Woodward-Granger
Early Childhood Handbook
2026-2027



2200 State Street
Granger, Iowa 50109
Phone: (515) 999-8058

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The First Day of School

I used to be little, but not anymore.
Tomorrow I'll get up and walk out the door.
I'm going to school; it's the first time for me.
It's great to be big, but I'm scared as can be.
My tummy's in knots. Do you want to know why?
I'm thinking that maybe, just maybe, I'll cry.
When Dad leaves the school and I'm there all alone.
I'm thinking that maybe I want to go home.
I see lots of children inside playing games.
And wait- Mommy said I can learn all their names.
The first day of school, oh there's so much to do!
There's painting and books and a big playground, too.
I used to be little, but not anymore.
Tomorrow I'll get up and walk out the door.
I'm going to school- it's my first day, you see.
It's great to be big! I'm so glad that I'm me.

Preschool Program Assessment
Woodward-Granger Preschool and community partner preschools implement the Iowa Quality Preschool Program Standards. We will receive verification visits to confirm that we are meeting these standards. Administrators, families, staff, and other participating adults will be involved annually in a program evaluation that measures progress toward the program's goals and objectives. We will use this information to plan professional development and program quality improvements.

Curriculum
The Creative Curriculum is the framework we use for focusing on the whole child. This curriculum is a research and evidence-based curriculum. It addresses all areas of early learning: language and literacy, math, science, physical skills, and social skills. The Creative Curriculum provides children with the opportunity to learn in a variety of ways- through play, exploration, problem-solving, music, movement, art, drawing, writing, listening, and storytelling.

We also follow other research-based curriculums that align with the outcomes of Creative Curriculum. These curricula include Handwriting Without Tears, Al's Pal's and Michael Heggerty's Phonemic Awareness.
(IQPPS 2.1-2.30, 3.1-3.18)

Staff – General Information
Hiring procedures include completion of the following checks: criminal record check, free from a history of substantiated child abuse or neglect check, education credentials, verification of age, and personal references.
Certified staff are qualified teachers through the Iowa Department of Education Bureau of Licensure.
(IQPPS 10.1-10.3, 10.6-10.7)

Evaluation and Professional Career Plan
Employees shall be observed, with notice a minimum of two (2) times in periods of service, employees will be observed, with notice a minimum of two times every third year unless the employee/district requests an evaluation every year.

All teachers and teacher associates have specialized professional development training. Their training is used to adapt classroom practices and curriculum activities. Professional development plans are used to inform continuous professional development.
(IQPPS 6.1-6.6)

Family Involvement
Our school district encourages families to be very involved in their child's education by observing during the day when possible and meeting with staff. Parents are welcome to visit at any time during class sessions. Please contact the teacher for details/class schedule.

Parents/primary caretakers are the children's most important teachers. We are very pleased to be able to be your partner in your child's early learning experience. Home visits will be held at the beginning of the school year. Home visits are utilized in order to get to know families, their values, traditions and to see the child in their own setting. They also help us to build a positive relationship between school and family as well as strengthen the home-school connection. Information will be gathered during the home visit and throughout the year that will contribute toward your child's overall assessment.
(IQPPS 7.1, 7.2, 8.1-8.4)

Outside Play and Learning
We have daily opportunities for outdoor play as the weather permits, provided the environmental safety conditions and the weather air quality do not pose a threat. This allows children the opportunity to get exercise, be active, and develop their large muscle skills. We use the Child Care Weather Watch guidelines produced by Healthy Child Care Iowa to determine if the Wind Chill Factor or Heat Index is safe for outdoor play.

In cases when we cannot go outside (due to weather conditions) children are given the opportunity to use indoor equipment for similar activities inside and are supervised at the same level as outdoor equipment.

In order to make sure that your child can play comfortably outside it is important to dress according to the weather. When it is cold outside children need a warm coat, mittens or gloves, and a hat (labeled with your child's name). Also, snow pants are important for those days when the ground is covered with snow. For the warmer days, dressing your child lightly is just as important. For those in-between days, dressing your child in layers is a practical idea.

There are areas on the playground for children to be in the shade and still be active. We encourage you to bring a hat or other clothing for your child to wear as another protection from the sun. If you would like your child to wear sunscreen or insect repellant, please apply before school.

Program staff will complete a playground safety check on a weekly basis.
(IQPPS 5.4, 9.1-9.8)

Eligibility Requirements for Preschool Programming

4 year old programming

- For a child to be eligible for our 4 year old preschool programming, the child must be 4 by September 15th of the upcoming academic year.
- Children that are 5 years old by the September 15th cutoff date will be eligible for our Transitional Kindergarten or Kindergarten programming only based upon the rubric eligibility criteria.

Child Assessment

Assessments of young children are purposeful, developmentally appropriate, and take place in the natural setting by familiar adults. The results will be used for planning experiences for the children and to guide instruction. Assessments provide information about individual child needs, interests, and abilities in order to plan developmentally appropriate activities for them. These assessments are sensitive and informed by family culture, experiences, children's abilities, and disabilities, and home language. All results will be kept confidential and stored in a secure location in the school. We use these assessments to provide parents information regarding developmental milestones as well as to indicate if children need additional assessments or intervention.

Children are assessed in the following ways:
Teachers monitor each child's developmental progress throughout the year using Creative Curriculum Gold online.
This program gives

- teachers, AEA staff, parents and administrators the ability to monitor progress throughout the year. Checkpoints are done three times a year.
- Observational data that provides an ongoing anecdotal record of each child's progress during daily activities.
- Early Literacy Individual Growth and Development Indicators (IGDI's) are given at the beginning, middle, and end of the year to monitor the growth of early literacy and math skills.
- Child portfolios are organized by the teachers and include observational data, assessments, and ongoing child work samples.
- Families are asked to contribute information regarding their child's progress throughout the year. Young children show different skills in different settings. Working together, the teachers and families can gather a complete picture of how a child is performing developmentally.
- Special education teachers will take data for individual student goals a minimum of one time weekly, graphed, and report on a trimester basis. The four-point decision-making

rule will be used to make instructional decisions. After a minimum of 6-8 points have been collected, if the final 4 data points fall above or below the goal line, an instructional change will be made and described on the graph.
(IQPPS 2.5, 2.6, 4.1, 4.2, 4.3-4.9)

Sharing Assessment Information

Assessment information will be shared with families during parent-teacher conferences in the fall and spring. Each family will have individual time to learn about their child's progress, share information, and gain insight for all parties. We want to work with you to learn about your child's progress at home as well as at school. If conversations and assessments foster concerns on student progress, or if an assessment shows there is a possible issue related to a developmental delay or other special need, then these concerns will be noted and the teacher will then request a meeting with the early childhood special education problem-solving team, which includes teacher representatives, AEA staff and administrators. The team engages in problem identification, plans interventions, provides support, and makes outside resources available to those individuals requesting assistance. Parents of students with special needs are also involved in IEP meetings on an annual basis.
(IQPPS 7.3-7.7)

Supervision Policy

Before children arrive at school, the staff will complete the following safety checklist indoors and outdoors daily:

- All safety plugs and electric outlets are covered up, heat/ AC, water temperature, and toilets, etc. in working order.
- All cleaning supplies/poisons are out of children's reach and stored properly.
- Classroom/playground materials checked for cleanliness/broken parts, etc.
- Supplies checked- first aid kits, latex gloves, soap, paper towels, etc.
- Daily monitoring of environment- spills, etc.
- Upon arrival, each child is observed by the teacher for signs of illness or injury that could affect the child's ability to participate in the daily activities

During the school day, no child will be left unsupervised. Staff will supervise primarily by sight. Supervision by sound is permissible as long as teachers check every 2-3 minutes on children who are out of sight (i.e., for those who can use the toilet independently, etc.)
(IQPPS 9.2, 9.10, 9.12, 9.14, 10.4, 10.9)

Child Guidance and Discipline
Teaching staff will use positive guidance, redirection, and planning ahead to prevent problems. They will encourage appropriate behavior through the use of consistent and clear rules and involve children in problem-solving to foster the child's own ability to become self-disciplined. Teaching staff will encourage children to respect one another, to be fair, respect property, and take responsibility for their actions.

Woodward-Granger participates in a program called PBIS- Positive Behavior Interventions and Supports. This program emphasizes a school-wide support system that includes proactive strategies for defining, teaching, and supporting appropriate student behaviors.
(IQPPS 1.2-1.9)

Water/Sensory Table Activities
We have a sensory table in the classroom for children to stand and play. During sensory play, children are involved in active experiences with science and math concepts. Children with sores on their hands are not allowed to participate with others in the sensory table to ensure that no infectious diseases are spread. Children are not allowed to drink the water during water play activities. When the period is complete, the water table is drained and refilled with fresh water before a new group of children come to participate. Outdoor water play is limited to tubs and buckets or containers as well as the water table. We do not participate in swimming pool activities. Staff will supervise all children by sight and sound in all areas with access to water in tubs, buckets, and water tables.
(IQPPS 2.4-2.7, 2.16-2.23, 5.7)

Snacks/Foods and Nutrition
A daily snack will be provided by the school for each child. If the provided snack is not desired then you may provide your own. Doctor-prescribed dietary needs will need to be provided to the nurse at registration. Lunch menus are kept on file with the building secretary for review by a program consultant. There are a wide variety of nutritional foods served each day. Children who eat school-provided lunch are encouraged to expand their tastes by at least trying a portion of the food offered.

All food is prepared, served, and stored in accordance with the U.S Department of Agriculture Child and Adult Care Food Program (CACFP) guidelines. Clean, sanitary drinking water is made available to children throughout the day. The staff discards any foods with expired dates. Foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach. Foods requiring refrigeration will be kept cold until served.

For each child with special health care needs, food allergies, or special nutrition needs, the child's health care provider should provide the school with an individualized care plan prepared in consultation with family members and specialists involved in the child's care. Children with food allergies shall be protected from contact with the problem food. With family consent, the program posts information about the child's allergies in the food preparation area and in areas of the facility the child uses to serve as a visual reminder to all adults who interact with the child during the day. Program staff will keep a daily record documenting the type and quantity of food a child consumes when any child with a disability has special feeding needs. The staff will provide parents with the daily record.

High-risk foods that are often involved in choking incidents will not be served. For children younger than four years old, these include hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; a spoonful of peanut butter; or chunks of raw carrots or larger meat that can be swallowed whole.

The school district does not use foods or beverages as rewards for academic performance or good behavior, and will not withhold food or beverages as a punishment, nor will teaching staff ever threaten to withhold food as a form of discipline.
(IQPPS 1.3, 5.9 – 5.19)

Toileting
Toilet learning is an important time in a child's development. For children who are unable to use the toilet consistently, the following procedures are in place:
Diapering will only be done in the designated diaper area, which has an elevated surface.

Staff will follow all diapering guidelines set forth in the Iowa Quality Preschool Programs Standards: Standard 5, Criteria 5:

- Clothing that is soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.
- Staff will check children for signs that diapers or pull-ups are wet or contain feces at least every two hours.
- Diapers are changed when wet or soiled.
- Staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility.
- Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly using a hands-free device (e.g., a step can).

- Containers are kept closed and are inaccessible to children. The container will be clearly labeled to show its intended use.

(IQPPS 5.5)

Communication with Families

The program will promote communication between families and staff by using written notes as well as informal conversations or e-mail. Families are encouraged to send written notes with important information so all the staff who work with the child can share the parent's communication. Staff will use newsletters and/or notes to inform families about the child's experiences, accomplishments, and other issues that affect the child's development and wellbeing. Parents are encouraged to maintain regular, on-going, two-way communication with the teaching staff in a manner that best meets their needs -email, in person, home-visits, notes, or phone calls.

(IQPPS 1.1, 7.1-7.7)

Health and Immunization Certificates

Immunization records should be turned in before the child starts school (except for immunization for which parents are using a religious exemption). Within six weeks after a child begins the program, health records that document the dates of service shall be submitted that show the child is current for routine screening tests (Physical).

(IQPPS 5.1, 10.8)

Health and Safety Records

Health and safety information collected from families will be maintained on file for each child in the school nurse's office. Files are kept current by updating annually. The content of the file is confidential.

Child Health and Safety Records will include:

- Current relevant information about any consent or health insurance coverage required for treatment in an emergency
- Results of health examination, showing up-to-date immunizations and screening tests
- Current up to date emergency contact information for each child
- Instructions and/or plans for any of the child's special health needs such as allergies or chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes) will be developed by the staff and parent
- Individual emergency care plans for children with known medical or developmental problems or other conditions that might require special care in an emergency (allergy,

asthma, seizures, orthopedic or sensory problems, and other chronic conditions; conditions that require regular medication or technology support (IQPPS 10.14)
- Supporting evidence for cases in which a child is under-immunized due to a medical condition, documented by a licensed health professional, or because of the family's beliefs.

(IQPPS 5.1, 10.8)

General Health and Safety Guidelines

- All staff must be alerted to the health of each child, which may include known allergies or special medical conditions.
- When children are under the supervision of the pre-school teachers, all support staff must be alerted to the whereabouts of the children. Systems are in place for accounting for children at regular intervals, especially during periods of transition.
- All staff will follow proper procedures for hand washing, using disinfectant, and following universal precautions to prevent infections.
- All staff are familiar with evacuation routes and procedures.
- All teaching staff complete "Occupational Exposure to Bloodborne Pathogens" annually.

All teachers/associates have a certificate of the satisfactory completion of first-aid training, including managing a blocked airway and providing rescue breathing for infants and children. An adult is always present with each group of children. When a child in the group has a special health condition that might require CPR, one staff person who has successfully completed training in CPR is present in the group at all times.
(IQPPS 5.2, 5.6, 6.5)

Illness Policy and Exclusion of Sick Children

While most illnesses do not require exclusion, there are times when the student should be sent home. If the illness prevents the student from participating comfortably in activities, results in needed care greater than school personnel can provide considering the health and safety of other students or poses a risk of spread of harmful diseases to others they may be excluded from activities.

- Per IDPH Guidelines for Education and Exclusion Criteria students shall be absent or excluded from school due to reasons listed in the link.

Accident or Illness

Upon arrival at school, each child is observed by teaching staff for signs of illness or injury that could affect the child's ability to participate comfortably in the daily activities. Children will be excluded when a child is not able to participate comfortably; if the illness requires more care

than staff are able to provide without compromising the needs of the other children in the group, or if keeping the child at school poses an increased risk to the child or to other children or adults with whom the child will come in contact.

When a child develops signs of an illness during their day at preschool, parents, legal guardians, or other person authorized by the parent will be notified immediately to pick up the child. For this reason, please be sure that we have current, accurate phone numbers for you, your authorized emergency contact person and your child's pediatrician. In the meantime,
We will provide the child a place to rest until the parent, legal guardian or designated person arrives under the supervision of someone familiar with the child. If the child is suspected of having a contagious disease, then until she or he can be picked up, the child is located where new individuals will not be exposed.
(IQPPS 10.5)

Reporting Communicable Diseases
Staff and teachers provide information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that the families should implement at home.
(IQPPS 5.3)

Medication Policies and Procedures
The school nurse can administer medication, either prescription or OTC medication with the proper documentation filled out prior to administering.
(IQPPS 5.8)

Staff administer both prescription and over-the-counter medications to a child only if the child's record documents that the parent or legal guardian has given the program written permission. The child's record includes instructions from the licensed health provider who has prescribed or recommended the medication for that child.

Any administrator or teaching staff who administers medication has (a) specific training and (b) a written performance evaluation updated annually by a health professional on the practice of the six right practices of medication administration:

(1) verifying that the right child receives the
(2) right medication
(3) in the right dose
(4) at the right time

(5) by the right method with documentation of each right each time the medication is given.
(6) The person giving the medication signs documentation of items 1-5 above.

Teaching staff who are required to administer special medical procedures have demonstrated to a health professional that they are competent in the procedures and are guided in writing about how to perform the procedure by the prescribing health care provider.

All Medications are kept in a locked container and are labeled with the following:

- the child's first and last names
- the date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider
- the name of the medication or the period of use of the medication
- the manufacturer's instructions or the original prescription label that details the name and strength of the medication
- the instructions on how to administer and store it.
- (IQPPS 5.8)

Cleaning and Sanitization

The facility will be maintained in clean and sanitary condition. When a bodily fluid hazard occurs, the area will be made inaccessible to children and the area will be cleaned immediately.

Toys that have been placed in a child's mouth or that are otherwise contaminated by body secretion or excretion will be removed immediately and disinfected after they are cleaned with soap and water. This also applies to other surfaces in the classroom.

Staff will be trained in cleaning techniques, proper use of protective barriers such as gloves, proper handling, and disposal of contaminated materials.

Facility cleaning requiring potentially hazardous chemicals will be scheduled when children are not present to minimize exposure of the children. All cleaning products will be used as directed by the manufacturer's label. Non-toxic substances will be used whenever possible.
(IQPPS 5.18-5.19)

Hand Washing Practice

Frequent hand washing is key to preventing the spread of infectious diseases. Teachers will teach children how to wash their hands effectively. Posters of children using proper handwashing procedures are placed by each sink.

Staff members and those children who are developmentally able to learn personal hygiene, are taught hand-washing procedures and are periodically monitored.

All staff, volunteers, and children are required to appropriately wash hands in order to reduce the risk of transmission of infectious diseases to themselves and to others.

The staff assists children with handwashing, as needed, to successfully complete the task.

Children and adults wash their hands:
Upon arrival for the day

- After diapering or using the toilet (use of wet wipes is acceptable for infants)
- After handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or any touching of mucus, blood, or vomit)
- Before meals and snacks, preparing or serving food, or handling any raw food that requires cooking (e.g., meat, eggs, poultry)
- After playing in water
- After handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals

Adults also wash their hands:

- Before and after feeding a child
- After assisting a child with toileting
- After handling garbage or cleaning

(IQPPS 5.6)

First Aid Kit

A first aid kit is located in the preschool classroom. It is inaccessible to children, but readily available for adult use. Following each use of the kit, the contents will be inspected and missing or used items replaced. The first aid kit is taken to the outdoor play areas as well as on field trips and outings away from the school.
(IQPPS 9.12)

Medical Emergencies and Notifications of Accidents or Incidents

The Woodward Granger Community School District has written plans in place that describe the following situations and procedures to follow:

- Emergency phone numbers
- Severe weather
- Utility failures (electrical power failure, water line break, gas line break)

- Bomb threats
- Physical threats/Armed intruder
- Evacuations/Fire
- Accidental injury or illness procedures for life threatening and non-life-threatening situations

The plans will be reviewed by each staff member. At the beginning of each school year, changes will be communicated. In the event that your child receives a minor, non-life-threatening injury during their time at school, our teacher will assess the situation and apply first aid as needed. Minor cuts and scrapes will be treated with soap and water. Bumps will be treated by applying ice to the injured area. Any incident or injury will be documented on an injury form and a copy will be given to the parent within 24 hours of the incident. All staff will have immediate access to a telephone that allows them to summon help in an emergency. Each phone will post the telephone numbers of the fire department, police department, hospital, and poison control. Emergency contact information for each child and a staff member will be kept readily available.

The list of emergency telephone numbers, copies of emergency contact information, and authorization for emergency transport will be taken along when children leave the facility in the care of facility staff. Emergency phone numbers will be updated at least annually or as needed. (IQPPS 10.10)

Fire Safety

A fire extinguisher is installed in the preschool classroom with a tag indicating its annual service date. The fire alarm system is serviced annually. Smoke detectors, fire alarms, and carbon monoxide detectors are tested monthly. A written log of testing dates and battery changes is maintained and available upon request. Fire drills are conducted and recorded.
(IQPPS 9.13)

Protections from Hazards and Environmental Health

Program staff will work to protect children and adults from hazards, which may include electrical shock, burns, or scalding, slipping, tripping, or falling. The preschool classroom building has been assessed for lead, radon, radiation, asbestos, fiberglass, and other hazards that could impact children's health with documentation on file if applicable. No well water is used at any site. The building's heating, cooling, and ventilation systems are kept in compliance with national standards for facility use by children. The program maintains facilities so they are free from harmful animals, insect pests, and poisonous plants. Pesticides and herbicides, if used, are applied according to the manufacturer's instructions when children are not at the

facility and in a manner that prevents skin contact, inhalation, and other exposure to children. (IQPPS 9.8, 9.11)

Tobacco-Free Facility

The use of tobacco products, including smoking and smokeless tobacco products, is prohibited in buildings and on school grounds.
(IQPPS 9.15)

Transitions

Making a change from one program to another can sometimes be difficult for a young child whether the transition is within the same building or in another location. Home and school connections are crucial to the transition to kindergarten or any other program and teaching staff will partner with the family to make transitions as smooth as possible. Preschool staff will provide information about enrollment policies and procedures, and program options.
(IQPPS 7.5, 7.7)