



Parent Handbook

August 2022

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Welcome to King of Kings Childhood Education Center!

Mission and Vision

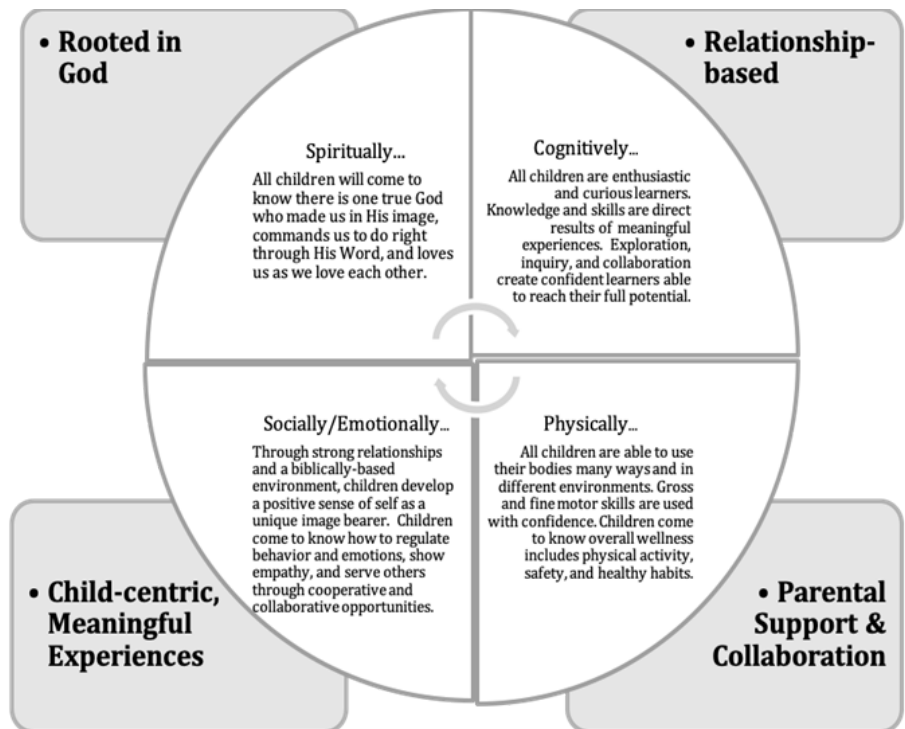
The mission statement of King of Kings Lutheran Church is *“Know God Better, Love God More, Make God Known”*.

The vision of the King of Kings Childhood Education Center is to be *“A caring community bringing Christ to children and families.”*

The King of King Childhood Education Center acquaints every child, regardless of age, with God: who He is and what He has done, what He is to the world, and His relationship with those He created.

God has a purpose for our lives, and we are active participants in God’s ongoing story.

Our intentional, purposefully designed environment is the foundation which cultivates the natural development of each child and teaches respect, social responsibility, and community through exploration, discovery, and means of expression. Children will emerge as socially capable, confident citizens and servants of God.



About our programs

Programs

King of Kings Childhood Education Center serves families with children ages 6 weeks- 5th grade. All programs are full day, 5 days a week, with the exception of before and after school care.

King of Kings Childhood Education Center follows DHS licensing capacities for staff to child/student ratios. Our program will never exceed the following:

Infants (6 weeks – 18 months) – 16 children at a 1:4 ratio
Toddlers (19 months – 2 years) – 12 children at a 1:4 ratio
Two year old – 14 children at a 1:7 ratio
3 year old preschool – 10 children at a 1:10 ratio
4-5 year old preschool – 12 children at a 1:12 ratio
School age (kindergarten – 5th grade) – 20 children

Children will be placed in programs/classrooms based on program availability, also considering age, maturity, and needs of the child. The director, family, and teaching staff will work together to determine the best placement for your child and when it is appropriate to transition rooms.

Enrollment

King of Kings Childhood Education Center, also referred to as the CEC, accepts children 6 weeks through 5th grade. The CEC does not discriminate against any child based on race, religion, national origin, or sex.

Admission of “exceptional children” with physical or mental disabilities will be left to the sole discretion of the director. The decision will be based upon the severity and limitations of the child, as well as the program’s ability to meet the needs of the child. The decision will be based on what is best for the child.

Enrollment Process

We have partnered with Enrollsy, an all-in-one enrollment, billing, payment, and childcare management software. We encourage you to use Enrollsy to best stay connected with your child's teacher and to stay up to date on your child's day.

The registration process consists of four steps and must be completed before attending the CEC.

Step 1: Inquiry form

The purpose of this brief form is to gather basic information. It can be found on the Childcare tab on the King of Kings website. www.kingofkingscr.org Once submitted, you will be contacted to schedule a tour of the center.

Step 2: Online enrollment form

This is the official enrollment form via Enrollsy. The link will be emailed to you following acceptance into the program. Acceptance is based on availability in each classroom or age group. The CEC director will communicate if a spot is available after the inquiry form is received. If immediate space is not available, the family will be placed on a waiting list.

Once accepted in a program, the enrollment form should be completed in full, which includes all necessary permissions and emergency contact information. At this step, the non-refundable enrollment fee is due.

Step 3: Enrollment agreement

Using DocuSign online in the Enrollsy portal, you will be prompted to sign the enrollment agreement, agreeing to all CEC policies.

Step 4: Additional health forms

A few hard copy health forms are needed and can also be found on the Enrollsy portal. These include a child health exam form and an immunization record. You may also stop into the CEC to obtain a hard copy of these forms.

Enrollment fees

For families enrolling in King of Kings Childhood Education Center, an one time non refundable \$125.00 fee is due at time of enrollment per child.

This nonrefundable fee covers office work related to enrollment processing and consumables, such as soap, paper towels, etc.

Tuition

Our rates for the year are outlined in the chart below.

6 weeks - 24 months	\$280/week
2 year olds	\$250/week
3 year olds	\$230/week
4-5 year olds	\$200/week
Before/After school care	\$75/week

All payments are due prior to care. Billing statements are sent via Enrollsy.

Automatic withdrawal: Payments can be made automatically through a savings or checking account and linked to enrollsy. Once enrolled, parents can determine if payments are withdrawn automatically or manually.

You can find answers to frequently asked questions at:

<https://intercom.help/enrollsy/en>

Additional fees

For families with school age children who are enrolled in the before and after school care, there are additional charges if families choose to utilize our “full day” add on service when staffing allows.

School age full day care	\$30/day
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Families are able to utilize Full Day care as needed during the school year, such as in-service days, snow days, holiday breaks, etc., when offered. Full day care offerings will be determined by the CEC Director and the CEC advisory board depending on staffing and available room space.

A sign-up for upcoming School Age Full Day care will be shared with families two weeks out, for parents to indicate if care is needed for that specific day.

Child care damage fees

Although the materials, supplies and equipment at the CEC were chosen with durability in mind, misuse may cause permanent damage. You are responsible for any damage above and beyond normal wear and tear, whether intentional or not, caused by your child while enrolled.

Delinquent accounts

1. Tuition is due before "close of business" on the Friday before the week of care. Families that are late paying their weekly tuition will be charged the \$15 late fee per day.
2. After receiving 3 consecutive \$15 late fee charges or after accruing an overdue balance that is 3x your typical weekly tuition charge, parent/s are responsible for submitting a payment plan in writing to the CEC director.
3. Within one week of the plans submission parent/s are responsible for organizing a meeting with the director to ensure that both the Center and family can agree to the plan. The payment plan can be modified by the Administrator to ensure it is agreeable to the Center's needs.
4. The payment plan must outline a new payment structure that includes the outstanding balance and ongoing tuition. The amount due weekly must be equal to the current tuition and a portion of the outstanding balance. Families will be given up to 8 weeks to pay the overdue balance amount.
5. Failure to maintain the payment plan will result in an additional \$15 late fee charge and will require full payment of the complete balance within 14 days or child care services for the family will be terminated.
6. If the full balance is paid and the family remains at the Center, parent/s will need to maintain weekly payments from that time and moving forward for

the timeframe they remain at the Center or services will be terminated 14 days from the first non-payment.

Attendance

It is the parent/guardian's responsibility to ensure that the child(ren) arrive and depart according to their communicated times on the enrollment form.

Regular attendance at the CEC is extremely important for your child to settle in well. Routine becomes a part of your child's day. You are welcome to visit your child in the CEC at any time.

Please notify the CEC before 9:00 AM if your child will not be in care for the day. Absences can be communicated either by phone, email, or via the Enrollsy system. When communicating your child's absence, please also communicate the reason for the absence. If your child misses child care for the day, payment is still required.

If a child is absent and we have not received communication from the family, CEC staff will call to ensure the safety of the child.

CEC staff will phone parents or guardians when a child has missed three consecutive days of care. If after two weeks the staff have been unable to reach the parents, the child will be dismissed from the program.

Withdrawal from the CEC

Withdrawal from the program requires a two week notice in writing. Fees for two weeks will be charged following notification of withdrawal.

Dismissal Policy

It is the goal of King of Kings Childhood Education Center to work with and support the families in our community. Our program is committed to providing exceptional care, and growth opportunities, for all enrolled students.

In rare circumstances a child may be removed from the program either on a short term or permanent basis. We make every effort to prevent dismissal from occurring; however, there are situations when corrective action may become necessary.

Initial Corrective Action Plan: If a child's behavior continues to physically or emotionally endanger staff or other children within the program, a parent meeting will be requested. The problem behavior(s) will be discussed with the parent/guardian and recorded. An initial corrective action plan will be established to help the child succeed.

Second Corrective Action Plan: If, after a predetermined time frame, the initial plan for changing the child's behavior fails, a second meeting will occur. The behavior correction goal(s) will be reviewed again. A new behavior plan will be defined.

Dismissal: If no progress occurs within the established timeline following the second corrective action, the child may be dismissed from the program.

Administration reserves the right for immediate student dismissal (i.e., major safety infraction, threat, behavior not in line with the teachings of King of Kings Childhood Education Center)

We may ask that you withdraw your child from the CEC in the unlikely event and if any of the following situations arise:

- Failure to pay tuition and other fees
- Repeated failure to follow CEC policies
- Continual arrival or departure beyond regular hours of operation
- KNOWINGLY bringing an ill child. Ill child is defined as a child with a fever, other illness symptoms, or having been medicated within the last 12 hours.

Closings

Our regular hours of operation are 6:30 am - 5:30 pm.

The Center will be closed for the following holidays:

1. New Year's Day, January 1st,
2. Easter Monday,
3. Memorial Day,
4. Fourth of July,
5. Labor Day
6. Thanksgiving Day and the day after Thanksgiving,
7. Christmas Eve and Christmas Day. Additional time for Christmas may be taken if deemed reasonable by the CEC Advisory board.

If a holiday falls on a Saturday, the Center will be closed the Friday prior to the holiday. If the holiday falls on a Sunday, the Center will observe the following Monday.

If the Center has EXTREMELY LOW attendance during a holiday season (less than 15%), a decision will be made as to whether to close. The Center will inform families of closing in advance.

Tuition is not prorated for holidays or emergency weather closings and must be paid in full.

Emergency Closings & Delays

King of Kings Childhood Education Center may close due to inclement weather if deemed necessary for the safety of our students' families and our staff. The decision to close the Center due to inclement weather will be based on a) severity of weather conditions and b) whether travel is recommended.

All weather-related delays and closings will be posted on KCRG-TV 9 and www.kcrg.com under "cancellations/delays" listed as **King of Kings Childhood Education Center**.

Professional Development

Staff members maintain current certifications in First Aid, CPR, Universal Precautions, Mandatory Reporting of Child Abuse, and Essentials for Child Care training. Staff attend additional professional development classes annually in order to provide the most developmentally appropriate experiences for children and families.

The CEC may close up to four days per calendar year to provide time for staff to train as a team. These dates will be announced at least four weeks in advance, if not already indicated on the annual calendar.

Drop off and Pick up procedures

Drop off and Pick up

As indicated previously, King of Kings Childhood Education Center is open from 6:30AM – 5:30PM, Monday – Friday. The CEC restricts care to a maximum of 10 hours per day, meaning a child cannot be left at the Center for more than a 10-hour period.

Staff does arrive at the Center prior to 6:30AM to complete opening duties and prepare rooms for children. Families cannot access the building prior to 6:30 AM. Parents/Guardians are required to sign their child in upon arrival and again at pick-up on the iPad kiosk in the Center.

Enrollsy Check in/out

All parents and authorized pick-up providers will asked to check your child in and out each day. Staff will assist you with the iPad and Enrollsy app, if necessary, and help with the check in process. Enrollsy records what time drop off and pick up occurs.

Late Pick Up policy

While we understand certain situations occur, please try to be on time each day to pick up your child. Our teachers work very hard each day caring for your child and it's important for them to have time with their own families.

Children picked up after the Center closes (5:30 pm) will be charged \$2.50 per minute, per child, regardless of the reason for being late. The late fee will be charged to your Enrollsy account.

If you are more than 45 minutes late and we have been unable to contact anyone listed on your Authorized Pick-Up list, we are required to contact Social Services, who will then pick up your child for safekeeping. PLEASE let us know if you will be late so we can reassure your child you will be arriving shortly, as well as avoid unnecessary panic.

Consistent late pick up violations will warrant a family's dismissal from the CEC.

Secured Entrance

King of Kings Childhood Education Center maintains a safe, secure environment. All outside doors remain locked during operating hours. When arriving to pick up or drop off your child please use your key card for entry. If you do not have your key card, press the buzzer located at the main entrance. Once verified through our camera system, you will then be allowed entrance. Only authorized adults listed on a child's enrollment form will be allowed to pick up a student. Unfamiliar adults will be asked to show ID to determine access with authorized pick up records.

Unlimited Parental Access

Parents/guardians have unlimited access to their children and to the provider caring for their child during the CEC's hours of operation unless parental contact is prohibited by a court order. A copy of the court order must be on file at the CEC to guarantee enforcement.

Parents/guardians are encouraged to visit the Childhood Education Center and spend time with their child. The center provides multiple opportunities for parent/guardian involvement, such as holiday parties, guest readers, etc.

Under the Influence Policy

In the event a staff member believes an authorized pick up is under the influence of drugs and/or alcohol and too impaired to transport the child safely, an alternative

authorized personnel will be contacted to pick up the child. A staff member will remain with the child until an alternate person arrives. If there is resistance to this procedure, or if a person appearing to be intoxicated attempts to leave with the child, staff will immediately call 911 to report the incident and provide the police with the description of the car and license plate number of the vehicle. Any further actions will be handled by the appropriate authorities including the Department of Human Services and local police.

Health information

Medications

A DHS Medication Form is required for any child(ren) who must receive medication during care hours.

Prescription medication must

1. Be in the original container,
2. Labeled with the child's name, name of drug, dosage, and directions for administering, date and physician's name.
3. Dosage and amount cannot be changed without a doctor's written permission.

Over the counter medications (including acetaminophen) will not be administered by CEC staff without medical authorization. In case of a medical or dental emergency, the staff will administer first-aid. A parent/guardian or authorized adult will be notified as quickly as possible. If medical attention is required, the staff will call for emergency help.

Sunscreen

Sunscreen is applied by staff with consent to children in childcare before going outside, May through September.

All families must supply sunscreen with SPF-30 or higher in the form of a face stick AND spray- on sunscreen. The staff will document when sunscreen is applied. An appropriate layer will be applied evenly on all exposed skin areas except the eyelids, mouth, palms of hands, fingers, and feet 30 minutes prior to outside

activities. Staff will reapply sunscreen every eighty minutes, or according to label directions.

Students attending field trips with extended outdoor activity will reapply sunscreen on a more frequent basis, as applicable.

Physical examination report

Per the Iowa Department of Human Services, for each child enrolled in our care, the child care center shall require an admission physical examination report, submitted within 30 days from the date of admission, signed by a licensed medical doctor, doctor or osteopathy, physician's assistant, or advanced registered nurse practitioner. The date of the physical examination shall be no more than 12 months prior to the first day of attendance at the center. The written report shall include past health history, status of present health including allergies, medications, and acute or chronic conditions, and recommendations for continued care when necessary. Annually thereafter, a statement of health condition, signed by one of the above listed medical providers is required..

Exclusion from care

To ensure that we are providing the healthiest environment possible for children in our care, the following guidelines have been established:

- Each child must have a completed physical form (Health Statement for school age) and an up-to-date Immunization Certificate on file. Allergies must be noted and an allergy plan must be on file. If medication needs to be given by staff, a Medication Authorization form must be on file.

If a child has a fever of 100.4 degrees or more, has vomited, or has two or more diarrhea BM within two hours, the child may not return to the CEC until s/he has been symptom-free for 24 hours without the help of medication

- Each child will be greeted upon arrival. If a child has a rash, fever, or other symptoms of sickness, the child will not be admitted to care.

- If the child becomes sick during care, a parent/guardian will be notified and the child must be picked up within the hour. The child will be given a place to rest separate from other children and under direct supervision of a staff member.
- Parents/guardians are responsible for updating all forms with new information pertaining to a child's health. If your child has a communicable disease, please notify the CEC office, so a *Notice of Exposure* can be posted with symptoms and duration.

The following guidelines are enforced for these contagious diseases:

Contagious disease	Policy
Chicken pox	A child will be allowed to return to care after ALL chicken pox are crusted over (5-7 days).
Diarrhea (infectious)	A child will be allowed to return to care 24 hours after diarrhea has stopped and a doctor states the child may return.
Diarrhea (non-infectious)	A child will be allowed to return to care 24 hours after diarrhea has stopped and there are no additional exclusion symptoms.
Pink Eye	A child will be allowed to return to care 24 hours after two doses of medication is administered and with a doctor's note.
German measles/Rubella	A child may return to care 7 days after the rash begins.
Giardia/Shigella	A child will be allowed to return to care when there is documentation of two negative stool cultures after treatment.
Head Lice	A child shall not be excluded immediately or sent home early from child care because of head lice. Parents of affected children shall be notified and informed that their child must be treated properly as soon as possible.
Hand Foot Mouth	A child may return to care one week after the illness has started and he/she is fever free for 24 hours.

Herpes Simplex	A child may return to school with approval of child's doctor
Impetigo	A child may return 24 hours after an oral medication has begun and 48 hours after a topical medication has begun.
Influenza	A child may return when fever free for 24 hours.
MRSA	A child may return with a doctor's note when the wound is covered and no longer draining.
Pinworms	A child may return the day after treatment begins as prescribed by your child's doctor
Ringworm	A child may return 24 hours after treatment begins as prescribed by the child's doctor along with a doctor's note with diagnosis and treatment.
Roseola	A child may return 24 hours after treatment begins as prescribed by the child's doctor along with a doctor's note with diagnosis and treatment.
Strep throat	A child must be on an antibiotic for 48 hours and be free of a fever for 24 hours before returning.

Nutrition

The CEC provides well-balanced meals and snacks for children in full day care, guided by the Department of Human Services.

The CEC follows the Adult and Child Care Food Program (CACFP) meal pattern requirements for snacks and lunch. All menus will be posted in advance, and any menu changes will be communicated in a timely manner.

Any dietary restrictions the CEC cannot accommodate will be discussed prior to a child's enrollment. All packed lunches must meet CACFP meal requirements.

The CEC strongly discourages food brought from home or other venues unless medically necessary.

Birthday/Holiday Treats

On occasion, families and children will want to celebrate a special event with food. Birthday/holiday treats from home must be appropriate for that age group and be nut-free. Please notify your child's teacher in advance if you wish to bring in treats.

The following are considered a choking hazard and not allowed for children ages 3 and under: hard candy, seeds, raw peas, hard pretzels, chips, popcorn, and marshmallows.

Classrooms with students who have life threatening allergies may have more specific guidelines.

Safety and guidance policies

Field trips

Students may participate in field trips if the consent on the enrollment form allows. Consent is given during enrollment via Enrollsy. Destinations and dates will be announced in advance. If parents/guardians wish to attend the field trip with their child, they may notify their child's lead teacher or director to be placed on the volunteer list. Volunteers may be limited based on availability of space.

If a classroom field trip is scheduled, all children assigned to that classroom that day must attend the field trip. There will not be additional child care provided for children unable to attend. Transportation will be provided to the field trip using the church van.

Mandatory Reporting

As outlined in the Iowa state law and by the Iowa Department of Human Services, all providers of childcare services are trained and are mandated to report all suspected cases of sexual abuse, physical abuse or neglect of children. Iowa law states that the preschool and childcare personnel may take photographs of any injured area on a child. Any person participating in the making of or in investigation of a report shall have immunity from liability, civil or criminal, which might otherwise be imposed.

Parking lot

Parents/guardians and visitors are to park their vehicles in the designated stalls in the front parking lot of the church close to the CEC doors and walk your child to the nearest walkway. Please remain vigilant at all times when walking and driving in the parking lot. Small children can dart out in front of or behind cars. Caregivers should ensure children are well supervised at all times in and around the parking lot.

Biting Policy

Even in the best childcare center, periodic outbreaks of biting occur among infants, toddlers and sometimes preschoolers and occasionally older children. This is an unavoidable consequence of grouping young children together. When it happens, it can be scary and very frustrating for children, parents and teachers.

Understanding the reason for biting is the first step to changing a child's behavior. Children bite for a variety of reasons: teething, simple sensory exploration, cause and effect, imitation, crowding, seeking attention, frustration and stress. Childcare group situations are difficult: dealing with others constantly around, sharing attention and toys, and too much or too little stimulation are all very difficult for children. Biting is not something to blame on children, their parents or their teachers. When biting breaks out, a high-quality childcare program immediately takes action, not to blame the biters but to change the environment and help children change their behavior. The biting policy is located in the policy section at the end of this handbook.

Behavior Guidance

The CEC seeks to provide a fun, safe, and calming environment for children. The staff implements strategies included in the *Positive Behavior Intervention and Supports* or PBIS. PBIS is a research and evidence-based curriculum for teaching social and emotional skills. It is our policy to use various positive problem solving techniques to promote self-control in children. We believe consistency is the most important factor in providing effective outcomes. Positive behavior supports include these strategies:

- Be consistent in expectations
- Give specific, clear directions
- Use positive reinforcement for appropriate behavior
- Redirect children having problems
- Model desired behaviors
- Offer choices
- Directly teach pro-social skills
- Utilize first/then boards

The CEC has three center-wide expectations with three rules for each expectation. These expectations and rules are posted in all classrooms and throughout the center. A visual is included at the end of this handbook.

We Are Safe: We use safe hands and feet. We stay together. We use walking feet.

We Show Respect: We use quiet voices inside. We use listening ears. We use kind words.

We Are Responsible: We clean up. We take care of our toys. We help each other.

For more information and tools you can use at home, please visit the Center on the Social and Emotional Foundations for Early Learning at <http://csefel.vanderbilt.edu/resources/family.html>.

Attached to this handbook are solution cards to help children solve conflicts that may arise in the classroom. These provide children the opportunity to choose an appropriate response to the conflict. These are displayed and taught in our preschool classrooms.

Behavior Incident Reports

BIR reports are sent home when a child engages in the following kinds of behaviors

- Aggression to another child or adult that results in physical pain or harm to that person (includes kicking, hitting, biting, scratching)
- Running out of classroom, off playground, or from group without responding to the calls of the adult
- Intentionally injuring self in manner that may cause serious harm (severe head banging, biting self)
- BIR's are also completed when a child continues to engage in problem behavior despite efforts to redirect and use alternative skills.

When a child receives three or more BIR's for the same behavior, parents/guardians will be contacted and a meeting will be scheduled to discuss additional supports and/or behavior modification plans.

Curriculum

Iowa Early Learning Standards

The CEC teachers use the Iowa Early Learning Standards to guide their lesson planning. The Iowa Early Learning Standards (IELS) are descriptions of the knowledge, behaviors, and skills that children from birth through age five may demonstrate; and they provide a strong developmental foundation that aligns with the Iowa Core (K-12).

Creative Curriculum

The CEC utilizes Creative Curriculum, which is based on early childhood theories and research. It creates purposeful and productive play experiences that help children grow in all areas. The goal of the program is for children to become independent, self-confident, curious learners who work well with others.

Assessment

The assessment that compliments Creative Curriculum is Teaching Strategies GOLD. It is based on developmentally appropriate objectives that are predictive of school success and aligned with state standards. Staff will ask for input from families to help assess developmental progress of their child as well. The

assessment information is then used to guide lesson planning and report progress to parents/guardians.

Concordia Lutheran Curriculum

Through our "One in Christ" curriculum, the children will come to know Jesus as their friend and Savior. They will learn about the hope of eternal life in heaven, the blessings of forgiveness, and the promise of God's help in their everyday life.

Age-appropriate materials and activities (Bible stories, songs, prayers, pictures, etc.) will help them grow in their faith and understanding of God. Parents receive a weekly guide to help reinforce the concepts taught at King of Kings CEC.

Our CEC Rules

We are safe



Walking feet



Stay together



Safe hands and feet

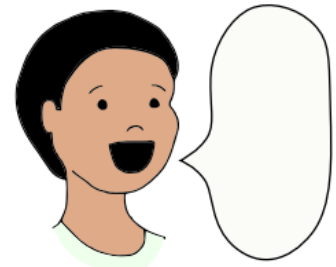
We show respect



Listening ears



Quiet voices inside



Kind words



Help clean up



Help others



Take care of our toys



Policy Manual

September 2022

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Diapering/Toilet training Policy

Diaper products

Children should use disposable diapers with absorbent material or cloth diapers. Wipes must be provided and labeled with the child's name. Parents will be notified to bring diapers when there are approximately 20 diapers left on hand (or a week's supply).

Wipes when there is 1 package remaining.

If needed, diaper cream can also be provided.

Diaper cream

Diaper cream may be provided to the Center. This is considered a medication and, therefore, must be in the original container and labeled with the child's name. All staff will complete logs to document application.

Change of clothes

All children must have seasonally appropriate extra clothes. Clothes should be stored in a gallon sized, zip lock bag labeled with the child's name. An appropriate amount of clothes should be kept on site, especially if the child is an infant or toilet training.

Diaper checks

Diapers should be checked for wetness and feces at least every two hours, and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper.

All diapers must be checked immediately after rest/nap and changed accordingly.

Diapers should be changed when they are found to be wet or soiled.

Diapering area

Diaper changes must always be completed in the appropriate area. This area is equipped with

- Labeled soapy water container.

- Labeled disinfectant bottle.

- Foot controlled, plastic lined, tightly sealed container specifically for diapers and diapering products.

- Handwashing sink.
- Paper Towels

The diapering area is designed for a specific purpose. The changing surface MAY NOT be used to store additional materials, supplies, or personal items.

Children must be supervised, with 1 hand on the child AT ALL TIMES during diaper changes.

Diapering procedure

Preparing for Diapering - Clean your hands by using proper hand hygiene (Handwashing Procedure).

To minimize contamination, prepare for diapering by getting out all of the supplies needed for the diaper change and placing them near, but not on, the diapering surface, for example:

- Enough wipes for the diaper change, including cleaning the child's bottom and wiping the teacher's and child's hands before putting on the clean diaper (wipes must be taken out of their container)
- Unused diaper and clean clothes, if needed
- A plastic bag for soiled clothes
- Disposable gloves (if used)
- A dab of diaper cream on a disposable paper towel (if used)

Diapering Procedure

- Place the child on diapering table.
- Remove clothing to access diaper. If soiled, place clothes into a plastic bag.
- Open the soiled diaper and leave under the child while the child is cleaned.
- Use wipes to clean child's bottom from front to back (one wipe per swipe) and throw away with the soiled diaper into a plastic-lined, covered, hands-free trash container.
- If gloves are used, they must be discarded at this time.
- Use a wipe to remove soil from your hands and throw into trash container.
- Use another wipe to remove soil from child's hands and throw into trash container.

- Slide the clean diaper under the child, and use a facial or toilet tissue or clean disposable gloves to apply any necessary diaper creams, discarding the tissue or gloves in a plastic-lined, hands-free covered can and redress the child.
- Wash the child's hands following the proper handwashing procedure OR 1 wet, soapy paper towel can be used to wipe the child's hands and 1 paper towel to dry them off if the child's hands are not visibly soiled.
- Return the child to the play area without touching any other surfaces.

Cleaning the Diapering Area

- Remove any visible soil from the changing surface with a disposable paper towel saturated with soapy water, and then rinse.
- Wet the entire changing surface with a disinfectant that is appropriate for the surface material being treated. Follow the manufacturer's instructions for use.
- Clean your hands by using proper hand hygiene (handwashing, or use of hand sanitizer according to directions if hands are not visibly soiled).

Logs

- Record diaper change with time AND type of change (Pee, BM, Dry).
- Note any problems (loose stools, skin irritation, etc).
- Document use of diaper cream.

Handwashing Procedure:

1. Moisten hands with water and apply liquid soap.
2. Rub hands together away from the flow of water for 20 seconds.
3. Rinse hands free of soap under running water.
4. Dry hands with a clean disposable paper towel or a one-time use cloth towel, or dry thoroughly with an air dryer.
5. If faucets do not shut off automatically, turn faucets off with a disposable paper or single-use cloth towel.

Toilet training changing procedures

Before Changing the Child:

- Get organized and determine whether to change the child lying down or standing up.

- Before bringing the child to the changing area:
- Wash hands according to the Handwashing Procedure
- Gather and bring supplies to the changing area.
- Unused pull-up or underwear, clean clothes (if you need them);
- Wipes, dampened cloths or wet paper towels for cleaning the child's genitalia and buttocks readily available;
- A plastic bag for any soiled clothes, including underwear, or pull-ups;
- Disposable gloves, if you plan to use them (put gloves on before handling soiled clothing or pull-ups) and remove them before handling clean pull-ups or underwear and clothing.

Removing Soiled Items Procedure:

- Avoid contact with soiled items.
- If the child is standing, it may cause the clothing, shoes and socks to become soiled. The caregiver/teacher must remove these items before the change begins;
- To avoid contaminating the child's clothes, have the child hold their shirt, sweater, etc. up above their waist during the change. This keeps the child's hands busy and the caregiver/teacher knows where the child's hands are during the changing process;
- If disposable pull-ups were used, pull the sides apart, rather than sliding the garment down the child's legs. If underwear is being changed, remove the soiled underwear and any soiled clothing, doing your best to avoid contamination of surfaces;
- Place all soiled garments in a plastic-lined, hands-free plastic bag to be cleaned at the child's home. To avoid contamination no items should be washed out in classroom sinks or toilets.
- If the child's shoes are soiled, the caregiver/teacher must wash and sanitize them before putting them back on the child.
- Clean the child's skin and check for spills.
- Lift the child's legs as needed to use disposable wipes, or a dampened cloth or wet paper towel to clean the skin on the child's genitalia and buttocks.
- Remove stool and urine from front to back and use a fresh wipe, dampened cloth or wet paper towel each time you swipe.
- Put the soiled wipes or paper towels into the soiled pull-up or directly into a

plastic-lined, hands-free covered can. The cover should not require touching with contaminated hands or objects;

Changing Clothing Procedure:

- Check for spills under the child. Use soapy water and then disinfectant to clean the area.
- If gloves were used, remove them using the proper technique (See Gloving Policy) and put them into a plastic-lined, hands-free covered can;
- Whether or not gloves were used, use a fresh wipe to wipe the hands of the caregiver/teacher and another fresh wipe to wipe the child's hands. Put the wipes into the plastic-lined, hands-free covered can;
- Put on a clean pull-up or underwear and clothing, if necessary.
- Assist the child, as needed, in putting on a clean disposable pull-up or underwear, then in re-dressing;
- ;Put the child's socks and shoes back on if they were removed during the changing procedure.
- Wash the child's hands and return the child to a supervised area. Use soap and warm water, between 60°F and 120°F, at a sink to wash the child's hands, if you can.

Area Clean Up Procedure:

- Clean and disinfect the changing surface.
- If clothing was soiled, securely tie the plastic bag used to store the clothing and send home;
- Remove any visible soil from the changing surface with a disposable paper towel saturated with soapy water, rinse;
- Wet the entire changing surface with a disinfectant that is appropriate for the surface material you are treating. Follow the manufacturer's instructions for use;
- Put away the disinfectant. Some types of disinfectants may require rinsing the change table surface with fresh water afterwards
- Perform hand hygiene according Handwashing Procedure.
- Records/Log Information:
- Record the time of change in the child's daily log.
- In the daily log, record what was in the pull-up or underwear and any problems (such as a loose stool, an unusual odor, blood in the stool, or any

- skin irritation),
- Report as necessary.
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Illness/Infectious Disease Exclusion and Prevention Policy

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 participate in the usual daily activities with other children and the early childhood education; 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:

- 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.

- 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;
- Children with conjunctivitis (pink eye) who have a clear, watery eye discharge and do not have any fever, eye pain, or eyelid redness;
- Children with a rash, but no fever or change in behavior;
- Children with cytomegalovirus (CMV) infection, parvovirus B19, HIV or carriers of Hepatitis B;
- Shingles (herpes zoster), children shall keep sores covered by clothing or a dressing until sores have crusted;
- 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.
- Children with influenza may return to early childhood education and care when the child feels well enough;
- Children with Methicillin-resistant Staphylococcus aureus (MRSA) do not need to stay home as long as the wound is covered and drainage is contained;
- 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;
- 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;
- 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, a child may not attend to child care if one or more of the following exists:
- The illness prevents the child from participating comfortably in child care center activities including outdoor play;
- 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;
- 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:

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;

Symptoms and signs of possible severe illness like:

Lethargy that is more than expected tiredness,
 Uncontrollable coughing,
 Unexplained irritability, fussiness, or persistent crying,
 Difficult breathing, Wheezing,
 Other unusual signs for the child.

- Blood in stools not explainable by dietary change, hard stools, or medication that may cause gastrointestinal damage such as ibuprofen, naproxen, or aspirin;
- 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;
- Persistent abdominal pain (continues more than two hours) or intermittent pain associated with fever or other signs or symptoms;
- Mouth sores with drooling, unless a health care provider determines that the child is noninfectious;
- Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;
- 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;

- 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;
- Erythema infectiosum (Fifth Disease), keep child at home if fever is present;
- 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;
- Scabies, until after the first treatment;
- Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend care;
- Impetigo, until 24 hours after the child started medicine from the health care provider;
- Strep throat or other streptococcal infection, until 24 hours after antibiotics are started;
- Varicella-Zoster (Chickenpox), until all sores have dried and crusted;
- Pertussis, until five days of appropriate antibiotic treatment have been completed or 21 days of cough if no antibiotics are given;
- Mumps, child can go back to child care five days after start of symptoms or until symptoms are gone, whichever is longer;
- Hepatitis A virus, until one week after start of symptoms;
- Measles, until four days after onset of rash;
- Rubella, until six days after onset of rash;
- 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
- 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, staff will:

- 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
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Cleaning and Sanitation Policy

Importance

One of the most important steps in reducing the spread of common infectious diseases or conditions among children and child care providers is cleaning and sanitizing or disinfecting objects and any surface a child comes in contact with, including floors, that could be contaminated and spread disease to children and staff.

Procedure and Practices, including responsible person(s):

Routine cleaning and sanitizing or disinfecting of the child care setting will be supervised by the Classroom lead teacher, according to the schedule and procedures listed below. Each classroom lead teacher will complete the Cleaning Checklist daily. All classroom support staff will assist in daily classroom cleaning and sanitation as assigned by the classroom lead teacher.

Routine Cleaning: Using soap and water to remove visible dirt then rinse with

clean water.

Sanitizing/Disinfecting: Removing visible dirt and applying an additional sanitizer solution to reduce the number of germs likely to cause disease. Sanitizer must sit on surface for 2 minutes before being wiped off.

Bleach solution is used in the concentrations on the sanitizing and disinfecting guide sheet.

When the policy applies:

- Tables used for eating and food preparation will be cleaned with soap and water, rinsed, and then sanitized with bleach solution before and after each meal or snack. Let sanitizer solution sit on table for 2 minutes.
- Kitchen will be cleaned daily and more often if necessary. Sinks, counters, and floors will be cleaned and sanitized at least daily. Refrigerator will be cleaned and sanitized monthly or more often as needed.
- Toys will be washed, rinsed, sanitized and air-dried at least weekly. Cloth toys and dress up toys will be laundered weekly or more often, as needed, for young children.
- Furniture, rugs, and carpeting in all areas will be vacuumed daily. This includes carpeting that may be on walls or other surfaces than the floor. Carpets will be shampooed monthly in infant areas and every three months in other areas, or more frequently as needed.
- Hard floors will be swept and mopped (with cleaning detergent) and sanitized daily.
- Bathroom(s) will be cleaned daily or more often if necessary. Sinks, counters, toilets, and floors will be cleaned and disinfected at least daily.
- Toilet seats will be cleaned and sanitized as needed and at least daily.
- Cubbies: will be washed, rinsed, and sanitized weekly. Children's items including bedding, coats, etc. will be stored separately.
- Rest Costs: Cots will be sanitized and sheets laundered weekly.
- Water tables will be emptied and sanitized after each use or more often as needed.
 - Children will wash hands before and after play and be closely supervised. Water tables should retain a free available chlorine level of 1-3 parts per million (ppm) or be emptied and refilled hourly.

General cleaning

General Cleaning of the entire center will be done as needed. Wastebaskets (with disposable liners) will be available to children and staff and will be emptied when full. Step-cans will be used to prevent recontamination of hands when disposing of used towels, etc. There should be no strong odors of cleaning products. Room deodorizers are not used due to the risk of allergic reaction. Door handles and faucets are cleaned at least daily and more often when children/staff are ill. Diaper and food waste containers will have a tight fitting lid.

Vacuuming, mopping and carpet shampooing in the center will not occur while children are present in that area (carpet sweepers and brooms are ok to use). This is to reduce the exposure of chemicals and dust to children and staff. Every effort is made to only use items that can be cleaned and sanitized in the setting. Cracked or broken items are not able to be clean or sanitized properly. These items shall be removed until they are repaired, cleaned, and sanitized.

Carpet is not used in toilet areas or food prep/storage areas.

Utility mops will be washed, rinsed and sanitized then air dried in an area with ventilation to the outside and inaccessible to children.

Regular cleaning and sanitation will increase if there is an outbreak of a contagious infection or disease in setting.

Unauthorized Access Policy

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

1. Any person in the center who is not an owner, staff member, substitute, or subcontracted staff or volunteer who has had a record check and approval to be

involved with child care shall not have “unrestricted access” to children for whom that person is not the parent, guardian, or custodian, nor be counted in the staff to child ratio.

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

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

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

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

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

3. Center staff will approach anyone who is on the property of the center without their knowledge to ask what their purpose is. If staff is unsure about the reason they will contact 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.

4. A sex offender who has been convicted of a sex offense against a minor (even if the sex offender is the parent, guardian, or custodian) who is required to register with the Iowa sex offender registry (Iowa Code 692A):

a. Shall not operate, manage, be employed by, or act as a contractor or volunteer at the child care center.

b. Shall not be on the property of the child care center without the written permission of the center director, except for the time reasonably necessary to transport the offender’s own minor child or ward to and from the center.

- i. The center director is not obligated to provide written permission and must consult with their DHS licensing consultant first.
- ii. If written permission is granted it shall include the conditions under which the sex offender may be present, including:
 1. The precise location in the center where the sex offender may be present.
 2. The reason for the sex offender's presence at the facility.
 3. The duration of the sex offender's presence.
 4. Description of how the center staff will supervise the sex offender to ensure that the sex offender is not left alone with a child.
 5. The written permission shall be signed and dated by the director and sex offender and kept on file for review by the center licensing consultant.

This policy will be included in the parent handbook that is distributed to the parents at the start of school.

Biting Policy

Even in the best childcare center, periodic outbreaks of biting occur among infants, toddlers and sometimes preschoolers and occasionally older children. This is an unavoidable consequence of grouping young children together. When it happens, it can be scary and very frustrating for children, parents and teachers. Understanding the reason for biting is the first step to changing a child's behavior. Children bite for a variety of reasons: teething, simple sensory exploration, cause and effect, imitation, crowding, seeking attention, frustration and stress. Childcare group situations are difficult: dealing with others constantly around, sharing attention and toys, and too much or too little stimulation are all very difficult for children. Biting is not something to blame on children, their parents or their teachers. When biting breaks out, a high quality childcare program immediately takes action, not to blame the biters but to change the environment and help children change their behavior.

Caregiver procedure

It is important that the caregivers remain calm and in control of their emotions when biting occurs. Staff should not show anger or frustration towards the child. The caregiver should calmly respond to the child, letting them know that biting is not ok. In addition the following steps will be taken.

1. The teacher will remove the child from the situation and focus caring attention on the child who was bitten.
2. Encourage the biter to help take care of the child that was bitten (hold ice pack, comfort the child).
3. The caregiver should talk to the child who bit (if able to communicate) and talk about different strategies that the child can use next time (give them appropriate words-if able) instead of biting. This should be done in a short, simple way.

Environmental check

It is important to explore the reasons for biting when it occurs. Staff need to work with parents to gather information about the child's behavior and begin observations to determine the reasons for biting. Examples of some triggers would be communication deficits, transitions, hunger, lack of sleep, need for oral stimulation or teething pain. Once triggers are identified, staff can work on prevention strategies and start teaching replacement skills. Below are some examples of how the teacher will begin this assessment.

1. The teacher will examine the context in which the biting is occurring and look for patterns. The teacher will use the Center Action Plan for documentation and ask the following questions:
 - Was the space too crowded
 - Were there too few toys
 - Was there too little to do or too much waiting
 - Was the child who bit getting the attention and care he/she deserved at other times, other than when he/she was biting
2. The teacher will change the environment, routines or activities if necessary
3. The teacher will work with the child who is biting to resolve conflicts and frustrations in more appropriate manners, including using words, if they are capable of them.
4. The teacher will observe the child, to get an idea of why and when they are likely to bite.
5. The teacher will identify children likely to be bitten and make special efforts to reduce their chance of being bitten.

6. The teacher, parent and administration will meet regularly to regulate an individualized action plan and to measure the outcome of these changes.
7. If biting continues, the Director or On-Site Supervisor will observe the group more closely and work with the parents to seek out additional resources as necessary to shadow the child who is biting.

What you can expect from us

When children bite, parents of both parties are informed personally and privately the same day. All information is confidential and names of the children involved in the incident are not shared between parents. In addition, biting is always documented on our standard incident form which is completed and signed by teacher, parents and an administrator is notified. One copy is given to the parent and one copy is kept in a locked file cabinet in the office.

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- We will put the child's safety first and provide first aid as well as comfort, support and advice to any child who is bitten.
 - We will provide appropriate programming for children to help prevent biting.
 - We will make current information and resources on biting available to you.
 - We will provide teachers with adequate knowledge and training to deal properly and effectively with biting.
 - We will take your concerns seriously and treat them with understanding and respect.
 - We will tell you what specific steps we are taking to address biting and explain the reasoning behind those steps.
 - We will respond to your questions, concerns and suggestions—even when our response to some suggestions is no.
 - We will work to schedule conferences about biting with you, at a time you can attend.
 - We will keep your child's identity confidential if he or she bites. This helps avoid labeling or confrontations that may prolong the behavior.

Frequent Biters

If a child continues to bite, and biting poses a health risk to other children, the Director will make the decision to withdraw the child from our program. While we understand that biting is a part of a developmental stage some children may go

through, we must consider the safety of all children enrolled in our program. The severity and frequency of a child biting will determine whether the center gives the family a two-week notice of termination OR whether there is a need for immediate termination for our program.

See also: Dismissal Policy 5.08.

Covid Policy

King of Kings CEC is committed to keeping children and families safe from COVID-19. We follow the CDC guidelines when determining exclusion periods for children with COVID-19 symptoms, who test positive, or who have been exposed to the virus.

Please utilize the chart below. Contact CEC Director or the Assistant to the Director with any additional questions.

COVID-19 POSITIVE	COVID-19 SYMPTOMS	COVID-19 EXPOSURE
<p>If your child <u>tests positive for COVID-19</u>, isolate them at home. Do not attend school.</p>	<p>If your child has <u>symptoms of COVID-19</u>, strongly consider <i>isolating</i> and staying home.</p>	<p>If your child is <u>exposed to someone who tested positive for COVID-19</u> at home or school, you may choose to <i>quarantine</i>.</p>
<p>Isolate your child from others. If possible, keep your child away from others in your home; especially people who are at higher-risk for getting very sick from COVID-19.</p> <p>Inform the CEC.</p> <p>Stay home from care until ALL these conditions are met:</p> <ol style="list-style-type: none"> 1. No fever for at least 24* hours without fever reducing medicine. <i>AND</i> 2. Symptoms have improved. <i>AND</i> 3. At least 10 days have passed since your symptoms first appeared. 	<p>Strongly consider keeping your child at home if they have a high-risk symptom for COVID-19:</p> <ul style="list-style-type: none"> • New cough • Shortness of breath • Difficulty breathing • New loss of taste or smell <p>Or two low-risk symptoms: Headache, fatigue, muscle/body aches, nausea, skin rash, sore throat, runny nose, sinus pain/congestion.</p> <p>As always, keep your child home if they have a fever of 100.4 or more, diarrhea, or vomiting.</p> <p>Isolate your child from others. If possible, keep your child away from others in your home; especially people who are at higher-risk for getting very sick from COVID-19.</p> <p>Consider contacting your healthcare provider about the need for a COVID-19 test.</p>	<p>Call the CEC office or your family doctor if you have questions about the need for your child to quarantine.</p> <p>CDC guidance changes frequently. Please see this link for additional information.</p>

	<p>Inform the school.</p> <p>If your child tests positive for COVID-19, see the "COVID-19 POSITIVE" column of this document.</p>	
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