY, you will be notified to pick up your child as soon as possible.
2. In case of an accident or illness, the parent/guardian or designee of the child will be called immediately. In serious cases, the child will be taken to one of the local hospitals for treatment and the parent or guardian will be called as soon as possible. Transportation will be done by a parent or an ambulance service unless the parents give instructions otherwise. In most situations injured children will not be transported by any staff member of the program, except where time is essential, such as a dental emergency and the child can be transported safely.
3. In order to minimize the spread of infectious disease, all staff are required to wash their hands upon arrival at the program, before preparing food and before leaving the restroom. Children are required to wash their hands before eating and leaving the restroom.
4. Accidents: Appropriate first aid treatment will be given to the child. The director or Assistance Director will assess the need for further medical attention and/or a call the child’s parent/guardian (in the case of an injury). The staff member who arrived at the scene of the accident first will fill out an Accident/Incident Report Form. The original report will be filed in the child’s individual file and a copy will be made available to the child’s parent/guardian and to the individual staff person (as appropriate).
5. Staff may take the child’s temperature, but no medications can be administered without previous permission.
6. Biting Policy: 109.4(2)(g) The following steps will be taken if a biting incident occurs at our center:

* The biting will be interrupted with a firm "No…we don't bite people!"
* Staff will stay calm and will not overreact.
* The bitten child will be comforted.
* Staff will remove the biter from the situation. The biter will be given something to do that is satisfying.
* The wound of the bitten child shall be assessed and cleansed with soap and water. **If it is determined that there was a blood exposure further steps need to be taken as outlined below: "Procedure for Incidents involving Blood Exposure."**
* **The parents of both children will be notified of the biting incident. Appropriate forms will be filled out (Incident Report). *Note: If a bite requires medical treatment, a copy of the incident report must be mailed to the licensing consultant within 7 calendar days. See Child Care Requirements Licensing Guidelines Section .0802 (d) EMERGENCY MEDICAL CARE***
* ***Confidentiality of all children involved will be maintained.***
* **The bitten area should continue to be observed by parents and staff for signs of infection.**

**Procedure for Incidents involving Blood Exposure**

An **exposure** is defined as contact with blood or bodily fluids to which universal precautions apply such as:

* An injury to the skin (e.g.: cut with a sharp object)
* Mucous membranes
* Skin that is chapped, abraded, or otherwise affected so that an effective skin barrier is not present
* A bite or injury which results in blood exposure
* A human bite will rarely transmit a bacterial infection if proper first aid is given. Hepatitis B and HIV can potentially be transmitted during a human bite if the skin is broken and a blood exchange occurs.

When a bite or injury occurring in the daycare setting involves a break in the skin and potential blood exposure, the Center will follow the guidelines set forth by the Mecklenburg County Health Department. The following steps should be taken:

* Assess the bitten area and clean with soap and water.
* Check both children's immunization records and determine if they are up to date on their tetanus (DtaP), and Hepatitis B vaccines.
* If the director or staff member is not sure if the child is up to date on his immunizations, call the Child Care Nurse so that child's record can be evaluated.
* Notify the parents of both children immediately.
* File an incident report as outlined above.
* Notify the center's licensing consultant by phone.
* Both children (or parties involved, e.g. teacher) involved in the biting incident) **should** be tested for Hepatitis B and HIV by their private physicians or the Mecklenburg County Health Department. The testing should be done at a private pediatrician's office. However, if the patient has no financial ability to pay for the test and does not have insurance, they can have the test done at Free Clinic of Iowa City. The center should contact a Child Care Nurse so they can arrange for the testing to be done at the Health Department.
* If one parent refuses to have their child tested, the director or staff member should contact the Child Care Nurse from the Mecklenburg County Health Department immediately so an investigation can be initiated.
* The Health Department will not follow-up with the children if both sets of parents refuse testing.
* If both sets of parents agree to have their child tested, the Director will be responsible for exchanging the names of the children and their physicians. In other words, the director will call each child's pediatrician with the following information:   
  1. Child's name and DOB  
  2. Description of what occurred  
  3. The other physician's name and contact number  
  4. The other child's name and DOB
* The director should be a liaison between the parents and the physician in order to assure confidentiality.
* Physicians will exchange test results since there is counseling involved with Hepatitis B and HIV results. Physicians will also be responsible for contacting their own patients and giving them the test results.
* Confidentiality will be maintained at all times.
* If one of the children tests positive for HIV or Hepatitis B, the child's physician will contact the Health Department.

SECTION XVIII – INSURANCE

The program carries minimal liability insurance, but has no financial resources of its own. Families are encouraged to provide their own insurance coverage. Many families are covered by their policy at work and/or their own private policies. Public school student may sign up for accident insurance in the fall of each year. Families who wish to enroll should check with the school office.

SECTION XIX – MEAL AND SNACKS

The program will provide nutritious snacks on a daily basis which will include a selection from two of the basic food groups. Alternative snacks will be provided to accommodate special dietary needs. Please inform the Director, in writing, of any food allergies or dietary needs your child may have. Families may want to provide a treat at some time during the year. In this case, they should contact the Director to determine the number of children to be served and to plan the date. During the program’s day camps and summer camps the program will provide both a morning and afternoon snack. Students are asked to bring a well balanced lunch, that will help provide energy for the many activities that occur throughout the day during the camps. Monthly snack calendars are available two weeks before the first and will be distributed the Friday before the first of the month.

SECTION XX – ACTIVITIES AND FIELDTRIPS

1. Activities

Longfellow KEY strives to offer a wide range of activities that enhance self-expression, exploration and further the development of the children in a safe, friendly environment. Activities are planned in 6-8 week blocks. The activities are consistent on a daily basis; this gives the children consistency and structure but still allows them to have a change to choose their own activity. Activities may include: crafts, art exploration, cooperative games, drama, hands-on science, etc. Activity calendars are posted on the KEY bulletin board.

**2.) Field Trip Policy**

Longfellow’s Before and After School Program does include field trips in the Conference Days and Spring Break activity schedules as well as school based transportation services (band/orchestra practice). Fieldtrips are a small part of KEY’s activities. Fieldtrips we have done in the past include: swimming, museums and bowling. Transportation is provided by the program following DHS guidelines. On all fieldtrips the program tries to maintain a 6:1 student to staff ratio or better. Travel authorization must be signed before students may attend fieldtrips..  Field trips may include the entire program or a portion of the group.  Parents will be reminded of an upcoming field trip at the Sign In/Sign Out Table and through email.  On most occasions, parents may request their child to not attend a particular field trip.  Parents/Guardians may choose to bring a car seat to the program for field trips.  Please alert a staff member of the safety seat and directions for proper installation.

**\*Note: If your child is under the age of 6, parents must provide a car seat or booster seat for them to be used when traveling on field trips in compliance with Iowa State Law.**[[CS1]](https://mail.google.com/mail/html/compose/static_files/blank_quirks.html" \l "_msocom_1" \t "_blank)

Longfellow’s Before and After School Program will follow these safety precautions:

1.      All children transported to and from Longfellow will be buckled into a seat belt.

2.      Parents may provide a booster seat for field trips.

**\*If your child is under the age of 6 a booster seat must be provided in compliance with Iowa State Law.**

3.      Children will not ride in the front seat of the vehicle.

4.      Copies of the Emergency Consent Form (for each child attending a field trip) will be carried with the program.

5.      The program’s first aid kit and cellular phone will also be carried with the program at all times.

SECTION XXI – VISITORS AND OBSERVATIONS

Families are welcome to observe the program at any time. However, for liability and supervision reasons, it is not possible for families who are only visiting the program to take part in activities of the program. Background checks must be done for all staff and volunteers prior to engagement with the children

SECTION XXII – DISCIPLINE AND DISCHARGE

All students (regardless of race, color, religion, nationality, disability or sex) have the right to equal opportunities at the Longfellow KEY Before and After School Program. At Longfellow KEY, children will learn self-control, cooperation and consideration of others in a gentle and supportive relationship with the staff members. For this to occur there must be a positive and orderly atmosphere. Children will be treated with dignity and respect and be given guidance and support in learning how to conduct themselves appropriately. The Longfellow KEY BASP encourages positive interactions between all children and staff. All staff will utilize positive reinforcement, encouragement and praise; practice problem-solving techniques; emphasize cooperation versus competition; develop rules that are brief, clear and consistently enforced; and arrange the environment and materials so that few “no’s” are necessary.

**Administrative Rules:**

**441-109.10(237A) Health and safety policies.** 109.10(10) Recording incidents. Incidents involving a child, including minor injuries, minor changes in health status, or behavioral concerns, shall be reported to the parent on the day of the incident. Incidents resulting in an injury to a child shall be reported to the parent on the day of the incident. Incidents resulting in serious injury to a child or significant change in health status shall be reported immediately to the parent. A written report shall be provided to the parent or person authorized to remove the child from the center. The written report shall be prepared be the staff member who observed the incident and a copy shall be retained in the child’s file.

Iowa Administrative Code has required reporting incidents to include children who display inappropriate sexualized behavior. An incident report must be completed, and parents notified, if their child has been involved with sexualized behavior, including exposure of genitalia and/or touch between two children.

Upon an awareness of such incident, child care providers must ensure a greater level of supervision and intervention so that children in their child care setting are not placed at additional risk. Please consult with your DHS licensing consultant or Child Care Resource and Referral for any additional assistance needed. Full communication with parents and detailed documentation of all incidents must occur.

Children are encouraged to use the four steps of Problem Solving when appropriate:

If someone is “bugging” you:

1. Ignore them.
2. Ask them to stop.
3. Walk away.
4. Tell a teacher.

Some situations require more direct measures. The following policies have been established when our regular practices are not effective.

1. Children are entitled to a pleasant and harmonious environment at the program. Children are expected to behave in such a way that will not disrupt the activities or other children or cause disorder to the program. Individual incident reports will be written for children’s behaviors which disrupt the program. If a child receives three written behavior-related incident reports, the child will be suspended from the program for three days (am and pm).
2. The program cannot serve children who display disruptive behavior. This behavior is defined as verbal or physical activity which may include, but is not limited to, behavior in which a child seriously disrupts the program by requiring constant one-to-one intervention, inflict physical or emotional harm on others, abuses staff, damages the school building or property, damages the property of others, or ignores or disobeys the rules and standards set by the program If the child cannot adjust to the program setting and behave appropriately, then the child may be discharged.
3. Reasonable efforts will be made to help children adjust to the program setting. Disruptive behavior will be dealt with according to the level and needs of the child. If any of the previously described behavior is displayed, an incident report will be written by the staff member and given to the family to read and to sign. The report will be returned to the staff member and will remain with the child’s enrollment information.
4. During the three day suspension, the family of the child must meet with the director of the program and a member of the board. They will discuss the behaviors of the child, the effects of this behavior on the program, the needs of the child and family, etc. A decision will be made after this meeting regarding the status of the child’s enrollment in the program.
5. Families will be responsible for the payment of tuition during the period of suspension or until the child is withdrawn from the program or is discharged from the program by action of the board as stated in Section V.
6. If the child is reinstated in the program and receives a fourth behavior-related incident report, then director may suspend the child immediately, including if necessary, notifying the family to come pick up the child. The director may make such recommendations to the board as are appropriate, including discharge without the right of reinstatement. The director will notify the board immediately, who will act upon the recommendations of the director regarding the child’s continuation in the program. Parents will continue to be responsible for the payment of tuition during the period of suspension or until the child is withdrawn from the program or is discharge from the program by action of the board as stated in Section V.
7. If the problem is so severe that it could endanger the safety of other children in the program, discharge will be effective immediately after the director consults with the boards. The family will be notified.
8. No employee shall use force or physical restraint\* on any student except in the following cases:

* Self-defense or to protect other children
* To keep a child from doing injury to him/herself
* To keep a child from doing damage to personal or public property
* To remove, with just cause (see above), a child from the area

\*Physical restraint will be limited to the Children’s Control Position technique. “Staff needs to gain control of the arms of the acting out person and position him/herself to that he/she will be able to grab the arms around the acting out person. To secure the arms, lock one arm under the other. Staff should position him/herself off to one side; the ancillary team member can remain in the background, ready, if immediate assistance is needed.” Nonviolent Crisis Intervention Workbook.

SECTION XXIII – PROGRAM STAFF AND VOLUNTEERS

The Longfellow KEY BASP employs one full time personnel, a Program Director. The program also employs a Site Supervisor and 12-15 part time staff throughout the year. The Program Director is hired by the KEY Board of Directors to be responsible for the overall design and administration of the program, including hiring the Assistant Director and all staff. The Site Supervisor is responsible for the daily supervision of the program. Program Staff are responsible for supervision of the students and leading activities, games and helping to maintain the program’s environment. Volunteers at the program are asked to participate in the games and to student ratio. During the school year the KEY program strives to provide a 1:10 staff to student ratio. The Longfellow KEY BASP tries to ensure that all staff are First Aid and CPR certifies, have training in mandatory reporting and child abuse, universal precautions and infectious disease control, and receive twelve hours of training per year. For the Director and Site Supervisor all twelve hours must be in a sponsored group setting. For part time staff, at least four of their training hours must be at a sponsored group setting. All staff and volunteers will have, on file at the program, a non-conviction statement and a criminal history check. Staff and parent volunteers who will be transporting student must also have, on file, a photocopy of their drivers’ license and proof of insurance.

**Staff Development and Training Timeline:**

All staff will receive with in the first six months:

\*Universal precaution and infectious disease control

\*Mandatory Reporting and Child Abuse

All staff will receive within the first year:

\*First Aid and CPR training

\*10 hours of training related to child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, or cross cultural competence.

After first year staff will:

\*Maintain certification in Universal Precautions, Mandatory Reporting, First Aid and CPR.

\*Maintain current level of training hours.

SECTION XXIV – EMERGENCY PROCEDURES

* Emergency Procedure Plan is in KEY Office, if you wish to see plan ask Director or Site Supervisor to provide.

SECTION XXV – OTHER CONSIDERATIONS

1. Longfellow KEY BASP has an Interagency agreement with the Iowa City School District to provide before and after school and summer programming on-site.
2. Mandatory reporting of child abuse is required. Reporting is mandatory by the Department of Human Services and includes, but is not limited to the possibility of parents impaired by alcohol or drugs.
3. Outdoor play will not occur when the temperature (including wind-chill factor) falls below zero degrees. Sledding will be allowed only if the child has proper attire (I.E. snow pants, mitten, boots, etc.)
4. KEY will be held on Conference and In-service days, Spring Break and during the summer for an additional fee. See the Director for details
5. Children’s Personal Property: coats, clothing, school bag etc. must be stored in his/her individually labeled laundry basket. All items must be cleared from the program facilities after each session of the program. Any personal property remaining after the program hours will be taken to the lost and found by a staff member. Although the staff will attempt to help children be organized, the program cannot be responsible for lost personal property. Please label all items that come to the program.
6. Universal Precautions: All blood and body fluids are to be treated as potentially infectious.

**Clean-up:** Disposable gloves should be worn anytime staff needs to handle or clean-up blood or body fluid. Paper towels should be used for clean-ups. A solution of 1 part bleach to 10 parts water will be used to clean-up surfaces that have been contaminated.

**Bloody Materials:** Gauze sponges or towels that have been saturated with blood will be placed in a sealed plastic bag so they cannot be emptied and reused.

**Personal Protective Equipment:** All equipment will be provided by the Longfellow KEY BASP. Disposable gloves are available when attending to any situation in which exposure to blood, or any potentially infectious material may occur. Gloves are available in the first-aid packs, and the storage cabinet in the KEY office.

1. Fieldtrips and transportation: On all KEY sponsored fieldtrips the KEY program will provide the transportation. The style of transportation will depend on the number of registered students and the activity. For most fieldtrips, the program charters a licensed bus and river to transport students. When chartering a bus, all student and staff will be riding on the bus. On occasion, staff will use their vehicle to transport children. All children in personal vehicles will be secure in a seat belt at all time. Emergency medical forms, contact information and a cell phone will be taken on all fieldtrips. All drivers will have on file at the program a photocopy of their driver’s license, proof of insurance, non-conviction statement form, and a release stating that they will not drive under the influence of alcohol, illegal drugs, prescription drugs or nonprescription drugs that impair the ability to operate a motor vehicle. During the summer the KEY Campers also use the local bus system and walk quite a bit.
2. Food and Sanitation: All food will be stored in original containers, labeled, air-tight or in food grade containers. All food will be from approved sources, no home canned foods, raw milk, etc. Potentially hazardous food (milk products, meats, etc.) will be kept at 40 degrees Fahrenheit (refrigerator), or at 0 degrees Fahrenheit (freezer). Any potential hazardous food left out for more than an hour will be discarded. All reusable dishes will be washed, rinsed, sanitized, then air dried after use. All food contact surfaces will be sanitized before use as food preparation or serving areas.

ALL Longfellow KEY Staff will have orientation and ongoing training on Emergency Procedures. In all emergencies, staff will use a team approach to handle the situation. No staff member shall attempt to deal with the situation alone.

SECTION XXVI – CONTACT INFORMATION

* **KEY Address**: 1130 Seymour Ave, Iowa City, IA 52240
* **Director**- Liz Ernst
  + Email: [longfellowkey@gmail.com](mailto:longfellowkey@gmail.com)
  + Tel: 319-330-2668
* **Parent Board** 
  + Email: [longfellowkeybod@gmail.com](mailto:longfellowkeybod@gmail.com)

**LONGFELLOW KEY BASP**

**PARENT HANDBOOK**

This Parent Handbook has been prepared for your information and understanding of the policies, philosophies, practices, and benefits of Longfellow KEY BASP. Please read it carefully. Upon completion of your review of this handbook, sign the statement below, and return it to the supervisor by the due date. A copy of this acknowledgement appears at the back of the handbook for your records.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received and read a copy of the Longfellow KEY BASP Parent Handbook which outlines the goals, benefits, and expectations of Longfellow KEY BASP, as well as my responsibilities as a parent/gaurdian.

I have familiarized myself with the contents of this handbook. By my signature below, I acknowledge, understand, accept, and agree to comply with the information contained in the Parent Handbook provided to me by Longfellow KEY BASP. I understand this handbook is not intended to cover every situation which may arise during my involvement, but is simply a general guide to the goals, policies, practices, benefits, and expectations of Longfellow KEY BASP.

I understand that the Longfellow KEY BASP Parents Handbook is not a contract of involvement and should not be deemed as such.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Parent signature)

Please return by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (put date here)