Batavia Local Schools

Preschool

Parent Handbook

Batavia Local School District
3 Bulldog Place
Batavia, Ohio 45103
Phone: (513) 732-0780

Cindy Jacobs, Director of Student Services

Renee Munro, Principal

Leah Boerger, Preschool Secretary
(513) 732-4000 ext. 7053

step up to quality
Ohio's Tiered Quality Rating & Improvement System

8/2016
Revised 2/2019
Revised 5/2020
Revised 5/2021

Table of Contents

BATAVIA LOCAL SCHOOL DISTRICT

VISION STATEMENT:
Batavia Schools: Dedicated to Excellence

MISSION STATEMENT:
To inspire, educate, and prepare our students to achieve excellence and to become productive citizens in a global society.

DISTRICT GOAL:
To achieve an excellent district rating utilizing Value Added Data as an instrument to advance achievement levels for ALL students, with the expectation being the minimum of one year of academic growth per one year of instruction.

BELIEFS: We Believe:

- *All student can learn*
- *All students have the potential to achieve individual success*
- *Relationships are important*
- *Students can meet/exceed one year of academic growth from year to year*
- *In providing a safe, nurturing learning environment*
- *That community involvement does impact student achievement*
- *In data driven decision making*
- *Continuous professional development positively impacts the educational process*
- *Shared decision making is fundamental*
- *Teachers instill passion for learning*
- *All staff are positive role models*
- *In high expectations for all*
- *Research based best practice instruction is essential*

EQUAL EDUCATION OPPORTUNITY
This District provides an equal educational opportunity for all students.
Any person who believes that s/he has been discriminated against on the basis of his/her race, color, disability, religion, gender, or national origin while at school or a school activity should immediately contact the School District's Compliance Officer(s):
Shari Grant
Elementary School Assistant Principal
513-732-0780
Tim Derickson
High School Principal
513-732-2341
Complaints will be investigated in accordance with the procedures described in Board Policy 2260 (Non-Discrimination and Access to Equal Educational Opportunity). Any student making a complaint or participating in a school investigation will be protected from retaliation. The Compliance Officer(s) can provide additional information concerning equal access to educational opportunity.

PRESCHOOL PROGRAM PHILOSOPHY

The philosophy of the Batavia Local Schools Preschool Program is based on the belief that all children are competent and resourceful learners. Each child is unique and special, deserving of respect, nurturance, continuity and safety. Young children can make meaning of complex ideas and concepts. The motivation to learn is intrinsic, and children contribute to their own learning.

We believe that young children learn through social interaction, literacy immersion and experience. The adults arrange the environment to maximize the learning of each child. Adults facilitate the experiences and the learning across all developmental areas, including cognitive, motor, language, social/emotional, and behavioral. Learning is an interactive process, with children learning through active exploration and interactions with peers, adults, and materials in the environment.

We believe that families are the child's first teachers and provide valuable information to the teacher to assist in the education of their children. We believe in establishing relationships and partnerships with families to enhance the learning of each child. We believe in honoring the cultural, linguistic and racial identity of each child. We believe that all children, those who are typically developing and those with special needs, have gifts to bring to the classroom and to teach each other.

We believe that it is the role of all adults to work together to create a framework and learning opportunities in which children have some control, input and can make choices based on their interests and abilities. Adults cooperatively working together ensure continuity in program planning and contribute to the balance, sense and security that all children need. Child-centered activities are provided as well as teacher-directed activities.

GOALS

1. To provide an environment that is safe for all children.

2. To nurture the development of self-esteem, independence and self-assurance in each child.

3. To promote and enhance growth in all areas of development for each child.

4. To provide, or assist in providing, an environment that is responsive to and celebratory of individual differences, learning styles, interests, family backgrounds, gender, race, and religion.

5. To provide materials and activities that are relevant to every child's age, interests, and abilities and which provide opportunity for movement on to more difficult levels of mastery based on the unique strengths, needs, learning characteristics and individual pace of each child.

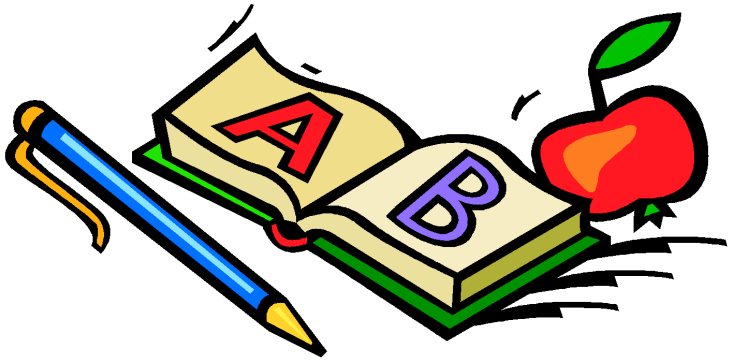
6. To ensure that families have information regarding, and access to, all appropriate services for which they are entitled.

7. To provide a variety of service delivery options to ensure that appropriate services for children are available within the context of their school district and/or community.

8. To provide an environment that supports and nurtures cooperative and collaborative relationships between and among staff, families, outside agencies, administrators, school district personnel, and any other adults pertinent to the well-being of every child.

9. To promote open, ongoing evaluation of the Preschool Program to ensure excellence in all areas of service delivery.

10. To explore and research new methods and state-of-the-arts practices in the field of early childhood education to insure that the young children of Batavia Local Schools and their families receive the best services available.



CURRICULUM

The Batavia Local Schools preschool program has adopted Teaching Strategies: The Creative Curriculum for Preschool to meet the needs of all children. All activities are aligned with the *Ohio Early Learning & Development Standards*. *The principle components of these guides are based on best practices in early childhood education as defined by the National Association of Education of Young Children, the Council for Exceptional Children, and the Ohio Office of Early Learning and School Readiness. Key components of best practices for early childhood education as outlined in the guide are listed below. Strategies, accommodations and modifications are used to address the needs of individual children.*

Curriculum for young children is comprehensive, addressing all aspects of development through a program that is both age and individually appropriate.

- The curriculum addresses social-emotional, cognitive, language, and physical development in the domains of: Approaches Toward Learning, Language and Literacy, Physical Well-Being and Motor Development, Social Emotional, Cognition and General Knowledge.
- The curriculum is consistent with high quality, achievable and challenging early learning standards.
- The curriculum is designed to help children explore and acquire the key concepts (big ideas) and tools of inquiry for each discipline.
- The child's individual and cultural background, including developmental history, is an important determinant of curriculum goals for that child.
- Assessment is an ongoing and systematic process that is imbedded in the instructional goals identified for students.
- The *Ohio Early Learning Assessment* is used to assess progress and to inform instruction for each child. The *Early Childhood Outcomes* form is used to monitor progress. Progress is reported via the Early Childhood Program Progress Report.
- Assessment is used for four specific, beneficial purposes: planning and adapting curriculum to meet each child's developmental and learning needs, helping families monitor children's progress, evaluating and improving effectiveness, and screening and identification of children with potential disabilities or special needs.

The child is an active learner throughout the day.

- The curriculum provides opportunities for children to pursue their own interests and curiosities with guidance from the teacher, and to make appropriate choices.
- The curriculum provides a balance of teacher-directed and child-chosen activities daily.

Learning is based upon coherence and integration.

- Teachers are knowledgeable about the sequence and pace that development and learning typically follow as children build understanding and skill in each content area. For example, teachers' knowledge in the progression involved in learning to count enables them to introduce children to the concepts and skills in a coherent way and to scaffold children's progress from each idea and ability to the next.
- Teachers integrate ideas and content from multiple domains and disciplines through themes, projects, play opportunities and other learning experiences so that children are able to develop an understanding of concepts and make connections across content areas. For example, in discussing a certain kind of pattern in math, teachers draw children's attention to the same pattern in songs.

The learning environment promotes conceptual development in all children.

- Art activities focus on the process, not the product. Craft activities teach sequencing and direction following.
- The physical environment includes materials and equipment to meet the diverse learning needs of the children.
- Play materials encourage children to engage in manipulation and exploration, demonstrate problem solving skills, transform from real to pretend, and collaborate with others in developing play themes that may be based upon read-aloud literature we share.
- Play materials are culturally diverse and non-sexist to help individual children develop positive self-identity to relate new concepts to their own life experiences, and to enrich the lives of all children with respectful acceptance and appreciation of similarities and differences.
- A variety of sensory materials are available to the children, including sand, water, paint, and a variety of textures.
- Children have substantial uninterrupted blocks of time to engage in self-selected activities.
- All learning styles are honored and provided for daily.

Interactions between adults and children and among children are a central component of an early childhood curriculum.

- Adults are responsive to child-initiated communication, engage in meaningful talk, and encourage sustained conversations with complex ideas and rich vocabulary.
- Learning takes place in a social context; children have many opportunities to learn and practice social and problem solving skills with their peers and other adults.
- Communication using a variety of modes is encouraged.
- Teachers teach children how to listen by teaching and scaffolding it.

Curriculum development is an interactive process involving children, families, teachers, administrators, and the community. Rather than being predetermined, curriculum evolves for each group of children.

- Children's ideas are solicited and valued.
- Children's progress is observed, assessed and documented using a variety of methods.
- Families have meaningful opportunities to provide input regarding their children's goals.
- The curriculum reflects the diverse cultural groups and individuals in the community and society.
- The curriculum reflects and acknowledges the multiple contexts in which children and families function.
- Families and teachers regularly confer about children's developmental progress.
- Direct instruction is provided in balance with facilitated exploration.
- Home visits can be scheduled if there is a need to collaborate or problem solve.

Assessment is an ongoing process of gathering information relative to children's development. That information is coupled with norms for child development in planning an appropriate curriculum.

- Assessment procedures involve utilizing multiple information sources about the child's development including a screening (Parents' Evaluation of Developmental Status) within the first 60 school days for all typically developing children.
- The range of age-expected development is considered.
- Each child's rate and expression of developmental functioning serve as a base for planning an appropriate program.
- Results of ongoing assessment of the individual child are communicated to families on a regular basis.
- The *Ohio Early Learning Assessment* is administered according to the State's indicated schedule.
- Assessment results will be shared with parents during conferences.

STAFF

The preschool classes are an interdisciplinary model. The educational team consists of a special education teacher and a teaching assistant. Additionally, your child may be served by: Speech Pathologists, Occupational Therapists, Physical Therapists, Audiologists, Sign Language Interpreter, Adapted Physical Education Teacher and Supplemental Services Teacher for Visually and/or Hearing Impaired.

All preschool teachers shall hold a valid Ohio Early Intervention Specialist license; and/or a valid Ohio special education or pre-kindergarten teacher's certificate, with a supplemental Early Childhood Special Education validation. A minimum of 20 hours of continuing education is required on an annual basis.

Therapists all hold current licenses as mandated by their specific area and certificates issued by the Ohio Department of Education in their respective areas.

Teaching assistants all hold current teacher aide permits issued by the Ohio State Department of Education and meet the criteria of highly qualified. A minimum of 20 hours of continuing education is required on an annual basis. All staff members shall have current training in Child Abuse Prevention, Communicable Disease Recognition, First Aid Provision, CPR and Crisis Prevention Intervention as required by the Ohio Department of Education.

CLASSES

Preschool units consist of a morning and afternoon session. Sessions consist of up to 16 preschool children ages three to five years. Eight of the preschoolers will be children with disabilities, while the other eight will be typically developing children. Children will attend Tuesday – Friday with no children attending on Mondays based upon the school district calendar and in-service/training days. A calendar will be provided to each child/family. All classes will be assigned a full time teacher and a full time assistant.

Eligibility: A multi-factored evaluation will be completed to determine eligibility for children with disabilities. Eligibility is determined using the guidelines and rules in the Ohio Operating Standards (Chapter 3301-31).

Selection of Typically Developing Peers: Returning students are given first priority. New students are accepted based on the date their application was received with priority given to 5 year olds who have not met the kindergarten age requirements, followed by students are four years old by the first day of school. Families will be notified of acceptance into the preschool program by March 15. Those not accepted will be placed on a waiting list. Applicants must be residents of the Batavia LSD. Children must be at least 3 years of age by the first day of school and must be toilet trained to be considered as a typically developing child.

Tuition: Tuition is $220.00 per month. There is a one-time $50.00 non-refundable registration fee. Parents/guardians are required to sign a tuition agreement. Late fees will be assessed for tuition that is not paid on time.

CLASS SCHEDULE

The daily schedule is designed to meet the developmental levels of the children within each group. Time frames include both active and quiet sessions as well as large group, small group and individual sessions. Outdoor play is incorporated into each day, weather permitting (*see following page*). Parts of each day are devoted to allowing the children to seek out activities of their choice. Adults then intervene to support, encourage, enhance, supervise or facilitate interactions taking place. The schedule is posted in the classroom and is available upon request.

Each preschool session is approximately two hours and forty-five minutes in duration. Daily attendance assures continuity. Prompt arrival and dismissal ensures maximum access to the curriculum.

A typical AM day in preschool **may** look like this:

9:00 Arrival
9:15 Large group welcome and sharing circle
9:30 Free choice in learning centers may include snack
10:30 Large motor activity (i.e., gym, playground, gross motor area)
11:00 Story time, music, art, language activity, math activity
11:45 Dismissal

A typical PM day in preschool **may** look like this:

12:55 Arrival
1:10 Large group welcome and sharing circle
1:25 Free choice in learning centers may include snack
2:25 Large motor activity (i.e., gym, playground, gross motor area)
2:55 Story time, music, art, language activity, math activity
3:40 Dismissal

Posted on October 6, 2010 by 4cforchildren

With the weather getting cooler, days getting shorter and people spending more time indoors, I'm hearing a lot of excuses to keep children indoors when we should be doing the opposite. I don't understand why so many early childhood educators do not take children outdoors! It can be 75 degrees with a slight breeze and they say it's too hot or 50 degrees and sunny and they say it's too cold.

There are very few days when weather conditions are so extreme that it's safer to keep children indoors than to take advantage of the benefits of getting them out. Large muscle coordination is key for early development, and what better place to grow these muscles than outdoors through active movement? Don't just open the windows and let fresh air in, let the children go out! Outdoor activity combats the childhood obesity epidemic, a concern for many parents and the goal of many programs. And what about the children just running around and letting go a little bit of stress? Our doctors recommend we exercise weekly to reduce stress, and it works for children, too! Physical activity and fresh air go a long way to reducing stress for children *and* for their caregivers.

So, why are we keeping children indoors? Many people still have beliefs that cold weather can make you sick, but anyone who has attended Communicable Disease training knows better! Bacteria and viruses are the causes of most illnesses. While cold temperatures can lower the body's temperature and by extension the effectiveness of the immune system, if a person is dressed appropriately and only indoors for a short period of time (let's say 10 – 15 minutes) moving around playing, their chances of staying healthy due to not being closed up indoors breathing the same stale air are much greater than their chances of getting sick.

You might be shocked to know that most states including Ohio, do not have a set temperature for going outdoors. Rule 5101:2-12-14 from Ohio's Child Care Licensing rules actually states "the center shall provide outdoor play each day in suitable weather for any toddler, preschool child, and school child." Though "suitable weather" is not defined, it's up to the teacher to decide, and a chilly day when a hat, coat, and gloves are involved!

According to the authors of the Environment Rating Scales, a nationally recognized classroom assessment, children should go outside "almost every day, unless there is active precipitation, extremely hot or cold conditions, or public announcement that advise people to remain indoors due to weather conditions such as high levels of pollution and extreme cold or heat that might cause health problems." We have to challenge the idea that 32 degrees is always extreme. 32 degrees with calm winds or even winds 10 miles per hour is considered acceptable when children are dressed appropriately, so, bundle them up and take them out! It's good for everyone, even you!

Preschool Staff will take students outside daily as weather permits.

Please dress appropriately daily ☺

PARENT INVOLVEMENT

Parent involvement is a vital component of a child's school experience. Parent involvement and participation in their child's program is encouraged and supported. The list that follows identifies some of the ways that this might occur:

- Completion of a parent questionnaire, prior to entry into the program, provides important information about each child.
- Completion of the Parents' Evaluation of Developmental Status (PEDS)
- Completion of the *Ages and Stages Questionnaire: Social Emotional* (Fall)
- Participation in the development of the child's IEP (if applicable).
- Attend annual conferences to review your child's progress and/or IEP. Two additional parent conferences will be held each year.
- Classroom visits and observations can be arranged in advance with the classroom teacher, but will be limited in time. Parents are asked to relinquish the child to the teacher's care at the designated drop-off point.
- Attendance at parent group meetings or training which will be held periodically.
- Assisting in special classroom activities or on field trips.
- Child progress reports will be shared with parents three times a year; in the fall, winter and spring, or as requested by the parent.
- Inspection reports of the program are posted in the classroom. Additional information is available from the Director of Student Services. (contact phone number on front of booklet)

Batavia Local School District
Preschool Transition Plan, Process, and Policies

Transition Into Preschool

Batavia Local School District Preschool Provides guidance and tours to families and children transitioning into the preschool during scheduled orientation appointments and upon request.

An annual Orientation is scheduled prior to the first day of school. Families and children have the opportunity to explore their classroom, meet the teacher, and provide input that will help their child have a successful first day. Families are asked to complete a questionnaire to provide insightful information as to how teachers can aid in transition success for students.
Students transitioning from early intervention to the preschool are observed, evaluated, and transitioned onto an I.E.P. to begin services at the preschool. Families are involved in the process and complete forms to provide input about their child. Formal and informal meetings and conversations are scheduled to help transition children. Families with a child with special needs also participate in Orientation.

All preschoolers are screened within the first 60 day of enrollment. The screener, PEDS, allows families to provide additional important information that helps develop initial student learning goals. Results are shared with families and discussed at conferences.

Examples of Transition Activities Into Preschool and Within the Preschool

The Preschool Will…

- schedule transition meetings with families of 3 year olds transitioning into the preschool
- ask parents for input on how to ease transitions for their child
- implement the Beginning the Year study to teach routines and provide structure
- distribute a Parent Handbook to all families
- provide a welcome packet with a personalized letter from the child's teacher
- provide A Child and Family Questionnaire to get to know students

Families will have the opportunity to...

- tour the building during Orientation
- attend a transition meeting with their child's teacher
- provide input into their families and child by completing the Child and Family Questionnaire

Transition from Preschool to Kindergarten

Families with typical four year olds transitioning to kindergarten participate in scheduled conferences with teachers. Teachers and families complete transition paperwork that provides information to kindergarten teachers. The kindergarten transition forms are delivered to the appropriate kindergarten teacher. The information on the forms provides valuable information to help kindergarten teachers help transition our preschoolers into their classrooms.

Families with children on I.E.P.s participate in meetings where all stakeholders presence is requested: psychologist (as needed), preschool teacher, parents/guardians, district administrator, and kindergarten teacher.

All families complete the same parent input form. All families are invited to a spring kindergarten open house, provided the dates and times of open houses and strategies to help their child transition to kindergarten.

All records, including the kindergarten transition forms, are transferred to the elementary school buildings. They are then disbursed to the kindergarten teachers. Kindergarten teachers review records to help set goals and ease transition of preschoolers into their program.

Examples of Transition Activities from Preschool to Kindergarten

The Preschool/Batavia Local School District will…

- provide conference times through on-line conference registration
- provide written strategies and published articles helping families with kindergarten transitioning
- provide a list of transition strategies
- *conduct transition meetings with all families during spring conferences
- ask families for input on how to help their child transition
- complete a transition to kindergarten form on each child
- provide kindergarten registration information to parents
- prepare kindergarten nights to aide in transition and comfort of students entering kindergarten and provide information and resources needed for successful transition
- transfer student forms to the appropriate kindergarten teacher

Families will have the opportunity to...

- meet with preschool teachers to provide input on how to ease transition for their child
- attend the preschool picnic
- Meet kindergarten teacher/ride bus/use playground
- visit the kindergarten classroom

The Meeting Process

Teachers will contact families to schedule a date and time to meet during Orientation before the beginning of the school year. Parents will complete the Child and Parent Questionnaire and provide input on how to ease the transition process for their child. Strategies to support the child transitioning into the program will be documented and kept by the teacher.

Conferences are held each spring to discuss student progress and kindergarten transition. Each family is notified of the conference dates. Parent schedule a time through the on-line conference scheduling system to meet and discuss the transition forms completed prior to the conference. Families are given the opportunity to provide any additional information that will help with transitioning. If parents cannot access the on-line conference scheduling system, they may schedule through contacting the teacher. The preschool transfers forms to the appropriate kindergarten teacher.

*For students on an I.E.P., meetings will be held with appropriate preschool and elementary school staff along with parents. This provides the elementary school principal, intervention teachers, classroom teachers, and school psychologist the opportunity to learn about the child's needs and meet the families. This process helps families meet the elementary team that will be working with their child and ease transition anxiety. Requests for re-evaluations will be conducted during conferences. IEPs are reviewed as indicated by previous IEP(or before if needed) and include kindergarten services. Re-evaluations will be completed by the end of preschool to determine continued eligibility and areas of current needs.

SHARING INFORMATION

Events and changes in their environment often affect young children. Children may not be able to express their feelings or relay significant information. In order to help your child deal with changes, please keep us informed of any events such as:

- Illness or hospitalization of family members
- Pregnancies and births
- Deaths of family members or close friends
- Changes in family structure within the home
- Plans for moving
- Extra stimulation such as visitors or celebrations
- Change of address or phone number

CLASSROOM MANAGEMENT/DISCIPLINE

The goals of discipline in early childhood are to help children develop self-control and problem solving techniques. Children develop these skills by experiencing opportunities to make decisions and learning from their consequences. The classroom staff act as facilitators, helping young children express their feelings appropriately and generate solutions.

Classroom management is designed to respect the emotional needs and feelings of each child. Classroom management is non-threatening and respects the dignity of each child. Limits and boundaries are structured in a clear, consistent and fair manner. Rules are taught, practiced and reinforced on a regular basis. In addition to the rules, children are taught the rationale for those rules, which aids in development of their personal judgment.

Our staff is proactive and establishes appropriate expectations in children regarding their physical, cognitive, social and emotional behavior. Interventions are implemented as potential problems arise and used as learning experiences for the children.

As needed, individual behavior management programs will be developed with the involvement of the parent to meet the individual needs of a child.

Specific strategies may include:

- Positive Modeling
    - Staff will model behavior consistent with the behavior that is expected from the children at all times.
- Developmental Appropriateness
    - Redirect child to another activity.
    - Give child a choice of two acceptable activities.
    - Give descriptive feedback of desirable behaviors without value judgment.
    - Discuss child's feeling and help child express them verbally or in pictures.
    - Explain expected behavior to children and provide immediate, consistent and relate consequence for unacceptable behavior.
    - Establish routines and rituals that make the day predictable.
    - Anticipate and eliminate potential problems by physical environment.
    - Ensure that children and staff have an environment/activities that are safe and accessible.
    - Plan the daily schedule.
    - Plan adequate time, space, and material daily for gross motor play.
    - Ignore attention-gaining behaviors when appropriate.

- Use of Attention to Teach
    - Pay attention to positive activities.
    - Comment on desired behavior.
    - Catch the child being good.

- Verbal Intervention
    - Set clear expectations and remind the children frequently.
    - Arrange compromises, first ___ then ___.
    - Positive rewards for behavior. Food is used only when no other motivator is effective.

- Discussion of consequences of behavior with other children as in “Tell Sam how it made you feel when he took your toy”.

- Physical Intervention
  - Provide physical proximity to teacher by moving next to child, holding child’s hand, allowing child to sit on lap, or placing hand lightly on child’s shoulder.
  - Positive replacement of behavior by asking child to play with teacher, to accomplish a task or hold a position or responsibility for the teacher.
  - Model appropriate behavior.
  - Removal of dangerous or misused objects or toys until child can agree on and/or demonstrate appropriate use of object.
  - Physical calming techniques such as rubbing child’s back, slow rocking, soothing voice, firm pressure.
  - Ask child to choose another area to play.
  - Set up natural consequence for behavior.

- Physical Management Techniques
  - Offer child choice of appropriate behavior or consequence.
  - Keep child from engaging in a favored activity because of contingency.
  - Set up a method for restitution.

- Separation
  - The child must be in a part of the classroom where a staff person in the child’s assigned room continuously monitors.
  - The child’s return to the group must be contingent upon the child’s bringing the behavior under control.
  - The child must be returned to the group as soon as the behavior stops or lessens to a sufficient degree.
  - Document any separation.
  - If a child is separated 3 or more times in one day, or 5 or more times in a week, team meeting must be called.

- Physical Intervention
  - Used only when necessary to ensure the safety of the child or others.
  - CPI training must have been completed.
  - Will consist of holding the child for a short period of time to ensure safety.
  - Last resort.

- These strategies should not be used
  - Hit, strike, bite, pinch, grab the arm, shoulder, or hair, pull child roughly.
  - Restrict movement by binding or tying the child as in a chair.
  - Inflict mental or emotional punishment, such as humiliating, shaming or threatening a child.
  - Deprive child of meals, snacks, exercise, rest, or toilet use.
  - Separate child from group except when outlined procedures are followed.
  - Confine a child in enclosed area, such as closet, box, etc.
  - Corporal punishment.
  - Delegate discipline to another child.

- Profane language, threats, or derogatory remarks about the child or family.
- Any discipline for failure to eat, sleep, or toileting accidents.
- Techniques that are abusive or neglectful.

- The center's actual methods of discipline shall apply to all persons on the premises and shall be restricted as follows:

1. There shall be no cruel, harsh, corporal punishment or any unusual punishments such as, but not limited to, punching, pinching, shaking, spanking, or biting.

2. No discipline shall be delegated to any other child.

3. No physical restraints shall be used to confine a child by any means other than holding a child for a short period of time, such as in a protective hug, so the child may regain control.

4. No child shall be placed in a locked room or confined in an enclosed area such as a closet, a box, or a similar cubicle.

5. No child shall be subjected to profane language, threats, derogatory remarks about himself or his family, or other verbal abuse.

6. Discipline shall not be imposed on a child for failure to eat, failure to sleep, or for toileting accidents.

7. Techniques of discipline shall not humiliate, shame, or frighten a child.

8. Discipline shall not include withholding food, rest, or toilet use.

9. Separation, when used as discipline shall be brief in duration and appropriate to the child's age and developmental ability, and the child shall be within sight and hearing of a preschool staff member in a safe, lighted, and well-ventilated space.

10. The center shall not abuse or neglect children and shall protect children from abuse and neglect while in attendance in the preschool program.

CODES OF CONDUCT

Participants are expected to follow the same general codes of conduct that are required each day during the school day, including but not limited to the following:

- Walk only, no running in hallways and classrooms.
- Open doors slowly (protect the person on the other side)
- Keep hands to self at the drinking fountains.
- Walk in the hallways on the right side at all times.
- Stay in line, keep hands and feet to self.
- No horseplay, climbing or rowdiness in the restrooms.
- Care for and respect of school property. Don't be wasteful of materials.
- Gum chewing not allowed.
- Use appropriate language at all times.
- No harassment of other students or school personnel in any manner.
- Clean mud and mulch off shoes before entering the building.
- Do not disturb or take personal property from other's desks, lockers or from the caregiver's cabinet or desk.
- Do not throw gravel, rocks, sticks or any other objects that might cause injury to others at any time.
- Do not bring any type of object or instrument to school that might be dangerous or considered capable of harming another person.
- Follow directions given by any member of the school staff the first time given.
- Do not become argumentative or disrespectful.

SAFETY OF CHILDREN

A staff member will supervise children at all times throughout the day.

Children are walked to and from the bus daily as well as the bathroom, gym and other areas as appropriate.

A staff member trained in first aid and recognition of communicable diseases is available at all times. A first aid kit is always on site.

Grounds, play areas and other facilities will be supervised when in use by the children.

A child will be released only to persons listed on the Emergency Medical Form. Proof of identity may be required.

Procedures for emergency situations, including fire drills, rapid dismissals and tornado drills, will be posted in the classroom.

LICENSING

The Ohio Department of Early Learning and School Readiness conducts site visits to ensure that the preschool programs meet the criterion set out in Chapter 3301-37 of Ohio Operating Standards. Copies of compliance reports may be obtained from the Director of Student Services at 513-732-0780 and are posted in the classroom.

If you have concerns regarding the classroom environment, teacher qualifications, health and safety conditions, the number of children, care of the children or similar matters please call: Preschool Licensing, 877-644-6338 or email, OELSR.licensing@education.ohio.gov.

If your child has an IEP and you have concerns regarding your parental rights or your child's program consult *A Guide to Parent Rights in Special Education* (or contact the Office of Exceptional Children 614-466-2650 or email oecdisputeresolution@education.ohio.gov).

ATTENDANCE

Classes meet Tuesday through Friday per the school district calendar. A calendar indicating days of attendance will be available at the beginning of each school year. Regular attendance and on-time arrival assures that children have maximum access to the curriculum provided.
Reporting Absences: All absences are to be called in to the school office. Parents of children attending the morning class may call the day or evening before the child is to be absent. Calls in the morning should be made as early as possible. Afternoon preschool families should call the school as early as

possible and before 10:00 a.m. Please contact the school office when your child is ready to return to school, preferably the day before his/her scheduled return.

STUDENT RECORDS

Child Custody

Parents are to inform the school anytime the custody of a child changes (SB-140 requires this information). School officials will need to see a copy of Court Orders pertaining to a child's custody. Questions concerning proper procedures will be handled through the school office. Restraining orders must be on file in our office to activate non-release of children. Should the restraining order not be in effect, it is the responsibility of the parent to contact the school.

Parent's Access to Student Records

Communication lines between parents and teachers must remain open concerning the records being maintained on the progress of children. School records must contain personal information about the student (name, birth date, address, phone, etc.), health and emergency information, information about the child's academic progress. Parents have the right to request access to their child's school record and the reasonable request of school officials to explain and/or interpret those records. Parents may request copies of the records and they are afforded the opportunity for a hearing to challenge the contents of the records. School officials must grant access to these records within 45 days of request. A fair charge may be imposed for the cost of the copies.

Non-Custodial Parent Access to Student Records

A divorce or change in custody does not change the right of a natural parent to have access to their child's records. A non-custodial parent may request and receive a copy of the child's records; however, step-parents have no rights to records, reports, or conferences unless granted by the custodial parent.

PHONE CALLS

Phone calls will be returned before and after school. Messages may be left on the teacher's voicemail during class time. If your need to speak to the staff is urgent, call the school office.

TRANSPORTATION

The Batavia Local School District provides preschool transportation. All questions and concerns must be addressed with the Principal or Transportation Supervisor. If your child rides the bus and will be absent, please contact transportation to indicate that the child should not be picked up that day.

To ensure each child's safety on the bus, the following are suggested practices to discuss with your child:
1. Wait for the bus safely, on the sidewalk or grass, etc. out of the street.
2. Walk to and onto the bus and sit down in the seat.
3. Stay in the seat until the driver indicates that it is time to get up/while the bus is in motion.
4. Keep hands and feet in own space.
5. Use "inside" voice to ensure that the other children can hear instructions.
6. Follow bus driver's instructions.

Children should be met at the bus stop/bus by a responsible person. If no one is available, the child may be returned to school and the parent will be contacted to pick up the child.

INCLEMENT WEATHER

The Batavia Local School District uses an automated phone calling system to notify parents/guardians of delays and closings. We also provide the same information to local TV and radio stations and share information on the Batavia Local Schools Facebook page and Twitter feed.

MEDICAL POLICY & PROCEDURES

The Ohio Department of Education Rules for Preschool Program requires that each child have on file in the classroom:

- A medical form completed by a licensed physician prior to the date of admission and annually from the date of examination thereafter. This includes a lead level and a hematocrit (within 30 days of entrance into the program).

- Physician's and dentist's authorization and written instructions to administer prescription medication to a child enrolled in the program (required before first day of attendance).

- Immunization record as required by section 3313-67 of the Revised Code; record shall include immunization required by section 3313.671 of the Revised Code (required before the first day of attendance).

Each child is required to have a current emergency card and an emergency medical authorization form on file. These forms must be completed and returned by the first day of school. They will be kept on file in the classroom. In the event of an emergency, the following procedures will be taken:

- Parents will be contacted immediately unless the situation is life threatening. In this case, 911 will be called before attempting to reach the parents.
- If efforts to reach the parents are unsuccessful, the faculty will follow instructions listed on the Emergency Medical Form.
- If a medical plan has been developed to address a specific medical concern, such as seizures, that plan will be followed in lieu of the above.

GUIDELINES FOR ILLNESS and MEDICAL CONCERNS

Children perform best in a healthy, germ free environment and when they feel rested and well. It is sometimes difficult to decide when and how long to keep an ill child home from school. The timing of the absence is often important in order to decrease the spread of disease to others and to prevent your child from acquiring any other illness while his/her resistance is lowered. Hand washing is taught to the children and conducted by staff frequently and consistently. Hand sanitizer is used when appropriate between hand washings.

When children become ill at school, the school nurse or other staff member will determine if the child is well enough to stay at school. If it is determined that the child is ill and should go home, then school personnel will contact the parents of the child to come and get him/her. State guidelines mandate that any child with the following signs of communicable disease or illness must be immediately isolated. The child will wait in the nurse's office or other area separated from the other children. Parents are to be notified immediately to come and pick up the child. A child with these symptoms must see a doctor and may only return to school after obtaining the DOCTOR'S PERMISSION TO RETURN TO SCHOOL. Parent cooperation and understanding in this matter is appreciated.

Signs/Symptoms of communicable disease as stated in the PRESCHOOL RULES from the Department of Education are:

1. Diarrhea (More than one abnormally loose stool within a twenty-four hour period).
2. Severe coughing, causing the child to become red or blue in the face or to make a whooping sound.
3. Difficult or rapid breathing.
4. Yellowish skin or eyes.
5. Conjunctivitis (pink eye).
6. Temperature of one hundred degrees Fahrenheit taken by the auxiliary method when in combination with other signs of illness.
7. Untreated infected skin patch.
8. Unusually dark urine and/or grey or white stool.
9. Stiff neck.

A child with any of the following signs or symptoms of illness shall be immediately isolated from other children. Decisions regarding whether the child should be discharged immediately or at some other time during the day shall be determined by the staff and the parent or guardian. The child, while isolated at the program, shall be carefully watched for symptoms listed previously as well as the following:

1. Unusual spots or rashes.
2. Sore throat or difficulty in swallowing.
3. Elevated temperature.
4. Vomiting.
5. Evidence of lice, scabies, or other parasitic infection.

Programs shall follow the Ohio Department of Health, "Child Day Care Communicable Disease Chart" for appropriate management of suspected illnesses.

Ohio Department of Health Communicable Diseases

Disease	Incubation & Symptoms	Transmission	Control	Other
Chickenpox (Varicella)	Incubation: 10-21 days, usually 14-16days Symptoms: Skin rash progressing to blisters, then scabs; eruptions come in crops; covered body areas most often affected; Slight fever is typical; reactivation of virus results in shingles	Direct contact with drainage from sores of infected person, respiratory droplets, airborne. Scabs are not infective.	Communicable period: 1-2 days before rash appears and 6 days after vesicles appear Exclude until 6th day after onset of rash or all lesions are dry. Staff or children with shingles(Herpes zoster) should keep sores covered until sores have crusted; Hand washing emphasized.	Immune-suppressed children or those with chronic diseases, susceptible adults, pregnant women at highest risk for complications; notify all staff and parents, parents of non-immunized students. Report cases to local health dept. where child resides by end of week. Vaccine available.
Common Cold	Incubation: 12 hours -5 days, usually 48 hours Symptoms: Sore throat, watery discharge from eyes and nose, sneezing, fever, chills	Direct contact with infected person, indirect contact with nose or throat discharge from infected person, respiratory droplets; viruses and bacteria are transferred from unwashed, contaminated hands to mucous membranes (eyes/nose/mouth)	Communicable period: 24 hours before onset of symptoms through 5 days after onset Control: Exclude children with fever or otherwise feel ill, other exclusion is impractical	Wash hands after contact with oral or nasal discharge (wiping nose); use tissue only once and discard; avoid touching or rubbing eyes
Conjunctivitis (“Pink eye”) (Bacterial)	Incubation: Bacterial, 24-72 hours Symptoms: Redness of eye or eyelid, thick and purulent (pus) discharge, matted eyelashes, burning, itching, pain in affected eye.	Direct contact with discharge from eyes or upper respiratory tract. Indirect contact by touching items contaminated with discharge such as fingers, clothing, toys, etc.	Communicable period: Bacterial-Until 24 hours of antibiotic treatment completed. Control: Exclude those with purulent(pus) eye discharge, eye pain, eye redness until after 24 hours	Good hand washing Outbreaks, unusual incidence, or epidemics reported to local health district

Ohio Department of Health Communicable Diseases

Croup	Incubation: 2-9 days, depending on causative agent Symptoms: Acute respiratory infection involving the epiglottis, larynx, trachea, and bronchi; may cause respiratory distress ranging from mild to severe; cough	Direct contact with infected person, airborne or indirect by objects soiled with respiratory secretions.	Communicable period: duration of the cough Control: Exclude until severe symptoms are gone	Medical attention is necessary; may be caused by bacteria or virus

	has a “barking” quality; possible high-pitched sound on inspiration			
Diarrheal Diseases	Incubation: Depends on causative agent Symptoms: 3 or more loose stools (stools with increased water content and/or decreased form) in a 24 hour period.	Person-to-person contact, fecal-oral route: ingesting fecal particles found on contaminated objects or hands; may be spread by contaminated food or water.	Communicable period: Varies per causative agent Control: Children with diarrhea (or staff who work in a sensitive occupation which provides significant opportunity for an infected individual to transmit infectious disease agents) shall be excluded from the program and may return only after diarrhea free for 24 hours or per recommendation of medical provider upon identification of causative agent(see ODH chart)	Thorough hand washing and good personal hygiene are critical in the control and prevention of diarrheal diseases. See ODH chart for detailed instructions. Bleach solution should be used to disinfect/sanitize surfaces contaminated with diarrhea or vomitus.

Ohio Department of Health Communicable Diseases

Fifth Disease (Erythema Infectiosum)	Incubation:4-14 Days; possibly as long as 20 days after infected Symptoms: Bright red rash, usually beginning on face, “slapped cheek” appearance. Spreads to trunk, extremities, appears “lacy”. Rash may recur for up to 1 month if person gets warm, upset.	Direct or indirect contact with respiratory secretions of infected person.	Communicable period: Up to 5 days prior to and possibly 2 days after appearance of rash. Control: Exclusion not appropriate once diagnosis is known unless fever or discomfort.	Hand washing after contact with soiled tissues, secretions. Pregnant staff should notify physician if exposed.
Flu (Influenza)	Incubation: 1-4 days Symptoms: Abrupt onset of fever, chills, headache, sore muscles, runny nose, sore throat, cough	Direct contact with infected person, indirect contact with items freshly soiled with nose/throat discharge of infected person. Airborne in crowded areas.	Communicable period: Most adults may be able to infect others 1 day before symptoms develop and up to 5 days after onset of symptoms. Children may be infectious for 10 days or more after onset of symptoms. Control: Exclusion from child care of school is based on symptoms (i.e., fever).	Influenza vaccination is recommended for all close contacts of young children, including adult caregivers.
Hand, Foot, and Mouth Disease (Coxsackie Virus)	Incubation: 3-6 days. Symptoms: Raised rash, particularly on palms, soles, and areas surrounding mouth. Progresses to blisters, then scabs. Also causes sores inside mouth.	Direct contact with infected person’s respiratory secretions; indirect contact with items freshly soiled with discharge from infected person’s nose and throat. Virus may be found in feces for up to one month after symptoms resolve. Disease may be contracted through contact with stool.	Communicable period: Virus is found in the stool while sores are present and for approx. 1 month after they disappear. Oral secretions are infectious while sores are present. Control: Reduce person-to-person contact by crowd reduction and ventilation. Good hand washing and disinfection of soiled objects. Exclusion is recommended if child has blisters in mouth, drool, or have draining lesions on their hands or are too ill to participate in daily activities.	Wash/disinfect/sanitize/discard articles soiled with nose, throat or fecal discharge. Good hand washing after handling these items.

Head Lice (Pediculosis)	Incubation: Life cycle is composed of eggs, nymph, adults. In optimal conditions, eggs hatch in 7-10 days. Nymph stage lasts about 7-13 days. Egg-to-egg cycle is about 3 weeks. Symptoms: Itching, irritation of scalp, feeling of something moving in the hair; sores on head caused	Direct, hair-to-hair contact with infested person, indirect contact with combs /brushes/ hats/other headgear/clothing/bedding of infested persons. Examiners' hands have never been found to	Communicable period: As long as lice remain alive on the infested person or object. Head lice survive 24-48 hours off host. Eggs can survive 7-10 days off host but will not hatch below 72°.	Entire household and all close contacts should be checked for infestation; treat all contacts to whom lice have spread. Machine wash all washable clothing and bed linens (use hot water)that infested person touched 2 days previous to

	by scratching. White to yellow-brown nits (eggs) attach very firmly to hair strand; most commonly found at the nape of neck, crown of head and above ears.	transmit head lice. Lice do not jump, fly, swim; cannot survive off the host for longer than 24-48 hours.	Control: Exclude person with head lice from school until application of an effective pediculocide. For children under 2 years, contact physician for directions before treatment. Check all heads 2-3 weeks to assure that there are no untreated cases.	treatment. Dry laundry on hot cycle in dryer for 20 minutes. Dry clean or store items that cannot be washing in closed container /bag for 14 days. Soak combs and brushes for 1 hour in rubbing alcohol or wash with soap and hot (130°F) water. Small items can also be placed in a freezer overnight. Vacuum floor and furniture. Fumigant sprays can be toxic if inhaled
Hepatitis A	Incubation: 2-6 weeks, commonly 28-30 days Symptoms: Abrupt onset, loss of appetite, fever; abdominal pain, nausea, fatigue. Jaundice (yellowish discoloration of skin and white part of eye) may follow in a few days. Young children usually have no symptoms.	Direct contact-unwashed hands contaminated with infected person's stool can carry the virus to another person's mouth. Indirect contact-virus can be transferred t food or other objects by unwashed hands. Common source outbreaks occasionally occur, usually related to an ill food handler. Children play a critical role in sustaining hepatitis A transmission.	Communicable period: 2-3 weeks prior to onset of symptoms; no longer communicable 10 days after onset of symptoms. Control: A person who works in a sensitive occupation(see definition under diarrheal diseases) shall be excluded from work and a child attending a child care center shall be excluded from a child care center until 10 days after initial onset of symptoms.	Hand washing after toileting and before meals, using soap and water and disposable towels. Monitor food handlers' hygiene regularly. Contact local health district for guidance.

Hepatitis B	Incubation: 6 weeks to 6 months, commonly, 60-90 days Symptoms: Usually in-apparent onset, loss of appetite, vague abdominal pain, nausea, vomiting, fever, fatigue. Jaundice frequently occurs. Some persons have no symptoms.	Contact with blood or serum of infected person, such as through wound care, punctures with used needles, etc. Can be sexually transmitted. Also can be transmitted from infected mother to newborn infant.	Communicable period: Acute case, 6 months or less, regardless of presence/absence of symptoms; carrier, more than 6 months, possibly lifelong regardless of presence/absence of symptoms. Control: Exclusion not appropriate, not transmitted b casual contact such as occurs in child care of school setting.	Urine and stool are not infectious. Is not transmitted in food or water. Casual contact is not a risk. Saliva contains only minute amounts of virus. Biting is not likely to transmit disease unless both parties are bleeding freely. Vaccine available.

Herpes (Herpes Simplex Virus-HSV)	Incubation: 2-12 days. Neonatal HSV infection may be manifest at birth or as late as 4-6 weeks of age. Symptoms: Blister like sores, fever, irritability and sores on mucous membranes of the mouth. JSV persists in a latent form after primary infection. Reactivation of latent virus most often is manifested by cold sores which appear as single or grouped blisters around the mouth.	HSV can be transmitted during primary and recurrent infection, regardless of whether sores are present. Infection results primarily from direct contact with infected sores or saliva of carriers.	Communicable period: Not well defined in patients with primary gingivostomatitis(inflammation of the mouth and gums) or primary genital HSV. Virus is usually shed for at least 1 week, and occasionally for several weeks. HSV may be shed intermittently from the mouth, genital tract, and other mucosal sites in the absence of sores. Control: Exclusion is recommended if children have blisters in their mouths and drool or are too ill to participate in daily activities.	Hands should be washed after contact with lesions. Gloves should be worn when applying medicated ointment to sores. If children who are certified by a physician to have recurrent HSV infection, have active lesion, covering the lesions with clothing a bandage, or an appropriate dressing when they attend child care of school is sufficient.

Impetigo	Incubation: 2-10 days, occasionally longer. Symptoms: Blister like, pus-filled bumps which progress to yellowish crusted, painless sores with irregular outlines. Itching is common. Usually found on exposed skin areas and around the nose/mouth.	Impetigo is usually caused by one of two types of bacteria, group A Streptococcus and Staphylococcus aureus. Transmission is by direct contact with draining sores. Hands soiled with drainage from lesions contaminate other items, leading to indirect spread of the condition.	Communicable period: As long as drainage is present. Control: Exclude until 24 hours after treatment has begun and all lesions (sores) are dry.	Early treatment and detection can lessen spread. Persons with lesions should avoid contact with newborns. Gloves should be worn when applying any prescribed ointment. MRSA (Methicillin Resistant Staphylococcus aureus) is a potentially dangerous type of staphylococcus bacteria resistant to treatment with certain antibiotics. AS with other types of skin infections, cover any draining skin sore to prevent the spread of the infection. Medical assistance should be sought if MRSA is suspected. Exclude until 24 hours after treatment has begun or a doctor's note is provided. May return to the child care/school setting as long as wounds with drainage or pus are covered at all times with clean, dry bandages until healed.
Measles (Rubeola)	Incubation: 12-17 days; usually 14 days before rash appears. Symptoms: Fever of 103-104°F, runny nose, reddened eyes, cough, and severe intolerance to light for 2-4 days. Then a red-brown blotchy rash appears on the face which extends to the trunk and finally to the extremities. The rash and other symptoms usually subside in 7-9 days.	Highly communicable. Airborne via respiratory droplets. Direct contact with an infected person's nasal or throat discharge; less commonly by articles freshly soiled with nose and throat secretions.	Communicable period: 4 days before the onset of symptoms to 4 days after the appearance of the rash. Control: Exclude from school or child care for 4 days following onset of rash.	Measles shall be reported by telephone immediately after the existence of such case or suspect case is known to your local health district. Contact parents of children who have not been immunized.

Ohio Department of Health Communicable Diseases

Meningitis, Bacterial	Incubation: 1-10 days, usually less than 4 days. Symptoms: Sudden onset, fever, intense headache, nausea, vomiting. With meningococcal meningitis, rash. Behavioral changes, irritability, sluggishness.	Direct contact with nose or throat discharge of infected person or asymptomatic carrier.	Communicable period: Not more than 24 hours after starting appropriate antibiotic therapy. Control: Exclude until at least 24 hours of effective treatment. Must be under physician's care.	For meningococcal disease: Antibiotic prophylaxis is usually given to child care contacts, as well as the household contacts of case patients, but not to school contacts. Prophylaxis is not indicated for most situations with other causes of bacterial meningitis.
Meningitis, Viral/aseptic	Incubation: 2-21 days, depends on causative agent. Symptoms: Sudden onset, fever, intense headache, nausea, vomiting, stiff neck. Behavioral changes, irritability, sluggishness.	Varies with causative agent. Some forms transmitted through contact with respiratory secretions. Most types are spread through the fecal-and-oral route via unwashed hands. Onset may be rapid or gradual. Infants less than one year of age are less likely to have meningeal signs.	Communicable period: Up to 7-10 days following onset of symptoms. Control: Exclude while febrile. Must under physician's care. Strict hand washing after toileting required since may excrete virus in stool for 1-2 months. Avoid shared water or drinks.	Usually much less serious than bacterial meningitis, but initial symptoms are similar. Physician diagnosis is essential to determine either cause of any meningitis and ensure proper management. Viral/Aseptic Meningitis shall be reported by end of the next business day after the existence of such case or suspect case is known to local health district.
Mononucleosis	Incubation: 4-6 weeks. Symptoms: Fever, sore throat, swollen lymph nodes (glands). Fatigue, headache, palatial petechial rash (red spider veins on roof of mouth), occasional abdominal pain, occasional respiratory distress.	Direct contact with saliva of an infected person.	Communicable period: Unknown, may shed virus for many months with no symptoms. Control: May return when feeling well enough. Protracted recover period not uncommon.	Need not exclude under ordinary circumstances after symptoms subside.
Mumps	Incubation: 12-25 days, usually 16-18 days. Symptoms: fever, painful parotid salivary glands swelling under jaw and in front of ear; headache chills, lack of appetite, abdominal pain. Occurs most often in late winter/spring.	Direct contact with nose or throat discharge or saliva of infected person. Indirect contact with items freshly soiled with same. Mumps are also spread by droplets.	Communicable period: Up to 6 days prior to parotid swelling through 9 days after onset. Control: Exclude for 5 days after onset of parotid swelling.	Mumps shall be reported by end of the next business day after the existence of such case or suspect t case is known to local board of health. Contact parents of children who have not been immunized.

Ohio Department of Health Communicable Diseases

Pinworms	Incubation: From ingestion of egg until migration to peri-anal (around the rectum) area 2-6 weeks. Symptoms: Anal itching with disturbed sleep, irritability, and local irritation due to scratching.	Direct transfer of eggs from anus to mouth by contaminated fingers. Indirect transmission occurs from articles freshly contaminated with pinworm eggs, such as clothing or bedding, bathroom fixtures and sandboxes.	Communicable period: 2-3 weeks. Control: Exclude until adequately treated. The child should receive medical attention. Effective medications are available and may be repeated after 2 weeks. Hand washing with special attention to fingernails. Hands should be washed after using a sand table or playing in the sand.	Consult local health department for assistance in controlling this condition. Children should wash their hands after each toilet use and before meals. Do not allow sharing of bed clothing.
Ringworm (Tinea)	Incubation: Usually 4-10 days for the scalp. Symptoms: Scalp-scaly patches of temporary baldness, infected hairs are brittle and break easily. Skin-flat, ring-like rash, inflamed, ma itch or burn. Feet-scaling and cracking of skin especially between toes, blisters may be present, filled with watery fluid.	Direct contact with lesions of infected person or animal; indirect contact with articles or surfaces contaminated by same.	Communicable period: As long as lesions are present. Control: Exclude those with scalp and skin lesions until 24 hours of appropriate treatment completed. Continue to avoid swimming and exclude from contact sports until lesions are gone to prevent spread. Do not allow sharing of hair items such as brushes, ribbons, combs.	Household contacts, pets and farm animals should be examined and treated if infected. Scalp involvement rarely found in adults. Preventive measures are those common to good hygiene practices.
RSV (Respiratory Syncytial Virus)	Incubation: 1-10 days Symptoms: Most common cause of bronchiolitis and pneumonia in children under 1 year of age. May exhibit fever, runny nose, cough and sometimes wheezing.	Spread through direct contact with infectious secretions such as breathing them of touching the surface contaminated by an infected person.	Communicable period: A young child with RSV may be infectious for 1-3 weeks after symptoms subside. Control: Make sure that procedures regarding hand washing hygiene, disposal of tissues and disinfecting/sanitizing of toys are followed. Do not share glasses, cups or utensils. Do not exclude ill children unless they are unable to participate comfortably in activities or require a level of care.	Almost 100% of children in child care get RSV in the first year of life. The most effective preventive measure is careful and frequent hand washing. In most children symptoms are mild, but can be significant in those with risk factors. Children with heart and lung conditions or weak immune systems are at increased risk of developing sever infection and complications.

Ohio Department of Health Communicable Diseases

Rubella (German Measles)	Incubation: 12-23 days, usually 16-18 days. Symptoms: Fever, headache, sore throat, cough. Lymph nodes	Direct contact with infected person; indirect contact with items freshly soiled	Communicable period: Up to 7 days prior to onset of symptoms through 7 days after onset. Control: Exclude until 7 days from onset of rash. Persons with congenital rubella shall be excluded	Disease is mild in children, but poses serious risk to unborn babies if contracted by pregnant women. Physicians should be notified at once if exposure of a pregnant

	(glands) at back of head, behind ear, often enlarged. Red or pink rash begins on head, at hairline, may be itchy and fades in 72 hours. Rash may be absent.	with discharge from infected person (nose, throat, blood, urine or feces). Rash occurs in 50-80% of those infected and in children is the sign of the disease. In adolescents and adults the rash is preceded by 1-5 days prodromal period of flu-like symptoms which disappear after onset of rash.	from school or child care until they are one year old unless nasal and urine cultures after three months of age are repeatedly negative for rubella.	woman occurs. Contact parents of children who have not been immunized. Rubella shall be reported by telephone immediately after the existence of such case or suspect case is known to local health district.
Scabies	Incubation: First infestation, 2-6 weeks; subsequent infestation 1-4 days after re-exposure. Symptoms: Parasitic disease of the skin caused by a mite, whose penetration is visible as papules (bumps), vesicles, or tiny linear burrows. Lesions are often found in space between fingers, on or inside wrist, elbows, armpits, belt-line and genital area. A patchy red rash is often resent. Intense itching, especially at night. Manifestations may mimic other dermatological (skin) diseases.	Direct skin-to-skin contact with an infested person. Rash or itching need not be present for transmission to occur. Clothing and bedding rarely involved in transmission. Pets do not transmit the mite.	Communicable period: From beginning of infestation (even before symptoms have occurred) through completion of treatment. Control: Isolate for 24 hours following treatment with an appropriate scabicide. Children with evidence of scabies should be isolated and excluded from child care until 24 hours following treatment. Symptoms Generally do not stop immediately after treatment. Washing and drying of clothes, bedding and personal articles or sealing articles inside plastic bags for 3-4 days is sufficient to kill the scabies mite. Search for unrecognized cases among contacts and household members. Treat prophylactically those who have had skin-to-skin contact with infested people.	The scabies mite cannot live off the skin of the host for more than 24 hours. Environmental sprays and /or extermination are not necessary. Outbreaks, unusual incidence or epidemics of scabies shall be reported by the end of the next business day after outbreak, unusual incidence, or epidemic is known to local health district.

Ohio Department of Health Communicable Diseases

Scarlet Fever/Strep Throat (Streptococcal Infections)	Incubation: 1-3 days, may be longer. Symptoms: Strep throat-fever, red throat with pus spots, tender and swollen lymph nodes (glands). Symptoms are variable. Scarlet fever-all of the above, plus sandpaper-like rash on skin and inside of mouth, “strawberry tongue.” High fever, nausea and vomiting may occur.	Direct contact with nose and throat secretions or large respiratory droplets of infected person or carrier, casual or indirect contact through objects or ands contaminated with same is rare.	Communicable period: Until 24 hours of appropriate antibiotic therapy completed. Control: Refer to health care provider. Exclude until 24 hours of appropriate antibiotic therapy completed.	Early diagnosis and treatment are essential in preventing serious complications such as rheumatic fever, kidney disease and wound infection.

Thrush (Candidiasis)	Incubation: Variable, 2-5 days in infants. Symptoms: Infection of the skin, mouth, or tongue that appears as white spots which cannot be scraped off without causing bleeding. May also occur in folds of skin in diapered areas and is common cause of diaper rash.	Direct contact with secretions from infected areas. Contact with feces of carriers.	Communicable period: Presumably for as long as lesions are visible. Control: It is not necessary to exclude the child. Meticulous hand washing and disinfection/sanitation of contaminated articles (such as bottle nipples, pacifiers, toys) are necessary to prevent spread. Treatment may shorten the duration of symptoms. Medical treatment is limited by age of the child.	Wet diapers facilitate the development of candidiasis; keeping diapered children dry is very important in the prevention of this disease. Persons who have been on extended antibiotic therapy or who are immunocompromised are at increased risk.

Tuberculosis (TB)	Incubation: 2-12 weeks needed after a person is infected with the TB bacillus before the infected person will react positively to the TB skin test. After this initial infection, the risk of progressing to active disease is greatest during the 2 years following infection. In infants, TB is much more likely to disseminate. Therefore, prompt and vigorous treatment should be started as soon as the diagnosis is suspected. Symptoms: TB infection produces no symptoms. The symptoms of pulmonary TB may include a productive cough, chest pain, and hemoptysis(bloody phlegm). Systemic symptoms may include fever, chills, night sweats, easy fatigability, loss of appetite, and weight loss. Children do not always manifest he same symptoms as adults and frequently are diagnosed by radiographic examination or other laboratory tests such as gastric washings.	TB is spread person-to person through the air. When a person with TB coughs or sneezes, respiratory secretions are expelled into the air and can remain there for several hours. Transmission occurs when another person inhales air containing these droplets.	Communicable period: As long as live organisms are present in the respiratory secretions. Control: Isolate until the designated TB authority approves that person's removal from isolation. Consultation should be sought with local public health TB control authorities for determination of the need and length of respiratory precautions. Well children should not be kept our of a child care if they only have a positive skin test result.	Infection in a child is generally due to exposure of an undiagnosed pulmonary TB case in an adult. TB shall be reported by end of the next business day after the excistence3 of such case or suspect case is known to local health department

Ohio Department of Health Communicable Diseases

Whooping Cough (Pertussis)	Incubation: 5-10 days with upper limit of 21 days. Symptoms: Begins with mild upper respiratory symptoms and can progress to fits of abnormally severe coughing often with a characteristic respiratory whoop, followed by vomiting. Fever is absent or minimal. Infants less than 6 months old, adolescents and adults often do not have the typical whoop or fit of abnormally severe coughing.	Close contact via respiratory secretions of person with disease.	Communicable period: Highly communicable in the early catarrhal (runny nose, sore throat) stage before the paroxysmal cough stage. Thereafter, communicability decreases, but may persist for 3 weeks or more after onset of cough. Appropriate treatment can decrease infectivity. Control: If person is not treated with antimicrobial therapy, isolate (including exclusion from school or child care center) until 3 weeks after the onset of paroxysms. If appropriate antimicrobial therapy is given, the person shall be isolated for 5 days after initiation of antimicrobial therapy. Monitor contacts for coughs.	Contacts may receive vaccine booster if age-appropriate or antimicrobial prophylaxis. Check non-immunized students for potential exclusion during outbreak. Whooping cough shall be reported by end of the next business day after the existence of such case or suspect case is known to local health district.

Source: Ohio Department of Health Chart of Communicable Diseases (JFS 08087. Rev. 4/2009)

Healthchek Services for Children Younger than Age 21

Healthchek is Ohio's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. It is a service package for babies, kids, and young adults younger than age 21 who are enrolled on Ohio Medicaid.

The purpose of Healthchek is to discover and treat health problems early. If a potential health problem is found, further diagnosis and treatment are covered by Medicaid.

Healthchek covers ten check-ups in the first two years of life and annual check-ups thereafter and offers a comprehensive physical examination that includes:

- medical history
- complete unclothed exam (with parent approval)
- developmental screening (to assess if child's physical and mental abilities are age appropriate)
- vision screening
- dental screening
- hearing assessment
- immunization assessment (making sure child receives them on time)
- lead screening; and
- other services or screenings as needed

If your children are enrolled on Ohio Medicaid, Healthchek services are available to them. If you are younger than age 21 and are also enrolled, you can receive Healthchek services, too.

For more information:

- Read the Healthchek and Pregnancy Related Services Information Sheet: English , en Español or Somali
- Read about Frequently Asked Questions

If you still have questions about Healthchek, send us a note through the Healthchek Questions form.

Healthchek Services Frequently Asked Questions

Question 1. What is Healthchek?

Answer 1. Healthchek is Ohio Medicaid's child health benefit for children under age 21. The Federal name for this benefit is Early and Periodic Screening, Diagnostic and Treatment services, or EPSDT. The purpose of Healthchek is to find and treat health problems early, so your child can have the best health and development possible. Healthchek is free and covers Healthchek exam (well child check-ups), hearing, vision and dental screenings to diagnose any health problems your child might have. It also covers medical and dental treatments and equipment that may be determined as medically necessary.

Question 2. Is Healthchek different from Medicaid?

Answer 2. No. Healthchek is the children's health component of Medicaid for children under age 21.

Under Healthchek, your child can receive medically necessary services or equipment that would be covered by federal Medicaid whether or not the service is covered by Ohio's Medicaid plan for adults. Also, your child can get more of a certain service than would be provided to adults. For example, a child could get more physical therapy than an adult would get if the added therapy is medically necessary for the child. Children also can get more dental care than adults.

Question 3. Do I have to fill out an extra application for my child to receive Healthchek services?

Answer 3. No. Once your child is enrolled in Ohio Medicaid, he or she can receive Healthchek services. Ask the Healthchek Coordinator at your County Department of Job and Family Services' (CDJFS) for more information about Healthchek services. A list of county Healthchek Coordinators can be found at: http://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/countycoordinators.pdf

Question 4. How many Healthchek exams are covered?

Answer 4. Healthchek covers 13 check-ups throughout the first three years of life, then one check-up each year until the age of 21. It is important to take your child to all of the covered check-ups to ensure your child's health and normal development. If a health problem is found, more exams and services are covered when necessary to diagnose and treat the problem.

Question 5. What happens during a Healthchek exam?

Answer 5. Healthchek screenings (exams) are complete physical examinations that include:

- Medical history
- Complete unclothed exam (with parent approval)
- Developmental screening (to see if your child's physical and mental abilities are as expected for his or her age)
- Vision screening
- Hearing assessment
- Dental screening
- Immunizations (to make sure your child receives shots on time)
- Lead screening
- Other screenings and services as needed

Healthchek exams are based on the American Academy of Pediatrics (AAP) children's health recommendations. If a health problem is found, your doctor can treat the problem, do more examinations or refer you to a specialist for treatment.

Question 6. What kind of services can my child get through Healthchek?

Answer 6. In addition to the screening services, your child can get medically necessary services or equipment that your child's Medicaid provider recommends. Some services must be approved by Ohio Medicaid or the managed care plan your child is enrolled in. Examples of available services or equipment include:

- Physician and clinic services

- Inpatient and outpatient hospital services
- Laboratory and x-ray services
- Home health services and private duty nursing services
- Personal care services
- Care coordination or Case management services
- Physical therapy and related services
- Any medical care or other type of remedial care (example: occupational therapy) recognized under state law
- Other diagnostic, screening and rehabilitative services recommended by a licensed Medicaid provider
- Durable medical equipment
- Dental services
- Certified pediatric nurse practitioner services
- Nursing facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities and inpatient psychiatric hospitals
- Respiratory care services

Question 7. W**hat happens if a health problem is found?**

Answer 7. Your child's doctor can treat the problem or can make a referral to a specialist for further evaluation and treatment. Any Medicaid provider can find a problem, make a referral or provide treatment. This includes: doctors, nurses, dentists, physical therapists, occupational therapists, speech therapists, psychologists, psychiatrists and other health care professionals.

Question 8. What does medically necessary (medical necessity) mean?

Answer 8. Medical necessity for individuals covered by early and periodic screening, diagnosis and treatment (EPSDT) is defined as procedures, items, or services that prevent, diagnose, evaluate, correct, ameliorate, or treat an adverse health condition such as an illness, injury, disease or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability.

Question 9. What should I do if the doctor says my child needs a medically necessary service that has to be approved by Medicaid or my child's managed care plan?

Answer 9. If you are enrolled in a Medicaid managed care plan, your provider should contact the plan's prior authorization department and make the request. Each plan has its own process for approving requests for services. If you are not enrolled in a Medicaid managed care plan, your Medicaid providers can make a request for the service. Your health care professional will submit all the necessary supporting paperwork (example: treatment plans, progress notes, assessments), asking that the requested service receive prior authorization for coverage.

Question 10. What if a request for approval by Medicaid or my child's managed care plan is denied?

Answer 10. You will receive notification by mail if the service your doctor recommends is denied by Medicaid. If you disagree with the denial, you may ask for a hearing. You must ask for a hearing within 90 days from the date of the notice. This document should tell you exactly how to ask for the hearing. A hearing will be scheduled, and a hearing officer will listen to you and Ohio Medicaid, then will decide whether or not the denial was correct.

If your child is enrolled in a managed care plan, you can find information about your plans process on their website by searching for "appeal" or by calling their member services department for assistance.

Managed Care Plan	Website	Member Services
Buckeye Health Plan	https://www.buckeyehealthplan.com	1-866-246-4358
CareSource	https://www.caresource.com	1-800-488-0134
Molina Healthcare	http://www.molinahealthcare.com	1-866-449-6849
Paramount Healthcare	http://www.paramounthealthcare.com	1-800-462-3589
UnitedHealthCare	https://www.uhc.com	1-877-542-9236

Question 11. I need help finding a doctor who will accept Medicaid. What should I do?

Answer 11. If you are enrolled in a managed care plan, contact the plan or visit its Web site for further information. If you are not covered by a managed care plan, then contact your county agency and speak with the Healthchek

Coordinator http://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/countycoordinators.pdf. They will assist you by giving you a list of available Medicaid providers' names, addresses and phone numbers within your county and in surrounding counties. You may also call the Ohio Medicaid **Consumer Hotline** at **1-800-324- 8680** for help.

Question 12. **I need help scheduling medical appointments and getting to the appointments. What should I do?**

Answer 12. Healthchek provides help with scheduling and transporting your child to medical appointments. If you are enrolled in a managed care plan you may contact them for help, or contact your county and ask for the Healthchek Coordinator. A list of county Healthchek Coordinators can be found at http://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/countycoordinators.pdf.

Question 13. I am moving to another county in Ohio. What should I do to make sure my child's Healthchek services will continue?

Answer 13. Once you have relocated, you are required to report changes within 10 days to your county case worker to let them know that you have moved. They will transfer your case to your new county of residence. Your county Healthchek Coordinator can tell you who the Healthchek Coordinator is in your new county and can help you in contacting them. A list of county Healthchek Coordinators can be found at: http://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/countycoordinators.pdf

Question 14. How can I find out more information about Healthchek?

Answer 14. You can find more information about Healthchek by doing one of the following:

1. Call your county and ask for the Healthchek Coordinator. This person can provide you with information on Healthchek services. A list of county Healthchek Coordinators can be found at http://medicaid.ohio.gov/FOROHIOANS/Programs/Healthchek.aspx.

2. Call Ohio Medicaid's Consumer Hotline at **1-800-324-8680** and speak with a customer service representative for further assistance.

3. Call your Medicaid Managed Care Plan’s customer service number for more information. The phone number should be located on your child’s managed care plan insurance card.

4. Visit Ohio Medicaid's Healthchek Web page at: http://medicaid.ohio.gov/FOROHIOANS/Programs/Healthchek.aspx for further details.