POLICIES & PROCEDURES

KIOWA CHILD CARE CENTER
Anadarko, OK

Proudly serving Anadarko, Oklahoma and surrounding communities
PROGRAM POLICIES AND PROCEDURES
for the
KIOWA CHILD CARE CENTER

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KIOWA CHILD CARE CENTER

WELCOME

Director’s Message:

My name is Melody Redbird-Post, “Gom Dah Gyeh Mah” translated as “Windsong Woman” and I am honored to have the opportunity to assist children and their families in obtaining high-quality early care & education services.

As a child I was blessed with a mother who was passionate & knowledgeable about the importance of early learning experiences. Through her careful attention to the latest early childhood research & best practices, I learned firsthand the impact early learning experiences can have on a person’s life. These experiences instilled in me a lifelong love of learning as well as encouraged a drive to persevere despite challenges & help others wherever possible. After attending Yale University & ultimately graduating from the University of Oklahoma, I discovered an intrinsic passion for high-quality early care & education. I believe, as the research shows, intentional learning experiences before age 5 can have a positive impact on a person’s life & later successes.

As the Director of the Kiowa Tribe Child Care Program, I look forward to assisting children, families, care providers & the community in building awareness of local early care & education resources. Guided by Tribal, State & Federal regulations, I hope to serve those in need to the best of my ability. Aho!

Melody Redbird-Post
Director
Kiowa Tribe Child Care Program
INTRODUCTION

Thank you for choosing the Kiowa Tribe of Oklahoma to assist you in meeting your early care and education needs! The Kiowa Child Care Center is a tribally-operated, OKDHS licensed, 2-Star facility. We accept all children from 6 weeks of age all the way to 5 years-old until they start Kindergarten. It is our goal to provide high-quality early care and education services to all enrolled children whether attending regularly or on a drop-in basis. Our staff strives to provide the latest best practices in early care and education and each teacher receives ongoing training to meet all regulations. We provide developmental screenings, nutritional meals, ongoing developmental assessment for school readiness, parent-teacher conferences, family engagement activities, Kiowa language instruction and cultural activities, fieldtrips, and a variety of other services through our community partners.

We accept the following payment methods: OKDHS subsidy (card), tribal subsidy, and private pay. Applications are screened and family payment method and co-payments are noted. Payments, if applicable, are the applicant’s responsibility to be paid according to the predetermined due dates on either a daily, weekly, or monthly basis, depending on the form of payment. Child care payments will only be accepted in the form of a check, cashier’s check, money order, or OKDHS card swipe. The payments will be made directly to the Center Director or designee per program policies and procedures.

A completed file must include the following required documents:
___ A completed Kiowa Child Care Center Application for Child Care Services
___ Child’s Current Immunization Record (or waiver, if applicable)
___ Child’s SoonerCare card or other medical insurance card (copy)
___ Kiowa Tribal Enrollment Verification or CDIB for parents/children (if applicable)
___ Proof of approval for OKDHS or tribal subsidy services (if applicable)
___ Legal Documents (if applicable): guardianship/protective orders/custody orders
___ Special Needs Documents (if applicable): health care plan or copy of approved IEP

Kiowa Tribe of Oklahoma
Child Care Program (KCCP)
Office Hours:
8:00am-4:30pm
Monday-Friday
Kiowa Tribe of Oklahoma
P.O. Box 369
Carnegie, OK 73015
P: (580) 654-6208
F: (580) 654-7210
Email: melodyredbird@gmail.com
http://www.kiowatribe.org

Kiowa Child Care Center
Hours: 6:30am-5:30pm
Monday-Friday
1602 American Street
Anadarko, OK 73005
P: (405) 247-1112
F: (405) 247-4915
*Accepts OKDHS subsidy
*2-Star OKDHS Licensed Facility
*CACFP Approved
Kiowa Tribe of Oklahoma
Child Care/KTIP Program
Organizational Flow Chart

Child Care Program Director

Kiowa Tribe Injury Prevention (KTIP) Coordinator

Child Care Office Clerk

Kiowa Child Care Center Director

Child Care Mentor Teacher

Kiowa Child Care Center Teacher

Kiowa Child Care Center Teacher

Kiowa Child Care Center Teacher

Kiowa Child Care Center Cook
(CCDP pays ½ salary)
Funding Source

The Kiowa Child Care Center is a tribally-operated facility funded through the Office of Child Care’s Child Care and Development Fund administered by the Kiowa Tribe of Oklahoma.

Regulations

The Kiowa Child Care Center maintains continuous compliance with the Oklahoma Department of Human Services Child Care Licensing regulations for full day licensed child care centers. Furthermore, compliance is maintained with the Office of Child Care’s 45 CFR Part 98 according to the Kiowa Tribe of Oklahoma Tribal Lead Agency’s Child Care and Development Fund Plan.

MISSION STATEMENT

The Kiowa Tribe of Oklahoma’s Child Care Program (KCCP) will encourage children’s learning through developmentally appropriate exploration and progression through the stages of development; capitalize on children’s strengths and abilities; focus on children’s well-being in a nurturing environment; be partners of parents in the development of learning goals for their children while enhancing school readiness skills; and promote cultural awareness and respect for others.

PROGRAM PHILOSOPHY

The Kiowa Child Care Center strives to provide high-quality early care and education services to all enrolled children and their families. As such, all employees meet the standards set by the National Association for the Education of Young Children. The Kiowa Child Care Center staff believes in the “Strengthening Families Approach” presented by the Center for the Study of Social Policy. The five protective factors are listed below as excerpted from the Center for the Study of Social Policy. These protective factors “build family strengths and a family environment that promotes optimal child and youth development.

Parental Resilience

No one can eliminate stress from parenting, but a parent’s capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family’s life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when necessary.

Social Connections

Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to “give back”, an
important part of self-esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.

**Concrete Support in Times of Need**

Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.

**Knowledge of Parenting and Child Development**

Accurate information about child development and appropriate expectations for children’s behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.

**Social and Emotional Competence of Children**

A child or youth’s ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development create extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.” (Center for the Study of Social Policy, [www.cssp.org](http://www.cssp.org))

See the following table for a graphic representation of the Strengthening Families Approach for early care and education programs:
The Kiowa Child Care Center believes in the following statements about children:

**When an environment is created for learning to take place, all children are capable of learning.**

**We believe** parents are the first and primary educators of their children. We support parents in nurturing their children.

**We believe** the purpose of the center’s educational program is to increase the child’s competence in all aspects of development.

**We believe** children learn more easily when involved in actual experiences, hands on activities and repetition.
We believe children need to be children. They need to experience and explore their childhood.

We believe total development for a child is important social and emotional skills, fine and gross motor skill, language and cognitive skills.

We believe there are developmental stages of learning and each child has a developmental time frame for learning.

We believe in an environment where there is mutual understanding and appreciations for children with diversity, children who have disabilities and where values are varied.

PROGRAM GOALS

To build on children’s strengths and abilities, while providing a learning environment that is safe and nurturing, that includes freedom for the children to express their emotions and learn to value the opinions of others by:

- Developmental assessment for each child to monitor progress of learning milestones
- Free play and teacher directed activities
- Providing learning experiences in the areas of dramatic play, science, math, art, manipulatives, music, media, writing and library
- Promoting a balance of active and quiet play activities
- Group time and individual time for learning
- Outdoor play and exploration of nature
- The ability to express thoughts, ideas and feelings
- Fostering positive relationships with others through open communication
- Engaging children in learning the Kiowa language and culture
- Encouraging creativity, initiative, spirit of inquiry, and being open-minded to other perspectives
- Enhance children’s social-emotional competence with appropriate behavior guidance, rules, routines and re-direction offered in a positive way with respect to children’s individual feelings
- Promoting children’s learning activities that provide growth and maturity in the areas of language, literacy, cognition, math, science, technology, social, emotional, health and well-being, gross and fine motor skills.

KIOWA CHILD CARE CENTER ADMISSIONS POLICIES & PROCEDURES

A. Admissions Policy:

The Kiowa Child Care Center admits children from the ages of 6 weeks to 12 years-old to without regard to race, culture, sex, religion, national origin, ancestry, or disability. When the parent or legal guardian of a child identifies that a child has special needs, the parent or legal guardian will meet with the center staff to review the child’s care requirements.

The Kiowa Child Care Center does not discriminate on the basis of special needs. The program
accepts children with special needs as long as a safe, supportive environment can be provided for the child. To help the program staff better understand the child’s needs, the staff will ask the parent or legal guardian of a child with special needs to complete a “Individualized Health Care Plan” in conjunction with the child’s health care provider(s). The program will attempt to accommodate children with special needs consistent with the requirements of the Americans with Disabilities Act and as outlined in the Individual Family Service Plan/Individual Education Plan. If the program is unable to accommodate the child’s needs as defined by the child’s health care provider(s) or the Individual Family Service Plan/Individual Education Plan without posing an undue burden as defined by federal law, staff will work with the parent or legal guardian to find a suitable environment for the child.

B. Enrollment:

Prior to the child’s attendance, a conference with the parent or legal guardian and the child is required to acquaint each new family with the environment, staff, and schedule for child care. During this visit, the parent or legal guardian will have a personal interview with and an opportunity to review the “Family Handbook” and other written materials maintained at the facility. Each child will spend time at the program with a parent or legal guardian before remaining in care without a family member. The following forms will be completed and submitted to the Center Director prior to the child’s first day of attendance. The information in these forms will remain confidential and will be shared with other caregivers only as required to meet the needs of the child:

1) Application for Child Care Services– completed by parent or legal guardian.
2) Child Health Assessment–signed by the child’s physician or certified registered nurse practitioner (CRNP), as recommended by Oklahoma Health Care Authority’s well-child care.
3) OKDHS Child Information Form– signed by a parent or legal guardian for each child enrolled. These forms will be updated by a parent or legal guardian every 6 months and whenever the information changes.
4) Individualized Health Care Plan–When the parent or legal guardian informs the facility staff that a child has a disability, a special care plan will be completed by a parent or legal guardian and/or health care provider(s) for that child. A parent or legal guardian may be asked to authorize release of information from providers of special services to help the child care provider coordinate the child’s care.
5) Consent for Child Care Program Activities–completed by a parent or legal guardian.
6) Child Care Agreement–completed by a parent or legal guardian.

All incomplete forms will be returned to the parent or legal guardian for completion prior to the child’s first day of attendance.

C. Immunizations & Health Records Review

If upon review of a child’s health record it is determined that a significant health service (e.g., vision, hearing, or immunization) has not been done, will notify the parent or legal guardian. Health care referrals will be provided when requested or needed.

The parent or legal guardian will be given ninety (90) days to obtain the required health services before the child is considered for exclusion from the program. When an outbreak of a vaccine-
preventable disease occurs in the child care facility, the parent or legal guardian may be asked to obtain special immunization. In the event of an outbreak, all children whose immunizations are not up-to-date with the current recommended schedule of the American Academy of Pediatrics and the U.S. Public Health Service will be excluded from child care until properly immunized. See section V. Health Plan, A. Child Health Services regarding children who are not immunized due to religious or medical reasons.

Confidentiality of information about the child and family will be maintained. Enrollment forms and all other information concerning the child and family, compiled by the child care facility, will be accessible only to the parent or legal guardian, and authorized program personnel. Information concerning the child will not be made available to anyone, by any means, without the expressed written consent of the parent or legal guardian.

D. Daily Record Keeping

For each child, two forms will be completed daily:

1) Parent/Caregiver Information Exchange
Upon daily arrival at the program site, each child will be observed by the caregiver for signs of illness/injury that could affect the child’s ability to participate in the day’s activities. (Instructions for Daily Health Check below) The family will supplement these observations with an oral or written exchange of information with the child’s caregiver. The written record of illness findings from these daily health checks will be kept for at least 3 months to help identify outbreaks.

2) Attendance/Health Check Record
The will complete the Attendance/Health Check Record to log attendance and any illness/injury the child is known to have. The Attendance/Health Check Records will be reviewed by to identify patterns of illness on at least an annual basis.

E. Daily Health Checks:

Upon arrival at the center, each child will be observed by a staff member for overall health and well-being and any concerns or issues will be documented. Staff will conduct health check at the child’s level so interaction with the child is possible even if talking with the parent.

Staff will check the following:
__ Behavior typical or atypical for time of day and circumstances
__ Appearance
   Skin: pale, flushed, rash (feel the child’s skin by touching affectionately)
   Eyes, nose, mouth: Note color; are they dry or is there discharge?
   Is child rubbing eye, nose, or mouth?
   Hair: in a lice outbreak, look for nits
   Breathing: normal or different; cough
__ Report of parent on how child seemed to feel or act at home
   Sleeping normally?
   Eating/drinking normally?
   When was last time child ate or drank?
   Any unusual events?
__Bowels and urine normal? When was last time child used toilet or was changed?
__Any evidence of illness or injury since the last time child was in attendance at the center

Staff will document any evidence of illness or injury on Injury Report Form, notify parent, and indicate on Injury/Illness Log. Copy of Injury Report Form will be given to parent and original will be filed in Injury/Illness Log book.

**F. Fees & Payments**

Upon enrollment with the Kiowa Child Care Center, staff will ask the enrolling parent/guardian how payment for child care services rendered will be made. The Kiowa Child Care Center accepts the following payment options: Approved OKDHS Subsidy, Approved Tribal Lead Agency Child Care Subsidy, and Private Pay. Fees are calculated based on full-time (more than four (4) hours per day) or part-time (less than four (4) hours per day) participation. Drop-in children’s rates are also calculated based on full-time or part-time participation. Payments for children enrolled as drop-ins will be accepted across all payment options listed above. Fees will accumulate for each enrolled child beginning on the first day of child’s attendance at the center. Fees will be calculated on a day-by-day basis unless an alternative arrangement has been made between the center and the agency making payments.

The Kiowa Child Care Center offers the following fee schedule for payment for child care services provided. Rates are quoted with the 2-Star provider rate as the base rate.

**Kiowa Child Care Center Rates**

**Full-Time Care**

*(more than four (4) hours per day)*

*Effective 2/18/13*

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<thead>
<tr>
<th>AGE OF CHILD</th>
<th>DAILY RATE</th>
<th>WEEKLY RATE</th>
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</thead>
<tbody>
<tr>
<td>6 weeks to 12 months</td>
<td>$30.00</td>
<td>$150.00</td>
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<tr>
<td>13 – 24 months</td>
<td>$27.75</td>
<td>$138.75</td>
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<tr>
<td>25 – 48 months</td>
<td>$24.75</td>
<td>$123.75</td>
</tr>
<tr>
<td>49 months to 12 years-old</td>
<td>$20.25</td>
<td>$101.25</td>
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**PRIVATE PAY RATES (30% Discount Applied to 2 Star Rate):**

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<thead>
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<th>AGE OF CHILD</th>
<th>DAILY RATE</th>
<th>WEEKLY RATE</th>
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<tbody>
<tr>
<td>6 weeks to 12 months</td>
<td>$21.00</td>
<td>$105.00</td>
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<tr>
<td>13 – 24 months</td>
<td>$19.50</td>
<td>$97.50</td>
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<tr>
<td>25 – 48 months</td>
<td>$17.25</td>
<td>$86.25</td>
</tr>
<tr>
<td>49 months to 12 years-old</td>
<td>$14.25</td>
<td>$71.25</td>
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KIOWA TRIBE EMPLOYEE PRIVATE PAY RATES (50% Discount Applied to 2 Star Rate):

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<td>6 weeks to 12 months</td>
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<td>13 – 24 months</td>
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<tr>
<td>25 – 48 months</td>
<td>$12.50</td>
<td>$62.50</td>
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<tr>
<td>49 months to 12 years-old</td>
<td>$10.00</td>
<td>$50.00</td>
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KIOWA TRIBAL MEMBER PRIVATE PAY RATES (60% Discount Applied to 2 Star Rate):

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<tr>
<td>6 weeks to 12 months</td>
<td>$12.00</td>
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<td>13 – 24 months</td>
<td>$11.00</td>
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<tr>
<td>25 – 48 months</td>
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<td>$50.00</td>
</tr>
<tr>
<td>49 months to 12 years-old</td>
<td>$8.00</td>
<td>$40.00</td>
</tr>
</tbody>
</table>

**Kiowa Child Care Center Rates**

**Part-Time Care**

*(less than four (4) hours per day)*

*Effective 2/18/13*

OKDHS/TRIBAL SUBSIDY RATES (OKDHS 2 Star Rate):

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<tr>
<td>25 – 48 months</td>
<td>$15.00</td>
<td>$75.00</td>
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<tr>
<td>49 months to 12 years-old</td>
<td>$12.00</td>
<td>$60.00</td>
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<tr>
<td>13 – 24 months</td>
<td>$12.00</td>
<td>$60.00</td>
</tr>
<tr>
<td>25 – 48 months</td>
<td>$10.50</td>
<td>$52.50</td>
</tr>
<tr>
<td>49 months to 12 years-old</td>
<td>$8.50</td>
<td>$42.50</td>
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</table>

KIOWA TRIBE EMPLOYEE PRIVATE PAY RATES (50% Discount Applied to 2 Star Rate):

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<td>$8.50</td>
<td>$42.50</td>
</tr>
<tr>
<td>25 – 48 months</td>
<td>$7.50</td>
<td>$37.50</td>
</tr>
<tr>
<td>49 months to 12 years-old</td>
<td>$6.00</td>
<td>$30.00</td>
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KIOWA TRIBAL MEMBER PRIVATE PAY RATES (60% Discount Applied to 2 Star Rate):

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<td>$6.75</td>
<td>$33.75</td>
</tr>
<tr>
<td>25 – 48 months</td>
<td>$6.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>49 months to 12 years-old</td>
<td>$5.00</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

Payments made by family members for each child enrolled in the Kiowa Child Care Center whether approved as full-time, part-time, or drop-in, must meet the following requirements:
PAYMENTS WILL ONLY BE RECEIVED BY STAFF IN THE FORM OF A MONEY ORDER, CASHIER’S CHECK, OR OKDHS EBT CARD. NO CASH WILL BE ACCEPTED. NO EXCEPTIONS. Receipts will be made out to the individual indicated on the payment document. Signatures will be required on receipts when payments are made in person. Staff will sign receipt to verify fees received. Copies of payment checks/money orders will be maintained in each child’s file for a period of 5 years. Staff member receiving payment will log payment amount, date received, days for payment, balance remaining in log sheet in each child’s file. Parent/guardian can request to review child’s file including financial records of payment located within the file at any time.

Staff will ensure payments are maintained in the center lockbox, receipt book must retain the yellow copy of the original receipt, and receipt book must be kept next to the lockbox. Keys for lockbox will be accessible by Center Director and staff will be informed of location. Program Director or designee will personally pick up payments from center’s lockbox on a weekly basis, NO EXCEPTIONS, and deposits will be made directly to the Kiowa Tribe of Oklahoma Finance Department. Receipts of deposits made to Finance Department will be signed by Program Director or designee and Finance Department representative. Copies will be maintained in Program Director’s records and a copy will be routed to the Kiowa Child Care Center for placement in appropriate child’s file(s).

At the beginning of every calendar year, no later than February 1st, staff will prepare a statement of child care payments received for each child enrolled per parent/guardian request.

The hours of operation are 7:00AM-5:30PM. Children will be accepted for care only during these hours, and only to approved Center Employees.
G. Kiowa Child Care Center Family Information

Families of enrolled and attending children agree to abide by the following:

1. Late fee of $5.00 per child for every 5-minute increment of late pick-up after center’s closing time.

2. Services to be provided as part of the child care fee include: transportation for field trips or special activities; meal service that includes breakfast, lunch, and PM snack; formula needed in excess of two (2) cans of infant formula provided by parent; generic diapers and wipes (unless family prefers to provide own brands); toothbrush; toothpaste; sippy cups; cot/crib sheets & approved blankets; age-appropriate toys & teething items; child screening & assessment; resource referrals as needed.

3. Children should arrive daily by 9:00AM in order to ensure the child can eat breakfast with his/her class and participate in the day’s routine and activities. Children must be picked up no later than 5:30PM. We ask that families give the Center a courtesy call when children will be out sick, or will be arriving late due to appointments, etc.

4. If your child attends the Kiowa Child Care Center’s After-School Program, meaning that the child arrives at the Center following the end of a Head Start classroom day or after being dropped off by the school bus after being released from school, we ask that families cooperate and coordinate with KCC Staff in order to ensure each child arrives safely and is signed-in daily at the Center. In the event that your child will NOT be attending After-School Program that day, please contact the Kiowa Child Care Center at (405) 247-1112 in order to inform a staff member. Also, if your child does not usually attend After-School Program and you are in need of your child to attend after-school, please contact the Kiowa Child Care Center at (405) 247-1112 to ensure all necessary paperwork and/or legal documents are on file at the center PRIOR to your child’s arrival and attendance at the Center that day or during the days care is needed.

5. We ask that all of our families follow the procedures in the Kiowa Child Care Center Family Handbook to ensure each child’s well-being and open communication.

6. If necessary for children’s health and safety, we ask that families cooperate with KCC Staff to provide and/or obtain an Individualized Health Care Plan from my child’s primary care provider (child’s doctor) if applicable.

7. If necessary for children’s health and safety, we ask that families cooperate with KCC Staff to provide and/or obtain well-child exams/necessary health assessments for each child according to the schedule of well-child care recommended by the American Academy of Pediatrics and the Oklahoma State Department of Health. Release of Information form will be signed for records release to staff.

8. We ask that all families cooperate with the center staff in the follow-up of any medical, dental, or developmental needs of my child, especially as the result of classroom or program screenings and assessments conducted with parent’s permission (as specified in enrollment packet upon child’s entry into program).
9. Families should be willing to complete a daily communication form with teachers/staff by reading the notes, providing staff any insights on child’s behavior, health, or needs, as well as initialing the form where indicated. Furthermore, we ask that all families and authorized persons to please sign each child in and out at daily arrival and departure in the attendance binder on the daily sign in sheet. If your child is on OKDHS Child Care Subsidy assistance, and you have an EBT card, please be sure to swipe your EBT Card in the provided card machine and enter the proper code at each arrival and departure time for your child every day that your child attends the Center. If you have any questions, you are always welcome to ask our staff for assistance or contact your OKDHS Worker for issues with your card.

10. We ask that families please notify the child’s teacher two (2) weeks or fourteen (14) days in advance if they wish to plan a birthday celebration for the child at the Center. Birthdays are celebrated together at the end of every month during Snack Time (3:00pm). However, if you would like to bring birthday celebration items to share with the whole class, you are welcome to contact the center staff to coordinate this activity.

11. Please notify the staff when your child is ill or when any family member has a contagious disease that may be transmitted to children at the Center as soon as possible.

12. Complete a medication consent form when requesting medication administration for any prescribed medication and any over-the-counter medication, ointment, spray, sunscreen, lip balm, repellent for each child per the medication administration policy. Forms are available upon request from your child’s teacher.

13. Provide staff information on how to contact the authorized persons in an emergency which will be updated when changes occur and every 6 months. Updated and current contact information including cell phone numbers, home and work phone numbers, and preferred method of contact are crucial to open communication and the children’s safety. Designated persons to whom each child may be released are noted on the OKDHS Child Information Form.

14. Family members are encouraged to provide staff with a copy of any legal documentation regarding the care and safety of each child. All documentation is maintained in each child’s individual file which are maintained in a locked filing cabinet per program policies.

15. Family members should also feel free to discuss any concerns with the child’s teacher(s) and/or the Center Director as appropriate.

H. Family Engagement

The Kiowa Child Care Center strives to uphold the Family Engagement guidelines per OKDHS Child Care Licensing and Oklahoma’s Reaching for the Stars per OAC 340:110-1-8.9 in that the following applies to this Center: “Families are the child’s first teachers and are the link between the educational setting and home. A strong connection between child care staff and families is
critical for building a positive environment for young children, allowing children to feel more secure, confident and self-assured. In addition, high quality of family involvement reduces the number of complaints made. Everyone, but especially children, benefits when providers and families work together.”

Furthermore, we strive to empower all of our enrolled families by 1) Supporting the family sense of self-efficacy, that is, supporting the family’s belief in their ability to succeed in meeting their goals; 2) Nurture the parent-child relationship by offering opportunities for building connections between parents and children, between families, and between community resources as needed and as desired by families; 3) Emphasize the family sense of responsibility by assisting families in becoming their children’s best advocates to help their children succeed; and 4) Build a sense of community among all families at the Kiowa Child Care Center by providing a safe space for families to communicate, learn from one another, as well as create opportunities for families to participate in community events and activities.

Our family engagement strategies include the following:

1. Daily documentation with families via the “Parent-Caregiver Information Exchange Form”
2. If incidents occur, families will be provided with a completed copy of the “Behavior Incident Form” or the “Accident/Injury Report Form”
3. KCC Family Handbook available upon entry in center as well as online
4. Families are welcome in center at all times (poster)
5. Parent-Teacher Conferences held twice per year, once in the fall and once in the spring – Parent Teacher Conference Form also includes Family Conference Form and signed refusal
6. Parent Resource Area Board posted prominently upon entering center and in each classroom
7. Family Resource Directory/Community Resource Directory is available to all families
8. Flyers/Invitations to events/activities are provided as events/activities occur
9. Newsletters to families are provided to families on a monthly basis
10. Families receive Center Monthly Calendar with all events and opportunities for involvement
11. Offer the creation of opportunities for families to connect with each other via parent support groups, parent-child interaction programs such as “Daddy and Me” classes, as well as provide informal opportunities for family networking at monthly family nights, parent committee meetings, parent workshops, and other program events.
12. Agendas provided for family events/activities with sign-in sheets
13. Annual Family Surveys for program improvement completed and archived
14. Parent Committee meeting agenda, board members, meeting minutes, sign-in sheet, as well as parent participation in planning meetings is documented and maintained by staff
15. Email address/cell phone contact list for Parent Committee is maintained by staff
16. Parent Committee Members are surveyed annually for input on improvement and goals

I. Calendar of Events

The Kiowa Child Care Center will ensure that all families receive a current calendar of events on a monthly basis at a minimum. Several types of calendars will be provided: 1) Kiowa Child Care
Center monthly events and activities; 2) Let’s Move Child Care physical activity and healthy eating calendar (Head Start Body Start Activity Calendar); 3)

**J. Birthdays**

We ask that families please notify the child’s teacher two (2) weeks or fourteen (14) days in advance if they wish to plan a birthday celebration for the child at the Center. Birthdays are celebrated together at the end of every month during Snack Time (3:00pm). However, if you would like to bring birthday celebration items to share with the whole class, you are welcome to contact the center staff to coordinate this activity.

**K. Personal Items**

In order to ensure children’s well-being, we encourage families to send at least one (1) change of clothes – shirt and pants, weather appropriate, with each child. The Kiowa Child Care Center will provide children’s diapers and wipes (unless family prefers to send their own diapers or wipes due to preference of brand, type, or availability) as well as cot sheets and blankets. If you would like to send a thick blanket during the winter months, you are welcome to send it and it will be stored in your child’s cubby. Please label all children’s personal items with your child’s first and last name, usually on the items’ label. Items that need to be labeled include all items sent from home such as: jacket, sweater, sweatshirt, extra clothing, personal blanket, winter weather gear, backpacks, and diaper bags. We encourage families to take children’s personal items such as toys or games with them and not leave them at the Center. In the event that it has been identified by both the teacher and the child’s family that the child is having difficulty with separating from the family member upon drop-off/arrival at the Center, one solution may be the family sending a comfort item from home – such as a favorite stuffed animal, doll, or blanket – to the Center with the child in order to ease the comfort level during arrival and drop-off times.

**L. Daily Schedule for Children**

Research indicates that toddlers have a flexible daily schedule that will best support their development. Key components of an effective toddler schedule include:

a. Arrival/Greeting: Some children will need more time to transition into the classroom than others, teachers and families should work together to transition the child into the new setting;

b. Transitions: For toddlers, transitions should be kept to a minimum since stability and consistency are key to toddler’s development;

c. Free Exploration and Play: Toddlers should spend the majority of their day, a substantial portion of the day so children should have open access to learning centers and have free choice of their play materials for at least one third of the center’s day;

d. Small Group: Toddlers should NEVER be required to engage in small group activities but sometimes natural groups will develop and teachers should design activities based on these children’s interests and encourage social-emotional skill development;

e. Meals: Full day includes breakfast, lunch, and afternoon snack, mealtimes are convenient opportunities for social interaction with other children and with adults and are also prime learning times;
f. Diapering/Toilet Learning Routines: These routines should be based on the individual needs of the child and family and should occur at least every two hours during the day or when the child becomes soiled. Frequent checks are conducted by teachers to ensure no child is left soiled for substantial periods of time. Diapering is a perfect opportunity for one-to-one engagement with the toddler. Toilet learning is an important developmental milestone that includes the child’s readiness and family values. Teachers should be sensitive to each family’s values in regard to this milestone. Conversations between family members and teachers should occur frequently. Toilet learning should be relaxed and follow the cues of the child;

g. Napping Routines: While napping routines are planned around group needs, the individual needs of children are still considered and children who are in need of napping in addition to designated group routines are given quiet time as needed; settling for a nap is an opportunity for one-to-one engagement with the toddler; appropriate touch such as patting or rocking is used as needed;

h. Gross Motor: Occurs at least twice per day for at least 30-45 minutes in length and are planned for both indoor and outdoor activities, safe spaces are provided and activities are planned to be engaging and supervised;

i. Language Experiences: Since the first three years are critical for language development, special attention is given to this domain for toddlers. Throughout the day, many opportunities for language learning are planned;

j. Outdoor Experiences: Outdoor activities are planned at least twice per day and children are dressed appropriately for the weather;

k. Departure: Communication should occur frequently between families and teachers in order to effectively transition toddlers during departure.

The current Kiowa Child Care Center Schedule for Infants and Toddlers (children ages 0-35 months-old) is as follows:

**Kiowa Child Care Center Infant Schedule (Ages 0-12 months):**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00-8:30</td>
<td>Child Arrives&lt;br&gt;Greeting&lt;br&gt;Routine care (feeding, diapering, sleeping)&lt;br&gt;Self-directed activities in play areas</td>
</tr>
<tr>
<td>8:30-10:30</td>
<td>Mid-Morning&lt;br&gt;Nap for some, routine care for others&lt;br&gt;Teacher-directed activities for some, self-directed activities for others&lt;br&gt;Outdoor play</td>
</tr>
<tr>
<td>10:30-12:00</td>
<td>Late Morning&lt;br&gt;Lunch&lt;br&gt;Clean-up&lt;br&gt;Nap for some&lt;br&gt;Teacher-directed activities for babies who are awake&lt;br&gt;Outdoor play</td>
</tr>
<tr>
<td>12:30-2:30</td>
<td>Mid-Afternoon&lt;br&gt;Routine care&lt;br&gt;Nap for some</td>
</tr>
</tbody>
</table>
Teacher-directed activities for babies who are awake
Outdoor play

2:30-5:30 Late Afternoon
Self-directed activities in play areas
Routine care
Talk to parents
Clean up room
Set up for next day

5:30 Departure & Closing

Kiowa Child Care Center Toddler Schedule (Ages 13-23 months):

7:00-8:30 Child Arrives
Greeting
Routine care (breakfast, diapering or going to potty)
Self-directed activities in play areas

8:30-10:30 Mid-Morning
Snack
Teacher-directed activities for some, self-directed activities for others
Outdoor play

10:30-12:00 Late Morning
Lunch
Clean-up
Nap
Teacher-directed activities for some, self-directed activities for others
Outdoor play

12:30-2:30 Mid-Afternoon
Routine care
Snack
Teacher-directed activities for some, self-directed activities for others
Outdoor play

2:30-5:30 Late Afternoon
Self-directed activities in play areas
Routine care
Talk to parents
Clean up room
Set up for next day

5:30 Departure & Closing
Kiowa Child Care Center Preschool Daily Schedule (Ages 2-5 years-old):

7:00-8:30  Arrival, Greeting, Start-the-Day Free Choice Time
8:30-8:45  Clean-up, Transition, Handwashing, Toileting
9:00-9:30  Breakfast
9:20-9:30  Clean-up, Transition, Handwashing, Toileting
9:30-10:00 Large Group Time
10:00-10:45 Outdoor Time/Nature Walk/Physical Activity
10:45-11:20 Free Choice Time
11:20-11:30 Clean-up, Transition, Handwashing, Toileting
11:30-11:45 Small Group Time
11:45-12:00 Clean-up, Transition, Handwashing, Toileting
12:00-12:30 Lunch
12:30-12:45 Clean-up, Transition, Handwashing, Toileting
12:45-2:45 Naptime
2:45-3:00  Clean-up, Transition, Handwashing, Toileting
3:00-3:30  Snack
3:30-4:20  Free Choice Time/Small Group Time
4:20-4:30  Clean-up, Transition, Handwashing, Toileting
4:30-5:00  Outdoor Time/Nature Walk/Physical Activity
5:00-5:30  End-the-Day Routine, Clean-up, Departure

Kiowa Child Care Center After-School Program (School-Age) Daily Schedule (6+ yrs):

3:00-3:30  Arrival & Snack
3:30-4:20  Free Choice Time/Small Group Time
4:20-4:30  Clean-up, Transition, Handwashing, Toileting
4:30-5:00  Outdoor Time/Nature Walk/Physical Activity
5:00-5:30  End-the-Day Routine, Clean-up, Departure

M. Lesson Planning

Teachers develop lesson plans based on individual child observation that covers all developmental domains for each child’s needs, interest, skills, abilities, and needs. The goal of the lesson plan is to provide engaging, meaningful and relevant learning activities that will help each child reach their next developmental level at their own pace and capability. For our children that are under five years-old, our emphasis is on school readiness and ensuring that each child receives high quality experiences, interaction, and opportunities that will provide a solid foundation for that child to be ready to succeed in school and in life.

N. School Readiness

We strive to ensure our children are prepared for Kindergarten and beyond by helping each child to meet the Oklahoma Pre-Kindergarten and Kindergarten guidelines as well as ensuring that our lesson plans and activities follow Oklahoma’s Early Learning Guidelines from birth through age five years-old. For our children who are already in Kindergarten or higher grades, we work with them both individually and as a group on homework assignments, in partnership with the
children’s families, during the After-School Program.

O. Child Screening Procedures

Each child is screened according to the best practices in early childhood screening processes within 45 days of the child’s entry into the classroom. The teacher conducts the screening and will ask for additional information from parents to understand the child’s abilities and needs. The screening tools we utilize are evidence-based and recommended for use in early childhood programs. Currently, we utilize the Brigance for Early Childhood Screening as well as the Survey of Well-being of Young Children screening tool. Additional screenings may be done that include hearing screenings, vision screenings, and Body-Mass-Index screenings.

P. Referral Procedures

In the event that a child is identified as needing additional evaluation or treatment during the screening process, the teacher will discuss with the parent and identify appropriate ways for the child to receive follow-up which may include referral to community resources, per parent consent.

Q. Parent-Teacher Conferences

The Kiowa Child Care Center conducts two parent-teacher conferences per year. We encourage families to participate in our parent-teacher conferences so that teachers can share information on each child’s developmental level, current skills, and opportunities for learning.

R. Child Assessment Process

The Kiowa Child Care Center utilizes the research-based assessment tool, Teaching Strategies Gold, which provides teachers and families with 38 objectives across all areas of development. The teachers make observations, collect children’s work samples, and develop learning activities that support each of these objectives for learning. The Teaching Strategies Gold Learning Objectives are aligned with the Oklahoma Early Learning Guidelines as well as the Oklahoma State Department of Education expectations for pre-kindergarten and kindergarten-entry.

The Teaching Strategies Objectives for Development and Learning are as follows:
Objectives for Development & Learning

Social-Emotional

1. Regulates own emotions and behaviors
   a. Manages feelings
   b. Follows limits and expectations
   c. Takes care of own needs appropriately
      c.1. Feeding
      c.2. Toileting and personal hygiene
      c.3. Dressing
2. Establishes and sustains positive relationships
   a. Forms relationships with adults
   b. Responds to emotional cues
   c. Interacts with peers
   d. Makes friends
3. Participates cooperatively and constructively in group situations
   a. Balances needs and rights of self and others
   b. Solves social problems

Language

8. Listens to and understands increasingly complex language
   a. Comprehends language
   b. Follows directions
9. Uses language to express thoughts and needs
   a. Uses an expanding expressive vocabulary
   b. Speaks clearly
   c. Uses conventional grammar
   d. Tells about another time or place
10. Uses appropriate conversational and other communication skills
    a. Engages in conversations
    b. Uses social rules of language

Cognitive

11. Demonstrates positive approaches to learning
    a. Attends and engages
    b. Persists
    c. Solves problems
    d. Shows curiosity and motivation
    e. Shows flexibility and inventiveness in thinking
12. Remembers and connects experiences
    a. Recognizes and recalls
    b. Makes connections
13. Uses classification skills
14. Uses symbols and images to represent something not present
    a. Thinks symbolically
    b. Engages in sociodramatic play
S. Resources for Families

We provide a Parent Resource Area with information and brochures for the convenience of our families. There is also a Community Resource Directory that is available and contains information of local and regional resources pertaining to families with children. Additional resources are provided to families via flyers and handouts throughout the year.
T. KIOWA LANGUAGE & CULTURE REVITALIZATION PROGRAM

Welcome to the Kiowa Language & Culture Revitalization Program sponsored by the Kiowa Tribe Child Care Program! Ah-Ko! Let’s begin!

PROGRAM PHILOSOPHY
The Kiowa Language & Culture Revitalization Program serves as a tool for the Kiowa community to build a Kiowa language community of learners in order to revitalize the Kiowa language. This immersion program will be integrated into the current practices of the Kiowa Child Care Center and will serve as part of the high-quality early care and education services provided to all participating children and their families.

THEORY OF LEARNING
As part of the Kiowa Language & Culture Revitalization Program, teaching staff will utilize constructivist methods in addition to explicit Kiowa language instructional methods to enhance children’s learning. Constructivist methods imply that the learning activities are developed through careful observation of the teachers. The teachers conduct observations of the children in their classroom and document each child’s skills, abilities, interests, and needs throughout each developmental domain. Then, the teachers encourage children’s input in designing learning projects and activities.

The curriculum is grounded in the most recent dual language learning and early childhood education research that supports a thematic, values-based curriculum that is open-ended and grounded in the children’s interests in order to provide meaningful, relevant, and especially engaging learning opportunities. As a facilitator of learning, the teacher works with children both individually and as a group, both large and small group, to help scaffold the children’s learning so that each child will progress towards reaching their full developmental capabilities and learning potential. Free choice, inquiry, problem solving, peer collaboration, and discovery through research and exploration are all important aspects of our curriculum. The teaching and learning conducted as part of the Kiowa Language & Culture Revitalization Program is meant to be integrated into the high-quality, research-based best practices already implemented as part of the Kiowa Child Care Center’s goals and philosophy. Teachers are encouraged to embed learning into activities with child learners within the context of daily routines, culture, language, resources, and pedagogy.

Ideas for language and cultural learning activities are always welcomed from family members and the children themselves. If you have an idea, feel free to share it with your child’s teacher or a staff member. We are always looking for additional resources as we move forward in this vital effort of creating the next generation of Kiowa Language speakers.

Teachers and children engage in knowledge building in the context of a social environment that includes interactions, communication, and feedback. There are resources available to both teachers and children such as modeling, mentoring, scaffolding, and tools, which each contribute to the knowledge that is being socially constructed. The social interactions and resources are embedded within the language that is utilized which in turn is embedded in the culture of the community in which the learning is situated.

Teachers who work with young learners engage in observation, authentic and situated language
use, evaluation, and reflection, which is part of the iterative teaching cycle. Children who interact with both adults and their peers in contextualized learning environments attend to interactions, construct meaning via cues, experiment with knowledge gained, accommodate new knowledge, practice skills in the context of activities, and assimilate new knowledge.

WHY IMMERSION?
Research suggests that in programs that are well-developed and efficiently administered, young children are immersed in the target language beginning in the early years of a child’s life which greatly increases the likelihood that those children will become fluent speakers of the target endangered language (Hinton, 2011). Comprehensive review of available instructional materials for language revitalization programs has concluded that creative, innovative language teaching and learning strategies must be implemented due to the lack of pedagogical resources available in the endangered language of interest (Hinton, 2011). With fluent speakers that are elderly, language revitalization programs are dependent on teachers who are also second language learners of the endangered language (Hinton, 2011). Thus, effective language revitalization programs should include a professional development component that allows for ample opportunity for the teachers, who are second language learners, to develop their language and teaching skills. Hinton (2011) proposes that in order for endangered languages to be revitalized, the main goal should be the creation of a language community.

WHAT DOES HIGH-QUALITY IMMERSION LOOK LIKE?
High-quality Kiowa Language immersion sessions are defined as planned teacher-child sessions in which all interactions are conducted in the Kiowa language.

Only Kiowa is used during all interactions including those between children, between children and adults, and between all adults in the classroom. No English is allowed to be spoken when the Kiowa language immersion session is in progress. Immersion sessions are conducted in early childhood classrooms within the context of high-quality early childhood environments including adherence to all applicable licensing regulations, federal and state regulations, as well as research-based best practices. Family members of participating children are always welcome to observe and even participate in the Kiowa language immersion sessions.

High-quality Kiowa language immersion sessions contain, at a minimum, the following eight elements adapted from Griffith, P.L., Beach, S.A., Ruan, J., & Dunn, L. (2008):

1) **Culturally-Enriched Play Experiences**: Exploring culturally-relevant materials in learning centers and small group work such as those learning materials that are related to Kiowa stories, Kiowa literature, and Kiowa cultural activities.

2) **Kiowa Language Interactions in the Context of Daily Routines**: Meaningful interactions that occur in Kiowa as children engage in daily routines such as handwashing, diapering, toileting, toothbrushing, mealtimes, snack time, transition activities, as well as arrival routines and departure routines.

3) **Embedded Kiowa Language Interactions**: Engaging and interacting with the child during learning center time and routines/transitions to encourage Kiowa language use, build Kiowa literacy knowledge and use of Kiowa literacy materials.
4) **High-Quality Kiowa Immersion Classroom Checklist:** Teacher-conducted with each theme change that occurs in the classroom.

5) **Contextualized Story-telling in Kiowa:** Using story-telling in a variety of ways such as the teacher telling stories during learning area time, small group time, large group time, and encouraging the children to tell stories in their play or group time. Examples include: Relating children’s play to the theme or plot of the focus cultural story (such as Saynday stories or Zyieday Tahlee stories). Teachers telling the children stories about their childhood. Children telling teachers stories about their past experiences. As much as possible, story-telling should be conducted in the Kiowa language. Scripts for stories posted at teachers’ eye-level can assist in teacher use of the language.

6) **Interactive Kiowa Language Book-Sharing:** Either individually, with a small group, or during circle time, the teacher engages the children in a shared book-reading experience embedded with book knowledge, open-ended questions, comments, and responding to children’s interests in the book. Can also be conducting a Picture Walk through a new book where just the pictures are used to engage children, listen to their comments and ask open-ended questions about the pictures and their predictions for the story. Books used can be written in both Kiowa and English, labeled in Kiowa, as well as class-made, child-made, and teacher-made original, age-appropriate books written in Kiowa.

7) **Opportunities to Write in Kiowa:** Many, meaningful, embedded writing opportunities are present throughout the classroom’s learning areas and small & large group times. Includes dry-erase, colored pencils, washable markers, chalk, and crayons as well as a variety of types and sizes of paper. Writing tools and variety of paper are present throughout the classroom’s learning areas and small/large group times.

8) **Environmental Print in Kiowa from Children’s Experiences:** Meaningful, contextualized print is present everywhere, especially at the child’s level. Includes: Familiar logos, food & juice boxes/containers, child-friendly daily schedule, child attendance chart, child helper chart, word wall, learning center vocabulary cards, actual copies of magazines, maps, phone books, restaurant menus, message pads, and price lists posted and available for children to use in their play. Include as much environmental print as possible in Kiowa language such as text from the newspaper, newsletters, community calendars, etc.

### Kiowa Immersion Session Goals & Objectives

<table>
<thead>
<tr>
<th>INFANTS, TODDLERS, &amp; TWO YEAR-OLDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOAL:</strong></td>
</tr>
<tr>
<td>To provide a rich environment for presenting Kiowa language and culture in context in order to build the learners listening comprehension skills through natural, authentic interactions with the teacher.</td>
</tr>
<tr>
<td><strong>Teacher Objective T1:</strong></td>
</tr>
<tr>
<td>To actively build and model an extensive collection of lexical and grammatical sets that can be used during everyday interactions with</td>
</tr>
</tbody>
</table>
children (at mealtimes, during diaper changes, as greetings, during play, while giving instructions, etc.).

**POTENTIAL CHALLENGE:**

The teachers may not have the fluency and breadth of accurate language to create a fully immersive environment.

**POSSIBLE SOLUTIONS:**

Recording and writing the basic phrases needed in the classroom with this age group is key for teachers to be successful. Teachers can also attending Elder Mentorship Sessions and keep track of Kiowa pronunciation and ensure appropriate Kiowa sentences/phrases used. Immersion Sessions will be brief in the beginning of the program: 15-20 minutes at a time.

**ASSESSMENT**

Depending on age and development: “Hear and point” or “Show me” evaluations.

### INFANTS, TODDLERS, & TWO YEAR-OLDS

**GOAL:**

To provide a rich environment for presenting Kiowa language and culture in context in order to build the learners listening comprehension skills through natural, authentic interactions with the teacher.

<table>
<thead>
<tr>
<th>Teacher Objective T2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To actively build, model and recycle a repertoire of songs, stories, lullabies, etc. in order to create a rich linguistic and cultural environment.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Learner Objective L2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To demonstrate recognition of the song, story, etc. in an age-appropriate manner.</td>
</tr>
</tbody>
</table>

**POTENTIAL CHALLENGE:**

The teacher must model accurate language so that mistakes won’t fossilize in the learner.

**POSSIBLE SOLUTIONS:**

Teachers can write scripts of the songs, stories, lullabies, fingerplays, poems, hymns, prayers, greetings, etc. that will be used in the lessons and post the scripts where they are visible. All of the language and literacy to be used can be translated into Kiowa with the assistance of the community, especially in the Elder Mentorship Sessions. Practice and repetition as much as possible will help maintain consistency with the children as well as solidify knowledge.

**ASSESSMENT**

Depending on age and development: “Let’s sing” group and individual evaluations.

### THREE TO FIVE YEAR-OLDS

**GOAL:**

To use the Kiowa language to help the learner develop the behaviors that will help him or her become successful in kindergarten.

<table>
<thead>
<tr>
<th>Teacher Objective T3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. To use the Kiowa language appropriately to organize daily routines, explain rules, administer consequences and give positive feedback on good behavior.</td>
</tr>
<tr>
<td>B. To encourage children to accept responsibility and build competence through simple chores.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Learner Objective L3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To pay attention to what someone is saying, and to demonstrate the understanding and capability of following rules and daily routines.</td>
</tr>
<tr>
<td>POTENTIAL CHALLENGE:</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Discerning if a child is not following the rules due to a lack of language comprehension or a lack of behavioral control.</td>
</tr>
</tbody>
</table>

**ASSESSMENT**

Teacher observation and evaluation of learner performance:

Does the student demonstrate that they understand the rule or instructions most of the time? Often? Some of the time? Hardly Ever? Never?

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**THREE TO FIVE YEAR-OLDS**

**GOAL:**

To use the Kiowa language to facilitate social interactions between peers to a level appropriate for learners in kindergarten

**Teacher Objective T4:**

A. To use the Kiowa language to model respect, sharing and other appropriate social interaction between peers, children and elders.

B. To provide opportunities for learners to work/play with others.

**Learner Objective L4:**

To be able to get along with and cooperate with other children, and to show respect for themselves and others in the community.

---

**POTENTIAL CHALLENGE:**

This may be the only environment in which the child gets this kind of guidance.

**POSSIBLE SOLUTIONS:**

Ensure that the classroom and program activities are supplemented by the family handbook. Provide families with notices of cultural events in which the language will be used. Schedule opportunities for the children to use Kiowa in the community. Invite community members into the classroom to provide Kiowa language interactions and embedded experiences.

**ASSESSMENT**

Teacher observation and evaluation: Does the child play well with others and show appropriate respect to others most of the time? Often? Sometimes? Rarely? Never? How often do children participate in Kiowa language events and activities outside the classroom?

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**THREE TO FIVE YEAR-OLDS**

**GOAL:**

To use Kiowa language and culture to provide opportunities for learners to develop their motor skills to a kindergarten level.

**Teacher Objective T5:**

To develop lessons that provide learners with the opportunity to follow instructions in Kiowa and/or extend lessons with activities that practice motor skills, such as games, puzzles, coloring, painting, using scissors, etc.

**Learner Objective L5:**

To demonstrate an ability to control movement when using paints, colors, scissors or playing games or instruments.

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**POTENTIAL CHALLENGE:**

The teachers may not have the Kiowa language and literacy materials necessary to create a fully immersive, cognitively challenging environment.

**POSSIBLE SOLUTIONS:**
Creating and writing the Kiowa language, literacy, and motor skills materials needed in the classroom with this age group is key for teachers to be successful. Teachers can also attending Elder Mentorship Sessions and keep track of translations from English to Kiowa, as well as Kiowa pronunciation and ensure appropriate Kiowa sentences/phrases used.

**ASSESSMENT**

Teacher observation and evaluation: How much control does the child seem to exhibit over his/her own movement? Gross motor skills: A lot, some or little? Regularly or irregularly? Fine motor skills: A lot, some or little? Regularly or irregularly?

### THREE TO FIVE YEAR-OLDS

**GOAL:**

To use Kiowa language and culture to provide opportunities to develop emerging literacy skills to a kindergarten level or above.

<table>
<thead>
<tr>
<th>Teacher Objective T6:</th>
<th>Learner Objective L6:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. To use Kiowa to help learners gain phonological awareness by identifying rhyming words, stress, tone, sound blending.</td>
<td>A. To write their own name.</td>
</tr>
<tr>
<td>B. To use Kiowa to help learners build comprehension by using a variety of strategies to read and engage learners in short, high interest books.</td>
<td>B. To identify and blend sound units in words and to recognize rhyme and clap out rhythm.</td>
</tr>
<tr>
<td>C. To use Kiowa to help learners establish awareness of the alphabet and print material by pointing out words as they are read.</td>
<td>C. To demonstrate understanding of a story through sequencing, drama, retelling and other strategies.</td>
</tr>
<tr>
<td></td>
<td>D. To demonstrate an awareness that words are read from top to bottom, left to right; to differentiate picture and print.</td>
</tr>
<tr>
<td></td>
<td>E. Learners will likely demonstrate code-switching between Kiowa and English.</td>
</tr>
</tbody>
</table>

### POTENTIAL CHALLENGE:

Teachers may have concerns about mother tongue (English) interference or subtractive bilingualism. Parents may be concerned that learning Kiowa may confuse the child or interfere with the learners English language development.

### POSSIBLE SOLUTIONS:

Teaching staff needs to be aware of the current research in dual language learning and early childhood immersion environments for endangered languages. Teaching staff can then explain the information to the participating families. Research and rationale can also be shared via newsletters and other program marketing materials. The research indicates that children who learn two languages in immersive environments actually perform better on cognitive tasks than children who are monolingual language speakers.

**ASSESSMENT**

Teacher observation and evaluation: Can the child demonstrate awareness of sound, rhyme and rhythm? Excellent, satisfactory, below standard. Can the child demonstrate understanding of a story? Excellent, satisfactory, below standard. Can the child demonstrate an awareness of print?

### THREE TO FIVE YEAR-OLDS

**GOAL:**

To use the Kiowa language to provide opportunities to develop emerging numeracy skills to a kindergarten level.

<table>
<thead>
<tr>
<th>Teacher Objective T7:</th>
<th>Learner Objective L7:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A. To model the number and counting system in Kiowa.  
B. To use Kiowa to present basic concept of addition and subtraction.

A. To accurately count to 10 in Kiowa.  
B. To recognize and produce the Kiowa word for a number when given the numerical symbol as a prompt.  
C. To use Kiowa to demonstrate a basic understanding of counting, addition and subtraction.

**POTENTIAL CHALLENGE:**
Teachers may not have a full understanding of the Kiowa number system and all its contexts.

**POSSIBLE SOLUTIONS:**
Through participation in the Elder Mentorship Sessions, teachers can learn and develop understanding of the numerical system used in traditional Kiowa society, including its applications.

**ASSESSMENT**
Teacher observation and evaluation: Can the learner recognize or produce the correct number in Kiowa? Can the learner count to 10? Can the learner demonstrate an awareness of the underlying concepts of addition and subtraction (depending on age)?

---

**THREE TO FIVE YEAR-OLDS**

**GOAL:**
To employ the Kiowa language as part of the indigenous ways of knowing and learning approach to encouraging children to think about the world around them.

**Teacher Objective T8:**
To provide opportunities for inductive reasoning, experiential and inquiry-based learning through guided interaction with the natural world, environment, seasons, traditions and community members.

**Learner Objective L8:**
To demonstrate a curiosity about the natural world, cultural practices and traditional ways of knowing and learning.

**POTENTIAL CHALLENGE:**
Teachers as second language learners of Kiowa may not have full understanding of the culture.

**POSSIBLE SOLUTIONS:**
Participation in ongoing Elder Mentorship Sessions will help develop cultural understanding.

**ASSESSMENT**
Teacher observation and evaluation: Does the learner demonstrate a curiosity about the natural world, culture, and traditional ways of being?

---

**SIX TO TWELVE YEAR-OLDS**

**GOAL:**
To provide opportunities for learners to produce the target language through a variety of media.

**Teacher Objective T9:**
A. To devise authentic, relevant, engaging and appropriately scaffolded projects for learners to use the Kiowa language in a meaningful way.  
B. To guide learners during the activity and provide helpful feedback during practice.

**Learner Objective L9:**
To successfully compose, (practice) perform and/or teach a song, poem, story, play, puppet show, etc. in the Kiowa language.
### POTENTIAL CHALLENGE:
If the task is too challenging, then learners may not have enough language to be able to complete the task successfully.

### POSSIBLE SOLUTIONS:
Teachers must be aware of child’s developmental, abilities, and skill level in order to differentiate curriculum and scaffold instructional activities to accommodate the child’s level.

### ASSESSMENT
Evaluation of finished product or performance according to pre-defined rubrics.

### SIX TO TWELVE YEAR-OLDS

**GOAL:**
To help learners analyze their language and culture in a relevant context.

<table>
<thead>
<tr>
<th>Teacher Objective T10:</th>
<th>Learner Objective L10:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. To guide learners to discover the morals behind familiar Kiowa fables (Saynday).</td>
<td>A. To show awareness that stories can operate on several levels and to analyze the surface features of a story for hints of a deeper meaning/moral.</td>
</tr>
<tr>
<td>B. To help learners compare and contrast stories cross culturally (such as flood stories).</td>
<td>B. To be able to compare and contrast Kiowa culture with the dominant English culture (and other cultures) in order to reflect on issues of identity.</td>
</tr>
<tr>
<td>C. To guide learners to analyze language and to compare and contrast it with English.</td>
<td>C. To identify similarities and differences between Kiowa and English language systems.</td>
</tr>
</tbody>
</table>

### POTENTIAL CHALLENGE:
Learners may not have the language proficiency or meta language to be able to analyze the story or language using Kiowa language.

### POSSIBLE SOLUTIONS:
Repetition, non-verbal cues, Kiowa literacy materials, as well as images can be available.

### ASSESSMENT
Create a wall display for the center that explains the moral of a story, or compares and contrasts Kiowa language and culture with other languages and cultures.

### OLDER TO YOUNGER PEER LEARNING

**GOAL:**
To build community and a feeling of competence through peer performance and peer mentoring.

<table>
<thead>
<tr>
<th>Teacher Objective T11:</th>
<th>Learner Objective L11:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To facilitate effective interactions between older children and younger children in order to embed learning of indigenous ways of knowing as well as the Kiowa language.</td>
<td>A. Goal for older learners: To motivate older children to serve as a language/role model and mentor for younger children through performances, readings, arts and crafts and other shared activities.</td>
</tr>
<tr>
<td></td>
<td>B. Goal for younger learners: To motivate young children to stretch their language ability by being paired with an older student.</td>
</tr>
</tbody>
</table>

### POTENTIAL CHALLENGE:
Learners may not have the language proficiency or meta-language to be able to analyze the story or language using Kiowa language.

**POSSIBLE SOLUTIONS:**
Teachers can ensure that all children have ample opportunity to practice the Kiowa language through peer performance and via peer mentoring. Repetition and encouragement are key. Motivation of the learner also plays a role in competence-building.

**ASSESSMENT**
Create a wall display for the center that explains the moral of a story, or compares and contrasts Kiowa language and culture with other languages and cultures.

**PLANNING FOR IMMERSION SESSIONS**

**Focus Topic:**
Topics are selected by referring to child observations, lesson plans, planning forms, instructional strategies chart and/or Elder Mentorship Sessions.

**Before Each Immersion Session:**
Prior to beginning, teachers will need to prepare the following materials and lesson plan activities:

1) Examine targeted Kiowa Immersion Teacher Objective and Learner Objective.
2) Review Planning for Success Q & A completed for the week prior.
3) Completed appropriate Kiowa Language Immersion Session Lesson Plan.
4) Revisit High-Quality Kiowa Language Immersion Classroom Checklist to ensure classroom is adequately prepared.
5) Review notes from Elder Mentorship Sessions related to selected topic.
6) Review Kiowa Immersion Session Reflection Forms completed for previous sessions.

**During Each Immersion Session:**
When interacting with the child, remember to use engaging interactions as advocated by the National Center on Quality Teaching & Learning (2012). Engage children in interactions that 1) Foster children’s thinking skills, 2) Provide feedback that supports engagement and learning, 3) Focus children on learning goals, 4) Scaffold children’s learning, 5) Make learning meaningful, and 6) Use the scientific method such as asking why, what, when, where, who, and how questions. Refer to the following Rainbow of Interaction Sheet to remember interaction best practices for infants, toddlers, and children with special-needs.

**A RAINBOW OF INTERACTION~Infant/Toddler Communication Best Practices:**

These strategies can be used by both teachers and family members in order to develop secure trust and attachment from infancy and beyond. Trust and secure attachment set the foundation for children to be resilient and able to be successful in their learning later in life.

1) **Establish a caring relationship**
   ✓ Am I affectionate?
   ✓ Am I responding?
2) **Take turns during interactions**
   ✓ Do I smile and wait for a smile in return?
3) **Respond to the infant’s nonverbal communication**
   - ✓ Do I watch for imitation movements and listen to “cooing”?

4) **Use information talk (also called “parallel talk”)**
   - ✓ Am I talking about what is happening during diapering, hand washing, feeding, etc.?

5) **Use a rich and varied vocabulary**
   - ✓ How am I introducing simple nouns, such as body parts, and action words?

6) **Use *motherese***
   - ✓ Do I use a singsong, higher voice to talk with infants?

7) **Draw the infant’s attention**
   - ✓ Am I using pointing, gestures, touch, and eye contact to encourage joint attention?

8) **Use meaningful talk that describes concepts**
   - ✓ Do I describe simple concepts such as color, movement, directions, feelings, etc.?

9) **Use infant-directed speech**
   - ✓ Am I using short sentences and repeating words often?

10) **Ask questions and use wait time**
    - ✓ Do I **wait at least 5 SECONDS** for a response to my question? (They will respond!)

11) **Listen with your eyes**
    - ✓ Am I opening my eyes wide when an infant responds to me (w/ voice or gesture)?

12) **Use social routines**
    - ✓ Bathing, feeding, diapering, playtime – these routines are full of learning opportunities and a chance to build trust and communication


**After Each Immersion Session:**
After the immersion session has ended, teachers first individually reflect on the interactions that occurred using the Reflection on Kiowa Immersion Session Form and then discuss their thoughts with the teaching team.

**Reflection on Each Session:**
Teachers can complete the Kiowa Immersion Session Reflection Form after each immersion session to track successes and areas for improvement during immersion sessions.

**Resources:**
There are various resources available to teachers regarding Kiowa language and culture. However, there are virtually no resources concerning pedagogical methods for early childhood teachers conducting an endangered language immersion program. These tools can be developed by the teaching team themselves based on their planning forms and reflection discussions.

**Further Exploration:**
Regardless of the topic teachers are encouraged to conduct further exploration regarding translating research and theory into practice in the immersion classroom. Furthermore, members of the community can be invited to present, meet with, or communicate with the teaching team in order to provide further knowledge building and exploration of the topics of interest to both the teachers and the children. See the Reference List at the end of this Handbook.
II. KIOWA CHILD CARE CENTER SUPERVISION

A. Policy Statement:

No child will be left unsupervised while attending the program. At least 2 staff will always be available if more than 6 children are in care. Caregivers will directly supervise infant, toddler, and preschool children by sight and hearing at all times, even when the children are sleeping. Children will never be left without a caregiver on the same floor-level as the children. Caregivers will regularly count children on a scheduled basis, at every transition, and whenever leaving one area and arriving at another to confirm the safe whereabouts of every child at all times. Counting systems, such as a reminder tone that sounds at timed intervals, will be used to help staff remember to count. The Center Director will assign and reassign counting responsibility as needed. Staff will assess the environment for opportunities to improve visibility and hearing of child activities with such devices as convex mirrors and baby monitors.

B. Child:Staff Ratios:

Child:staff ratios followed by this program will always comply with the following requirements according to state regulations:

Our goal is to maintain the following national standards for child:staff ratios which are recommended by the American Academy of Pediatrics and the American Public Health Association whenever children are in care:

<table>
<thead>
<tr>
<th>Maximum Age</th>
<th>Child:Staff</th>
<th>Group Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 12 months</td>
<td>3:1</td>
<td>6</td>
</tr>
<tr>
<td>13 - 30 months</td>
<td>4:1</td>
<td>8</td>
</tr>
<tr>
<td>31 - 35 months</td>
<td>5:1</td>
<td>10</td>
</tr>
<tr>
<td>3-year-olds</td>
<td>7:1</td>
<td>14</td>
</tr>
<tr>
<td>4-5-year-olds</td>
<td>8:1</td>
<td>16</td>
</tr>
<tr>
<td>6-8-year-olds</td>
<td>10:1</td>
<td>20</td>
</tr>
<tr>
<td>9-12-year-olds</td>
<td>12:1</td>
<td>24</td>
</tr>
</tbody>
</table>

When there are mixed-age groups in the same room, the child:staff ratio and group size will be consistent with the age of the majority of the children when no infants or toddlers are in the mixed age group. When infants or toddlers are in the group, the child:staff ratio and the group size for infants and toddlers will be maintained. Child:staff ratios for swimming, transporting, caring for ill children and children with identified special needs requiring more supervision, will comply with national recommendations of the American Academy of Pediatrics and the American Public Health Association as identified in *Caring for Our Children*. The Oklahoma Child Care Licensing requirements for child:staff ratio are listed below. The Kiowa Child Care Center will adhere to the following guidelines at all times:
A substitute may be employed or a volunteer assigned to assure that the required child:staff ratios are maintained at all times. Substitutes and volunteers will work under direct supervision and not be left alone with a group of children at any time. A substitute who is regularly employed as a caregiver by the facility and who is well-known by the children in the group will be considered staff and may function in the same way as the caregiver for whom the substitution is being made.
C. Supervision of Active (Large Muscle) Play:

Observation of active (large muscle) play in indoor and outdoor spaces will be as follows:

1) High-risk play areas (i.e. climbers, slides, swings, water) will receive the most staff attention.
2) All children using playground or indoor play equipment will be supervised. No children will be permitted to go beyond a caregiver’s range of direct supervision. Child:staff ratios will be at least as stringent as for other child care activities. Every child will be specifically assigned to a caregiver to be regularly counted to confirm their safe whereabouts at all times.
3) A written schedule will be prepared by and used to assign staff to supervise high risk areas.
4) When swimming, wading or other gross motor play activities in collected water are part of the program, there will be 1:1 supervision of infants by adults, at least 2:1 supervision for toddlers, 4:1 supervision of preschool age children and 6:1 supervision for school-age children. Pushing, forced submersion of a child, or running shall be prohibited. Children shall not be allowed to bring non-water toys and flotation devices into the water play area.

D. Family/Staff Communication:

The facility will promote communication between families and staff by using written notes as well as informal conversations. Families are encouraged to leave written notes with important information so all the caregivers who work with the child can share the parent’s communication. Caregivers will write notes for families using the Parent/Caregiver Information Exchange Form on a daily basis for infants and toddlers, no less than weekly for preschool and kindergarten children, and no less than monthly for school age children. Staff will use these notes to inform families about the child’s experiences, accomplishments, behavior, sleeping, feeding, and other issues related to personal care such as wet diapers and bowel movements for infants and toddlers.

E. Site Visits by Program Personnel:

In order to ensure ongoing accountability and compliance in all aspects of the child care program, the Center Director or designee will conduct site visits throughout the center and in each classroom, cooking and meal preparation areas, janitorial areas, restrooms, and staff office. These site visits will occur regularly on a monthly basis. Findings will be address immediately with staff and Center Director will review checklists with staff to indicate issues or concerns as well as areas of strength. For health and safety issues identified, the Center Director will prepare a Work Order and/or Corrective Action Plan and submit to the Program Director for appropriate departmental/inter-agency routing to address issue.

F. Site Inspections by Environmental Health & Safety Agencies:

According to program, tribal, federal and state licensing regulations, various health, safety, nutritional, environmental, classroom design, and records audit inspections will be conducted
according to each agency’s specific plans. As such, center staff will be constantly prepared for visits from inspection agencies to check for compliance. Any non-compliance findings will be addressed via the appropriate agency’s corrective action planning process. The Center Director will be responsible for preparing, submitting, and documenting corrective action plans. Copies of the inspection documents will be maintained in the OKDHS Compliance File for OCCS Licensing Reviews and STARS Reviews and in the Health & Safety Binder for all other inspections.

III. KIOWA CHILD CARE CENTER DISCIPLINE

A. Philosophy of Discipline:

**Working With Children's Challenging Behavior**

Professionals who work with young children expect to be met with challenging behavior from time to time. During the first five years of life, children are just beginning to learn how to handle their own intense emotions and conform to the behavioral expectations of society. As parents know, this is a long and difficult process.

In an early care and education setting, we define challenging behavior as any behavior that:

- interferes with children's learning, development and success at play;
- is harmful to the child, other children or adults;
- puts a child at high risk for later social problems or school failure.

It can be direct (e.g. hitting, pushing, biting, kicking) or indirect (e.g. teasing, ignoring rules or instructions, excluding others, name-calling, destroying objects, having temper tantrums).

The staff sees working with children's challenging behavior as an integral aspect of our job. The word *discipline* has, as its root meaning, "instruction" or "training." This meaning, rather than punishment, is the foundation for our approach to guiding children's behavior. We accept that young children will sometimes display their emotions or try to achieve their goals in unproductive or immature ways. That is simply part of being very young. Much of children's most valuable learning, especially in a group setting, occurs in the course of behavioral problem solving. The approaches we use vary by age group, but have the following elements in common:

- **Adults model positive behavior.** We show that we can accept, control and express feelings in direct and non-aggressive ways; we let children know that we are not afraid of their intense emotions and will not punish, threaten or withdraw from them.

- **Teachers design the physical environment to minimize conflict.** We provide multiples of toys and materials for groups of children, define classroom and outdoor areas clearly to allow for both active and quiet play, and strive to maintain an appropriately calm level of stimulation.

- **Teachers maintain age-appropriate expectations for children's behavior.** We attempt
to minimize unreasonable waiting and transition times, and limit the length of large group and teacher-directed activity times according to children's developmental levels. We give children large blocks of uninterrupted time during which to make their own activity choices.

- **Adults closely observe and supervise children's activities and interactions.** With our high ratios of adults to children and our emphasis on attentive observation, we can often intervene to guide children before situations escalate.

- **Adults help children verbalize their feelings, frustrations and concerns.** The staff will help children describe problems, generate possible solutions, and think through logical consequences of their actions. Even babies will hear their caregivers describing actions, problems, solutions and logical consequences. The adult role is to be a helper in positive problem solving. *We want children to value cooperation and teamwork. We help them to learn peaceful approaches to interacting.*

- **Children whose behavior endangers others will be supervised away from other children.** This is not the same as the practice of using a "time out" (the traditional chair in the corner) for a child. An adult will help the child move away from a group situation. The child will then process the problem verbally with the staff member and any other concerned parties. An adult will stay close to any child who is emotionally out of control and needs private time to regain composure.

- **Discipline, i.e., guidance, will always be positive, productive and immediate when behavior is inappropriate.** *No child will be humiliated, shamed, frightened, or subjected to physical punishment or verbal or physical abuse by any staff member, student, or volunteer working in the Kiowa Tribe Child Care Program.* Every member of the Kiowa Tribe Child Care Program professional staff understands and follows our disciplinary approach as well as the standards on guidance and management in our Oklahoma State Child Care Licensing Regulations and the Child Care Performance Standards. We work intensively with new staff as needed so that they also understand and employ this guidance approach.

- **When a pattern of behavior persists that endangers self, others or property, or significantly disrupts the program, we will work with a child's family to find solutions, up to and including referral for outside services or exclusion from the Kiowa Tribe Child Care Program according to the Dangerous Behavior Support Plan in the Short Term Exclusion Policy and Procedures outlined in this document for each classroom/center.**

Caregivers will equitably use positive guidance, redirection, planning ahead to prevent problems, encouragement of appropriate behavior, consistent clear rules, and involving children in problem solving to foster the child’s own ability to become self-disciplined. Where the child understands words, discipline will be explained to the child before and at the time of any disciplinary action. Caregivers will encourage children to respect other people, to be fair, respect property, and learn to be responsible for their actions.
Caregivers will guide children to develop self-control and orderly conduct in relationship to peers and adults. Aggressive physical behavior toward staff or children is unacceptable. Caregivers will intervene immediately when a child becomes physically aggressive to protect all of the children and encourage more acceptable behavior. Caregivers will use discipline that is consistent, clear, and understandable to the child.

The Kiowa Child Care Center utilizes the Center on the Social Emotional Foundations for Early Learning’s Pyramid Model as the framework for encouraging social-emotional development in all young children enrolled in the center. Staff are trained in evidence-based strategies and promising practices to encourage young children’s social-emotional development and behavioral self-regulation. Self-help skills are a key part of the Pyramid Model philosophy.
B. Permissible Methods of Discipline:

For acts of aggression and fighting (e.g. biting, hitting, etc.) staff will set appropriate expectations for children and guide them in solving problems. This positive guidance will be the usual technique for managing children with challenging behaviors rather than punishing them for having problems they have not yet learned to solve. In addition, staff may:
1) Separate the children involved.
2) Immediately comfort the individual who was injured.
3) Care for any injury suffered by the victim involved in the incident.
4) Notify parents or legal guardians of children involved in the incident.
5) Review the adequacy of caregiver supervision, appropriateness of facility activities, and administrative corrective action if there is a recurrence.

Physical restraint will not be used except as necessary to ensure a child’s safety or that of others, and then in the form of holding by another person as gently as possible only for as long as is necessary for control of the situation.

Medicines or drugs that will affect behavior will not be used except as prescribed by a child’s health care provider and with specific written instructions from the child’s health care provider for the use of the medicine.

Time-out will be used if other management techniques are ineffective. “Time-out” or removal of a child from the environment may be used selectively for children over 18 months of age who are at risk of harming themselves or others. The period of “time-out” will be just long enough to enable the child to regain self-control. As a general rule this period will not exceed one minute per year of age. Caregivers will monitor the effectiveness of “time-out” and seek the help of a mental health consultant when approved behavior management strategies do not seem to be effective.

C. Prohibited Practices (Child Abuse):

Caregivers will not use physical punishment or abusive language. Such actions will not be tolerated and immediate disciplinary action will ensue.

According to the OKDHS Child Care Licensing Regulations for Full Day Centers, the following practices by staff are also prohibited:

“(1) subjecting a child to punishment of a physical nature, for example, shaking, striking, spanking, swatting, thumping, pinching, popping, shoving, spatting, biting, hair pulling, yanking, slamming, excessive exercise, or any cruel treatment that may cause pain;
(2) putting anything in or on a child's mouth as punishment;
(3) restraining a child by any means other than holding and then for only as long as is necessary
for the child to regain control;
(4) subjecting a child to punishment of a psychological nature, for example, humiliation by derogatory or sarcastic remarks about the child or the child's family's race, gender, religion, or cultural background;
(5) using harsh or profane language or actual or implied threats of physical punishment;
(6) punishing or threatening a child in association with food, rest, or toilet training;
(7) isolating a child without supervision or placing him or her in a dark area;
(8) permitting a child to discipline other children;
(9) punishing an entire group due to the actions of a few children; or
(10) seeking or accepting parental permission to use any punishment or act prohibited by the requirements contained in this subsection; and
(11) participating in personal activities that interfere with the adequate supervision of children, such as visitors and phone calls” (OKDHS, 2010)

D. Suspected Child Abuse:

All observations or suspicions of child abuse or neglect will be immediately reported to the child protective services agency no matter where the abuse might have occurred. The staff member witnessing or observing the suspected child abuse or neglect will call to report suspected abuse or neglect. The reporting staff member will follow the direction of the child protective services agency regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, the reporting staff member will follow the guidance of the child protective agency regarding notification of the parent or legal guardian. Reporters of suspected child abuse will not be discharged for making the report unless it is proven that a false report was knowingly made. All staff members employed with the Kiowa Child Care Center and the Kiowa Tribe Child Care Program are mandated reporters and are required to report any suspicions of child abuse or neglect under Oklahoma law. The Oklahoma Child Abuse & Neglect Reporting Hotline is 1-800-522-3511. It is important to remember that reporting is an individual responsibility and any report made in good faith despite the outcome will not result in legal action against the reporter.

Staff who are accused of child abuse may be suspended or given leave pending investigation of the accusation. Such caregivers may also be removed from the classroom and given a job that does not require interaction with children. Parents or legal guardians of suspected abused children will be notified. Parents or legal guardians of other children in the program will be contacted by the Center Director if a caregiver is suspected of abuse so they may share any concerns they have had. However, no accusation or affirmation of guilt will be made until the investigation is complete. Caregivers found guilty of child abuse will be summarily dismissed or relieved of their duties.
IV. CARE OF ACUTELY ILL CHILDREN

A. Admission and Exclusion:

The decision to exclude a child from care will be based on whether there are adequate facilities and staff available to meet the needs of both the ill child and the other children in the group. The child care provider, not the child’s family, makes the final determination about whether the acutely ill child can receive care in the child care program. Children will be excluded if:

1) The child’s illness prevents the child from participating comfortably in activities that the facility routinely offers for well children or mildly ill children.
2) The illness requires more care than the child care staff are able to provide without compromising the needs of the other children in the group.
3) Keeping the child in care poses an increased risk to the child or to other children or adults with whom the child will come in contact as defined in Preparing for Illness. (See Exclusion Guidelines in Preparing for Illness available from NAEYC 800/424-2460, www.naeyc.org, and the American Academy of Pediatrics 800/433-9016, www.aap.org).

If the child care staff are uncertain about whether the child’s illness poses an increased risk to others, the child will be excluded until a physician or nurse practitioner notifies the child care program that the child may attend. A child whose illness does not meet any of these conditions listed above does not need to be excluded.

B. Admission and Permitted Attendance:

Specific conditions that do not require exclusion are:

1) Children who are carriers of an infectious disease agent in their bowel movement or urine that can cause illness, but who have no symptoms of illness themselves. Exceptions include E. coli 0157:H7, shigella or Salmonella typhi.
2) Children with conjunctivitis (pink eye) who have a clear, watery eye discharge and do not have any fever, eye pain, or eyelid redness.
3) Children with a rash, but no fever or change in behavior.
4) Children with cytomegalovirus infection, parvovirus B19, HIV or carriers of hepatitis b.

C. Procedure for Management of Short Term Illness:

The Center Director will decide whether a child who is ill will be permitted to come for the day or remain in the program. If a child appears mildly ill, but will be staying for the day:

1) The child’s caregiver will complete a Symptom Record to document date, time, symptoms of illness.
2) The caregiver and the parent/legal guardian will discuss treatment and develop a plan for the child’s care. The staff should contact the child’s health care provider if the caregiver has questions or does not understand the instructions provided by the health care provider.
3) The caregiver will complete the symptom record during the period the child is in care and give
a copy of the symptom record to the parent or legal guardian when the child leaves the program for the day.

If the child becomes ill during the time the child is in care:

1) The caregiver will notify and complete the symptom record.
2) The Center Director will determine if the child may remain in the program or is too ill to stay in child care.
3) The Center Director will call the parent or legal guardian.
4) The child’s symptoms will be treated as agreed upon with the parent or legal guardian. The treatment will be written on the symptom record. The child will be reassured by the caregiver.
5) The symptom record will be given to the parent or legal guardian so that the parent or legal guardian has the information needed to continue the child’s care and, if necessary, to consult the child’s health provider for management of the child’s illness.
6) If the child is too ill to stay in child care, the child will be provided a place to rest until the parent, legal guardian or designated person arrives. The child will be supervised at all times by someone familiar with the child. A child with a potentially communicable illness that requires that the child be sent home from child care will be provided care separate from other children with extra attention to hygiene and sanitation until the child leaves the facility.

D. Reporting Requirements:

Some communicable diseases must be reported to public health authorities so that control measures can be used. The Center Director will obtain an updated list of reportable diseases from the local or state health authorities annually. A copy of this list will be shared with each parent and legal guardian at the time of enrollment. In August, families and staff will be reminded to notify within 24 hours after the child or staff has developed a known or suspected communicable disease and to inform if any member of their immediate household has a reportable communicable disease. While respecting the legal boundaries of confidentiality of medical information, the Center Director will notify the appropriate health department authority about any suspected or confirmed reportable disease among the children, staff, or family members of the children and staff. The telephone number of the responsible local or state health authority to whom to report communicable diseases is posted on the Parent Board near the front entrance of the center and at each telephone and in each classroom throughout the center. Families of children who may have been exposed to a child with a communicable disease or reportable condition will be informed about the exposure according to the recommendations of the local health department.
E. Obtaining Immediate Medical Help:

All caregivers will obtain immediate medical help for the situations listed below:

In the two boxes below, you will find lists of common medical emergencies or urgent situations you may encounter as a child care provider. To prepare for such situations:

1. Know how to access Emergency Medical Services (EMS) in your area.
2. Educate staff on the recognition of an emergency.
3. Know the phone number for each child's guardian and primary health care provider.
4. Develop plans for children with special medical needs with their family and physician.

At any time you believe the child's life may be at risk, or you believe there is a risk of permanent injury, seek immediate medical treatment.

Call Emergency Medical Services (EMS) immediately if:

- You believe the child's life is at risk or there is a risk of permanent injury.
- The child is acting strangely, much less alert, or much more withdrawn than usual.
- The child has difficulty breathing or is unable to speak.
- The child's skin or lips look blue, purple, or gray.
- The child has rhythmic jerking of arms and legs and a loss of consciousness (seizure).
- The child is unconscious.
- The child is less and less responsive.
- The child has any of the following after a head injury: decrease in level of alertness, confusion, headache, vomiting, irritability, or difficulty walking.
- The child has increasing or severe pain anywhere.
- The child has a cut or burn that is large, deep, and/or won't stop bleeding.
- The child is vomiting blood.
- The child has a severe stiff neck, headache, and fever.
- The child is significantly dehydrated: sunken eyes, lethargic, not making tears, not urinating.

After you have called EMS, remember to call the child's legal guardian.

Some children may have urgent situations that do not necessarily require ambulance transport but still need medical attention. The box below lists some of these more common situations. The legal guardian should be informed of the following conditions. If you or the guardian cannot reach the physician within one hour, the child should be brought to a hospital.

Get medical attention within one hour for:

- Fever in any age child who looks more than mildly ill.
- Fever in a child less than 2 months (8 weeks) of age.
- A quickly spreading purple or red rash.
- A large volume of blood in the stools.
- A cut that may require stitches.
- Any medical condition specifically outlined in a child's care plan requiring parental notification.

Approved by the American Academy of Pediatrics Committee on Pediatric Emergency Medicine, January 2001.
V. KIOWA CHILD CARE CENTER HEALTH PLANNING

A. Child Health Services:

**Immunizations** will be required according to the current schedule recommended by the U.S. Public Health Service and the American Academy of Pediatrics (see www.aap.org). Every January, will check with the public health department or the American Academy of Pediatrics for updates of the recommended immunization schedule. The Oklahoma State Department of Health Immunization Service publishes the “Guide to Immunization Requirements in Oklahoma” each school year. The requirements for the 2012-2013 school year are listed in the table below. Oklahoma Child Care Licensing regulations regarding attendance of children who are not immunized due to religious or medical reasons will be followed. Unimmunized children will be excluded during outbreaks of vaccine preventable illness as directed by the state health department. Parents/legal guardians can request a waiver for exemption of required immunizations due to religious, medical, or personal reasons.

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Childcare</th>
<th>Pre-School/Pre-KG</th>
<th>KG-6th</th>
<th>7th &amp; 8th</th>
<th>9-12th</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTap (diphtheria, tetanus, pertussis)</td>
<td>4 DTap</td>
<td>4 DTap</td>
<td>5 DTP/DTaP</td>
<td>5 DTP/DTaP &amp; 1 Tdap booster</td>
<td>5 DTP/DTaP</td>
</tr>
<tr>
<td>PCV (pneumococcal conjugate vaccine)</td>
<td>1-4 PCV</td>
<td>Not required for school</td>
<td>3 IPV/OPV</td>
<td>3 IPV/OPV</td>
<td>4 IPV/OPV</td>
</tr>
<tr>
<td>IPV/OPV (inactivated polio/oral polio)</td>
<td>3 IPV/OPV</td>
<td>3 IPV/OPV</td>
<td>4 IPV/OPV</td>
<td>4 IPV/OPV</td>
<td>4 IPV/OPV</td>
</tr>
<tr>
<td>MMR (measles, mumps, rubella)</td>
<td>1 MMR</td>
<td>1 MMR</td>
<td>2 MMR</td>
<td>2 MMR</td>
<td></td>
</tr>
<tr>
<td>Hib (Haemophilus influenzae type b)</td>
<td>1-4 Hib</td>
<td>Not required for school</td>
<td>1 Varicella</td>
<td>1 Varicella</td>
<td>1 Varicella</td>
</tr>
<tr>
<td>Hep B (hepatitis B)</td>
<td>3 Hep B</td>
<td>3 Hep B</td>
<td>3 Hep B</td>
<td>3 Hep B</td>
<td>3 Hep B</td>
</tr>
<tr>
<td>Hep A (hepatitis A)</td>
<td>2 Hep A</td>
<td>2 Hep A</td>
<td>2 Hep A</td>
<td>2 Hep A</td>
<td>2 Hep A</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>1 Varicella</td>
<td>1 Varicella</td>
<td>1 Varicella</td>
<td>1 Varicella</td>
<td>1 Varicella</td>
</tr>
</tbody>
</table>

- If the 4th dose of DTP/DTaP is administered on or after the child’s 4th birthday, then the 5th dose of DTP/DTaP is not required.
- The number of doses of PCV and/or Hib may range from 1 to 4 depending on the age of the child when the first dose is received.
- If the 3rd dose of IPV/OPV is administered on or after the child’s 4th birthday, then the 4th dose of IPV/OPV is not required.
- Children may be complete with 3 or 4 doses of Hib depending on the brand of vaccine used.
- Previously unimmunized students 11 through 15 years of age may receive a 2 dose series of Merck’s Adult Hepatitis B vaccine to comply with this requirement. All other children (younger or older) must receive 3 doses of hepatitis B vaccine.
- The table above lists the vaccines that are required for children to attend childcare, preschool, and kindergarten through twelfth grade in Oklahoma. Additional vaccines may be recommended, but are not required. For example, a 2nd dose of varicella vaccine is recommended before entering kindergarten, but not required by Oklahoma law.
- Children attending licensed childcare facilities must be up-to-date for their age for the vaccines listed in the “Childcare” column.
- Hib and PCV vaccines are not required for students in pre-school, pre-kindergarten, or kindergarten programs operated by schools.

**Routine preventive health services** will be recommended according to the current guidelines of the American Academy of Pediatrics. The Oklahoma Early, Periodic, Screening, Diagnosis, and Treatment schedule of well-child care is listed in the table below, as provided by the Oklahoma State Department of Health.
Well-child care is defined as parents/legal guardians are encouraged to take their child to age-appropriate health assessment as part of the schedule of well-child care during early childhood at the following ages as noted in the table above: newborn, 1 week, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 3 years, 4 years, and 5 years. Parents or legal guardians are responsible for assuring that their children are kept up-to-date and that a completed Release of Information form is in their child’s file so the center can request a copy of the results of the child’s health assessment. A visit to the doctor for a special health assessment or new documentation is not required for admission. Documentation of an age-appropriate health assessment is encouraged to be included in the child’s file. Questions raised about the child’s health will be directed to the family or (with permission of the parent or legal guardian) to the child’s health care provider for explanation and implications for child care. The Center Director will check annually with the county health department, the Oklahoma State Department of Health, and the American Academy of Pediatrics for updates of the schedule for routine preventive health services. Children will not be excluded for failure to be immunized if they have an appointment for immunizations and have their immunizations initiated within one month. A child whose immunizations are not kept up-to-date will be dismissed after three written reminders to the parent or legal guardian over a 3 month period. The Center Director will check the facility’s records to be sure each child’s immunization and other routine preventive health services are current. The Center Director will remind parents and legal guardians to provide documentation of health assessments.

B. Health Consultation:

The Lawton Service Unit of the Indian Health Service, in collaboration with the Kiowa Tribe Health Advisory Board, will provide ongoing consultation to the child care facility and will help
develop and approve all written policies relating to health and safety. The designated health consultant will visit the facility to review and give advice on the health component. The health consultant will provide advice about accommodations required for children with specific health problems, design and review surveillance systems for injury and illness, assist with staff and family education, and be a source of contacts within the health care community. To serve as health consultants for child care, nutrition professionals, oral health professionals, mental health professionals and other health professionals should have pediatric credentials or advanced training in pediatrics.

C. Health Education:

Health education will be a part of the curriculum for staff, families and children. Topic areas for staff and families may include: nutrition, stress management, exercise and physical activity, child development, prenatal care, management of chronic disease, substance abuse, safety, CPR/AED/first aid, control of infectious disease, HIV/AIDS, diabetes prevention, immunizations and well-child care, oral health, SoonerCare and the Oklahoma Health Care Authority, injury prevention, child passenger safety, fire safety, SIDS, maternal depression, behavior management and challenging behavior, and other topic areas based on community needs and interests. Speakers and materials may be obtained from community hospitals, children’s hospitals, voluntary health organizations, public health departments, health consultants, drug and alcohol programs, medical/oral health/nursing/mental health providers and organizations, health agencies, and local colleges and universities. All health education activities and materials for children will be developmentally appropriate. Health practices will be integrated into daily routines and focused on topic areas such as Child Passenger Safety Week, Healthy Heart Month, Week of the Young Child, Child Abuse Prevention Month, Injury Prevention Month, Diabetes Prevention Month and Fire Prevention Month. Topic areas for children include: physical health, oral health, social health, emotional health, medication and substance abuse, safety, first aid, and preventing infectious diseases. Staff will utilize the resource, Caring for Our Children as a reference for health education and information. Programs will notify parents and legal guardians if sensitive topic areas are included in the health education plan. Parents or legal guardians must notify the staff of the facility if they do not want their children to be involved in activities related to a specific topic.

VI. MEDICATION POLICY

A. Principle:

This facility will administer medication to children with written approval of the parent and an order from a health provider for a specific child or a specific condition for any child in the facility for whom a plan has been made and approved by the Center Director, the child’s primary care provider, and the health consultant as needed. Because administration of medication poses an extra burden for staff, and having medication in the facility is a safety hazard, medication
administration in child care will be limited to situations where an agreement to give medicine outside child care hours cannot be made. Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction. Parents or legal guardians may administer medication to their own child during the child care day.

Staff will be trained in medication administration procedures by an approved health authority, such as the Public Health Nurses at the Lawton Indian Hospital. Documentation of medication administration training will be maintained in staff records. Furthermore, at least one staff member will be on the premises who is trained in medication administration procedures. New staff will be trained according to the program professional development plan.

B. Procedure:

The trained staff member will administer medication only if the parent or legal guardian has provided written consent, the medication is available in an original labeled prescription or manufacturer’s container that meets the safety check requirements. The facility must have on file the written or telephone instructions of a licensed clinician to administer the specific medication. Anytime a parent wishes to have center staff administer either prescription medication or over-the-counter medication to their child, a Medication Administration Packet must be completed by both the parent/legal guardian and the receiving staff member. Completed forms will be filed in each child’s file as needed.

1) For prescription medications, parents or legal guardians will provide caregivers with the medication in the original, child-resistant container that is labeled by a pharmacist with the child’s name, the name and strength of the medication; the date the prescription was filled; the name of the health care provider who wrote the prescription; the medication’s expiration date; and administration, storage and disposal instructions. For over-the-counter medications, parents or legal guardians will provide the medication in a child-resistant container. The medication will be labeled with the child’s first and last names; specific, legible instructions for administration and storage supplied by the manufacturer; and the name of the health care provider who recommended the medication for the child.

2) Instructions for the dose, time, method to be used, and duration of administration will be provided to the child care staff in writing (by a signed note or a prescription label) or dictated over the telephone by a physician or other person legally authorized to prescribe medication. This requirement applies both to prescription and over-the-counter medications.

3) A physician may state that a certain medication may be given for a recurring problem, emergency situation, or chronic condition. The instructions should include the child’s name; the name of the medication; the dose of the medication; how often the medication may be given; the conditions for use; and any precautions to follow. Example: children may use sunscreen to prevent sunburn; children who wheeze with vigorous exercise may take one dose of asthma medicine before vigorous active (large muscle) play; children who weigh between 25-35 pounds may be given 1 teaspoon of acetaminophen 160 mg/5cc (1 teaspoon) for up to two doses every
four hours for fever. A child with a known serious allergic reaction to a specific substance who develops symptoms after exposure to that substance may receive epinephrine from a staff member who has received training in how to use an auto-injection device prescribed for that child (e.g., Epipen®). A child may only receive medication with the permission of the child’s parent or legal guardian and when the staff person who will give the medication has demonstrated to a licensed health professional the skills required.

4) Medications will be kept at the temperature recommended for that type of medication, in a sturdy, child-resistant, closed container that is inaccessible to children and prevents spillage.

5) Medication will not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions which state that the medication may be used whenever needed will be renewed by the physician at least annually.

6) A medication log will be maintained by the facility staff to record the instructions for giving the medication, consent obtained from the parent or legal guardian, amount, the time of administration, and the person who administered each dose of medication. Spills, reactions, and refusal to take medication will be noted on this log.

7) Medication errors will be controlled by checking the following 5 items each time medication is given:
   a. Right child
   b. Right medicine
   c. Right dose
   d. Right time
   e. Right route of administration

When a medication error occurs, the Regional Poison Control Center and the child’s parents will be contacted immediately. The incident will be documented in the child’s record at the facility.

VII. EMERGENCY PLAN

A. First-Aid Kits:

First-aid kits will be located at the Center Director’s desk and hanging in red packs in each classroom, kept inaccessible to children, and will be restocked following use to maintain the supply of items listed: disposable, nonporous gloves, sealed packages of antiseptic, scissors, tweezers, non-glass thermometer, bandage tape, sterile gauze pads, flexible roller gauze, triangular bandage, safety pins, eye dressings, pen/pencil and notepad, cold pack, current American Academy of Pediatrics or American Red Cross Infant/Child first aid resource or equivalent guide, coins, poison control number, bottled water, small plastic metal splint, liquid soap for washing hands, and any emergency medication needed for a child in the group (Epipen, inhaler for asthma symptoms, etc.).

Additionally, the kit will contain an emergency dose of medication for any child in the group.
who may require such medication (e.g. Epipen®, metered-dose inhaler for asthma, antihistamine for allergic reaction) per the written health care plan and/or medication forms. An appropriately supplied first aid kit will be taken on trips (walking or vehicular) to and from the facility. The Center Director will check the contents of the first aid kits and replace missing or expired items monthly.

B. Emergency Phone Numbers:

All caregivers will have immediate access to a device that allows them to summon help in an emergency. The telephone numbers of the Fire Department, Police Department, Hospital, and Poison Control will be posted by each phone with an outside line. Emergency contact information for each child and staff member will be kept readily available. Telephone numbers for contractors who provide specific types of building repairs for this facility are kept in the employee resource binder at the Center Director’s desk. These contractors can be called by for problems with electricity, heating, plumbing, snow removal, trash removal, and general maintenance with the approval of the Kiowa Tribe of Oklahoma Maintenance Director. The list of emergency telephone numbers, and copies of emergency contact information and authorization for emergency transport will be taken along anytime children leave the facility in the care of facility staff. Emergency phone numbers will be updated at least every 6 months. Emergency phone numbers will be verified by calling the numbers to make sure a responsive, designated person is available.

C. Lost or Missing Children:

1) To prevent lost or missing children, staff will count children frequently while on a field trip. A staff person will be responsible for performing a ‘sweep’ of the area or vehicle the children are leaving to be sure that no child is overlooked. Staff will identify and implement specific systems for speedy recovery of missing children, such as uniform, brightly colored T-shirts, accessible identification and contact information for the children, and instructions to older children about what to do if they separate from the group. Staff will not make the child’s name visible to a stranger who might use the child’s name to lure the child from the group.

2) If it is determined that a child is missing or lost, will immediately notify the local police or sheriff, the program director, the parents or legal guardian, and other authorities as required by state regulation. If on a field trip, the staff will notify the facility management to assist in the search for the child.

D. Child Abuse: (See Discipline)
E. Injuries or Illnesses Requiring Medical or Dental Care:

1) The caregiver who is with the child and who has had pediatric first aid training will provide first aid.

2) The Center Director or designee will activate the Emergency Medical Services (EMS) system by dialing when immediate medical help is required. The Center Director or designee will contact a parent or legal guardian or, if the parent or legal guardian cannot be reached, the alternate emergency contact person. The emergency facility used by the program is the Anadarko Physician’s Hospital. Prior to a specific medical emergency will contact the emergency facility to find out what procedures are followed for emergency treatment of children not accompanied by a parent or legal guardian. Emergency transport is provided by the Anadarko Fire Department.

3) A staff member will accompany the child and remain with the child until the parent or legal guardian assumes responsibility for the child. Child:staff ratios will be maintained at all times for the children remaining in the facility. Staff following the posted chain of command will substitute for the missing caregiver in such emergencies.

4) The Center Director or designee will complete an injury report form as soon after the incident as possible. The form will be signed by the parent or legal guardian. Copies will be distributed to the parent or legal guardian, the child’s record at the facility, and the facility’s Injury Log.

5) Dental Emergencies:
The Center Director will provide information on who are the licensed providers who have agreed to accept emergency dental referrals of children and to give advice regarding a dental emergency unless otherwise indicated by the parent or legal guardian. Dental injuries will be given first aid as in 1 above. If emergency dental care is required, a staff member will accompany the child and remain with the child until the parent or legal guardian assumes responsibility for the child.

F. Serious Illness, Hospitalization, and Death:

The Center Director or designee will immediately notify the child’s family and the Program Director of a serious illness, hospitalization, or death of a child or staff member that occurs related to child care or during the child care day. The Program Director, in collaboration with the Executive Director and the Center Director, will plan and carry out communication with staff, families, children, and the community as appropriate.

G. Media Inquiries:

Refer all media inquiries to the Program Director who in turn will refer inquiries to the Kiowa Tribe Public Relations department. Do not allow access by the media to the facility during a crisis situation. Media access will be prearranged at times when staff and families have been informed and when such visits will cause the least amount of disruption to the program.
VIII. SECURITY & EVACUATION PLAN, DRILLS, & CLOSINGS

A. Security Plan:

1) Entrances will be protected from unauthorized access by keeping all doors into the facility locked (to the outside).
2) In the event of an admission of an individual who subsequently demonstrates threatening behavior a wave hand signal will be used to notify another adult to call the police and all caregivers to avoid the area where the threatening individual is located.

B. Evacuation Procedure:

1) Child:staff ratios will be maintained, and the children will be evacuated to the grassy strip across from the front entrance close to the chain link fence.
2) Children who cannot walk out of the building on their own will be evacuated as planned in consultation with a fire safety professional:
   • Method used for infants and toddlers: children will be placed in one of the evacuation cribs and wheeled to the safe area by the nearest teacher.
   • Method used for children with disabilities: children will be wheeled or carried out by a teacher, or placed in one of the evacuate cribs and taken to the safe area by the nearest teachers.
3) The Center Director will check that each staff member knows a specific assignment as listed below: Each teacher is responsible for their assigned children. Teachers on break or outside the classroom will assist the classroom teachers in the evacuation. The last person to leave the building will grab the sign-in notebook which contains the currently enrolled children’s emergency contact information.
4) Staff will count the children in each group being evacuated and count the children again when they reach the evacuation destination.
5) Staff will give children clear, simple instructions about exiting the facility. Children will stop their activities immediately at the sound of the alarm and proceed to the exit door.
6) The last person to leave the center or the Center Director will carry attendance and emergency contact information from the facility to the safe area and compare attendance at the to the attendance sheet to be sure no children or staff have been left behind.
7) To assure complete evacuation has occurred, the last person to leave each part of the facility will conduct a final, thorough ‘sweep’ of all areas accessible to children (whether or not children are allowed in those areas). The facility will post a list of all areas to be checked as part of the ‘sweep’ in each part of the facility. The last person to leave will use the list of accessible areas to be sure each area is checked, then take the list to the Center Director. Each person who conducted a ‘sweep’ will sign the list of areas checked and give the list to the Center Director. If
a child who should have been evacuated with the group is located as a result of a final ‘sweep’ during an evacuation drill, the director will investigate the circumstances that led to the failure to evacuate that child and plan how to avoid such problems in the future.

8) If reentry into the building is not possible, children will be evacuated to the parking lot of the Apache Tribe of Oklahoma Housing Authority office. Staff should remain calm and speak to the children in a reassuring manner.

9) The temporary shelter will be stocked with supplies and materials necessary for the program to take care of children until parents, legal guardians or designated persons can take the children home.

10) Families will be notified by telephone or radio/television broadcast on Channel 4 News and Channel 25 or via radio on 98.5 FM. The radio station/television station call letters are also listed in the Family Handbook.

11) Evacuation procedures will be posted in the facility at the Parent Board near the front entrance and in each classroom.

12) Evacuation drills will be held monthly. The timing of the drills will be varied to include early morning, mealtimes, and nap times. Children will be appropriately prepared for and reassured during drills. The Center Director or designee will complete the Evacuation Drill Log at the end of each drill.

13) At least one drill per year will be observed by a representative of the Fire Department or equivalent emergency or disaster planning personnel.

14) All new staff will receive pre-service training on the evacuation plan.

C. Fire or Risk of Explosion:

1) Anyone who discovers smoke, fire or risk of explosion will pull the fire alarm located in the hallway of the building, and notify the fire department, Program Director, the Executive Director, and the children’s families by calling from a safe location after being sure that evacuation of the building takes place.

2) Staff will follow the posted Evacuation Procedures.

3) The last person to leave a room will close the doors of that room.

4) All staff are authorized to use the fire extinguisher where necessary and safe.

5) The Center Director will report a fire or explosion to the child care licensing agency within 24 hours.

D. Power Failures:

1) Caregivers will comfort the children, explain the situation, and model for them how to remain calm.

2) The Center Director will discover if the power outage is confined to the facility or includes the neighborhood or surrounding areas.

3) To activate the emergency lighting system in this facility, will check that a battery-operated system has been automatically activated, or will use some other system. Flashlights are stored in
each classroom, hanging on the walls and labeled.
4) Unless the power failure is accompanied by an emergency situation requiring evacuation (e.g., fire, flood, etc.), children will be kept inside. Should it be necessary to leave the building, staff will follow emergency evacuation procedures. Staff will look for and avoid any downed power lines.
5) The Center Director will call the local power facility at the Anadarko City Hall, explain the situation, and request assistance.
6) If weather conditions do not permit the maintenance of safe temperatures within the facility, families will be notified by telephone, radio or television broadcast on Channel 4 or Channel 25.

E. Closing Due to Snow/Storm:

1) If the Center Director decides prior to opening hours not to open the facility, families will be notified by telephone, radio or television broadcast on Channel 4 or Channel 25.
2) If the facility must close during operating hours because of snow or storm, will notify families by telephone, radio or television broadcast on Channel 4 or Channel 25.
3) If weather conditions prevent a parent or legal guardian from reaching the facility to recover a child, will care for the child (maintaining proper child:staff ratios) until such time as the parent or legal guardian can safely reclaim the child. If the parent, legal guardian, or emergency contact person cannot reclaim a child within 24 hours, the child will be cared for at the Caddo County OKDHS office, where the child will receive food, warmth, and have a place to rest. If children must remain at the child care facility, will use a three-day supply of emergency food, water, clothes, blankets, flashlights, diapers and other necessary articles stored in to care for such children.

F. Floods, Tornadoes, Hurricanes, Earthquakes, Blizzards or Other Catastrophes:

1) The Center Director is responsible for contacting local Emergency Preparedness Authorities and obtaining written instructions for what to do in the event of emergency that may occur in the region.
2) Anyone who learns about a significant health or safety hazard will notify by calling the Center Director and/or Program Director so appropriate action can be taken.
3) Staff will follow the appropriate, posted Emergency Procedures for the catastrophe and wait for authorities to arrive.
IX. AUTHORIZED CAREGIVERS

A. Documentation of Authorized Caregivers:

The Center Director will maintain in the files, written authorization by the child’s parent or legal guardian of the names, addresses, and telephone numbers of individuals whom the parent or the legal guardian have approved to care for the child, to pick up the child for them, and to take the child out of the facility on trips.

B. Sign-In/Sign-Out Procedure:

Caregiving adults who bring the child to, or remove the child from, the facility will sign children in and out of the facility. This policy will be provided to families at the time of enrollment and will be strictly enforced.

C. Policy for Handling an Unauthorized Person Seeking Custody:

1) The Center Director will contact the custodial parent or legal guardian named on the Application for Child Care Services.
2) Telephone authorization to release a child to someone who does not usually pick up the child will be accepted only in concert with prior written authorization from the custodial parent or legal guardian for such an exceptional release. The staff person who accepts such authorization will call the previously documented phone number of the parent to verify that the parent is activating a phone authorization for release of the child. The staff person will document the results of this call in the child’s record, as well as the time and to whom the custodial parent or legal guardian gave telephone authorization for release of the child.
3) No child will be released without the presence or permission of the custodial parent or legal guardian.
4) Any authorized person who is not recognized by the staff will be required to provide photo identification such as a driver’s license, work or school ID before the child is released. The custodial parent or legal guardian may provide a photograph of authorized persons for pick up of the child which will be kept in the child’s record at the facility.
5) The Center Director will notify the police if an unauthorized person seeks custody of the child.

D. Policy for Handling Persons Who May Pose a Safety Risk:
(Includes abusive parents or legal guardians and any adults who cannot take the child safely from the facility).

1) The child will not be released to anyone who cannot safely care for the child.
2) The Center Director or designee will notify the police by calling to manage an adult under the apparent influence of drugs/alcohol or an individual who poses a safety risk.
3) The Center Director or designee will contact the emergency contact person to make arrangements for the child’s transport to a place of safety. If no one is available to care for the child, the Center Director or designee will contact child protective services for guidance.

X. SAFETY SURVEILLANCE

A. Hazard Identification and Correction:

The Center Director will conduct monthly inspections of the facility for hazards. The results of the site inspections will be reviewed by the Program Director and the Center Director to arrange for correction of hazardous conditions identified. Written reports of the inspections and corrections will be kept in the program files, specifically in the Health & Safety Binder.

1) Escape Hazards:

The Center Director will maintain and review with the staff annually a list of potential high risk locations/situations where a child might escape unnoticed from the group. Staff will use this list to plan for increased supervision in these high risk locations and situations. If such a high risk escape hazard is identified between annual reviews, staff will take action immediately.

2) Evacuation Hazards:

The Center Director will be responsible for establishing and updating a checklist of locations to be assessed during evacuation to assure complete surveillance of the building before an evacuation is declared complete. The checklist will identify usual and likely to-be-forgotten locations such as: under a cot, behind a sofa, in a toy bin, in a closet, kitchen, or toilet room. (See VIII. Evacuation Procedure, B. 4)

B. Review of Injury Reports:

Whenever an injury occurs, a copy of a completed Injury Report Form will be filed in the Injury Log. The Injury Log will be reviewed by and by the health consultant at least every three months to identify hazards for corrective action.

XI. TRANSPORTATION & FIELD TRIPS

A. Daily Transport to and from the Program:

All motor vehicle transportation provided by parents, legal guardians or others designated by parents or legal guardians will include use of age-appropriate, and size-appropriate seat restraints (car seats and/or seat belts). If the parent or legal guardian does not provide appropriate seat restraints or resists using them for their children, staff will remind them about the risk involved and any applicable laws that require use of restraints for transport of children. Staff may arrange for education of families and staff by local public safety and emergency personnel with specialized training. The trainer will be identified by the National Highway Traffic Safety Administration (800/424-9393) as an individual who has the necessary training. At least one
person on site will be available for providing parent education and will post appropriate documentation of Child Passenger Safety Technician certification. Restraints for children with special needs will be appropriate for the child. Car seats that belong to individual children may be stored between arrival and departure in the child’s classroom.

Staff will encourage families to secure their children in seat restraints to assure that children arrive and leave the program safely. The number of adults and children transported in the vehicle will be limited to the manufacturer’s stated capacity for the vehicle.

**B. Vehicular Requirements:**

1) The vehicle will be licensed according to state law.
2) The vehicle will be insured for the type of transport being provided.
3) The vehicle will be equipped with a first aid kit and emergency information for all children being transported.
4) The vehicle will be air-conditioned when the temperature inside the vehicle exceeds 82 degrees F and heated when temperatures drop below 65 degrees F.
5) The vehicle will contain a two-way radio or car phone to communicate to a dispatcher at the facility.
6) A backup vehicle will be available at and can be dispatched immediately in case of an emergency.
7) The following policy statements will be posted prominently and enforced in each vehicle: “No Smoking,” “No Loud Radios or Tapes,” and “Buckle Up! It’s the Law.”
8) Weekly, the Center Director will inspect all vehicles and passenger restraint systems used by the facility to be sure they are kept clean and safe (interior and exterior).
9) The vehicle will be equipped with a notebook containing a weekly safety checklist with corrections made, injury report forms, and a trip sheet to record destination, mileage, times of departure and return, and a list of passengers.

**C. Driver Requirements:**

1) Requirements for drivers will apply to staff and any others who transport children on behalf of the facility.
2) Requirements for staff qualifications related to child abuse and criminal records will apply to drivers.
3) Drivers will hold a current state driver’s license that authorizes them to operate the vehicle.
4) Drivers will be certified in Infant/Child First-Aid (including choke saving and rescue breathing for management of a blocked airway) as required of other staff.
5) Drivers will be instructed in child passenger safety precautions, including:
   • use of safety restraints.
   • permissible drop-off and pick-up sites.
   • how to check the vehicle before and after each trip for children who might be hiding in, under
and behind the vehicle.
  • handling of emergency situations.
  • responsibility for supervision of children in usual and unusual circumstances that involve the vehicle or the passengers.

6) Drivers transporting children with special needs will receive a minimum of 6 hours training annually in the transport of children with special needs. Drivers transporting children with special needs (including chronic illnesses such as asthma, diabetes or seizures and behavioral issues) will receive instruction and be required to demonstrate competence in handling emergency situations for each child with a special need. This will include recognizing the signs of an emergency, emergency procedures to follow, transport/storage and use of any emergency supplies, equipment or medications necessary, (such as inhalers/spacers, EpiPen® or diazepam). Other important information will include routes to appropriate medical emergency facilities from anywhere the driver might be with children with special needs, and having on hand documentation of parent/guardian emergency contacts, child summary health information, special needs and treatment plans to provide to emergency personnel.

7) Drivers will not be responsible for correcting the behavior of children while operating the vehicle. Other staff will accompany the children who require monitoring and will assume responsibility for supervision. (Drivers will pull over to the side of the road to give children attention if necessary).

8) Drivers will be instructed in the completion of the weekly safety checklists, injury report forms, and trip sheets.

9) Drivers will obey the signs posted in the vehicle, will not use earphones while driving, and will not have used alcohol for at least 12 hours prior to transporting children or operating the program’s vehicles. Drivers will not take any medications that will impair their ability to drive. The program will require drug testing when necessary.

10) Drivers will know and keep instructions in the vehicle for the quickest route to the nearest hospital from any point on their route.

11) Drivers will practice emergency evacuation drills from program vehicles at least twice a year.

D. Seat Restraint Requirements:

1) Each child will be fastened in his/her own individual, correctly installed car safety seat, booster seat, seat belt, or harness federally approved for the child’s weight, height, and age until they are at least 4 feet 9 inches tall and between 8 and 12 years old. Infants and toddlers will ride rear-facing at least until they are 2 years of age or they have reached the upper limits for weight or height for the rear-facing seat. Children in child seat restraints will not ride facing a passenger side airbag. The safety restraint device must display a label that says that the restraint meets Federal Motor Vehicle Safety Standard 213. Car seat harness straps will be properly adjusted to fit the child who uses the seat.

2) Restraints will be installed and used according to the instructions provided by the manufacturer of the vehicle and the manufacturer of the seat restraint and should be
installed in back seats only. Since the method of installation of car seats differs from one to another, car seats will be installed in vehicles for transportation provided or arranged by the program/facility only by staff who have received training in the use of this equipment and in a manner verified as correct by a NHTSA-certified car seat technician.

3) Field trips will be limited to excursions where parents can drive their own children or the children are transported in a vehicle provided or arranged for by the program/facility that is equipped with age-appropriate seat restraints for the children who will be traveling in them. The program will not assume responsibility for arrangements made by parents to have other parents transport their children.

4) Monthly, the Center Director or the staff CPS Technician or designee will check the recall list maintained by the National Highway Traffic Safety Administration for car seats that cannot be used.

5) The temperature of all metal parts of the vehicle child restraint system will be checked before use to prevent burns to the child passenger.

6) For children who travel in wheelchairs, each wheelchair will have 4-point tie-downs in a forward-facing direction and a three-point restraint system for the occupant separate from the wheelchair restraint. The tie-down system will be placed through the wheelchair in the exact location specified by the manufacturer. Only wheelchairs that are labeled as suitable for use in transportation will be used in a vehicle.

7) Compliance with the above policies will be determined by spot checks and interviews performed by the program director.

E. Route Planning and Trip Safety:

1) The Center Director will map out all routes in advance, provide this information to drivers, parents, legal guardians and accompanying caregivers, and ensure adequate insurance coverage.

2) The location of rest rooms, sources of water and telephones will be determined in advance. Children may only use a public rest room if they are accompanied by a staff member.

3) All trip participants will wear identifying information that, for children, gives the program’s name and phone number in the form of a sticker name badge that will be located on their front or back of their shirt.

4) A parent or legal guardian will sign an informed consent form for trips for each child before each trip.

5) A first-aid kit, emergency contact information, and emergency transport authorization information for the children in the group will be taken on all trips.

6) Children will be counted every 15 minutes while on a field trip.

7) Walking trips:
   • The children will learn pedestrian safety by caregiver role-modeling and verbal reinforcement. Caregivers will teach children to cross only at the corner, when traffic signals indicate it is safe to cross, and only after looking left, right and left again.
   • Caregivers will keep younger children together through use of a travel rope (a knotted rope which is stretched between two caregivers and which the children hold onto while they walk), by
having an adult hold each child’s hand, or by another means that keeps the child physically connected to an adult at all times. A designated adult will supervise the children at the front and another adult at the back of each group.

8) Motor vehicle trips:
• No child who is too small to use a shoulder-lap belt restraint and airbag system (as specified by the manufacturer of the vehicle) will ride in the front seat.
• If the vehicle is a school bus, before every trip in the bus, staff will instruct children and all adults using the bus about the 10 foot danger zone around the vehicle where the driver cannot see.
• Caregivers will interact with children who are awake while traveling by telling stories, singing songs, playing games, or talking about what the children see.
• Staff will explain rules of the road and provide a positive example by obeying these rules; children will be asked to point out and identify traffic warning signs.
• No child will be transported for more than an hour, one way, on a daily basis.
• The teacher in charge will be responsible for assuring all children are accounted for before the vehicle leaves the facility, when the children disembark at the destination, when the children reenter the vehicle at the trip location, and again when the children disembark from the vehicle upon return to the facility. Staff will conduct a ‘sweep’ of the vehicle each time the vehicle is parked to be sure that no child is left in the vehicle.
• The same child:staff ratios required at the facility will be maintained during transportation. The driver will not be counted as staff in the ratio for children under six years of age.
• Each child will be assigned to an adult for every part of the trip.
• Children will never be left alone in a vehicle or unsupervised by an adult.
• For children who have special needs for transportation, the facility will use a plan based on a functional assessment of the child’s needs related to transportation that is filled out by the child’s physician. This plan will address special equipment, staffing and care in the vehicle during transport.
XII. KIOWA CHILD CARE CENTER SANITATION AND HYGIENE

A. Oral Health & Toothbrushing

**POLICY:** The Kiowa Child Care Center will ensure that all enrolled children will have access to appropriate toothbrushes and toothpaste and engage in appropriate oral hygiene activities.

**PROCEDURE:** The Kiowa Child Care Center participates in the Oral Health Initiative of the Indian Health Service with the assistance of the Indian Health Service Lawton Service Unit Dental Department. Informed parental consent is obtained prior to onsite dental exams and fluoride varnishes at each of the three centers. Parents/guardians are given written notice prior to the Oral Health Initiative events. The results of the dental exams and fluoride varnishes are sent home with the parents as well as recommendations for follow-up oral health care.

The Kiowa Child Care Center sends out written notices and oral health information to enrolled children’s parents/guardians as deemed appropriate by the Cavity Free Kids curriculum and in conjunction with the health consultant’s guidance.

Each classroom will have a daily supervised tooth brushing activity that models and teaches good dental hygiene and prevents cross-contamination between children, toothbrushes, and toothpaste. (Cross-contamination is the physical movement or transfer of harmful bacteria from one person, object or place to another.)

Each child will have his/her own labeled toothbrush and brushes will be stored in holder and kept out of the reach of children when not in use.

**Sanitation/Storage:** Each toothbrush holder will be sanitized once per month. The holder can be washed with warm water and soap and air dried.

Each classroom will be provided with a new toothbrush four times a school year: by August 1, by December 1, by March 1, and by May 1. New toothbrushes are also given to teachers by the Center Director upon request in the event that a child is sick or the toothbrush is contaminated (in these instances the contaminated toothbrush is disposed of).

The sink area must be sanitized before and after toothbrushing activities.

**Toothbrushing with fluoride toothpaste will follow these guidelines to prevent cross-contamination:**

Group toothbrushing must be supervised by staff and/or volunteers who have been trained to monitor for activities that could result in cross-contamination (spitting, playing with toothbrushes, etc.) Children should never perform toothbrushing without adequate supervision.
To prevent cross-contamination of the toothpaste tube, ensure that a pea-sized amount of toothpaste is always dispensed onto something other than the toothbrush first (wax paper, paper cups). **DO NOT USE TOOTHPASTE TUBE TO DISPENSE TOOTHPASTE TO THE BRUSHES.**

Classroom procedure must ensure that each child picks up only his or her own toothbrush. Classroom procedure must ensure that children do not have the opportunity to spit onto or near other children’s toothbrushes. This will vary dependent on classroom layout, and it is the responsibility of the teaching staff to determine the procedures that work best for their physical layout. Classroom procedure must ensure that children perform toothbrushing activities as a group with the classroom teaching staff modeling proper toothbrushing with adult toothbrushes provided by the program. Group toothbrushing should be presented in a fun and engaging format in the form of a game accompanied by song.

Classroom staff will ensure that toothbrushes are rinsed and stored properly after use. Plastic cups will be cleaned and sanitized after use (if utilized).

In instances where normal toothbrushing routine cannot be followed due to a classroom outing, fieldtrip, family engagement event, birthday or holiday celebration, teaching staff will implement the Swish & Swallow Procedure. Group swish and swallow activity will occur with the use of disposable paper cups and clean drinking water. Early education staff will demonstrate and model the swish and swallow procedure with children and their families.

**B. Handwashing:**

1) Signs will be posted at each sink with the times when handwashing is required and the steps to follow.
2) All staff, volunteers, and children will wash their hands at the following times (as applicable):
   a) upon arrival for the day, when moving from one child care group to another or coming in from outdoors
   b) before and after:
      • eating, handling food, or feeding a child.
      • giving medication.
      • playing in water that is used by more than one person
   c) after:
      • diapering and toileting.
      • handling bodily fluids (mucus, blood, vomit) and wiping noses, mouths, and sores.
      • cleaning or handling garbage.
      • handling pets or other animals.
      • playing in sandboxes.
3) All staff, volunteers, and children will wash hands as follows:
a) Moisten hands with water and apply liquid soap. Rub hands with soap and water for at least 10 seconds. Include between fingers, under and around nail beds, backs of hands and any jewelry.
b) Rinse hands well under running water with fingers down so water flows from wrist to finger tips. Leave the water running.
c) Dry hands with paper towel or approved drying device. Drying devices will not be used unless there is a faucet that does not require the user to touch the faucet after the hands are washed.
d) Use a towel to turn off the faucet and, if inside a toilet room with a closed door, use the towel to open the door. Discard the towel in an appropriate receptacle.
e) Apply hand lotion, if needed. If a child is too heavy to hold for handwashing at the sink, and cannot be brought to the sink for handwashing, use disposable wipes or a damp paper towel moistened with a drop of liquid soap to clean the child’s hands. Then wipe the child’s hands with a paper towel wet with clear water.
f) Dry the child’s hands with a fresh paper towel. Note: this method is less satisfactory than washing at the sink where the soil can be rinsed off in running water.

B. Diapering:

1) Diapering will be done only in a designated diapering area. Food handling will not be permitted in diapering areas.
2) Surfaces in diapering areas will be kept clean, waterproof, and free of cracks, tears, and crevices.
3) All containers of lotions and cleaning items are to be labeled with each child’s name and instructions and stored off the diapering surface and out of reach of children.
4) All staff and volunteers will follow the following diapering procedures:
   a) Collect all supplies, but keep everything off the diapering surface except the items you will completely use up during the diapering process: Prepare a sheet of nonabsorbent paper that will cover the diaper changing surface from the child’s chest to the child’s feet. Bring a fresh diaper, as many wipes as needed for this diaper change, non-porous gloves (e.g. latex or vinyl, if used), a plastic bag for any soiled clothes, and a dab of any diapering cream if the baby uses it. Take the supplies out of the containers and put the containers away where they will not be touched during the diaper changing process.
   b) Avoid contact with soiled items, and always keep a hand on the baby. Anything that comes in contact with stool or urine is a source of germs. These will have to be cleaned and sanitized after each diaper change where potential contact with soiled items occurred. Carry the baby to the changing table, keeping soiled clothing from touching the caregiver’s clothing. Bag soiled clothes and, later, securely tie the plastic bag to send the clothes home.
   c) Unfasten the diaper, but leave the soiled diaper under the child. Hold the child’s feet to raise the child out of the soiled diaper and use disposable wipes to clean the diaper area. Remove stool and urine from front to back and use a fresh wipe each time. Put the soiled wipes into the soiled diaper. Note and report any skin problems
such as redness.
d) Remove the soiled diaper, clean soiled surfaces, and then remove gloves.
e) Fold the diaper over and secure it with the tabs. Place only stool-soiled diapers into a disposable plastic bag and tie it tightly. Put both wet diapers and stool-soiled, bagged diapers into a covered, lined, foot pedal-operated step can. If reusable diapers are being used, put the diaper into the plastic-lined step can for those diapers or in a separate plastic bag to be sent home for laundering. Do not rinse or handle the contents of the diaper.
f) Check for spills under the baby. If there is visible soil, remove any large amount with a wipe, then fold the disposable paper over on itself from the end under the child’s feet so that a clean paper surface is now under the child.
g) Remove the gloves if gloves are being used and put them directly into the step can.
h) Use a disposable wipe to wipe the caregiver’s hands.
i) Put on a clean diaper—slide the diaper under the baby, adjust it, apply any skin cream if the child uses it, and fasten the diaper.
j) Clean the baby’s hands, using soap and water at a sink if you can. If the child is too heavy to hold for handwashing and cannot stand at the sink, use disposable wipes or soap and water with disposable paper towels to clean the child’s hands.
Dress the baby before removing him from the diapering surface. Take the child back to the child care area.
g) Clean and disinfect the diapering area.

5) Dispose of the table liner into the step can.
6) Clean any visible soil from the changing table.
7) Disinfect the table by spraying it so the entire surface is wet with bleach solution (1 tablespoon of household bleach to 1 quart of water; mixed fresh daily). Leave the bleach on the surface for 2 minutes. The surface can then be wiped dry or left to air dry.
8) Wash hands thoroughly as directed in XII A.3 above.

C. Toileting:

Toilets will be kept visibly clean. Toilets should be separate from the children’s activity area. Children less than 5 years of age and older children who require assistance will be accompanied to the toilet by an adult.

Toilets will be adapted for independent use by the child. A non-slip plastic step, and a toilet seat adapter with a non-porous surface which is easy to wash and sanitize may be used. Daily, will clean and sanitize the toilets, step stools, toilet seat adapters and other surfaces used by children for toileting and when visibly soiled.

Potties (potty chairs, training chairs) will not be permitted because of the risk of spreading
infectious diarrhea. The only exception will be for individually assigned potties that will be used and stored only in the toilet room. After each use, will empty the potty into the toilet, clean, and disinfect it. The utility sink that is designated for cleaning and sanitizing potties is in the Janitorial Closet. This utility sink will be used for no other purpose.

The designated staff for each week will assure that toilet paper and holders, paper towels, soap dispensers, and disposable non-porous gloves are available within easy reach of all users. The Center Director will monitor toileting areas on a weekly basis to ensure that proper handwashing and cleaning procedures are followed. Anyone who cleans toilets or potties will wear nonporous gloves. Staff who are involved with toileting or cleaning of toilets will adhere to handwashing routines before leaving the toilet room and again before food handling.

D. Facility Cleaning Routines:

The facility will be maintained in a clean and sanitary condition. When a spill occurs, the area will be made inaccessible to children and will be notified about the need for clean-up. When surfaces are soiled by body fluids or other potentially infectious material, they will be disinfected after they are cleaned with soap and water to remove all organic material. Surfaces will be disinfected using a (non-toxic) solution of 1/4 cup of household bleach to one gallon of tap water (or 1 tablespoon of household bleach to 1 quart of water) made fresh daily by the teacher who is first to arrive at the center. To disinfect, the surface will be sprayed until glossy. The bleach solution will be left on for at least 2 minutes before it is wiped off with a clean paper towel, or it may be allowed to air dry. The facility will provide training for staff who are responsible for cleaning. Such training will include cleaning techniques, proper use of protective barriers such as gloves, proper handling and disposal of contaminated materials, and information required by the United States Occupational Safety and Health Administration about the use of any chemical agents. Routine cleaning of the facility will be supervised by the Center Director according to the schedule and procedures in Appendix R. Caution will be used when shampooing rugs in areas used at any time for children to crawl. Facility cleaning requiring potentially hazardous chemicals will be scheduled to minimize exposure of the children.

E. Pets:

The Center Director will be responsible for checking that the appropriate care instructions for pets are followed. Pets will meet with the following guidelines:

1) Any pet or animal present at the facility, indoors or outdoors, must be in good health, show no evidence of carrying any disease, and be a friendly companion for the children. Dogs, cats, and other furry animals, if allowed, will be immunized for any disease which can be transmitted to humans and will be maintained on a flea, tick, and worm control program. The following animals will not be permitted in child care:
   • ferrets
• turtles or other reptiles that can carry salmonella
• birds of the parrot family
• any wild or dangerous animals

2) Pets will be kept clean and housed in clean living quarters. Children will not be allowed access to the pet’s food or excrement. Animal tanks and cages will be secured in such a manner that prevents children from climbing on the structure and prevents the structure from tipping over.

3) All pets will be enclosed in cages or separated by some other means from the children except when children are handling them under adult supervision. Children will not mouth pets or put their hands in their mouths after touching the pet or areas used by the pet. Pets will not be allowed in areas where food is prepared, stored or eaten.

4) Children, caregivers, and staff will follow proper handwashing procedures after handling animals.

5) In the event of an animal bite or scratch, procedures for first aid and notification of parents or legal guardians contained in these policies will be followed.

F. Plants:

The Center Director will be responsible for checking that all plants receive the appropriate care instructions and meet the following guidelines:

1) A list of poisonous plants, their appearance, location, and commonly produced reactions is available from local poison control centers. These plants will not be permitted in the facility environment.

2) No plants are permitted that are toxic, generate a lot of pollen, or that drop small flowers or leaves.

3) Plants will be regularly dusted. Children will not be allowed to put plants in their mouths.

4) Children, caregivers, and staff will follow proper handwashing procedures after handling plants.

5) In the event of contact with a poisonous plant, the regional poison control center will be consulted for instructions, emergency procedures will be followed, and the child’s parent or legal guardian will be notified as soon as possible.

G. Toys:

The Center Director will be responsible for checking that all toys receive the appropriate care and meet the following guidelines:

1) The Center Director or designee will check toys accessible to children under 4 years of age using a small object tester or ruler. Objects are prohibited that have removable parts, or a diameter of less than 1⅛ inch and a length of less than 2⅛ inches, or are small enough to fit completely in a child’s mouth. No latex balloons,
plastic bags, and styrofoam objects can be accessible to children under 4 years of age.

2) Children in diapers will have only washable toys. Each group should have its own toys and not share toys with other groups.

3) All toys that are mouthed during the course of the day will be set aside in an inaccessible container before another child plays with the toy. Mouthed toys will be thoroughly washed with soap and water, and disinfected. Toys may be washed and disinfected by hand or by washing in a dishwasher. To wash and disinfect hard plastic toys: soak and scrub the toy in warm, soapy water. Use a brush to get the crevices clean. Rinse in clean water, then immerse the toy in a solution of bleach water as when washing dishes by hand. (See XIII B.13 below).

4) Cloth toys for children who are still mouthing toys will be limited to use by only one child and cleaned in a washing machine and dried in a clothes dryer every week, or more often if heavily soiled.

5) Toys used by children who do not put these objects in their mouths will be cleaned at least weekly and when obviously soiled. Soap or detergent and water followed by clear water rinsing and air drying will be used. No disinfecting is required.

6) Water tables where more than one child plays in the same water will not be used unless the container and toys are disinfected before each use of the table, the children all wash their hands before they use the table, and staff supervise the water play closely to be sure no child drinks the water or has any contact between body fluids (from the child’s nose, mouth, eye) and the water in the water table. An alternative to these precautions is to give each child a personal basin of water for play and supervise to be sure children confine their play to their own basin.

7) Toys that develop sharp edges, are coated with lead paint, have breakable glass, have screws that have unthreaded, or that present risks of injury from common use will be repaired or discarded.

H. Exposure to Blood and Other Potentially Infectious Materials:

1) Staff will follow the standard precautions for child care recommended by the Centers for Disease Control and Prevention in handling any fluid that might contain blood or other body fluids. Standard precautions require treating all blood, fluids that may contain blood or blood products, and other bodily fluids as potentially infectious. The instructions for implementing standard precautions are:

- Spills of body fluids, feces, nasal and eye discharges, saliva, urine and vomit should be cleaned up immediately.
- Use a barrier such as nonporous gloves (e.g., latex or vinyl) or sufficient quantity of paper or cloth to clean it up without hand contact with the spilled material.
- Be careful not to get any of the fluid you are handling in your eyes, nose, mouth or any open sores you may have.
• Clean and disinfect any surfaces, such as countertops and floors, on to which body fluids have been spilled.
• Discard fluid contaminated material in a plastic bag that has been securely sealed.
• Mops used to clean up body fluids should be cleaned, rinsed with a disinfecting solution, wrung as dry as possible, and hung to dry completely.
• Be sure to wash your hands after cleaning any spill.

2) The Center Director is responsible for: developing the Blood-borne Pathogens Exposure Plan (required by the United States Occupational Safety and Health Administration (OSHA) for any facility with employees), ensuring all staff members are trained in ways to protect themselves, and ensuring that the facility follows the recommendations for immunization against hepatitis b for those whose job includes the risk of exposure to blood. The facility’s Bloodborne Pathogens Exposure Plan will conform to the requirements reflected in the model plan provided by OSHA.

XIII. Nutrition, Food Handling and Feeding Policy

A. Acceptable Food and Drink
   1. Staff Role:
      a) In the presence of the children, adults drink beverages, eat fruits and vegetables, meats or meat alternatives such as beans and grains that are allowed for the children.
      b) Teachers/caregivers will provide nutrition education.
      c) To support children’s healthy eating habits, hunger and fullness cues will be observed and supported.

   2. Beverages:
      a) Water: Clean, sanitary drinking water will be available throughout the day when children are indoors or outdoors. Staff will contact the local health department to be sure their source of drinking water is free of lead, parasites, bacteria and other contaminants. Formula-fed infants over 6 months of age and all children over 12 months of age will be offered water for extra hydration when they are physically active and on hot days. On hot days, infants less than 6 months of age will receive human milk in a bottle if they are being breastfed and formula-fed infants will be given additional formula, not water unless otherwise directed by the child’s health care provider. All children over 6 months of age will be offered water for oral hygiene whenever they do not brush their teeth after a snack or meal. Water will be offered in a cup or from a drinking fountain. Water will not be a substitute for milk at meals or snacks where milk is a required food component unless recommended by the child’s health care provider.
      b) Milk: Children less than 12 months of age will not receive cow’s milk unless the child’s health care provider gives a written exception and direction to do so. Between 12 and 24 months of age, children who are not receiving human milk or prescribed formula can have whole pasteurized milk, or reduced fat (2%) pasteurized milk. Children two years of age and older will be served skim or 1% pasteurized milk.
c) Allowable beverages: Overconsumption of juice contributes to overweight/obesity, malnutrition, and dental decay. Therefore, children less than 12 months of age will not receive juice. Children between 1 and 6 years of age will receive no more than a total of 4-6 ounces of juice per day, including juice given at home. Children who are 7-12 years of age will receive no more than a total of 8-12 ounces of juice per day, including any juice consumed at home. During functions or meetings, only water, tea, coffee, milk, or 100% fruit juice will be served.

d) Adults and children will not carry around beverages in a cup, can, bottle or Sippy cup. This does not preclude having drinking water available for frequent drinking. Children will not receive any food or drink in a bottle, other than breast milk and/or iron-fortified infant formula, unless the child’s health care provider gives a written direction to do so.

3. Fruits and Vegetables
a) Staff will gently encourage children to try fruits and vegetables and will offer positive reinforcement when a child does so.

b) During celebrations and holiday parties, children will be offered fruits and/or vegetables as healthy foods. See the approved list of age-appropriate foods available from the Center Director.

c) Families are expected to include fruits and/or vegetables in packed lunches or any other food brought from home. Staff will provide examples and resources to help families provide a variety of fruits and vegetables.

4. Meat and Meat Alternatives
a) For packed meals from home, families are expected to provide protein such as lean meat, skinless poultry, fish, cooked beans or peas, nut butters, eggs, yogurt or cheese. Commercial prepackaged lunches and/or baked pre-fried or high fat meats such as chicken nuggets and hot dogs are not permitted.

b) See the approved list of age-appropriate foods.

5. Grain and Bread
a) High fat products (containing more than 35% of calories from fat) and high sugar products (containing more than 35% of calories from sugar) are not permitted.

b) Celebrations can include no more than one food that does not meet the adopted nutrition guidelines. A list of approved age-appropriate foods for parties and celebrations that meet the guidelines is available from the Center Director.

c) Most breads, pastas, and grains will be those made from whole grains, serving brown rice for all rice dishes when possible.

d) Whole grain cereals will be served and will contain no more than 6 grams of sugar.

e) High sugar or fat snack items will not be served.

B. Food Brought from Home:

The Center Director will inform parents or legal guardians of the food service plan of the facility
and suggest ways to coordinate with this plan. An approved list of age-appropriate foods is available from the Center Director that matches the recommendations of the Institute of Medicine for the USDA Child and Adult Care Food Program. The references for these approved foods are *Child and Adult Care Food Program: Aligning Dietary Guidance for All*. Institute of Medicine of the National Academies, Food and Nutrition Board, 2010 at [www.nap.edu](http://www.nap.edu) and the current Child and Adult Care Food Program meal pattern requirements at [http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal_Patterns.htm](http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal_Patterns.htm) (accessed 2/13/11.)

The program will supplement a child’s home-provided meal if the nutritional content appears to be inadequate. The parent or legal guardian will be informed by staff if food brought from home is being supplemented on a regular basis. Caregivers will check for food allergies before providing any supplemental food. In this program, food may be brought from home under the following conditions:

1. **For special occasions**: All special event celebration plans require prior approval from staff including approval of the activities, materials and any food involved. Parents are encouraged to celebrate their child’s birthday or other special occasions with us. As an alternative to food, consider celebrating with favorite stories, music, games, crafts or other activities. What is important to children is that their families planned something special. Perishable food brought from home to be shared with other children must be store-bought and in its original package. There must be enough for all the children. Children will not be allowed to share food provided by the child’s family unless the food is intended for sharing with all of the children.

2. **Meals**: (breakfast, lunch, snack) may be provided by the family upon written agreement between the parent or legal guardian and staff. These will include protein such as lean meat, skinless poultry, fish, cooked beans or peas, nut butters, eggs, yogurt or cheese, fruit and/or vegetables, grains products such as cereals, crackers, breads, pastas, brown rice and other grains made from whole grains. Not permitted are: commercial prepackaged lunches that do not meet the requirements of the Child and Adult Care Food Program and/or baked pre-fried, or high fat meats such as chicken nuggets and hot dogs, high fat products (containing more than 35% of calories from fat) and high sugar products (containing more than 35% of calories from sugar).

3. **Preparation and transport**: Lunch and snack foods brought from home will be prepared and transported in a sanitary fashion, including maintenance of safe food temperatures for perishable items. The Center Director will check foods brought from home when the food arrives at the facility. Perishable foods will be checked with a thermometer if they do not seem cold enough on arrival. Food that is not at a safe temperature when it arrives will be discarded. This checking of food brought from home will include a determination of food safety and storage requirements as well. Perishable foods that require refrigeration will be kept below 40 degrees F. and perishable hot foods, once heated, will be kept above 140 degrees until served. Food brought from home will be labeled with the child’s name, the date, the type of food, and any need for temperature control.
4. **Leftovers**: Leftover food will be discarded. The only food that may be returned to the family is food that does not require refrigeration or holding at a hot temperature, that came to the facility in a commercially-wrapped package, and that was never opened.

C. **Food Prepared at or for and served the Facility:**

1. **Staff Roles**: The administration will designate responsible individuals and draft plans related to food and nutrition service in consultation with a Nutritionist/Registered Dietitian with pediatric expertise. The following items and the individuals responsible for them are addressed in the plans monitored by the Center Director, in collaboration with the Program Director and the Kiowa Tribe Health Advisory Board and kept for reference and review in the CACFP Binder at the Kiowa Child Care Center.
   a) Kitchen layout
   b) Food budget
   c) Food procurement, purchasing/ordering and storage
   d) Menu and meal planning
   e) Food preparation and service
   f) Kitchen and meal service staffing
   g) Nutrition education for children/staff/parents-guardians
   h) Emergency preparedness for nutrition services
   i) Food brought from home, including food brought for celebrations
   j) Storage, handling and feeding of expressed human milk, and ready-to-feed, concentrate, or powder of formula for infants
   k) Age-appropriate portion sizes to meet children’s nutritional needs
   l) Age-appropriate eating utensils and tableware
   m) Promotion of breastfeeding and provision of community resources to support mothers who are breastfeeding.
   n) Use and proper sanitizing of food service utensils, equipment, feeding chairs and feeding devices. (See Child and Adult Care Food Program at http://www.fns.usda.gov/cnd/care/ for Meal Pattern Requirements).
   o) See the CACFP Meal Pattern Requirements listed below:
# Infant Meal Pattern

## Breakfast

<table>
<thead>
<tr>
<th>Birth through 3 Months</th>
<th>4 through 7 Months</th>
<th>8 through 11 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-6 fluid ounces of formula(^1) or breastmilk(^2,3)</td>
<td>4-8 fluid ounces of formula(^1) or breastmilk(^2,3)</td>
<td>6-8 fluid ounces of formula(^1) or breastmilk(^2,3) and</td>
</tr>
<tr>
<td>0-3 tablespoons of infant cereal(^1,4)</td>
<td>2-4 tablespoons of infant cereal(^1) and</td>
<td>1-4 tablespoons of fruit or vegetable or both</td>
</tr>
</tbody>
</table>

---

\(^1\) Infant formula and dry infant cereal must be iron-fortified.
\(^2\) Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months.
\(^3\) For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered if the infant is still hungry.
\(^4\) A serving of this component is required when the infant is developmentally ready to accept it.
# Infant Meal Pattern

## Lunch or Supper

<table>
<thead>
<tr>
<th>Birth through 3 Months</th>
<th>4 through 7 Months</th>
<th>8 through 11 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-6 fluid ounces of formula(^1) or breastmilk(^2,3)</td>
<td>4-8 fluid ounces of formula(^1) or breastmilk(^2,3)</td>
<td>6-8 fluid ounces of formula(^1) or breastmilk(^2,3)</td>
</tr>
<tr>
<td>0-3 tablespoons of infant cereal;(^1,4) and</td>
<td>0-3 tablespoons of fruit or vegetable or both(^4)</td>
<td>2-4 tablespoons of infant cereal;(^1) and/or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-4 tablespoons of meat, fish, poultry, egg yolk, cooked dry beans or peas; or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(\frac{1}{2}-2) ounces of cheese; or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-4 ounces (volume) of cottage cheese; or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-4 ounces (weight) of cheese food or cheese spread; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-4 tablespoons of fruit or vegetable or both</td>
</tr>
</tbody>
</table>

---

1. Infant formula and dry infant cereal must be iron-fortified.
2. Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months.
3. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.
4. A serving of this component is required when the infant is developmentally ready to accept it.
## Infant Meal Pattern

<table>
<thead>
<tr>
<th>Snack</th>
<th>Birth through 3 Months</th>
<th>4 through 7 Months</th>
<th>8 through 11 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4-6 fluid ounces of formula(^1) or breastmilk(^2,3)</td>
<td>4-6 fluid ounces of formula(^1) or breastmilk(^2,3)</td>
<td>2-4 fluid ounces of formula(^1) or breastmilk,(^2,3) or fruit juice,(^5) and 0-½ bread(^4,6) or 0-2 crackers(^4,6)</td>
</tr>
</tbody>
</table>

\(^1\) Infant formula and dry infant cereal must be iron-fortified.  
\(^2\) Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months.  
\(^3\) For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breastmilk offered if the infant is still hungry.  
\(^4\) A serving of this component is required when the infant is developmentally ready to accept it.  
\(^5\) Fruit juice must be full-strength.  
\(^6\) A serving of this component must be made from whole-grain or enriched meal or flour.
# Child Care Meal Pattern

## Breakfast
Select All Three Components for a Reimbursable Meal

<table>
<thead>
<tr>
<th>Food Components</th>
<th>Ages 1-2</th>
<th>Ages 3-5</th>
<th>Ages 6-12¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 milk² fluid milk</td>
<td>1/2 cup</td>
<td>3/4 cup</td>
<td>1 cup</td>
</tr>
<tr>
<td>1 fruit/vegetable juice,³ fruit and/or vegetable</td>
<td>1/4 cup</td>
<td>1/2 cup</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>1 grains/bread⁴ bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains</td>
<td>1/2 slice</td>
<td>1/2 slice</td>
<td>1 slice</td>
</tr>
<tr>
<td></td>
<td>1/2 serving</td>
<td>1/2 serving</td>
<td>1 serving</td>
</tr>
<tr>
<td></td>
<td>1/4 cup</td>
<td>1/3 cup</td>
<td>3/4 cup</td>
</tr>
<tr>
<td></td>
<td>1/4 cup</td>
<td>1/4 cup</td>
<td>1/2 cup</td>
</tr>
<tr>
<td></td>
<td>1/4 cup</td>
<td>1/4 cup</td>
<td>1/2 cup</td>
</tr>
</tbody>
</table>

¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

² Milk served must be low-fat (1%) or non-fat (skim).

³ Fruit or vegetable juice must be full-strength.

⁴ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.
## Child Care Meal Pattern

### Lunch or Supper
*Select All Four Components for a Reimbursable Meal*

<table>
<thead>
<tr>
<th>Food Components</th>
<th>Ages 1-2</th>
<th>Ages 3-5</th>
<th>Ages 6-12¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 milk² fluid milk</td>
<td>1/2 cup</td>
<td>3/4 cup</td>
<td>1 cup</td>
</tr>
<tr>
<td>2 fruits/vegetables juice,³ fruit and/or vegetable</td>
<td>1/4 cup</td>
<td>1/2 cup</td>
<td>3/4 cup</td>
</tr>
<tr>
<td>1 grains/bread⁴ bread or</td>
<td>1/2 slice</td>
<td>1/2 slice</td>
<td>1 slice</td>
</tr>
<tr>
<td>cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains</td>
<td>1/4 cup</td>
<td>1/4 cup</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>1 meat/meat alternate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>meat or poultry or fish⁵ or alternate protein product or cheese or egg or cooked dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds⁶ or yogurt⁷</td>
<td>1 oz.</td>
<td>1 ½ oz.</td>
<td>2 oz.</td>
</tr>
<tr>
<td></td>
<td>1 oz.</td>
<td>1 ½ oz.</td>
<td>2 oz.</td>
</tr>
<tr>
<td></td>
<td>1 oz.</td>
<td>1 ½ oz.</td>
<td>2 oz.</td>
</tr>
<tr>
<td></td>
<td>1/2</td>
<td>3/4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1/4 cup</td>
<td>3/8 cup</td>
<td>1/2 cup</td>
</tr>
<tr>
<td></td>
<td>2 Tbsp.</td>
<td>3 Tbsp.</td>
<td>4 Tbsp.</td>
</tr>
<tr>
<td></td>
<td>1/2 oz.</td>
<td>3/4 oz.</td>
<td>1 oz.</td>
</tr>
<tr>
<td></td>
<td>4 oz.</td>
<td>6 oz.</td>
<td>8 oz.</td>
</tr>
</tbody>
</table>

¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.
² Milk served must be low-fat (1%) or non-fat (skim).
³ Fruit or vegetable juice must be full-strength.
⁴ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.
⁵ A serving consists of the edible portion of cooked lean meat or poultry or fish.
⁶ Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.
⁷ Yogurt may be plain or flavored, unsweetened or sweetened.
# Child Care Meal Pattern

**Snack**
Select Two of the Four Components for a Reimbursable Snack

<table>
<thead>
<tr>
<th>Food Components</th>
<th>Ages 1-2</th>
<th>Ages 3-5</th>
<th>Ages 6-12¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 milk²</td>
<td>1/2 cup</td>
<td>1/2 cup</td>
<td>1 cup</td>
</tr>
<tr>
<td>fluid milk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 fruit/vegetable juice,³ fruit and/or vegetable</td>
<td>1/2 cup</td>
<td>1/2 cup</td>
<td>3/4 cup</td>
</tr>
<tr>
<td>1 grains/bread⁴</td>
<td>1/2 slice</td>
<td>1/2 slice</td>
<td>1 slice</td>
</tr>
<tr>
<td>bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains</td>
<td>1/2 serving</td>
<td>1/2 serving</td>
<td>1 serving</td>
</tr>
<tr>
<td>1/4 cup</td>
<td>1/3 cup</td>
<td>3/4 cup</td>
<td></td>
</tr>
<tr>
<td>1/4 cup</td>
<td>1/4 cup</td>
<td>1/2 cup</td>
<td></td>
</tr>
<tr>
<td>1/meat/meat alternate</td>
<td>1/4 cup</td>
<td>1/4 cup</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>meat or poultry or fish⁵ or alternate protein product or cheese or egg⁶ or cooked dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds or yogurt⁷</td>
<td>1/2 oz.</td>
<td>1/2 oz.</td>
<td>1 oz.</td>
</tr>
</tbody>
</table>

¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

² Milk served must be low-fat (1%) or non-fat (skim).

³ Fruit or vegetable juice must be full-strength.

⁴ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

⁵ A serving consists of the edible portion of cooked lean meat or poultry or fish.

⁶ One-half egg meets the required minimum amount (one ounce or less) of meat alternate.

⁷ Yogurt may be plain or flavored, unsweetened or sweetened.
2. **Food Purchasing/Ordering**: The Center Director is responsible for assuring that all purchased food meets the following requirements:
   a) CACFP Food Purchasing Form is completed and reconciled with original vendor receipt. Completed Food Purchasing Forms are filed in CACFP Onsite Records Binder, according to most recent date; Copy of receipt is made and filed with CACFP Onsite Records Binder; and original vendor receipt is submitted to main office in Carnegie.
   b) Suppliers of food and beverage meet local, state, and federal codes. Purchased meats and poultry have been inspected and passed by federal or state inspectors.
   c) All milk products are pasteurized.

3. **Food Preparation**
   a) Food will be prepared following the policies listed under D. Food Safety/Dishes, Utensils and Surfaces.
   b) Dry milk and milk products may be reconstituted in the facility for cooking purposes only, provided they are prepared, refrigerated, and stored in a sanitary manner, labeled with a date of preparation, and used or discarded within 24 hours of the date of preparation.
   c) Home-canned food, food from dented, rusted, bulging, or leaking cans, or food from cans without labels will not be used.
   d) Fruits and vegetables will be washed thoroughly with water before use.
   e) Frozen foods will be defrosted in the refrigerator or under cold running water or as part of the cooking process, or by using the defrost setting of a microwave oven, and never by leaving them at room temperature or in standing water, as in a pan or a bowl.
   f) Meat, fish, poultry, milk, and egg products will be refrigerated until immediately before use.
   g) Hot foods will be steamed for no longer than 30 minutes before covering and refrigerating them.

4. **Facility Equipment and Furnishings for Food Service**
   a) Hand washing sink(s) will be separate from food-preparation sink(s).
   b) Refrigerators will be maintained at a temperature below 40 degrees F, and freezers will be maintained below 0 degrees F.
   c) Refrigerators and freezers will have thermometers which the Center Director will check daily to be sure the appropriate temperature is being maintained and document on the CACFP required Temperature Log posted at each refrigerator.
   d) Food preparation, storage and service areas and equipment will be kept clean, sanitary, and will conform to national guidelines.
   e) Cutting boards and all other food service equipment will be made of nonporous material. Any items that are not washed in a dishwasher will be scrubbed with hot water and detergent and then sanitized by one of the following methods: 1) immersion for 2 minutes in lukewarm (at least 75 degrees F) chemical sanitizing solution (at least 1 ½ teaspoons of domestic bleach per gallon of water) and then air dried 2) complete immersion for at least
30 seconds in hot water that is kept at 170 degrees F, and then air dried or 3) other methods approved by the health department. Cutting boards with crevices and cuts will not be used.

f) A dishwasher will be used to wash dishes and food service utensils whenever possible. If dishes and utensils are washed by hand, the following procedure will be followed:

g) Use a three compartment sink or three basins for the separate tasks of washing, rinsing, and disinfecting. No compartment that is used for this purpose will ever be used for hand washing or diaper changing activities.

h) Use a dish rack with a drain board for drying.

5. Food Handling: Food Storage Temperatures, Food Preparation and Service


a) All staff that come into contact with food, whether preparation or serving food, will maintain current Food Handler’s Certification and documentation will be maintained in employee records and posted visibly in each classroom/kitchen.

b) All ground meat will be cooked to reach 160 degrees F; poultry breasts will reach 170 degrees F; dark meat poultry will reach 180 degrees F and pork will reach 160 degrees F. All other foods will be fully cooked to reach at least 140 degrees F.

c) Hot foods will be kept at or above 140 degrees F after they are fully cooked. Cold foods will be kept at or below 40 degrees F. These temperatures will be maintained until the foods are served.

d) The Child Care Cook will check food temperatures using a food thermometer.

i) All food stored in the refrigerator except fresh, whole fruits and vegetables will be covered, wrapped, or placed in a container to protect them from contamination.

j) Inside a refrigerator, cooked or ready-to-eat foods will be stored above raw foods that require cooking. (See Caring for Our Children, [http://nrckids.org](http://nrckids.org)).

k) Foods that do not require refrigerated storage will be kept at least 6 inches above the floor in clean, dry, well-ventilated storerooms or other approved areas.

l) Storage will facilitate easy cleaning.

m) Containers will be of a type that protects food from rodents and insects. Dry, bulk foods (e.g. cereals) which are not in their original, unopened containers will be stored off the floor in clean metal, glass, or food grade plastic containers with tight-fitting covers. These containers will be labeled and dated.

n) Medications requiring refrigeration will be stored as specified in VI. Medication Policy.

o) Where possible, cloth that can be laundered will be used instead of sponges. If a sponge is used during dish washing, it must be cleaned and disinfected between uses by being squeezed out in a bleach solution according to the instructions on the bleach container.

p) A three compartment sink will be used for any dishes and utensils to be washed by hand:

1) In the first compartment, wash dishes and utensils in hot tap water with a dish washing detergent.
2) In the second compartment, rinse the dishes and utensils thoroughly with hot tap water.

3) In the third compartment, immerse the dishes and utensils for at least one minute in a solution of bleach water that contains 11/2 tablespoons of bleach for each gallon of hot tap water that is at least 75 degrees F.

4) Place the dishes in a rack to air dry. Do not use a dish towel to dry dishes or utensils.

q) Bottles, bottle caps, and nipples will not be reused without first being cleaned and disinfected.

r) Washable napkins and bibs will be laundered after each use; tablecloths will be kept clean.

s) Children who can feed themselves will sit in a chair that puts the table at a level between their waist and their mid-chest and allows their feet to rest on the floor or on a firm surface while they eat.

f) Food that has been served and not eaten from individual plates, containers and family-style serving bowls will be discarded.

u) Garbage/trash containers that hold organic material (food, soiled tissues) will be covered with a tight-fitting lid. These containers will be closed after each use except when children are participating in clean up. Garbage/trash will be removed from the facility daily.

v) Cleaning agents will be stored separately from food. When cleaning agents or toxic materials are stored in the same room with food, these supplies will be kept in a clearly labeled, locked storage cabinet that is not used for food.

E. Infant/Toddler Feeding:

The Center Director will obtain from the child’s parent or health care provider a written description of each child’s feeding history and feeding instructions before the child enters the program. The child’s teachers/caregivers will review and plan to follow the instructions.

1. Breastfeeding:

a) Teachers/caregivers will encourage and support breastfeeding mothers to continue breastfeeding, including feeding expressed human milk when the mother is unable to breastfeed her infant.

b) Mothers who can come from work to breastfeed will have a private area with an outlet available to use a breast pump.

c) Gradual introduction of iron fortified foods may occur no sooner than 4 months, but preferably six months of age to complement the human milk feedings.

d) Expressed human milk must be in a clean sanitary BPA-free bottle with a nipple. The bottle should have a water-resistant label with the child’s name, the date and time that the milk was expressed. It will be refrigerated immediately upon arrival at the facility.

e) Frozen human milk may be delivered in single use plastic bags sold for this purpose and placed in a freezer with a separate door from the refrigerator door. It will be defrosted in
the refrigerator and then heated briefly in bottle warmer or under warm running water so
the temperature does not exceed 98.6 degrees F.

f) No infant will be fed the expressed breast milk of another infant’s mother. In the event
that breast milk is accidentally fed to an infant whose mother did not provide the breast
milk fed to the child, the procedure outlined in *Caring for Our Children* will be
implemented to address the potential exposure of the infant to a virus-containing fluid.

g) Infant formula will not be fed to a breastfed infant without the mother’s written
permission to do so.

h) Gloves are not required while feeding expressed human milk, but human milk should
otherwise be treated as a body fluid. Caregivers who have open cuts or sores on their
hands should practice universal precautions.

2. **Formula feeding:**
   a) Infants less than 12 months of age who are not fed human milk will drink the formula
   recommended for them by their health care providers, not cow’s milk.
   b) The formula will come to the facility in factory-sealed container and will be prepared
   according to the instructions on the formula container. An open container of ready-to-feed,
   concentrated formula or formula prepared from concentrated formula will be covered,
   refrigerated and discarded at 48 hours if not used.
   c) No foods will be mixed with formula in the bottle unless the child’s health care provider
   provides written documentation of a medical need for this practice.

3. **Feeding Procedure:**
   a) Infants will be fed on cue of hunger such as opening the mouth, making suckling sounds.
       These feedings will be by the same teacher/caregiver whenever possible. Feedings will
       stop when the infant seems to be satisfied or starts to fall asleep.
   b) Infants will always be held for bottle feeding in the teacher/caregiver’s arms or on the
       teacher/caregiver’s lap. Bottle propping or taking bottles into sleep/rest equipment is not
       permitted. A child will not use a bottle or eat solid foods except when seated or held.
   c) Any milk left in a bottle from which an infant has fed will be discarded.
   d) Infant’s bottles and foods may be warmed if the infant prefers it, but milk and food do not
       have to be warmed. Warming of formula and solid food should be done under running
       warm tap water or by being put for no more than 5 minutes in a container of water that is
       no warmer than 120 degrees F. Use of a microwave or a commercial bottle warmer to
       warm infant formula or food is not permitted.
   e) Teachers/caregivers will encourage older infants and toddlers to hold and drink from a
       child-sized cup and to feed themselves with child-sized spoons and forks as well as using
       their fingers for self-feeding.
   f) Foods will be served in age-appropriate portions using plates, bowls and cups that are
       sized to their servings. An individual child may have one or more additional servings of
       foods low in fat, sugar and sodium as needed.
g) Adults will not feed more than one infant or 3 children who need adult help with feeding at the same time. Adults will sit within arm’s reach, directly observe and communicate with infants and toddlers who are feeding themselves.

h) When high chairs are used, their manufacturer will warrant that they meet the ASTM standards for safety. Caregivers will use the safety straps to hold the child securely and not rely solely upon the tray for restraint. Caregivers will check that a child’s hands are out of the way when attaching or detaching the tray from the chair. Infants will not be allowed to stand in the high chair; older children will not be permitted to hang onto the high chair. Trays, arms, and seats of high chairs will be cleaned and sanitized before and after each use. They will be stored out of the path of doors or walkways.

i) Meals and snacks for toddlers will contain the foods shown in the meal and snack patterns described in the Child and Adult Care Food Program (CACFP) guidelines.

4. Solid Foods:
   a) Age-appropriate solid foods will be offered no sooner than 4 months of age, preferably at 6 months of age.
   b) Commercially prepared baby food will be fed from a dish, not from the factory-sealed container. Any uneaten food in a container used for feeding will be discarded. Opened containers and food prepared at home should be refrigerated and then discarded if not consumed within 24 hours.
   c) Food will be cut up into 1/4 - 1/2 inch pieces for finger feeding by children who are six months of age and older. Round, firm foods that might lodge in the throat of a child under 4 years of age are not permitted. These foods include, but are not limited to hot dogs (unless they are cut so they are not in round pieces,) whole grapes, peanuts, popcorn, thickly spread peanut butter, and hard candy.

5. Cup Feeding:
   a) Teachers/caregivers will offer fluids from a cup as soon as the child seems ready to learn this drinking method, usually around 6 months of age with a goal to wean to a cup by 12 months of age.
   b) Small cups filled half-way will be used, not Sippy cups.

F. Preschool/School-age Feeding:

1. Foods for Meals and Snacks:
   Food selections and portion sizes will follow the meal and snack patterns described in the Institute of Medicine’s recommendations for the Child and Adult Care Food Program (CACFP) guidelines. Foods will be planned to offer the recommended meal patterns over the course of the week, varying from day to day according to the guidelines in Tables 7-1, 7-2 and 7-4 from the IOM publication. (See Child and Adult Care Food Program: Aligning Dietary Guidance for All. Institute of Medicine of the National Academies, Food and Nutrition Board, 2010 at www.nap.edu – accessed 2/13/11. View the current CACFP meal
pattern requirements on the United States Department of Agriculture website at http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal_Patterns.htm

2. Meal Procedures:
a) Children will help with setting the table, serving food and cleaning the table under direct supervision of staff to ensure supervision, appropriate hand washing and sanitizing of surfaces as well as proper handling of utensils to prevent contamination.
b) Children will eat in social groups with a teacher/caregiver seated with them. The teacher/caregiver will eat the same food as the children, guiding and encouraging social interaction and conversation. They will talk about the color, shape, size, quantity, numbers, and temperature of food as well as about events of the day.
c) Where possible, family style service will be used to allow children to learn how to serve themselves.
d) Children will eat only when seated to decrease the possibility of choking.
e) If a child refuses to eat some type of food, staff will offer the food again another day, perhaps prepared differently or in a very small portion the next time.
f) Food will not be offered as a reward or denied as punishment.
g) Adults will not eat or drink anything the children are not allowed to have while the adults are in view of the children.

G. Feeding of Children with Nutritional Special Needs:

Children with special needs related to their ability to eat or a nutritional need will have an individual management plan that includes a written description of each child’s feeding history, including prohibited foods, and substitute foods where applicable, as supplied by the parent, legal guardian and the child’s health care provider on admission to the program. Consultants, including nurses, nutritionists, speech therapists, occupational therapists, and physical therapists may assist in the formation of individual feeding plans.

XIV. Physical Activity

A. Encouragement of Physical Activity and Outdoor Play

1. Role for Teachers:
a) Teachers/caregivers will promote physical activity to help children (and themselves) prevent overweight/obesity and practice life-time healthful habits. Teachers/caregivers will participate in children’s active games at times when they can do so safely.
b) Teachers will encourage infants, toddlers and preschool age children to learn basic gross motor skills by practicing physical activity and movement.
c) Teachers/caregivers will not sit during active play time and will prompt children to be active with comments such as “good jump” or “It’s safe to run here.”
d) Teachers/caregivers will be familiar with the principles and goals of the Let’s Move Child Care/Indian Country initiative. The Kiowa Child Care Center is an official participant in
the Let’s Move Child Care initiative to promote best practices in nutrition and physical activity for all children in care.

2. **Types of Physical Activity**: Physical activity will include:
   
a) **vigorous-intensity activities** (using large muscle groups, causing the child to breathe rapidly enough so it is hard to speak, and an increased heart rate)

b) **moderately intense activities** (using large muscle groups, causing an increased heart rate but allowing the child to continue speaking)

c) **structured activity** (teacher/caregiver led, developmentally-appropriate, fun, planned activity that involves all the children at their skill level in practicing motor skills)

d) **unstructured activity** (child-directed free play)

e) **suggested activities from resources** such as the Nutrition and Physical Activity Self-Assessment (NAP SACC), Color Me Healthy, I Am Moving I Am Learning (IMIL), Head Start Body Start, Choosy Kids, the Lawton Indian Hospital Diabetes Program, the Indian Health Service’s Physical Activity Kit, and walks in the neighborhood as ideas for physical activity.

3. **Frequency of Structured Activity**: Teachers/caregivers will lead 2 or more structured activities or games that promote movement over the course of the day – indoors or outdoors. These activities will be scheduled to come before more sedentary (non-moving) curricular activities since children may be more attentive and learn better after periods of physical activity.

4. **Behavior and Physical Activity**: Physical activity will not be used or withheld for punishment. Children whose behavior is not compatible with safe and appropriate interactions with other children will have an opportunity to stay near, but not within the group of children who are playing to calm themselves before resuming cooperative play activities.

5. **Screen time (TV, DVD, and computers)** will be limited as follows:
   
a) No screen time for children less than 2 years of age

b) Children 2 years of age and older will have no more than 30 minutes of screen time once a week while in the facility and only for educational or physical activity.

c) No screen time during meals or snacks

d) Computer time will be no more than 15 minutes at a time except for school age children completing school homework assignments.

e) Any screen media will be free of advertising and brand placement.

**B. Frequency and Duration of Physical Activity and Outdoor Play**

1. **Infants**: Every day, while they are awake, infants will have supervised tummy time during which teachers/caregivers will interact with the infants. These times will be 3-5 minutes at first and then gradually increase as long as the infant seems to be enjoying the activity.
Infants will not be seated for more than 15 minutes at a time, except during meals while eating or when traveling in a motor vehicle. All infants will play outdoors daily. Outdoor play for infants may include riding in a carriage or stroller in addition, not as a substitute for gross motor play outdoors. For example, infants may play on safe surfaces with balls or other toys that encourage reaching on a large blanket spread on the ground outdoors. For older infants, some physical activity ideas for outdoor play include balls to push, lie on or kick, taking indoor toys outside that are large enough for the baby to safely pull to standing position, crawling through a tube tunnel and pushing toys across a safe surface.

2. Daily Active Play:
   a) All children birth to 6 years of age will participate daily in 2-3 outdoor occasions of active play, weather permitting. Families are expected to dress their children for the weather. (See required clothing in D. below.) Weather that poses a significant health risk is a wind chill factor at or below minus 15 degrees F. and a heat index at or above 90 degrees F. as defined by the National Weather Service. The amount of time spent outdoors may be limited to 20-30 minutes if the temperature is below 32 degrees F.
   b) All children will have continuous opportunities to develop and practice gross motor and movement skills appropriate for their age. Every day, active play will include vigorous activities such as rolling, scooting, running, climbing, dancing, skipping and jumping.
   c) The total time for outdoor play and vigorous indoor or outdoor physical activity is as follows:
      1) Birth to 12 months of age – as tolerated
      2) Toddlers and Preschool age children (12 months to 6) years of age – 60-90 total minutes of outdoor play except in adverse weather conditions that require shorter periods outdoors with compensatory increased indoor periods of active play so the total exercise time remains the same.
      3) Toddlers will have 60-90 minutes per 8 hour day of vigorous physical activity including running (pro-rate for part-time programs as 30 minutes of active play per 2-3 hours in the program.)
      4) Preschool age children will have 90 to 120 minutes per 8 hour day

C. Equipment and Settings to Support Physical Activity

1. Sun Protection: Outdoor areas will provide protection from the sun with shade and protection from wind with vegetation or wind-reducing fencing.

2. Hazards: Outdoor areas will be free of contaminated water, loud noises, and lead in the soil. They will be separated a safe distance from streets, driveways, parking lots and areas intended for other uses.

3. Equipment for infants: Swings, bouncy chairs and other confining equipment will only be used for short periods of time or not at all.. Strollers may be used for walks outdoors, and high chairs may be used for the duration of a feeding.
4. **Gross Motor Play Equipment**: All equipment used for active play indoors and outdoors will meet the ASTM and Consumer Product Safety Standards for use in physical activity. Such equipment will be available in all caregiving areas. Indoor equipment such as soft balls, push toys, parachutes, tape lines for hopping, jumping, etc. will be used.

D. **Clothing for Physical Activity**

1. **Required Clothing and Footwear**:
   a) Teachers/caregivers and children will wear clothing that permits easy and safe movement as well as full participation in active play. It will be neither too loose nor too tight.
   b) Clothing will be easily laundered and of a type that it does not matter if it gets soiled during active play or be easily removed and exchanged for a set of clothes that parents provide for the child to wear during the program day to accommodate physical activity.
   c) Footwear will provide support for running and climbing (gym shoes or equivalent). Footwear that can come off while running or provides insufficient support for climbing, such as shoes with heels, flip flops, loose boots or dress shoes is not permitted.
   d) Clothing will be free of drawstrings or loops or other features that can catch on gross motor play/playground equipment.

2. **Clothing Appropriate for the Weather**: The children will play outdoors in the rain, snow, low and high temperatures. As appropriate for the weather, families will provide appropriate outdoor clothing that keeps them dry and comfortable such as rain coat, warm coat, boots, snow pants, mittens and hats. For sunny days, children will have lightweight clothing that is sun-protective including long sleeved shirts and hats.

XV. **Sleeping**

A. **Area for Sleeping/Napping**:

Play, dining, and napping may be carried on in the same room (exclusive of bathrooms, kitchens, hallways, and closets), provided that:
1) The room is large enough to accommodate each activity in separated and isolated areas.
2) Programming is such that usage of the room for one purpose does not interfere with other uses (i.e., children playing loudly with toys while other children are trying to nap).

B. **Handling of Sleeping Equipment**:

1) The Center Director and the teachers will check that each crib, cot, sleeping bag, bed, mat, or pad is labeled with the name of the one child who uses it. Before sleep equipment can be used for a different child, all surfaces of the equipment will be cleaned and disinfected. Sleeping equipment will provide a firm surface for sleeping and will meet the safety standards of the U.S. Consumer Product Safety Commission. Bunk beds will not be accessible to children under 7 years of age. Sleeping surfaces are firm. Waterbeds and soft bedding materials such as
sheepskin, quilts, comforters, pillows and granular materials (plastic foam beads or pellets) used in bean bags are not accessible to infants.

2) Infants will be put to sleep on their backs without loose bedding or soft objects. Children who can turn themselves over will be allowed to assume a sleeping position that is comfortable for them.

3) The Center Director will check that cribs, cots, sleeping bags, beds, mats, or pads are placed at least three feet away from where any other child sleeps and that sleep surfaces are sanitary.

4) Bedding materials will be stored in such a way so that there is no contact between the sleeping surfaces of one child with the sleeping surfaces of another child or with surfaces that were in contact with the floor.

5) Infants ages 0-10 months old will be put to sleep in flat cribs that meet the current guidelines with firm mattresses and tightly fitted sheets.

6) Infants over 10 months of age will be transitioned to sleeping on cots with fitted sheets and light blankets.

7) Children over 1 year old will be put to sleep on cots with fitted sheets and light blankets.

8) When cots and cribs are used by one child during the week, all cribs and cots will be stripped of their linens and disinfected with bleach water and allowed to air dry.

9) When cots and cribs are used by drop-in children during the week, all cribs and cots used by drop-ins will be stripped of their linens at the end of the day and disinfected with bleach water and allowed to air dry. The subsequent linens will be laundered that day and will be placed in the dryer by the last staff member on the premises in the evening.

C. Bed Linen:

1) Children will be issued clean bed linen weekly and will have individually assigned spaces for sleeping. Children will not share bed linen. Clean linen will be provided by the classroom teacher or Center Director upon request.

2) Seasonably appropriate covering will be provided.

3) Bed linen provided for cots, cribs, or playpens will be tight-fitting.

4) Bed linen will not include fabrics or materials of animal origin other than wool (i.e., feathers, fur, animal hair, etc.).
5) All bed linens including crib sheets, cot sheets, and all blankets will be laundered every Friday by the teacher with restroom cleaning duty. Exception to this laundering schedule is when linens are laundered as they are soiled during the week.

XVI. Smoking, Prohibited Substances, and Guns

The indoor and outdoor environment, and vehicles used by the program are designated as nonsmoking areas. The use of tobacco in any form, alcohol, or illegal drugs is prohibited on the facility premises. Signs to this effect will be kept posted around the facility. Possession of illegal substances or unauthorized potentially toxic substances is prohibited. All child care providers and staff will maintain sobriety while providing child care. Caregivers, staff, or other adults who are inebriated, intoxicated, or otherwise under the influence of mind-altering or polluting substances will be required to leave the premises immediately. No guns or other lethal weapons will be in a center.

XVIII. Design and Maintenance of the Physical Plant and Its Contents

The child care facility will meet and exceed federal, state, and local guidelines for physical plant contents and maintenance. (See Caring for OurChildren, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition.) Cleaning of the facility will be performed according to guidelines written and monitored by the Center Director. Cleaning schedules will be posted monthly and tasks will be divided up among all staff on a weekly basis. Employees are responsible for checking the posted cleaning schedules on a daily basis.

All potentially toxic materials such as pesticides, toxic cleaning materials, aerosol cans, and poisons will be used according to manufacturer’s instructions and under the supervision of the Center Director. These materials are to be stored in and be inaccessible to children. In no instance will these materials be used so that children are exposed to any hazard. Spraying of pesticides by an approved pest control company will be conducted with minimal risk to children present usually on a monthly basis one half an hour prior to the center closing. Care will be taken in classrooms that pesticides are not sprayed onto surfaces touched by children. Employees will use caution when painting or renovating to minimize the children’s exposure to paint fumes and lead.

Compliance with health, safety, and nutritional regulations is maintained by all employees under the supervision of the Center Director. Employees are required to check the Daily Site Health & Safety Checklists, the Restroom Cleaning Checklist, and the Playground Inspection Checklist upon arrival and departure from the building. The Center Director will ensure all forms are maintained and current daily and filed weekly in the Health & Safety Binder. Each day the Center Director or designee will conduct the daily playground inspection using the Playground Inspection Checklist posted.
Authorized regulatory agencies will conduct periodic inspections of the Kiowa Child Care Center facility and outdoor grounds. Agencies include:
1) Oklahoma Department of Human Services Child Care Licensing Regulations
2) Lawton Indian Hospital Office of Environmental Health
3) Caddo County Health Department
4) Oklahoma Child Care Licensing’s Environmental Rating Scale Assessors
5) Anadarko Fire Department
6) Caddo County Fire Marshall
7) Sooner Security Consultants
8) Fire Pros Fire Safety Consultants

Results of all Oklahoma Department of Human Services Child Care Licensing inspections, site visits, and STARS Reviews will be maintained in the Compliance File, located visibly at the Center Director’s desk at the front entrance of the Kiowa Child Care Center. Results of all other outside inspections will be maintained by the Center Director in the Health & Safety Binder. All findings will be addressed via a Corrective Action Plan prepared by the Center Director and submitted to the appropriate requesting agency. Copies will be maintained in the binders aforementioned.

The current licensing status and quality rating of the Kiowa Child Care Center can be verified at anytime by accessing the OKDHS Child Care Licensing website at Child Care Facility Monitoring tool via www.okdhs.org

XIX. Parental Complaints

Any suspicion of child abuse or neglect should be reported immediately by calling the toll-free statewide hotline at 1-800-522-3511.

Parents, guardians, and family members of participating children may at any time submit a complaint either verbally or in writing to the Center Director at the Kiowa Child Care Center in Anadarko by calling (405) 247-1112 or via email at childcare@kiowatribe.org or contacting the Child Care Director at the Kiowa Tribe Child Care Program Main Office in Carnegie by calling (580) 654-6208 or via email at mredbird@kiowatribe.org. The tribal CCDF complaint procedure applies as part of the Kiowa Tribe Child Care Administrative Policies and Procedures posted on the Kiowa Tribe of Oklahoma – Child Care Program website at www.kiowatribe.org

All substantiated complaints submitted to the Center Director and/or the Child Care Director will be investigated towards a meaningful resolution.
XIX. Review and Revision of Policies, Plans, and Procedures

The Center Director will make policies, plans, and procedures available to families, caregivers, staff, and consultants on an annual basis and whenever the policies are changed. Copies of standing policies will always be available for family or staff review during the facility’s hours of operation. When a child is enrolled in the facility, parents or legal guardians will sign that they have read, have understood, and have agreed to abide by the content of the policies. When new staff members (paid or volunteer) are assigned to work in the facility, they will sign that they have read, have understood, and here agreed to abide by the content of the policies.

For Parents or Legal Guardians:

By signing below I hereby acknowledge that I have reviewed and understood these policies and hereby agree to abide by all sections that apply to parents/legal guardians:

________________________________________
Print Name of Parent/Legal Guardian

________________________________________  _______________________________
Signature of Parent/Legal Guardian                     Date Signed
References


(Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs is posted on the Internet web site of the National Resource Center for Health and Safety in Child Care <http://nrc.uchsc.edu>. Many local libraries can provide access to the Internet for those who do not have computer, modem and software required.)


**KIOWA CHILDREN’S BOOK LIST**


REFERENCES


