



Immaculate Heart of Mary Child Development Center Parent Handbook

Mission: Immaculate Heart of Mary Child Development Center exists to provide faith-based care and learning to the youngest of God’s children.

Immaculate Heart of Mary – I trust in you!

Faith:

Our Catholic Christian faith is paramount to our existence as a childcare center, and as people. Each day will start with prayer, each meal will start with prayer, and each day will end with prayer – and expect prayer in between.

Goal:

The objective of Immaculate Heart of Mary Child Development Center is to provide faith-based early education and care to children infant to 3-years-old, allowing students to continue their education in their parish preschool, when able.

Philosophy:

At the Immaculate Heart of Mary Child Development Center, we believe that parents are the primary educators of their children and that our role is to partner with families in nurturing the whole child—mind, body, and spirit. Rooted in the teachings and traditions of the Catholic Church, we are committed to providing a faith-filled environment where each child is recognized as a unique gift from God, created with inherent dignity and purpose. Building on our founding mission to serve both diocesan families and the wider community, we strive to cultivate a safe, loving, and developmentally rich setting that supports early learning, social-emotional growth, and spiritual formation. Through intentional care, meaningful relationships, and age-appropriate experiences, we seek to lay a strong foundation that empowers children to grow into the individuals God has called them to be, while supporting and honoring the vital role of families in that journey..

Licensing, Health Rules and Accreditation:

IHM-CDC is licensed through the State of Missouri and through Missouri Non-public School Accreditation Association, and follows all required standards of both. You may find those standards here [Missouri Secretary of State: Code of State Regulations \(mo.gov\)](http://Missouri Secretary of State: Code of State Regulations (mo.gov)) and here [Microsoft Word - EARLY CHILDHOOD INDICATORS 3-16-18 \(moqualityschools.com\)](http://Microsoft Word - EARLY CHILDHOOD INDICATORS 3-16-18 (moqualityschools.com)).

Policies:

All families registered in IHM-CDC agree to follow the policies in this Parent Handbook, as well as all applicable policies in the Policy and Regulation Manual for Diocesan Catholic Schools found at [School Office | Diocese of Jefferson City \(diojeffcity.org\)](http://School Office | Diocese of Jefferson City (diojeffcity.org)).

Family Communication:

In an emergency, our teachers and directors may be contacted during the day via text, phone call or email. Outside of school hours, please contact our teachers and director through email only, and expect a reply within 24 hours.

When children will be absent, parents should notify the director by phone or email as early as possible (preferably before 9:30am).

Please remember to provide IHM-CDC with up to date custody orders, court orders, visitation schedule, etc. The center must have them on file to ensure compliance.

Hours:

Immaculate Heart of Mary operates 12 months of the year, weekdays from 7am to 5pm. There is a fee for late pick-ups. IHM-CDC will be closed on all major national holidays and on school holidays. School calendars are provided upon registration.

Inclement Weather/School Cancellations: When Jefferson City Public Schools (JCPS) are cancelled OR on a late start, IHM-CDC will do the same. This information will be posted on Facebook, and emailed to parents as soon as possible.

Sign in/ Sign out:

All students must be signed in and out by their parent/guardian/approved caregiver every time they enter or leave the property.

Teacher to Child Ratios:

Ratios of teachers to children are as follows per age group:

Age Group Teacher to Child Ratio

Infant to two-years of age – 1:4

Two-years of age - 1:8

Three years of age 1:10

Clothing and Personal Items:

An extra set of clothing is required. Please provide appropriate clothing in regards to changing weather.

For children in diapers, disposable diapers must be provided.

Cribs and cots are provided for all children. The parents should provide any blankets or comfort items. Any special instructions should be provided.

Diapering:

Parents are responsible for providing diapers and/or pull-ups for their children. Each parent is asked to **provide one large box of wipes**, unscented, at the beginning of the school year. When these wipes run out, we will provide wipes for the remainder of the year.

Diapers are labeled with each individual child's name and are stored in cubbies in the cabinet near the diaper-changing table.

Toilet Training Tips:

IHM-CDC wants toilet training to be a successful time in your child's life, not a frustration for you and your child. IHM-CDC does not help with toilet training until a child is two-years-old or older. For toilet training to be successful, we need to partner together for your child's best interest. It is important not to rush toilet training because if you start before your child is truly ready it will make the process take longer.

Toilet training parents should provide two labeled pair of underwear, pants with elastic waistbands, and socks. Additionally, the clothes children wear can play a big factor in his/her success away from home. Remember that teachers are responsible for several children at one time, and every second counts when rushing to the potty. Here are some suggestions:

- No snap between the leg clothing accepted.
- No overalls during potty training stage.
- Elastic waistbands needed for toilet learning stage (no buttons)

Physical, Behavioral and Cognitive Signs of Readiness for Toilet Training:

To assist in this experience, below are physical, behavioral, and cognitive signs to indicate your child's readiness:

- Physical Signs of Readiness:
 - Can walk and even run steadily
 - Urinates a fair amount at one time
 - Has "dry" periods of 3-4 hours
 - More than three accidents in a single day are indicators that a child is not ready to use underwear.
 - Has regular, well-formed bowel movements at predictable time
- Behavioral Signs of Readiness:
 - Can sit down quietly in one position for 2-5 minutes
 - Can pull his/her pants up/down
 - Dislikes the feeling of wearing a dirty or wet diaper
 - Shows interest in the other bathroom habits (wants to watch, wash hands)
 - Verbally says "potty" at appropriate time
 - Isn't resistant to learning to use the toilet
 - Demonstrates a desire for independence
- Cognitive Signs of Readiness:
 - Can follow simple instructions such as "bring me the toy"
 - Understands the value of putting things where they belong
 - Has words for urine and stool
 - Understands the physical signals that mean he/she had to go and can tell you before it happens or hold it until he/she gets to the potty

Behavior Issues

Guidance and Discipline: IHM believes that all behavior is a form of communication. When dealing with behavior which is contrary to what is being asked, or which put the child or other children at risk, staff members will correct the behavior patiently, compassionately, using encouragement and empathy. IHM staff members do not use corporal punishment at any time.

When approaching the child the staff member may use – but are not limited to the following: Offering two positive choices, redirection, modeling appropriate behavior, practicing positive behavior with the child. If needed, the child will be removed from the group; if the behaviors

continue, the director will call, text or email the parent for support.

Discharge from the program may occur if the strategies are not successful and the child continues to display hurtful behaviors. Such behaviors include, but are not limited to:

- Repeated hitting, pushing, tripping, pinching, etc. other students, staff or themselves.
- Repeated biting of or spiting on other students or staff.
- Repeated opening of doors, running away, hiding, etc.
- Ongoing speech or behavior which is disrespectful to the staff or other students.

Exiting due to unsafe behaviors:

The IHM director, in concert with the Diocesan Superintendent, reserves the right to discuss unsafe behaviors with parents/guardians as needed. If a child is unable or unwilling to behave in a way that is safe for themselves and/or others, they will be required to exit the program. The director will notify the family in writing, documenting the dismissal. Termination of the child's enrollment may

Meals:

The parents must provide formula/breast milk and bottles for infants.

Please make sure all items provided are marked with your name.

Children eating regular food must bring in his/her own meals. Meals can be heated and cut up by nursery staff as needed. Snacks will be provided. Please be clear and provide information about any food allergies.

Pick up/Visitors:

While your children are in the care of the center, they are the responsibility of the staff. No child can be removed from the staff's care unless given written (email and text is sufficient) permission by the parent designating the person or persons who may leave with your child. Please remember to update your authorized persons for pick up when necessary.

Health:

In accordance with Missouri Child Care Licensing Rules, each child shall be observed for contagious diseases and for other signs of illness on arrival and throughout the day. All parents/guardians will be notified when any contagious disease occurs. SMCCC posts a note on the tuition box by the office door.

A parent will be contacted for pick up when child has:

- A temperature up to one hundred degrees Fahrenheit (100*). Child must be 24-hour fever free before returning to center without over-the-counter medication or if illness is evaluated by physician, medication has been prescribed and any period of contagion has passed, as determined by a licensed physician.
- Vomiting for any reason, child will be sent home.
- Loose stools twice within the same day child will be sent home.
- Any of the below:
 - Severe Coughing
 - Difficulty or Rapid breathing
 - Yellowish skin or eyes

- O Pinkeye
- O Unusual spots or rashes
- O Sore throat or trouble swallowing
- O Dark colored urine
- O Gray or white stools
- O Headache
- O Severe itching of body or scalp (possible head lice) ▪ Child must be nit free to return to care and inspected by staff member.

Medication Distribution:

The staff if given written permission by the parent with proper dosage instructions (see Medication Form) can administer any medication for your child. Medicine must be provided by the parents as necessary.

Children sent home ill, with elevated temperatures, vomiting, or diarrhea are to be kept home until they are symptom-free for twenty-four hours. Many children are sent home ill one day, return the next, and need to be sent home again because they have not recovered.

Immunizations:

All students must be caught up on all immunizations in order to attend.

Allergies:

We are a peanut butter free building. It is crucial we know any allergies your child may have. If we are not aware of the allergy, we may not be held accountable for the child's ingestion of or exposure to the allergen.

Injury/Accident Procedures:

All staff at IHM-CDC are CPR and first aid within 90 days of employment.

- In case of an injury or accident, IHM-CDC will notify parents immediately. Parents must agree to come at the time of injury of the child, if requested by the director.

- O If injury needs emergent or immediate medical attention, IHM-CDC will call 911, and then notify parent(s). Examples of this situation include but are not limited to; a bleeding body part where IHM-CDC cannot get the bleed to stop, an unconscious child, an immobile child, or a conscious but not responsive child.

- If parent(s)/guardian(s) are not available at time of injury, IHM-CDC will contact the emergency contact as provided by parent(s)/guardian(s).

- At enrollment, parents provide permission to transport in case of emergency. Per parent request, IHM-CDC will transport child to meet parent at hospital. Parent is responsible to provide up to date physician and preferred hospital.

- In the event a child must be transported to a hospital and the parents or other designated emergency contact on the emergency card is not available, an ambulance will be called.

- An accident report will be completed when emergency help or parent pick up is required.

- Accident reports will be sent to parents via email or will be signed by parent at time of pick up.

- O An email of the accident will be considered the accident report.

- An accident report will not be completed when an ice pack or band-aid is appropriate

Child abuse policy:

All employees of IHM-CDC are mandated reporters and are required to report any suspected abuse or neglect; if any type of abuse or neglect is suspected it will be reported to the state hotline.

Universal & Standard Precautions:

IHM-CDC complies with recommended universal (to reduce the spread of infection) and standard precautions (including body fluids) by the Centers for Disease Control and Prevention (CDC). These include hand hygiene, use of protective personal equipment (gloves and/or masks) and cough etiquette, etc.

Hand Washing Procedures:

Hand washing is done before serving meals, after diapering/toileting and other times as needed. Appropriate steps followed for handwashing are as follows: • Hands are washed with lukewarm or cold water • A small amount of hand soap is used • Soap is rubbed all around hands for a period of at least 60 seconds • Hands are then rinsed of soap with running water and hands are dried with a towel.

Personal Items or Toys: Any personal items or toys brought from home must be shared with all children, unless otherwise designated due to health and safety. IHM-CDC does not accept responsibility for items or toys brought from home. Guns and ‘gun-play’ are not allowed. Parents may provide a sippy cup for water.

Admission:

IHM-CDC is available to all faculty and staff of the Diocese of Jefferson City Schools, as well as employees of the Diocese. Admission is on a first come, first served basis.

Registration:

All parents must be registered, and registration includes:

Payment agreement

Enrollment form

Immunization record

Medicine information (if applicable)

Infant and toddler feeding plan (if applicable)

Parking Lot Safety:

Please keep everyone safe by driving slowly and carefully. Turn your vehicle OFF upon parking in the lot each morning and evening.

Tuition and Fees:

There is a one-time registration fee of \$100 due at registration.

Monthly Fee:

Fees are paid monthly through the online system, or through payroll deduction. Fees are due the 1st of each month, with a 5-day grace period. After the 6th of the month, a \$10 per day late fee

will accrue. If the monthly fee is not paid by the 15th, your child will not be allowed to attend, unless arrangements have been made with the director.

Late Pick Up Fee: IHM-CDC closes at 5pm daily. If children are not picked up by 5pm, a fee of \$1 per minute per child will be charged.

Exits due to Unsafe Behaviors:

The IHM-CDC director, in consultation with the Superintendent of Schools, reserves the right to discuss unsafe behaviors with parents and guardians as needed. Aggressive and/or violent behaviors, repeated hurtful behaviors, or self-harming behaviors may be reasons to create a care plan, require a doctor's referral, or require the immediate exit of a child.

Missouri Disaster and Emergency Preparedness Rule:

Missouri adopted the *Disaster and Emergency Preparedness* Rule, taking effect October 31, 2011. Title 19—Department of Health and Senior Services Division 30—Division of Regulation and Licensure

Chapter 62—Licensing Rules for Group Child Care Homes and Child Care Centers

Take P.A.R.T. in MISSOURI'S Ready in 3 Emergency Preparedness

PREPARATION: Identify efforts, assign responsibilities, and collaborate with community to avoid risk, reduce loss, or lessen impact.

ACTION: Determine action necessary for type of emergency.

RECOVERY: Identify needs and implement intervention services, counseling, relocation, rebuilding etc. Evaluate and modify plan if necessary. Return to learning as quickly as possible.

TRAIN: Conduct trainings and drills for staff and children on procedures for emergencies.

READY IN 3: TAKE P.A.R.T.

Emergency Phone Numbers:

General Emergency: 911

Local Radio: KWOS: 573-893-5696

Fire and Police: 911

Local TV: KRCG: 573-896-5144

Non-emergency Police: 573-634-6400

Non-emergency Fire Department: 573-635-5258

State Fire Marshall: 573-751-2930

County Health Department: 573-636-2181

Hospital: St Mary's : 573-761-7011

Hospital/Ambulance: Capital Region: 573-632-5000

Poison Control: 800-366-8888

American Red Cross: 573-635-1132

Child Abuse Hotline: 800-392-3738

Crisis/Suicide: 800-833-3915

Water Company: Public Water Dist. #2 573-893-2848

MO Health/Senior Services (DHSS): 573-751-2891

Electric company: Ameren UE: 800-552-7583

MO Mental Health: 573-526-6523

Restoration: ServPro: 573-635-5883

MO Family Services: 573-751-4688

MO Center for Emergency Response & Terrorism: 573-526-4768

Considerations for Emergency Field Bags - 3 Day Supply Suggested

- Battery powered/crank radio/ Batteries/ Flashlight
- Bottled water/ Ready to eat food
- Pen and paper
- Plastic-ware/ Can opener
- Hand sanitizer
- Trash bags/ Duct tape
- Cell phone
- Whistle
- Infant supplies: formula, diapers, food/ Blankets/Clothes
- First-aid kit/guide/ Medications/Epi-pens, insulin/Latex gloves
- Emergency phone numbers/Local area map

Emergency kit/Preventative Equipment/Field Bags

Considerations for preventative equipment:

- Smoke/Heat detectors
- Carbon monoxide detectors/ Fire/security alarm system
- Fanny packs for every classroom
- First aid supplies/latex gloves/ medications/wipes/hand sanitizer
- Staff cell phones/two-way radios
- Fire extinguishers/Sprinkler system
- Generators

Loss of a Loved One:

Should a death occur, do the following:

Notify director; director notifies staff emergency coordinators; coordinators notify all other personnel.

The director will share necessary facts: Funeral arrangements

Relationship to the death

Staff will meet to discuss if/how to talk about the death with the children.

Director and support staff discuss the death in each class.

Director decides if the facility will close during the time of mourning/services.

If the deceased was a staff member or child of the facility, director contacts family members to discuss gathering of personal belongings.

Director notes the deceased birth date and anniversary of the death and prepares for those dates to be difficult times in the future.

Director may organize a memorial keepsake for the family and/or for the facility.

Missing or Abducted Child:

If a child is not accounted for at any time, the staff member responsible for the child should search the premises for him/her. Each area that a child could potentially hide should be searched, as well as the outdoor areas of the facility.

If the child is not located:

Notify the director; director notifies superintendent.

Contact the parent/guardian to verify that the child has not been picked up.

Call 911 (Consider the staff member working with the child will have the best knowledge of what the child was wearing that day, along with other distinctive features.)

Follow lock down plan. (Staff may be permitted to exit to search outdoors.)

Staff continues to look in ALL areas, cabinets, closets, outside, etc.

Director asks police to activate *Amber Alert*.

Child Abuse or Neglect:

Physical abuse– the result of non-accidental physical injury that usually results in bruises, welts, fractures, burns, cuts and/or internal injuries (buttock, lower back, neck, genitals, inner thighs, broken bones; the most recognizable form of abuse.

Emotional abuse– takes place when a child is told that he or she is bad, dumb, ugly, or is put down in any way; may be done in the form of name calling, excessive demands, put downs, low expectations, or high unrealistic expectations.

Physical neglect– when the child’s physical well-being is not cared for properly; may be done in the form of the child not being fed, the food not being adequate or suitable to meet the child’s physical needs, a lack of proper medical care, dirty, or improper clothing, or a lack of supervision.

Emotional neglect– extreme lack of attention or stimulation of emotions; may be done in the form of ignoring the child, resisting love from the child, or not showing the child love.

Detection and reporting of suspected child abuse and neglect:

All childcare providers and employees are state mandated reporters of abuse and neglect to children. All staff members of Immaculate Heart of Mary Child Development Center are trained in recognizing signs of abuse and neglect.

When a staff member has suspicion of physical or emotional abuse or neglect, he/she should:

Remain neutral, do not show shock when you see evidence of abuse; it may scare or shame the child thus preventing him/her from talking about it.

Have open-ended conversation with the child about what you observe; listen as they share what they choose to share.

If it is determined that a report should be filed, the staff member will:

Call the Child Abuse Hotline: 1-800-397-3738

Identify her/himself as a mandated reporter.

Give the child’s full name, parent’s full name, age of the child, address of the child, nature of the suspected abuse or neglect, and identity of the person suspected as the abuser.

Report the situation to the director.

Suspicious Persons/Acts

People or behaviors that create potentially dangerous situations such as:

Intruder— a person who forces his or her way in, comes in inappropriately, or is an unwanted visitor (examples: non-custodial parent, stranger, escaped prisoner, disgruntled parent, staff member, or neighbor)

Trespassing— entering another person’s property wrongfully, infringing on another person’s property

Disturbance— an interruption or intrusion, domestic violence, display of emotional unbalance or disorder

Community Violence— homicide, shooting, armed robbery, sexual assault, riot, or gang related violence

Hostage— a person held by one party in a conflict as security that the opposing party would meet specified terms; although considered improbable, a center may be subject to hostage situations from either disgruntled employees, parents, guardians, or others

Intruder/Child Custody/Disturbance

Tools to reduce the potential for danger:

Establish relationships with families, caseworkers, and state/local agencies.

Identify convicted sex offenders on the state registry living close to the facility; post pictures for staff awareness.

Request legal documents and pictures identifying parents with child custody and restraining orders; ensure staff awareness.

Identify conditions in which children will not be released, including to parents/caregivers who:

- are under the influence of drugs or alcohol
- are unauthorized to care for the child
- display unstable behaviors such as threats or rage
- are physically or emotionally impaired in any way
- engage in child abuse or neglect

If these conditions are observed, request that another adult be called to pick up the child.

Should an intruder enter the premises or cause a disturbance adjacent to the facility:

Remain calm and polite.

Call 911.

Notify the director; director notifies the superintendent.

Initiate the on-site shelter, or lock down plan according to the circumstances if necessary.

Follow the intruder or hostage taker’s instruction.

Do not partake in a physical confrontation or try a rescue.

Pay attention to intruder; try to get details of what he/she wants and accommodate. Get as much information as possible to the police when they arrive.

Center goes in lock down mode.

Terrorism:

Threat of a bomb or suspicious article may occur by phone, mail, or other means of communication. The federal government implements the National Terrorism Advisory System (NTAS). This system communicates information about terrorist threats by providing timely, detailed information to the public, government agencies, first responders, airports and other transportation hubs, and the private sector.

Imminent Threat Alert: Warns of a credible, specific, and impending terrorist threat against the US.

Elevated Threat Alert: Warns of credible terrorist threat against the US.

Sunset Provision: An individual threat alert is issued for a specific time period and then

automatically expires. It may be extended if new information becomes available or the threat evolves.

Should a threat of violent nature be called in or given to the facility, do the following:

Whoever receives the call should attempt to keep the caller on the phone as long as possible and complete the Tracer and Bomb/Threat Checklist below.

Call 911.

Notify the director.

Director notifies superintendent and DHSS.

Beware of any suspicious article, package or letter.

Do not attempt to move any suspicious article unless instructed to do so by police.

The director will monitor NTAS updates.

Follow the off-site shelter, on-site shelter, or lock down plan accordingly.

Tracer:

The person receiving the call will put a tracer on the call after call has ended. Hang up, obtain a dial tone, press *57, listen for the announcement and follow the instructions. A recording will then indicate the successfulness of the trace process in the phone company switch. The recording will then ask the user to confirm the successful activation of their trace by entering the digit 1.

Bomb/Threat Checklist:

When is the bomb going to explode or threat going to happen? Where is the bomb or suspicious article?

What does it look like?

What kind of bomb or suspicious article is it? What will cause it to explode or cause harm? Did you place the bomb or suspicious article? Why?

Where are you calling from? What is your address?

What is your name? Describe caller's voice.

Utility Failure

Electrical Power Failure:

Notify the director.

If the building has a back-up generator, it should be turned on - manually or automatically.

If there is no backup generator, access flashlights.

Contact the electric/gas company.

If there is danger of fire, follow the off-site shelter plan.

If an electrical short is suspected, turn off power at the electrical panel.

Water:

In case of a water main break:

Notify the director.

Call facility maintenance personnel.

Shut off the valve at the primary control point.

Gas leak:

If anyone in the facility smells gas, take action immediately:

Pull the fire alarm.
Notify the director.
Call 911.
Follow off-site shelter plan.
Do not turn ON or Off an electrical switch.
Director notifies superintendent.
The facility should not be entered until the fire department announces “All clear”.

The decision to close the facility or delay opening will be based on the following:

The amount of natural light in the facility
The temperature in the facility
The ability and necessity of heating food
The risk to the health and well-being of children and staff

Hazardous Materials

Gas/Carbon Monoxide/Chemical/Other Hazardous Material Exposure:

Should an off-site hazardous materials release occur, do the following:

Call 911.
Notify the director; director notifies the superintendent.
Director calls appropriate utility if necessary.
Follow the on-site shelter plan.
All windows and doors must be closed and remain shut. Stay in the building and disable heating/air vents. (Kitchen exhaust system units are to be off), close off vents and other openings with trash bags and duct tape.
Do not proceed outside unless directed by the director or officials. If required, follow Off-Site Shelter Plan.

Should an on-site hazardous materials release occur, do the following:

Call 911.
Notify the director; director notifies the superintendent.
Follow the off-site shelter plan.
Do not turn any electrical switches on or off when exiting.
Persons that come into contact with the material, should be washed off immediately with water.
Director notifies owner/landlord.
Do not re-enter building until given an “All clear” by officials.
Contain the spill-*do not* attempt to clean the spill unless trained to do so.

Fire/Smoke

Prevention:

Establish relationships with local fire department/agencies to have in-services conducted.
Have emergency evacuation procedures and diagrams identifying exit routes posted in each room.
Post a list of emergency contacts.
Have locations of emergency exits and fire equipment clearly posted.
Ensure fire and smoke detectors are in working order with yearly inspections.
Conduct training including:

- Use and response of fire alarms and the use of fire extinguishers.

- Test, practice and evaluate roles routinely.
- Training of children to *stop, drop and roll* if on fire and *crawl* if smoke is in the room.
- Follow practices that promote preparedness in case of fire such as wearing sturdy shoes and wearing shoes during nap.
- Carry out fire drills as mandated by law.
- Keep evacuation routes clear.

Location of Fire Alarm Panel: In mechanical room, bottom floor

Location of Automatic Dialer: N/A

Location of Automatic Sprinkler Head: N/A

Fire or Smoke

When fire or smoke is discovered:

Pull fire alarm.

Call 911.

Feel closed doors; if hot—do not open!

Follow off-site shelter plan.

Director identifies the location and size of the fire and directs fire fighters to the area.

Isolate the fire if possible by confinement, by closing doors, windows, vents, blinds and noncombustible window coverings in area of fire.

Only fight the fire if it is small (waste paper basket size) and not spreading to other areas and if it is possible to escape the area by backing up to the nearest exit.

Notify the director; director notifies superintendent.

If conditions permit, director should disconnect utilities including electric and gas.

Remain outside until director or authorized personnel announce that it is “*All clear*” to reenter.

Natural Disaster

A natural disaster is the effect of a natural hazard.

Notification of a natural disaster may come from a warning issued by sirens or other means.

When notified of any natural disaster:

Notify the director; director notifies the superintendent.

The facility director or designee will monitor radio, TV, or weather radio for weather updates.

Cease outdoor activities and seek inside shelter IMMEDIATELY!

Follow on-site or off-site shelter plan if ordered to do so by the weather radio.

Monitor weather conditions as best and safely as possible.

The director and other emergency management personnel will keep all building occupants aware of situation.

Conduct training including:

Use and response of fire alarms and the use of fire extinguishers.

Test, practice and evaluation of roles, routinely.

Training of children to “*Tuck, Duck, and Cover*”.

Thunderstorms and lightning:

Shutter windows and secure unlocked doors. Close all window shades, blinds, curtains.

Keep telephone lines open for emergencies only.
Unplug appliances and electrical items such as computers and air conditioners.
If storms are forecasted:
Brace and trip dead or rotting trees.
Secure outdoor objects that could blow away or cause damage.

Flood:

If outdoors:
Climb to high ground and stay there.
Avoid walking or driving through floodwater.

Earthquake:

Keep away from overhead fixtures, windows, filing cabinets, and electrical power.
Leave doors to rooms open to prevent jamming.

Tornado:

Monitor all tornado watches, warnings.
Tornado Watch: means that a tornado is likely over a large area
Tornado Warning: means that a tornado has been sighted in a specific area

Extreme Heat:

Stay indoors
If there is no air conditioning: Stay on the lowest level. Drink plenty of water.

Blizzard/ Snow /Extreme Cold:

Stay indoors.
If there is no heat:
Close off unneeded rooms or areas.
Stuff towels or rags in cracks under doors. Cover windows.
Eat and drink to provide the body with energy and heat and prevent dehydration. Wear layers of loose-fitting, lightweight, warm clothing, if available.

Medical Emergencies:

A medical emergency is an injury or illness that is acute and poses an immediate risk to a person's life or long term health such as injury to the neck or back, broken bones, loss of consciousness, severe bleeding, unequal pupils, repeated vomiting, abdominal pain, shock, vomiting blood, clear drainage from nose/ears after a blow to head, or a widespread disease outbreak.

Ensure all children enrolled are up to date on immunizations, effective the first day of attendance.

Person Finding Injured or Ill Person Shall:

Remain calm.
Follow procedures identified above.
Notify director.
Director determines the nature and extent of illness or injury.

Director or emergency coordinator contacts the parent; informs parent of plan of action.
If necessary, director or emergency coordinator contacts doctor or emergency vehicle or calls 911.
If necessary, director or emergency coordinator contacts appropriate emergency contact agency; phone numbers are posted by the phone.
(The 911 emergency number will be used if a serious life-threatening emergency exists. Stay on line with the dispatcher and provide information as requested.)
Director assigns an individual to meet emergency medical personnel to guide them to the location.
Director assigns an individual to pull the medical release form from the files and provide it to the emergency medical personnel upon arrival or take the child's emergency medical information form with you to the medical facility.
Director assigns a staff member to accompany the patient to the hospital.
Accompanying staff member ensures that appropriate paperwork is completed.
Director maintains communications with accompanying staff member for progress reports.
Director reports to the local county health department for the following: HIV, Campylobacter Enteritis, Chicken Pox, Diphtheria-Pharyngeal, E-Coli, Giardiasis, Hepatitis A/B, Measles, Aseptic Meningitis/Meningitis, Meningococcal Disease, Mumps, Influenza/Upper Respiratory Influenza, Pertussis, Salmonellosis, Shigellosis, or Tuberculosis.
Director should refer to "Prevention and Control of Communicable Diseases"-*A guide for School Administrators, Nurses, Teachers and Child Care Providers*, published by The Missouri Department of Health.

Bug bite, sting or toxic poison reaction:

Examine skin for stinger or toxin, remove by scraping off, and clean with soap and water.
If the child has no memory of being stung before, cool the site and observe child for 30 minutes.
Watch for reactions: swelling without itching, headache, stomach pain, diarrhea, fever, drowsiness, faintness
unconsciousness, muscle spasm, convulsions, generalized itching, hives, anxiety, constricted feeling in chest, sneezing, vomiting, dizziness, labored breathing, difficulty in swallowing, and hoarseness or thickened speech.
Try to identify the insect or toxin.

Breathing Difficulties/Asthma:

Evaluate the breathing: take shirt off to see breathing, count number of breaths they are taking every 15 seconds, then multiply by 4 to get breathes per minute.
Use emergency inhaler if child has one.

Seizures:

Lower the victim to the floor.
Push away nearby objects and loosen tight clothing around the neck.
Protect the victim's head, but do not put a pillow or soft object under their head until conscious.
Turn the victim to the left side.
Do not put anything in the victim's mouth.
Do not restrict the victim's movements.
When the person awakens, be reassuring and provide a resting place away from others.

Food allergies/hives:

Know and post children's food allergies. All staff members should be aware of those allergies. Administer Epi Pen or allergy medications if the child has them.

Diabetes:

Watch for insulin reactions: Blood sugar is *low* due to excess insulin, skipped or inadequate meal, extra exertion, or illness.

Appearance: Irritable, shaky, excited, nervous, drowsy, or unconscious

Symptoms: moist skin, eyeballs firm, face pale, no odor to breath, tongue moist, normal, shallow or rapid breathing, blood pressure normal to low, pulse normal

Immediately administer concentrated forms of sugar at first sign of reaction.

Diabetic Coma:

Causes: Blood sugar is *high* due to skipped medication, dietary discretion, and lack of expected amount of exercise OR Blood sugar is *low* due to excess insulin, skipped or inadequate meal, extra exertion, or illness.

Appearance: Appears ill-stupor to coma

Symptoms: dry skin, eyeballs soft, face flushed, fruity odor to breath, tongue dry, labored, prolonged breathing, lower blood pressure and rapid pulse

Try to identify the cause based on when and what was eaten, if medications were taken, and amount of exercise.

On-Site Shelter Plan: Keeping children and staff members in the facility but moved to a secure designated area for the emergency at hand.

Circumstances warranting use of the On-Site Shelter Plan:

Intruder/Child Custody Dispute/Disturbance

Terrorism, Hazardous Materials

Natural Disaster

Preparation:

Designate a secure area in the building for staff and children to go in case of an emergency.

Designate a route to the secure area and post.

Have a state or local agency review your plan and secure area.

Have field bags prepared and located in a convenient location to grab.

Conduct training for staff on proper emergency procedures.

Establish means of communication with staff in case of emergency.

Conduct drills, practice moving to the location according to the procedures listed, using code words.

Establish relationships with local agencies for education and practice for such emergencies.

Procedure for On-Site Shelter Plan:

If advised of an intruder, child custody dispute, disturbance, act of terrorism, hazardous materials, or a natural disaster:

Stay calm.
Notify director.
Director assesses situation.
Director announces, using designated code: “On-Site, *color*”. (State color word corresponding with the emergency at hand.)
Director and staff secure the facility.
Director or an emergency coordinator call 911 if warranted.
Director shuts off any electrical or gas operated appliances if warranted.
Director covers vents and openings with plastic and duct tape if warranted.
Teachers grab fanny packs, field bags, medications, and cell phones.
Teachers do roll call prior to moving children.
Teachers move children to designated areas **inside** the building, away from windows, doors, and outside walls
Teachers direct children and adults to take cover under tables and heavy furniture, cover heads and move from under light fixtures and other suspended objects.
If outside and threat is inside (such as bomb threat or intruder), take cover outdoors in low-lying areas, behind trees, structures, etc.
Teachers do roll call once children are in secure area.
Teachers administer first aid as necessary.
Director monitors situation, communicates information with police, updates emergency coordinators; coordinators will inform other personnel.
Director and/or emergency coordinators use weather radio in case of natural disaster, update emergency coordinators; coordinators will inform other personnel.
Teachers do quiet time activities with children.
All remain in secure area until director or authorized personnel announce “*All clear.*”
Teachers contact parents to inform them of the need for the on-site shelter.

Off-Site Shelter Plan:

Movement of all children and staff members off of the premises and relocated to another designated location.

Circumstances warranting use of the Off-Site Shelter Plan:

Fire/Smoke

Terrorism

Utility Disruption

Hazardous Materials

Natural Disaster

Preparation:

Designate two locations for staff and children to go in case of an emergency. (Depending on the size of facility premises, one location may be just off the perimeter of the property and the other location further out.)

Designate a route to the locations and post.

Have an agreement with the owner of the designated adjacent property.

Have emergency transportation permission forms for leaving the premises.

Communicate designated pick-up locations with parents/guardians ahead of time.

Have a state or local agency review your plan and secure area.

Have field bags prepared and located in a convenient location to grab.

Conduct training for staff on proper emergency procedures.
Establish means of communication with staff in case of emergency.
Conduct drills, practice moving to the location, follow procedures listed, using code words.
In case of tornado, move to a low-lying area out of the vehicle.
Driver conducts a check of vehicle to ensure all have evacuated.
Remain in vehicle in case of a blizzard.
Determine responsibility and method for movement:
Infants & Non ambulatory children: put up to four non-mobile babies/children in evacuation crib and/or push in wheelchair—lock wheels upon arrival.
Physically & mentally capable children: gather in a group and supervise orderly evacuation to the designated off-site shelter location.

Procedure for Off-Site Shelter Plan:

If advised of fire/smoke, act of terrorism, utility disruption, hazardous materials, or a natural disaster:

Stay calm.

Notify director.

Director assesses situation.

Director contacts transportation company, if applicable.

Director announces, using designated code: “Off-Site, Location *number, color*”. (State location number 1 or 2 and color word corresponding with the emergency at hand.)

*Location 1: Auburn Ct. JC MO (just outside of premises)

*Location 2: Diocese of Jefferson City Chancery, 207 West Main Street, JC MO

*In most cases, Location 1 will be the first plan of action; once all are at that location, the decision may be made to move to Location 2; that location will be notified of time of arrival.

Teachers take children to the designated location adhering to predetermined routes; if designated route is unsafe, teacher should alter route accordingly.

Director or an emergency coordinator calls 911 if warranted.

Director shuts off any electrical or gas operated appliances if warranted.

Teachers grab fanny packs, field bags, medications, and cell phones.

Teachers do roll call prior to moving children.

Teachers should scan the room for suspicious or unusual looking objects.

Teachers move children to designated location.

Teachers do roll call once children are in secure area; if child is missing, notify director or authorized personnel.

Teachers administer first aid as necessary.

Director conducts a walk-thru of facility to ensure all persons have exited the building; if missing children are not located, authorities are informed.

Teachers do quiet time activities with children.

Director notifies superintendent.

Director monitors situation, communicates information with police, updates emergency coordinators; coordinators will inform other personnel.

Director and/or emergency coordinators use weather radio in case of natural disaster, updates emergency coordinators; coordinators will inform other personnel.

All remain in off-site shelter location until director or authorized personnel announce “*All clear*” to return to facility.

If able to return to the facility, teachers contact parents to inform them of the need for the off-site shelter plan.

If unable to return to the facility, teachers contact parents to inform them to go to designated pick-up location; children are signed out only with authorized representative.

Lock-down plan

Circumstances warranting use of the Lock-down plan:

Missing/Abducted Child

Intruder/Child Custody

Dispute/Disturbance Terrorism:

Bomb/Suspicious Article/WMD

Preparation:

Have field bags prepared and located in the classrooms.

Have materials readily available to cover windows - Interior &

Exterior. Conduct training for staff on proper emergency procedures.

Establish means of communication with staff in case of emergency.

Conduct drills, practice lock-down procedures listed, and use code words.

Establish relationships with local agencies for education and practice for such emergencies.

Procedure for Facility Lock-Down

If advised of a missing or abducted child, intruder, child custody dispute, or disturbance, act of terrorism: bomb, suspicious article or weapon of mass destruction:

Stay calm.

Notify

director.

Director assesses situation.

Director announces, using designated code: "Lock-Down, *color*." (State color word corresponding with the emergency at hand.)

Director and emergency coordinators secure the facility—lock all windows and doors.

Teachers keep all children in their rooms and close doors.

Director and teachers permit no one to leave or enter the building except authorized personnel.

Director or an emergency coordinator will call 911 if warranted.

Director and/or emergency coordinators cover vents and openings with plastic and duct tape if warranted.

Teachers and other staff cover windows. Teachers turn out lights.

Teachers do roll call frequently.

Teachers move children away from windows and doors.

Teachers direct children to take cover under or behind tables and heavy furniture, and cover heads.

Teachers administer first aid as necessary.

Director monitors situation, communicate information with police, update emergency coordinators; coordinators will inform other personnel.

Teachers may do quiet time activities with children.

All will remain in lock-down until director or authorized personnel announce "*All clear*."

Teachers contact parents to inform them of the need for the lock-down procedure.

Location of Items

Location of Emergency Plans: Posted in classrooms used for childcare. Attendance Records: Daily Attendance located in director's office.

Parent/Guardian Contact Numbers: Classroom contacts located in classrooms and office files located in office.

Staff contact Numbers: Field Bags located in classrooms and office files located in office.

Emergency supplies: Located in field bags in classrooms.

Field bags (including emergency contacts): Located in classrooms.

Location of important records & documents: In office.

Location of On-Site Shelter & Off-Site Shelter (Routes Posted) Off-site location 1: Auburn Ct., Jefferson City, MO

Off-site location 2: Diocese of Jefferson City, 2207 West Main Street, JC MO

On-site secure areas: See On-site Shelter, Off-Site Shelter, Lock Down and Evacuation Plan posted in classrooms.

Communication during emergency

Means of communication among employees:

- Staff call list
- Shout-out
- Text
- Alarm

Means of communication with parents:

- Phone call
- Text
- Email
- Social media

Director or teacher will attempt to contact parent/guardian:

- any time on-site or off-site shelter or lock-down is followed
- when a child is missing
- during a utility disruption
- when a child has a medical emergency

Assignment of Responsibilities

Emergency manager/ director: LeAnn Rockwell Alternate: Amy Schaefer

Take P.A.R.T. in Missouri Ready in 3

Preparation:

Director and/or emergency coordinators review emergency plan and keep parents and staff informed of changes.

Director and/or emergency coordinators replace/replenish emergency supplies and field bags.

Teachers keep contact information on all children up to date.

Director or building manager periodically conduct safety checks of physical facility and vehicles. Director ensures that emergency coordinators know where all shut-off valves are. Director communicates to parents conditions in which facility will be closed.

Action At time of Emergency:

Director grabs office copy of teacher and child contact information and business records.

Teachers grab field bags and medications.

Emergency coordinators work to keep all staff calm and on task.

Director and/or an emergency coordinator will stay at the facility for follow-up after an emergency or in case of delayed child pick-ups.

Teachers call parents of children in their group when required by plan.

Recovery:

Director or emergency personnel announce, "*All clear*" when it is safe to reenter.

Director decides if an emergency warrants closing the facility and when the facility will reopen. Director initiates communication of the decision to close or reopen to staff and parents.

Director/superintendent decides if a temporary location to conduct child care services is warranted and feasible; Director and local officials determine appropriate location; Teachers revise curriculum.

Director coordinates repairs.

Director initiate appropriate counsel for children.

Training:

Director provides ongoing training and drills for staff and children, including emergency training, CPR, and first aid.

Review of Supplies & Disaster Drill Procedures with Staff & Children

Date plan was prepared: June 20, 2023

be immediate and is non-negotiable.