Welcome!

We're excited to learn and grow with your child!









Hello!

Thank you for considering Little Buckeyes Early Learning Center for your child's care! We are excited to get to know your child and help them learn and grow!

This packet contains forms for you to complete that will help us know how to best care for your child. Please complete the forms and return to Little Buckeyes Early Learning Center (located in the Green Building at Buckeye Hills Career Center) OR email your completed packet to LittleBuckeyes@buckeyehills.net.

If you have any questions along the way, please ask us! We want to make the enrollment process easy and simple!

Questions? Call us at 740.245.5334!

Dawn Hall *Early Childcare Facilitator*

Forms Checklist

- New Family Intake Form
- Child Enrollment and Health Information for Child Care
- Child Medical/Physical
 Care Plan for Child Care

Portions must be completed by a physician

Child Medical Statement for Child Care

Must be completed by a physician

- Request for
 Administration of
 Medication for Child Care
- Emergency Medical Authorization

Supply Checklist

You'll need to bring the following items for your child:

- Blanket & Pillow
- Bookbag
- Lunch
- Seasonally Appropriate Change of Clothes





New Family Intake Form

We're so excited that you're joining our program soon! Please take a few minutes to fill out this form so we can get to know you and your child better.

All about your child

Has your child been in any early learning programs before? If so, please share more details.

How would you describe your child's personality in a few sentences?



| What are some things your child does well? |
|--|
| |
| How does your child learn about the world around them? |
| |
| How does your child feel about starting our program? |
| |
| What is most comforting to your child when they are upset? |
| |
| What are your child's favorite toys and games? |
| |

| Does your child enjoy looking at books or reading at home? What is their favorite book? |
|--|
| |
| |
| All about your family |
| Tell us about your household (who lives with you, their relationships to your child, and any other details you'd like to share). |
| |
| Is there any information about your family's culture, religion, or language that is important for us to know? |
| |
| Do you or your family members have any talents or interests you would like to share with our program? |
| |

| How else can we support you? |
|--|
| What are your expectations of our program? |
| |
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| |
| Do you have any questions about the facilities, program, or curriculum? |
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| What are your greatest hopes for your child's early education experience? |
| Do you have any concerns? |
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| Is there any other way our program can support your family (e.g., referrals to |
| community resources)? |
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| |

Thank you for filling out our intake form! We're thrilled to welcome you to our program.

Ohio Department of Job and Family Services

CHILD ENROLLMENT AND HEALTH INFORMATION FOR CHILD CARE

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

| Child's Name | | D | ate of | te of Birth | | | First Day at Program/Home | | | |
|--|-----------------|--------------|---------|--|-----------|--------------|---------------------------|-----------|-------------|----------------------|
| Home Address | | | | | | | City | | | |
| State | Zip Code | Н | ome T | elephon | ie Numbe | er | | | | |
| Parent/Guardian Name #1 | | | | Relationship to Child | | | | | | |
| Home Address Same as Child's | | | | Home Telephone Number Same as Child's | | | | | | |
| City | | | | | State Zip | | | | | |
| Email Address (if applicable) | | | | Cell Phone (if applicable) | | | | | | |
| Parent's Work/School Name | | | Р | arent's V | Vork/Sch | ool Teleph | one Numb | er | | |
| Parent's Work/School Address | | | | | | City | | | | |
| Please indicate if this name should be for other parents/guardians. | | | ian, of | a child a | ttending | the progra | m/home re | quests c | ontacti | nformation |
| If you answered yes, please indicate w | | - | includ | e on the | list □ \ | Vork # | ☐ Cell# | □ Но | me# | ☐ Email |
| Where can you be reached while your | child is in thi | s program/ho | me? | | | | | | | |
| Parent/Guardian Name #2 | | | | | Relation | nship to C | Child | | | |
| Home Address Same as Child's | | | Hom | ne Telep | hone Nur | mber 🗆 S | Same as Ch | nild's | | |
| City | | | | | Sta | ate | | 2 | <u>Z</u> ip | |
| Email Address (if applicable) | | | Cell | Phone | | | | | | |
| Parent's Work/School Name | | | Pare | ent's Wor | k/School | Telephon | e Number | | | |
| Parent's Work/School Address | | | | City | | | | | | |
| Please indicate if this name should be for other parents/guardians. | s 🗆 No |) | | | • | | ım/home, re | equests o | | information ☐ Email |
| Where can you be reached while your | | | | | | | | | | |
| | | | | | | | | | | |
| Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name <u>of at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age. | | | | | | | | | | |
| Name | | | | Name | | | | | | |
| City State | | | | City State | | , | | | | |
| Telephone Number | Relationship | to Child | | Telephone Number Relationship to Child | | | to Child | | | |
| Other numbers where emergency contact can be reached (if applicable) | | | | Other numbers where emergency contact can be reached (if applicable) | | | | | | |
| Name of Physician or Clinic/Hospital | | | | | | | | | | |
| Street Address | | | | | | | | | | |
| City | | State | | Teleph | one Num | ber | | | | |

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| Child's Name |
|--|
| Allergies, Special Health or Medical Conditions, and Medical Foods |
| Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home. |
| Does your child have any food, medication or environmental allergies? (check all that apply) |
| □ No □ Yes - <i>check all that apply</i> □ Food □ Medication □ Environmental Please list and explain: |
| |
| Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (check one) |
| Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. |
| Does your child have a developmental delay or special health or medical condition? (check one) No Yes - please explain |
| |
| Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (check one) No Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. |
| ls your child currently using any medication or medical food? (check one) |
| ☐ No ☐ Yes - please explain |
| |
| |
| If yes, does this medication or medical food need to be administered at the child care program/home? No Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS |
| 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food. |
| Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one) No Yes - please explain |
| |
| |
| Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group? No Yes - written instructions from the child's health care provider must be on file. |
| N/A - program does not provide meals or spacks to the child |

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| Child's Name |
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| List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical |
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| personnel in an emergency situation. |
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| ☐ Not applicable |
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| List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to |
| be comforted. |
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| ☐ Not applicable |
| List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits. |
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| ziotany additional monination about your office and a so about to thiom, out in a sating of clooping natite. |
| Listarry additional mile material and medicable action of the mile m, each action and calling of discipling matrice. |
| Listarry additional mile material and medicable assistance of the mile my such as satisfied street materials. |
| Listarry dadaterial information about your orma that modified of out to throw, out in a satisfied of clooping habite. |
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| □ Not applicable |
| □ Not applicable |
| |
| □ Not applicable |

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| Child's Name | | | | | | |
|---|----------------|---------------------------|--|-------------------------------|--|--|
| Diapering Statement | | | | | | |
| Is your child toilet trained? Yes (If yes, skip to Emergency Transportation Authorization section) No (If no, fill out the following:) | | | | | | |
| The program's policy is to check diapers everyhours. Please indicate if you want your child's diaper checked according to the program's policy or another: | | | | | | |
| ☐ I agree with the program's schedule ☐ I do not agree, please check my child's diaper everyhours. | | | | | | |
| | Emergency Tr | ransport | ation Authorization | | | |
| Give <u>Permission</u> to | Transport | | Do Not Give Permiss | sion to Transport | | |
| Program or Home Name | | | Program or Home Name | | | |
| has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported. | | Do not sign both | does not have permission to se transportation for my child in the which requires emergency treatm action to be taken: | event of an illness or injury | | |
| Parent's Signature | Date | | Parent's Signature Date | | | |
| Acknowledgement of Policies and Procedures I have reviewed and received a copy of the program's or home's policies and procedures/handbook. Yes No (check one) | | | | | | |
| This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. | | | | | | |
| Parent/Guardian Signature(s) | | | | Date | | |
| Administrator/Designee Signature | | | | Date | | |
| | | | | | | |
| The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form. | | | | | | |
| Parent/Guardian Initials | Date of Review | | Administrator/Designee Initials | Date of Review | | |
| Parent/Guardian Initials Date of Review Administrator/Designee Initials Date of Review | | | | Date of Review | | |
| Parent/Guardian Initials | Date of Review | | Administrator/Designee Initials | Date of Review | | |

Note:
This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This formmust be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

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Ohio Department of Job and Family Services CHILD MEDICAL/PHYSICAL CARE PLAN FOR CHILD CARE

A separate plan must be written for each condition that requires different actions to be taken and must be kept at the program for at least one year.

| This form shall be completed when a child has a condition that requires one of the following: • Monitoring the child for symptoms which require staff to take action • Ongoing administration of medication or medical foods • Procedures which require staff training • Avoiding specific food(s), environmental conditions or activities • School-age child to carry and administer their own emergency medication |
|---|
| If the medication or medical food is documented on this form, then a JFS 01217 is not required. |
| Child's Name |
| |
| Special Health Condition |
| Does this health condition require medication or medical food? Yes (If Yes, complete Part II) No |
| A. What are the signs, symptoms, or situations which require staff to take action? B. What are the activities, foods, environmental conditions, etc. to avoid? Not applicable |
| C. What are the training instructions for the procedures staff have to follow? (include all steps to care for the child/perform the medical procedure) |

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Part II: Conditions Requiring Medication or Medical Food

Completed by Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's **Assistant**

(If no medications or medical foods are required for the condition, skip Part II).

If a non-prescription medication does not meet any of the items 1-5 below, the parent can complete Part II.

Part II must be completed by or separate instructions attached from a Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's Assistant when any of the following apply:

- 1. The (prescription or non-prescription) medication contains codeine or aspirin
- 2. Instruction is needed for the (prescription or non-prescription) medication
- 3. The child does not meet the minimum age or weight requirements as listed on the label instructions on the (prescription or non-prescription) medication
- 4. The (prescription or non-prescription) medication is to be given longer than three consecutive days within a fourteen-day

| Child's Name | | Date of Birth | Weight (if needed to determine dosage) |
|---|--|-----------------------------|--|
| Name of Medication/Medical Food | Name of Medication/Medical Food | Name of Me | edication/Medical Food |
| Dosage of Medication/Medical Food | Dosage of Medication/Medical Food | Dosage of N | /ledication/Medical Food |
| Time of Medication/Medical Food Administration | Time of Medication/Medical Food Administration | Time of Med Administrati | dication/Medical Food on |
| Medication/Medical Food Expiration Date | Medication/Medical Food Expiration Date | Medication/ Date | Medical Food Expiration |
| | | | |
| B. What are the specific instructions for | administration of medication or medical f | ood? | |
| B. What are the specific instructions for C. What are the actions to be taken if sy | | ood? | |

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| Part III: A | Administration of Med | ication or Me | dical Food Training Auth | orization | | |
|--|---|----------------------|--|---|--|--|
| Completed by | white the same by a second or the same of | | r, and/or trained child care s | taff member(s) | | |
| Child's Name | Par | t III must be co | mpleted | | | |
| | | | | | | |
| If the child care program must be additional assistance? (Check | | | | s child or does the child need | | |
| Parent Provided Training After perform the procedure | | | Certified Professional Tra | aining AND parent grants | | |
| My signature indicates I have provided instructions for care and/or training for the medical procedure and I give my permission for the staff listed to perform the procedures in my child's medical/physical care plan. Parent Signature | | Complete Only One | My signature indicates I have provided instructions for care and/or training for the medical procedure Certified Professional's Name (please print) | | | |
| | | Section | | | | |
| Date of Signature | | | Certified Professional's Sig | nature | | |
| | | | Date of Signature | Phone Number | | |
| | | 3 | | my permission for the staff listed to child's medical/physical care plan. | | |
| | | | Parent Signature | | | |
| | | | Date of Signature | , , , | | |
| Signatures of all child care sta for this child. Additional printe | | | | trained in performing the proced n attached sheet. | | |
| Printed Name | | Signature | | Date | | |
| Printed Name | = = = = = = | Signature | ======================================= | Date | | |
| Printed Name | | Signature | | Date | | |
| Printed Name | | Signature | | Date | | |
| Printed Name | | Signature | | Date | | |
| My signature indicates that I have reviewed the instructions for care, the form for completion and ensured staff are informed and trained. | | Administrator/F | Date of Signature | | | |
| This form is to be initialed and information has stayed the sa | | | n reviewed by the parent/guar icant changes are needed, a r | | | |
| Parent/Guardian Initials | Date of Review | Adn | ninistrator/Designee Initials | Date of Review | | |
| Parent/Guardian Initials | Date of Review | Adn | ninistrator/Designee Initials | Date of Review | | |
| Parent/Guardian Initials | Date of Review | Adn | ninistrator/Designee Initials | Date of Review | | |
| Parent/Guardian Initials | Date of Review | Adn | ninistrator/Designee Initials | Date of Review | | |
| Parent/Guardian Initials | Date of Review | Adn | ninistrator/Designee Initials | Date of Review | | |

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Part IV: Documentation of Administration of Medication or Medical Food

Completed by child care staff member, family child care provider or in-home aide for the child listed on this form

All medication or medical food must be documented when administered. Document each medication or medical food on its own page. Incomplete information elevates the level of risk to children. If more than one medication or medical food is needed, make a copy of this page for each medication or medical food.

This medication or medical food is not to be administered until after the child has received the first dose or application at least once prior to the program administering a dose to avoid unexpected reactions. Emergency medications for the child are exempt from this requirement.

| Child's Name | | Name of medication/r | nedical food | | | | |
|--|------|----------------------|---|--|--|--|--|
| Date | Time | Dosage | Signature of designated person administering medication | | | | |
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Ohio Department of Job and Family Services CHILD MEDICAL STATEMENT FOR CHILD CARE

| Child's Name (print or type) | | | Date of Birth | | | | |
|--|-------------------|-----------------|----------------------------------|--|--|--|--|
| Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner): | | | | | | | |
| Section A- EXAMINATION | | | | | | | |
| $\sqrt{\ }$ The above named child has been examined. | | | | | | | |
| The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care). | | | | | | | |
| √ The above named child does not have allergies OR is allergic to the following (<i>please list in space below</i>): | | | | | | | |
| | | | | | | | |
| Check below, if applicable: Additional information that will assist the child care properties in the child care properties and developmental child. | | | | | | | |
| Optional: Measurements and Recommended Assessments/Screenings Height Vision | | | | | | | |
| Signature of Examining Health Care Practitioner | | | Date of Examination | | | | |
| Name of Examining Health Care Practitioner | | | Telephone Number | | | | |
| Street Address | City, State and 2 | Zip Code | | | | | |
| ATTACH A COPY OF THE CHILD'S IMMU (MM/DD/YYYY FORMAT) OF DO | | | G DATES | | | | |
| IMMUNIZATION (Complete ONLY ONE SECTION below) Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases: Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus. | | | | | | | |
| Section B - To be completed by the EXAMINING HEA | | Initials of Exa | amining Health Care Practitioner | | | | |
| PRACTITIONER: ☐ The above named child has been immunized against listed above. | the diseases | | | | | | |
| If an immunization is medically contraindicated or not medical for the child's age, note any exceptions by listing the specific | | | | | | | |
| immunization(s): | | Date | | | | | |
| Section C - To be completed by the child's parent Ol WAIVING AN IMMUNIZATION(S): | NLY IF | Signature of | Parent | | | | |
| ☐ I have declined to have my child immunized for reason conscience, including religious convictions against all diseases listed above or against the following diseases | | | | | | | |
| diseases listed above of against the following disease | G(3 <i>)</i> . | Date | | | | | |

Ohio Department of Job and Family Services

REQUEST FOR ADMINISTRATION OF MEDICATION FOR CHILD CARE

| This for in care. | m is to be completed for each prescription | or non-prescription m | nedication th | at a child n | eeds to receive while | |
|---|--|--|---------------------------------|--------------------------|--|--|
| (JFS 01 | | | | required b | y a health care plan | |
| | | Date of Birth (if neede determine the correct | | | Weight (if needed to determine the correct dosage) | |
| | | | | | | |
| Box 1 | The following section must always be co | mpleted by the parent | | | | |
| Name of | medication | | Dosage ☐ See att | ached | | |
| To be ad | Iministered at the following times | | For the follo period of tim | | Medication expiration date | |
| I unders | tand: | | 1 | • | | |
| 1. 2. | This form expires twelve months from the That my child must receive at least one de medication (unless the medication is used | ose of medication at h | , if box 2 has nome prior to | s not been the progra | completed. m administering the | |
| Signatur | e of Parent/Guardian | | | | Date | |
| Box 2 | The following section must be completed registered nurse or certified physician's a | | | | Ivanced practice | |
| A ph The nong The | nonprescription medication contains code ysician's instruction is needed for a nonpre child does not meet the minimum age or wo prescription medication; nonprescription medication is to be given in intended use differs from the manufacture | escription medication; veight requirements as longer than three cons | s listed on th secutive day | | | |

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| Instructions | |
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| ☐ See Attached | |
| Possible side effects to watch for are | |
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| ☐ See Attached | |
| The child is under my care and should receive the above medication as written. I un twelve months from the date of my signature. | derstand this form expires |
| | |
| Signature of licensed physician, licensed dentist, advanced practice registered nurse or | Date of Signature |
| certified physician's assistant | Date of Signature |
| 23. 2 2. p. rysiolan a dociolant | |
| | |
| Phone Number | |

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This form shall be completed for each prescription or non-prescription medication that a child needs to receive while in care.

It is not required to be completed for topical products, lotions, or if the medication is required by a health care plan (JFS 01236).

Child's Name

The following section must be completed by the child care staff member, family child care provider or in-home aide for the child listed on this form. All medication must be documented when administered. Incomplete information elevates the level of risk to children.

Name of Medication

| Date | Time | Dosage | Signature of designated person administering medication |
|---------------------------------------|------|--------|---|
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Emergency Medical Authorization

Revised 5/6/2020 This form meets the requirement for Ohio Revised Code Section 3313.712. Program Student Name _____ Address ______ Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. Residential Parent or Guardian: Mother's Name _____ Daytime Phone _____ Father's Name _____ Daytime Phone _____ Other's Name Daytime Phone _____ Name of Relative or Childcare Relationship Daytime Phone

Emergency Contact1 #1 _____

Daytime Phone _____

| Emergency Contact #2 | _ |
|--|--|
| Daytime Phone | |
| Address | |
| Emergency Contact #3 | _ |
| Daytime Phone | |
| Address | |
| Emergency contact information is required in accordance v 3301-37-08 (for preschool programs). Please complete both | |
| PART I MUST BE COMPLETED: PART I - TO GRANT CONSENT following medical care providers and local hospital to be call | |
| Doctor | <u> </u> |
| Phone | |
| Dentist | |
| Phone | |
| Medical specialist | _ |
| Phone | |
| Local Hospital | |
| Emergency Room Phone | |
| In the event reasonable attempts to contact me have been consent for: (1) the administration of any treatment deeme doctor, or, in the event the designated preferred practitione licensed physician or dentist; and (2) the transfer of the chil accessible. This authorization does not cover major surgery other licensed physicians or dentists, concurring in the necessity the performance of such surgery. Facts concerning the child's me medications being taken, and any physical impairments to which | d necessary by above-named er is not available, by another d to any hospital reasonably unless the medical opinions of two for such surgery, are obtained prior to dical history including allergies, a physician should be alerted: |
| Signature of Parent/Guardian | |
| Address | |

Parent Handbook







Little Buckeyes Early Learning Center of Rio Grande, Ohio 351 Buckeye Hills Road
Rio Grande, Ohio 45674
LittleBuckeyes@buckeyehills.net
(740) 245-5334

Parent Handbook

Little Buckeyes Early Learning Center is at 351 Buckeye Hills Road in Rio Grande, Ohio. The learning center is an educational program which serves children 18 months through age 5. Children will not be denied benefits or otherwise discriminated against upon the basis of race, color, religion, sex, or national origin.

The early learning center is receiving reimbursement for services provided. Sources of reimbursement are parent payments and Job and Family services.

The early learning center is a fully licensed childcare facility. The Ohio Department of Job and Family Services issues the childcare license posted in the welcome center for review. All licensing inspection reports will be posted. The center is licensed for toddlers and preschoolers.

We are a work-based learning hours lab partnered with Buckeye Hills Career Center which works with the students in the Early Childhood Education Program so they can obtain hours for their CDA credential.

Sometimes, representatives from the Ohio Department of Job and Family services come to the center to review and evaluate our program in terms of their regulations and rules. All inspection reports are available upon request from ODJFS.

At various times we may take photos or videos of the children enrolled in our program. We reserve the right to take, and display or publicize these photos/videos with written permission beforehand from the parent/guardian, for parent view, training purposes, documentation of special occasions, events, or activities of the learning center. With written permission beforehand from the parent/guardian.

Philosophy Statement

We believe that in the right environment a child's natural curiosity and creativity leads to endless opportunities to grow in knowledge and develop a love of learning. We provide that environment at Little Buckeyes Early Learning Center by making it a safe and nurturing place where your child will be encouraged to pretend and create their way to exciting discoveries about the world around them. We allow children to join the Little Buckeyes Family from 18 months throughout their prekindergarten years. Each day with us will be a chance for your child to grow socially, cognitively, emotionally, and physically. As early as 18 months, your child will be provided with learning opportunities adapted to fit his or her age, developmental stage, and learning style. Full day, learning centers in one location make it possible for you to provide your child with the care and education that will help them become happy, healthy lifelong learners.

Mission Statement

At Little Buckeyes Early Learning Center, we believe in the value and uniqueness of each child and family we serve. Our center experience is designed to promote each child's own individual social, emotional, physical and cognitive development. As caregivers and educators, our mission is to provide a safe and developmentally appropriate learning environment, which fosters a child's natural instinct to explore, discover, create and become a lifelong learner.

Goals

To have each child enjoy experiences in such a way that they will develop at a maximum rate; socially, emotionally, physically, and academically.

- 1. To help children learn and play independently, to be at ease about being away from home and to learn to follow directions from adults.
- 2. To learn to work together with other children and to build a sense of community and teamwork with their peers.
- 3. To develop self- identity and view themselves as having self- worth'
- 4. To value other's rights as well as their own.
- 5. To build their language and hearing skills, both listening and speaking.
- 6. To learn how to express their inner creativity and imagination though, singing, movement, painting, dramatic play, and other artistic expression.
- 7. To develop and strengthen small and large muscles.
- 8. To build community with parents through family engagement activities.
- 9. To help each child grow and develop into a happy, independent individual.

Hours of Operation

Little Buckeyes Early Learning Center is open 5 days a week from 7:00 am to 4:30 pm.

1st shift 7:00am to 12:30 p 2nd shift 12:00 to 5:00 pm

11 months in operation out of 12 months. Little Buckeyes ELC will follow schedule of Buckeye Hills Career Center and Adult Education.

Parents will be provided with a calendar of closures

July we will not be in session for Little Buckeyes Early Learning Center.

We will usually be closed 2 weeks during Christmas break, 1 week for spring break each year.

New Family Orientation

Each family is encouraged to schedule a time with the Facilitator to complete a "New Family Orientation." This orientation is a great time for parents to drop off routine care items and familiarize themselves with their child's routines at Little Buckeyes Early Learning Center. Important policies and procedures are reviewed with the Facilitator and the paperwork required for enrollment.

Newsletters

A monthly newsletter and menu may be posted on the bulletin board, sent home from your child's class, and sent through the Bright wheel app. This newsletter provides you with general information and announcements about the center, the detailed weekly curriculum, and announcements in upcoming months.

Room Transitions

Your child will transition to a new classroom when he/she has reached the developmental milestones for a particular classroom. As the time for a transition to a new room approach, you will receive a letter containing information about your child's transition into his/her new classroom. Both your child's current and future teacher will be available to address any questions or concerns you have during the transition process. Before the transition into a new classroom is completed, parents are encouraged to schedule a meeting with the new teacher to familiarize themselves with the new classroom, children, and curriculum. Space must be available in the new group, staff/child ratios must be maintained, and the transition agreement must be posted in the classrooms.

Parent Participation

Here at Little Buckeyes ELC, parents may participate in family events, art shows, open houses, and parent-teacher conferences.

Programs and Group Ratios

The staff-to-child ratio will be maintained at all times. Childcare staff members shall not be counted in the staff/child ratio when engaged in duties or activities that interfere with supervision of children. There shall be at least one other employee or childcare staff member at the center if there are seven or more children in the building. Children shall be organized and assigned to a permanent group in consultation with parents and in accordance with the maximum group size. If two or more age groups are combined, the staff/child ratio shall be maintained for the age of the youngest child in the group. This includes when children are visiting the next older age group for transitioning purposes. If no more than one child two and one-half years of age or older is permanently assigned to a group in which all the other children are in the next older group, the staff/child ratio and maximum group size shall be determined by the older children. All age groups may be combined when there are twelve or fewer children in the center. There are three programs offered at Little Buckeyes Early Learning Center. They are:

| Room | Age | Ratio | Schedule |
|-----------------|---|---|--------------------|
| Young Toddler | Young Toddlers (at least 18 months and less than 2 1/2 years. | 1:7 1 staff member for 7 toddlers 2:14 2 staff members for 14 toddlers | 7:00 AM TO 4:30 PM |
| Older Toddlers | At least 2 1/2 years of age and less than 3 years of age. | 1:8 1 staff member for 8 older toddlers. 2 staff members For 16 older toddlers | 7:00 AM TO 4:30 PM |
| Young preschool | Young Preschoolers (at least 3 years and less than 4 years | 1:12 1 staff member for 12 preschoolers 2 staff members for 24 young preschool. | 7:00 AM TO 4:30 PM |

Enrollment Records

Every 6 months, Little Buckeyes ELC completes an audit of enrollment records. At the conclusion of this audit, families will be notified if anything needs to be updated. Some forms must be updated every year, including the Emergency Contact and Medical Consent form. Other records must be updated throughout the year, such as physical and immunization records. When visiting your child's physician for a yearly "well-child" appointment, please request a copy of your child's physical and most recent immunization record. You may bring these items yourself. Any time a family's information changes such as address,

place of employment or health insurance provider, a new Emergency Contact and Medical Consent form must be completed. All children must have a valid physical exam by licensed physician or certified nurse practitioner within 30 days of enrollment and yearly thereafter. To remain enrolled children's immunizations must be up to date.

Requirements for Admission

A required form JFS01234 child enrollment and health information for childcare will be given to parents at time of enrollment to fill out.

| Item Checklist Needed Before Care Begins | |
|--|--|
| #01217 Request for Administration of medication for childcare form | |
| Signed Parent Handbook Agreement | |
| Child enrollment and Health Information form #1234 | |
| Health physical | |
| Immunization Record | |
| Medical, Dental and General Emergency Plan for Child Care #1424 | |
| Copy of Driver's License | |
| New family Intake Form | |
| If Needed: Child Medical/Physical Care Plan for Child Care form | |

Confidentiality

Emergency Medical Authorization Form

Confidentiality is a top priority for Little Buckeyes ELC. Personal information of families and staff will not be shared for any reason without prior written consent of the individual. When discussing a child's activities and friends in the classroom, only first names will be used situations regarding behavior problems and/or Incident/Accident Reports, names of children involved will never be given to families.

Tuition/Fee

The first week of tuition is due prior to the first day attended. Fees are based on total cost of operation and the number of children scheduled in each age group, you are paying for a slot, not for actual days attended. There will be no overtime charges or registration fees. Tuition for full or part time childcare is based on one of the two following options: Weekly or biweekly, this will be set up by facilitator and parent or guardian.

Subsidized Care- DHS

Little Buckeyes ELC accepts childcare assistance. Parents will be responsible for full payments until authorization has been received and then a weekly copay after a determination amount has been calculated. If at any time assistance is stopped, parents will be responsible for full tuition. As of the date the assistance ended.

Current Tuition Chart

Weekly Rates:

Toddler: 150.00

Preschool: 150.00

Or 50.00 per set day

Curriculum

Creative Curriculum Teaching Strategies Gold/Assessments

Preschool and Infant /Toddler.

Daily Schedule and Activities

Each program has a Daily Schedule tailored to each age group. Little Buckeyes Early Learning Center uses Creative Curriculum and teaches Positive Behavior Strategies with rules and expectations at the center. A daily schedule will be provided to you for your child's program.

Toddler Schedule

7:00 -8:00 am Drop off/bathroom/free play or table time

8:00 -8:30 am Hand washing, Breakfast

8:30-9:00 am Cleanup/diaper check

9:00- 9:15 am Circle time/ Story time

9:15 – 10:00 am Bathroom / hand washing, /outside play (weather permitting)

10:00 -10:15 am bathroom, hand washing /diaper check

10:15 – 11:00 am Art/ music/yoga

11:00 – 11:30 am cleanup/bathroom/hand washing

11:30 - 12:00 Lunch

12:00 -12:10 Story time

12:10 - 2:00 pm Nap

2:00 – 2:30 pm Pick up cots, bathroom, hand washing /diaper check

2:30 - 3:00pm snacks

3:00 - 3:45pm Centers/directed play

3:45 -4:00 pm PBIS/Good Choices/ story time

4:00- 4:15 pm Diaper check /bathroom/hand washing

4:15 -4:30 pm outside play (weather permitting) / Table time/ Dismissal

Preschool Schedule

7:00 – 8:00am Drop-off/ table time /Bathroom, hand washing

8:00- 8:30am Breakfast

8:30 -8:45 am cleanup

8:45 – 9:15 am Music/yoga

9:15- 9:30 am Circle time/letters/ shapes/numbers/story time

9:30 -10:00 am Instructional activity and developmental experiences

10:00 – 11:00am outside play (Weather permitting) if not free choice of centers.

11:00 – 11:30 am Bathroom/ wash hands/ Heggerty Phonics

11:30 - 12:00 Lunch

12:00- 12:15 clean-up/ bathroom/wash hands

12:15- 1:30 pm quiet/naptime

1:30- 1:45 pm pick up cots/ bathroom, wash hands

1:45- 2:00 pm music/movement

2:00- 2:30 pm snack

2:30- 3:00pm Circle Time PBIS/ Good choices/story time

3:00- 3:30pm Free choice at centers

3:30- 4:00pm Outside time (Weather permitting) If not, developmental activities at the table. (Playdoh, table blocks puzzles)

4:00- 4:30 pm puppet show/ Dismissal

Free play

"Free-play" (also called child-initiated activities, free choice, and self-selection) activities are incorporated into the children's schedules. During free-play, teachers actively participate with the children by asking questions about what the children are doing, participating in their pretend play, reading books when prompted, encouraging children to try new activities or play with a new toy, etc. Free play is another opportunity for a child to grow socially and cognitively through the development of relationships.

Appropriate Dress

Children should be dressed in comfortable, washable play clothes and appropriate play shoes. Outdoor play is required daily by licensing for toddlers and preschool children. When children play, they do not stay clean. Clothes may get soiled by food, markers, paint, dirt, and grass. So, children should be dressed accordingly every day. We require extra clothing; including socks, underwear, and outerwear that is appropriate with the season. Please label your child's clothing and place it in a plastic bag. It is important for parents to send their children appropriate clothing and outerwear for the weather conditions (e.g., coat, snow pants, boots, gloves, etc.). Please clearly label all articles of clothing with your child's name. We have a few extra hats and mittens, but not enough for every child. If a child is not dressed appropriately for the weather, we will contact parents to provide the appropriate attire. Please ask your child's teacher if you have any questions about weather-appropriate clothing.

Outdoor Play

Outdoor play is incorporated into the daily schedule, 45 to 60 minutes daily. Staff members actively engage in activities when prompted by the children. Outdoor play is an opportunity for children to run, jump, climb and use their bodies in ways that would otherwise be unsafe in an indoor classroom. In addition, a large amount of social interaction takes place when children play outdoors. Because they are engaged in fewer teacher-directed activities and more child-directed play, children can choose their friends and who to interact with. Children will go outside year-round, including winter. Only during extreme weather conditions will the children remain indoors. (Not below 25 degrees and not higher than 90 degrees as required by rule 5101:2-12-17)

Nap/Rest time

The Ohio Department of Job and Family Service, <u>as required by rule 5101:2-12-20</u> requires that all children must be provided a regularly scheduled nap or resting time. Children will not be forced to sleep but may be encouraged to lie quietly for a while. The length of time a child should have to remain resting varies by child. There is no rule regarding the maximum amount of time a child should have to remain resting. Children should be provided with alternative quiet activities if unable to rest. Children are encouraged to bring a familiar item from home to use during nap/rest time, such as a small blanket or stuffed animal. These items will be stored in your child's backpack or cubby; there is limited space for storage of such items. Please consider this when deciding which items to bring. All items should be clearly labeled with your child's name, as all class laundry is sent home weekly to be washed.

Multimedia

The use of multimedia in our program is an extension of the teaching and learning that takes place in our classrooms. Teachers may select movie, television, and computer game titles based upon weekly themes. Children are not required to view part or all a video or television show, or to play computer games. Instead, the activity is offered as one of several centers. All multimedia must have a rating of "PG" or "E" and must possess an educational theme. Children are limited to 30 minutes per week.

Weapons/Violent Play

Redirection should be used when a child is engaging in weapons or violent play. If a child brings a weapon to Little Buckeyes ELC, the weapon should be placed out of sight and sent home with the parent the same day. Competitive behavior is minimized in our programs. In young children, competition often increases negative behavior and decreases acceptance of others. Bullying is not considered acceptable behavior; all efforts will be made to guide children in finding appropriate ways to interact with others.

Pets & Visiting Animals

- Staff may introduce a class pet to the classroom. Please make sure you know about all pet allergies of your students. Pets and visiting animals brought into the classroom must be carefully considered for their temperament, health risks, and appropriateness for young children. No animal may be brought into Little Buckeyes Early Learning Center without first notifying and receiving permission from the Facilitator. Once approved by the Facilitator, pets and visiting animals must have documentation from a licensed veterinarian or animal shelter to show that the animal(s) is fully immunized and that the animal is suitable for contact with children. Pets and animals shall be permitted if they present no apparent threat to the safety or health of the children.
- (1) All pets shall be properly housed, cared for, licensed, and inoculated. All local and state ordinances governing the keeping of animals (exotic or domesticated) shall be followed and updated as required. Verification of license and compliance with local and state requirements and inoculations, for each pet requiring such license or inoculations, or regulated by local or state government shall be on file at the center.
- (2) Children shall not be directly exposed to animal urine or feces inside the program or in the outdoor play area.

Assessments

Little Buckeyes Early Learning Center uses ASQ/ Teaching Strategies Gold to assess students' levels when entering the program and then every 6 months. Parents are encouraged to work with their child's teacher to assess and meet their child's needs. The Early Childcare Associate is responsible for these assessments with help from the Early Childcare Assistant. These assessments are needed for SUTQ and will require permission to be given from parent or guardian. All child level data will be reported to ODJFS.

Parent-Teacher Conferences/ Assessment Portfolios

Early Childcare Associates are expected to conduct 1 parent-teacher conference and must make every effort to meet with each family. A copy of the parent-teacher conference form and child development summary must be placed in the child's permanent file after conferences. The Early Childcare Associate

should discuss suitable times to hold conferences with the family. These parent teacher conferences are needed for SUTQ purposes, and parents can request them at any time.

Field Trips

As a participant in our childcare program, your child may participate in short, unannounced field trips including walks as a class around the building's perimeter. Teacher-child ratios are maintained. <u>As required by rule JFS 01232.</u> All field trips and walking trips on campus will require a permission slip signed by a parent or guardian.

Meals and Snacks

The classroom daily schedule will have assigned times for breakfast each morning, lunch around midday and afternoon snack. If lunch is not provided by parents or guardian or lunch does not have the required food groups, then a supplemental lunch will be provided by the Learning center. All lunches will be marked with the child's name and placed in the learning center's refrigerator by classroom.

At Little Buckeyes ELC, parents must supply nutritious packed lunch for their child. A pre-packaged breakfast and snack will be provided by Little Buckeyes Early Learning Center. We follow the nutritional guidelines established by the child and adult food program. A menu will be provided for parents and guardians for breakfast and snacks. Please inform your child's teacher if your child cannot eat a certain food or has different dietary needs (e.g., vegetarian, vegan, lactose intolerant) so a substitution can be made. For certain dietary restrictions, you may be asked to provide food from home for your child. <u>As required by rule 5101:2-12-22 ODJFS</u>, Appendix 5101:2-12-22.

Food from Home

Children are welcome to bring in treats to celebrate a birthday or holiday. Due to various food allergies and dietary restrictions in our classrooms, we recommend supplying store-bought snacks, still in the original packaging. Please check with your child's teacher before bringing any homemade snacks. A list of healthy snack options approved by the USDA and Ohio Department of Education is available from the Facilitator.

Food Allergies/ Action Plans

If your child has a food allergy, please complete a Food Allergy Action Plan form from the child's physician. A child with allergies must have form #01242 Medical, Dental and General Emergency Plan for Child Care that is kept in the classroom in the emergency folder. If the allergy is food related, an Allergy Action Plan from their physician must be given to facilitator and all staff be trained and sign off on form. All staff working in the classroom of a child with allergies must review the Allergy Action Plan to ensure understanding of emergency procedures if the child has an allergic reaction.

Toddler, and Two-Year-Old Programs

The following information is specific to toddlers, and two-year-old program rooms: Parents must supply diapers, wipes, extra clothing, pacifiers, blankets, and stuffed toys for rest time. Please label all items with a child's name.

Clothing and Items from Home for Toddler and Preschool

Extra clothes that go with the appropriate season in a large Ziploc bag that is labeled with child's name on it. Sunscreen, small blanket for rest, travel size pillow. These items will stay at the center until every Friday, blankets will be sent home to be washed.

Items from Home

We ask that all items brought to Little Buckeyes ELC from home be placed in your child's cubby shortly after arrival by parent. Please clearly label all belongings brought from home. It is recommended that items of value, such as iPods or handheld gaming systems be left at home due to the risk of damage or theft. Little Buckeyes Early Learning Center is not responsible for lost, stolen, or damaged items.

Arrival and Departure

Arrival

Parents must accompany their child into the center and fill in the lobby sign-in sheet. DO NOT discharge your child from your care in the parking lot or lobby. Parents should also briefly speak with the teacher in the classroom. Please inform anyone that is delivering the child to the center of these protocols. We encourage parents to communicate with their child's teacher about their child's temperament that morning, how he/she slept the night before, whether he/she has eaten that morning, etc. Most children go through periods of difficulty with separating from their parent(s). This is common and developmentally appropriate.

Try these tips for a successful drop-off:

- Establish a regular, predictable routine. Whether you have a kiss and a hug and go, or help your child put his things in his cubby first, do it the same way every day. What often makes separating stressful for children is the uncertainty. If your child can predict what will happen, the separation will not be as difficult.
- Separate once. If you come back into the classroom repeatedly, it will increase your child's stress.
 Remember the moment of separation is the worst part for your child, so doing it more than once makes it more stressful for your child
- Be reliable. Return when promised. Children who are picked up later than expected may have more difficulties separating. Phrase time in terms your child will understand. For example, you will be back after snack time or before naptime.
- When a child is scheduled to arrive from another program or activity and they do not arrive, the facilitator will contact the specific program the child was at and verify where the child is and/or call parent or guardian.

Departure

Little Buckeyes Early Learning Center closes at 4:30 pm, 5 days a week. Please make sure you fill out the required sign out sheets for the day before departure. If a child is to be picked up by someone other than parent/guardian or any not previously on the CHILD HEALTH & ENROLLMENT

INFORMATION or PICKUP PERMISSION, the center must be notified in advance by the parent and photo identification must be shown by that person on the time of pickup. NO CHILD is to be released to an unauthorized person at any time. If any unauthorized person attempts to pick up a child, parents will be called, if parents cannot be reached, the Gallia County Sheriff Department will be called.

If you will be late picking up your child, please provide us with as much notice as possible. If someone we are not familiar with is to pick up your child, it is essential that you inform your child's teacher or Facilitator in advance of the pick-up. This person must be listed as an authorized person on the Emergency Contact and Parent Consent form as soon as possible. Remind the authorized person that they may be asked for identification such as a driver's license to ensure your child's safety. Even if the individual has picked up before, he or she may still need identification if the teacher in charge has never met him or her. If custody papers have been filed all proper paperwork shall be given to the Facilitator and to be placed in the child's folder. Little Buckeyes ELC will follow all custody agreements that are on file.

Be sure to say goodbye to your child's teachers so they know you are leaving. Once you have reunited with your child and are departing, Little Buckeyes Early learning Center is no longer responsible for your child. For safety reasons, please do not let your child run ahead of you inside or outside of the building.

If a child is not picked up at 4:30 pm, the parents will be called using the numbers that are on the "Emergency Contact and Parental Consent" form. If a parent cannot be reached, other contacts will be contacted from the list.

NO CHILD is to be released to an unauthorized person at any time.

Attendance

Regular attendance is strongly encouraged for the child and the classroom. If your child will be absent, please call the center by 8:00 am so your child's teacher may make accommodations to the lesson plan. If your child will be absent for a long time (more than 5 days), the center should be notified in writing of the date the absence begins and the expected date your child will return. Enrollment will be terminated if a child is absent for 2 weeks or more, and no notice has been received or contact made by the family.

Health and Safety Policies

Illness

Our priority at Little Buckeyes Early Learning Center is providing a healthy, safe learning environment for all children. When caring for sick children, the center shall: • Isolate the sick child away from other children in another room or portion of a room, but within sight and hearing always. • Provide the sick child with a cot or mat to make them comfortable. • Notify the child's parent(s) immediately to arrange discharge and if the child's condition worsens during isolation. • Sanitize the thermometer after each use.

- Fever of 101 (under the arm) or greater, until 24 hours symptom-free without fever-reducing medication.
- Signs/symptoms of severe illness, including lethargy, uncontrolled coughing, inexplicable irritability or persistent crying, difficulty breathing, and/or wheezing

- Diarrhea (not associated with diet changes or medications) (Two instances) until diarrhea stops for 24 hours or the continued diarrhea is deemed not be infectious by a licensed health care professional.
- Blood in stools not explainable by dietary change, medication, or hard stools
- Vomiting (One instance) the child can return after vomiting has been resolved for 12 hours or until a health care provider determines the cause for vomiting is not contagious and the child is not in danger of dehydration.
- Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs/symptoms of illness
- Mouth sores with drooling, unless a health care provider determines the sores are not contagious.
- Pink eye (conjunctivitis) until after treatment has been initiated for 24 hours
- Head lice, from the end of the day until after first treatment
- Scabies, until after treatment has been completed
- Tuberculosis, until a health care provider states that the child is on appropriate therapy and can attend childcare
- Impetigo, until 24 hours after treatment has been initiated
- Hand Foot and Mouth sores have dried and crusted and no fever
- Strep throat, until 24 hours after initial antibiotic treatment and cessation of fever
- Chicken pox, until all sores have dried and crusted (usually 6 days)
- Pertussis, until 5 days of appropriate antibiotic treatment has been completed
- Mumps, until 9 days after onset of symptoms
- Hepatitis A virus, until 1 week after onset of illness
- Measles, until 4 days after onset of rash
- Rubella, until 6 days after onset of rash
- Unspecified respiratory tract illness accompanied by another illness which requires exclusion
- Herpes simplex, with uncontrollable drooling.

Little Buckeyes Early Learning Center reserves the right to make the final determination of exclusion due to illness. Any exceptions to our illness rules will require a written note from a licensed health care professional stating that the child is not contagious.

Parents will be notified by telephone or Class Dojo App. Please contact Little Buckeyes ELC whenever your child is ill.

Notice of Exposure & Reporting Disease

If your child is exposed to a communicable disease, families signed up for Class Dojo will receive email notification. No name of the child shall be given. If your child or anyone in your household becomes ill with a communicable disease, please notify the Facilitator immediately. In the event a child is reported to have a communicable disease, the Facilitator will notify the health department.

Hand Washing

Frequent hand washing with soap and warm, running water is the most effective way to reduce and prevent the spread of illnesses commonly found in childcare such as the flu, diarrhea, and pink eye. Parents are encouraged to assist their child in the hand washing process upon arrival.

Other times your child (and staff members) will be expected to wash their hands:

- Upon arriving at the center or when changing classrooms
- After each diaper change or using the toilet
- Before and after mealtimes
- Before and after administering medication and before returning to work.
- After handling bodily fluids (mucus, blood vomit)
- Before and after using the sensory table
- After coming indoors from the playground
- After handling pets and other animals
- After cleaning or handling garbage

Warm, running water (no colder than 60 degrees F) and soap must be used. Hands must be rubbed vigorously for at least 20 seconds, including the backs of hands, between fingers, under nails, and under any jewelry. A disposable paper towel should be used to dry hands and turn off the faucet. Help reinforce the importance of hand washing by encouraging frequent hand washing at home.

Medications

Little Buckeyes staff will not administer any medication without a signed Medication Authorization Form. Forms can be obtained from your child's teacher or from the Facilitator <u>as required by rule 5101:2-12-25</u>. Prescription and over-the-counter medications must be given to the Facilitator in the original container upon arrival for immediate safe storage that is clearly labeled with the child's full name and birth date. Little Buckeyes ELC will not administer medication to reduce a fever without a doctor's note with dosage and times. Medications are stored in a locked box (refrigerated medications) or in a high cabinet (non-Refrigerated medications) while in use at Little Buckeyes Early learning Center. The Medication Authorization Form must always remain with the medication. Children must receive the first dose or application at least once prior to the center administering a dose or applying the product expect for an emergency medication. Medications must be returned to the family and will not be stored at Little Buckeyes Early Learning Center when they are no longer needed or have expired.

Medical Food

If your child requires the administration of medical foods, you must provide a completed as required by JFS 01236 form, "Child Medical/Physical Care Plan for Child Care". All medical food must be provided by the parent and must be in the original container with the child's name on it and must be handed to the facilitator immediately upon arrival. Directions must be followed on the food container to ensure safe storage.

Breast Feeding for Mothers

Little Buckeyes ELC supports breastfeeding. We provide breastfeeding resources to prospective and current families. Our staff is trained in the proper storage and handling of human milk, infant feeding practices and supporting exclusive breastfeeding. Mothers are welcome to breastfeed their babies on site. A private room with chair will be provided for staff mothers/and mothers of children in our center in room # G125A who may be breast feeding.

It is important that parents complete and update, as needed, an Emergency Contact and Parental Consent Form. This form contains contact information for both the parents as well as the individuals authorized to pick up the child in the event of illness or emergency. In addition, the form allows Little Buckeyes Early Learning Center staff members to seek emergency medical or dental care from authorized care providers in the event of serious injury. Parents are responsible for completing this form and making corrections to this information when necessary. • If a child becomes ill or injured after arriving at the center, the Early Childcare Associate will attempt to contact the parent(s) at all available telephone numbers as well as through the Bright wheel app. If a parent cannot be reached, the individuals listed as emergency contacts/authorized pick-up persons on the Emergency Contact & Parental Consent form will be called. • Children who are ill will be sent to the office and remain under the supervision of the Facilitator until a parent arrives. IF THE CHILD REQUIRES IMMEDIATE MEDICAL ATTENTION: A qualified staff member will remain with the injured child and 9-1-1 will be called. Provide the center's name and location, provide the child's name and a description of the incident. Follow instructions as provided by the operator. A staff member who witnessed the emergency will accompany the child to the hospital, bringing the child's physical exam, immunization records, and Emergency Contact & Parental Consent Form. An emergency medical form that meets the requirements of the Ohio Revised code section 3313.712 will be filled out by parent/guardian, stating emergency contacts, physicians, dentists, local hospital, and medical specialist. Parents will have a choice of consenting to emergency medical treatment or refusal. If refusal of emergency medical treatment is stated, we will not accept the child in the program.

Special Needs Care

Little Buckeyes ELC is committed to the principle of inclusion and complies with the Americans with Disabilities Act. We are committed to every child equally, regardless of their special needs, and will commit to learning more about each child's specific needs and finding the best resources necessary to accomplish our common goal of finding the best care for each child. We believe that including children with special needs can enrich the experience of learning for all children and Little Buckeyes Early Learning Center will make accommodations for children with special needs within the guidelines of ADA. To assure that we are meeting the individual needs of each child enrolled with an identified special need, the following procedures and programs are followed:

- Staff receive ongoing training on inclusion and special needs as related to the specific needs of enrolled children.
- Confidentiality of children and families is always respected and maintained.
- Children with special needs will be included and encouraged to participate to the fullest extent of their abilities.
- Staff and families collaborate to meet the individual needs of the child.
- Communication with families is ongoing and is responsive to the needs of families.
- The physical environment is free of barriers.
- A variety of teaching strategies are used to meet the individual needs of each child.
- An individualized special needs care plan will be created with help of the parent/guardian, doctor, and Little Buckeyes Early learning Center to ensure that all parties are aware of the care practices which need to be in place.
- The special needs care plan will be completed annually or more frequently at the request of the parent/guardian or child's doctor.

Physicals and Immunizations

Each child must have a current physical and immunization record on file at Little Buckeyes Early Learning Center to attend. The physical on file must be updated at least annually; immunization records must be updated whenever a new immunization is received. This is for licensing purposes.

Documentation of Accidents/Incidents

Staff in charge of the child shall document accidents and incidents at Little Buckeyes Early Learning Center. An Accident/ Incident Report is a report that requires first aid treatment; a bump or blow to the head; scrapes, emergency transportation, biting where the skin is broke or an unusual or unexpected event which jeopardizes the safety of the children or staff. Parents will be called about the incident. The parents shall sign the report the same day as the incident. A copy may be given to the parents. All Accident/Incident Reports must be given to the Facilitator to be placed in the child's permanent file.

Sunscreen

A permission slip must be on file before sunscreen will be applied to a child. Sunscreen must be 30 or above and will be applied by classroom teachers regularly throughout the day when doing outdoor events. Parents are required to bring this in.

Mandatory Child Abuse Reporters

All Little Buckeyes staff members are mandatory child abuse reporters.

Suspected cases of child abuse or neglect must be reported to Gallia County Child Protective Service.

If a Little Buckeyes staff member is accused of abuse and/or neglect by a parent or co-worker, such an accusation will be reported to the facilitator and a determination will be made as to whether there is reasonable cause to suspect that a child has been subjected to abuse and/or neglect. If there is reasonable cause, a report must be made to the Gallia County Child Protective Service and ODJFS. Little Buckeyes ELC will cooperate with any CPS investigation. In addition, the accused staff member will be informed of the allegations and be given an opportunity to respond to those allegations. Staff will not return to work until a complete investigation by ODJFS licensing and Buckeye Hills Career Center has been completed. Termination is at the discretion of the Superintendent and facilitator of the Early Learning Center after the investigation is completed.

Access

All persons working in the rooms/outside with children will have BCI/FBI checks. All ECE students will be fingerprinted with a background check before observing classrooms. All staff must be 18 years of age or a second-year student in an Early Childhood Education Class.

Non-agency persons on the property for other reasons such as maintenance, repairs, etc., will be monitored by a paid staff member and will not be allowed to interact with children on the premises.

Guidance Strategies

Reasons for Misbehavior

Every Little Buckeyes staff who cares for children has a responsibility to guide, correct, and socialize children toward appropriate behaviors. These adult actions often are called child guidance and discipline. Positive guidance and discipline are crucial because they promote children's self-control, teach children responsibility, and help children make thoughtful choices. The more effective caregivers are at encouraging appropriate child behavior, the less time and effort adults will spend correcting children's misbehavior. Little Buckeyes ELC will use PBIS Positive Behavior Strategies with a 5 to 1, 5 positive acknowledgements to 1 negative behavior.

Effective guidance and discipline focus on the development of the child. They also preserve the child's self-esteem and dignity. Actions that insult or belittle are likely to cause children to view their caregivers negatively, which can inhibit learning and can teach the child to be unkind to others. However, actions that acknowledge the child's efforts and progress, no matter how slow or small, are likely to encourage healthy development. Teaching children self-discipline is a demanding task. It requires patience, thoughtful attention, cooperation, and a good understanding of the child. Little Buckeyes Early Learning Center staff will use only positive guidance techniques. All staff are trained in PBIS (Positive Behavior Intervention Strategies).

Guidance & Management

The center assures that the child's integrity and value as a person with individual needs and interests will be safeguarded. However, there will be limitations, as a facility cannot operate correctly without rules and expectations in place. Limits will be clearly expressed and taught within the classroom structure, giving children a sense of security and confidence. Child guidance and management will be handled with kindness and understanding.

Children will not be subject to any cruel, harsh, or unusual treatment; threatened or verbally abused; confined or isolated; deprived of food, rest, or toilet use; or subjected to any other action prohibited under the rule 5101:2-12-22 of the Administrative Code. **This rule applies to all employees at the center.**

Biting

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

Below are the steps the teacher will take to identify triggers and replace the behavior:

- 1. The teacher will examine the context in which the biting is occurring and look for patterns. The following questions should be asked:
 - Was the space too crowded?
 - Were there too few toys?
 - Was there too little to do or too much waiting?
 - Was the child who bit getting the attention and care he/she deserved at other times?
- 2. The teacher will change the environment, routines, or activities if necessary.
- 3. The teacher will work with the child who is biting to resolve conflicts and frustrations in more appropriate ways.

- 4. The teacher will observe the child, to get an idea of why and when they are likely to bite.
- 5. The teacher will identify children likely to be bitten and make special efforts to reduce their chance of being bitten.
- 6. The teacher, parent and Facilitator will meet regularly to regulate an action plan and measure outcomes.
- 7. If biting continues the teacher will observe the group more closely and work with the parents to seek out additional resources as necessary to shadow the child who is biting. All information is confidential, and the names of the children involved in the incident are not shared between parents. In addition, biting is always documented on an Incident/Accident Report which is completed and signed by a teacher and parent. A copy is provided to the parent and the original kept in the child's permanent enrollment file in the office.

Preventing Misbehavior

Intervention strategies include but are not limited to the following:

- 1. One-on-one relationship building activities such as PBIS.
- 2. Utilize mental health, social workers, and psychologists in service of the child and family. Refer to special needs' programs if available.
- 3. Class-made books individualized for the student. Individual picture cards to support behavioral expectations.
- 4. Ways for the student to serve the school, others, or their community.
- 5. Noticing and describing the child's body, face, and actions, labeling of feelings, and acknowledging or true intent.
- 6. I Am: Feeling Chart, I Choose: Project Kind, Green Choice, Red Choice, Thumbs up, Thumbs Down
- 7. Assessing, teaching, or scaffolding missing executive skills.

Severe Behavior

The following process will be followed if a child's behavior continuously takes away from the care or safety of others.

- Proper documentation of incidents, meeting with parent, teacher, facilitator to discuss a plan of action to increase positive behavior at school and home. If a child continues to be aggressive (biting, hitting, throwing items, furniture in anger) a meeting will be held with teacher, facilitator and parents which could result in the child's expulsion from the program.
- Logs must be kept seeking out triggers and patterns for repeated undesired behavior. Upon written request, these logs will be made available to the parents and/or evaluator.
- The center reserves the right to dismiss any child whose behavior is uncontrollable, or who poses a threat to the safety and well-being of other children enrolled.

Children will be protected from items and conditions which threaten their health, safety, and well-being. Children will not be exposed to inappropriate language, conversations, or behavior by center employees, visitors or volunteers or media of any type.

All personal belongings will be kept in an area that is not accessible to children. Children will be provided with developmentally appropriate materials and furniture which is sturdy, safe, and easy to clean and maintain. The staff is responsible for monitoring play areas inside and out, making sure all furniture, materials and equipment is sanitary. Gates are closed as needed, and all equipment and furniture are free from missing parts, rust, free from cracks, and holes. Anything that is not used because of breakage or hazards shall be removed. All cleaning supplies will be placed in a locked cabinet. Any aerosol spray will not be used when children are present.

Water Safety

All water play will be at the Little Buckeyes Learning Center. Outdoor water play may include wading pools, sprinklers and /or slip and slides. Parent/guardian permission slips for each child must be signed before they can participate in water activities. Adults will actively supervise children. We will provide the required staff for the number of children to meet licensing requirements pursuant to rule 5101:2-12-19 of the Administrative Code. Children should bring proper clothes and towels on the days that we have water days. Parents will be informed 1 week prior before these activities, through newsletter, and Class Dojo App.

Emergency Procedures

The center's primary concern is the safety and well-being of each child. The center will conduct monthly fire drills, tornado drills, and quarterly emergency/lockdown drills. Each classroom is equipped with first aid kits, a fire evacuation and weather alert plan as well as a "Medical, Dental, & General Emergency Plan" and are posted near the exits in each classroom, throughout the building, and in the office. In the event of a fire or tornado, we will follow the written instruction diagram that is by each door in the classroom, and/or hallway, which describes emergency evacuation routes and the procedure to be followed to ensure that children have arrived at their designated spot that is on the evacuation diagram. If we need to evacuate due to fire, or threat, our emergency location is 600 yards from school located on 351 Buckeye Hills Road. Signs will be posted in front of the program indicating our location. If the immediate area is evacuated, we will be transported to University of Rio Grande Lyne Center gymnasium by bus. Parents will be called by phone or contacted through Class Dojo as soon as safety is possible after an emergency. For the safety of children, parents, and staff, we ask that parents do not attempt to pick up their child during an emergency situation.

In case of environmental or violence, the children will be secured in the safest location with staff supervision. A call will be made to 9-1-1 and we will follow their directions.

Weather

The Superintendent will monitor the weather and local news stations throughout the day to determine when it is appropriate to close the center early or cancel care for the following day. The Facilitator will post on Class Dojo app/ or call to inform parents of the situation. Routine classroom activities will continue until parents arrive. Children should be picked up in a reasonable amount of time to ensure all parents, children, and staff can travel safely home.

Power and Water Outages

If power or water cannot be restored within a reasonable amount of time, the center will close, and parents will be contacted. The Facilitator is responsible for contacting parents to inform them of the closing and of the need to immediately pick up their child. If we must evacuate immediately because of loss of electricity or water, we will transport students to the University of Rio Grande Lyne Center by bus. We will contact parents by phone and Class Dojo to inform them of the situation. Signs will be posted at the front door of Little Buckeyes to inform parents of our location.

Questions/Concerns

If you have a question or concern, do not hesitate to bring it to the attention of the teacher most directly involved.

If the concern is not resolved, the Facilitator can be reached at (740)245-5334 ext. 318 or or LittleBuckeyes@buckeyehills.net.

The Little Buckeyes Early Learning Center is available to assist parents and staff in resolving concerns. We are open 7:00 am to 5:00pm Monday-Friday

Office hours for Facilitator are: 7:00 am to 3:30 pm.