

BIG STONE CITY SCHOOL

OST Out-of-School-Time



# PARENT HANDBOOK

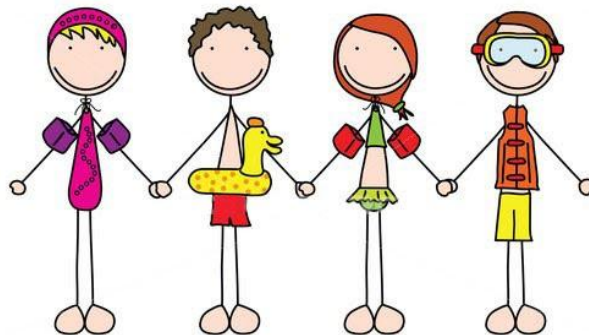


# WELCOME to the Big Stone City School OST Program!

Thank you for choosing Big Stone City School OST for your childcare needs! OST (Out-of-School-Time) is a summer childcare program specifically designed to provide exceptional care through a secure, safe, educationally structured environment. We believe in emphasizing social, emotional, physical, and cognitive growth of children. The program offers this through art, music, science, literacy, math and outdoor experiences.

As an organization, OST has made a commitment to quality and safety at our childcare facility by striving to surpass State of South Dakota Licensing Standards.

If you have any questions after reading through your Family Handbook, please direct your questions to the OST Director, Anne Lester or the Business Manager, Christopher Folk.



## ADMISSION/ENROLLMENT

### OST provides safe, exceptional care for children

- Any child age 12 months to 12 years is welcome to participate in the program.
- The Big Stone City School OST program does not discriminate by race, color, sex, national origin, or creed.
- All required forms as listed below must be on file for each child. Parents should update all information, including additional immunizations, change of address, telephone number or family situations as needed. Please check every six months to make sure all information is current.
- Child Care Assistance accepted (SD and MN)
- Licensed and Registered
- Participates in the Food Program
- Core Values: Caring, Honesty, Respect, and Responsibility

### Forms needed to be completed

- OST Application
- Immunization record
- Consent form for medication administration (if your child needs medication while in care)
- Childcare Assistance Application (SD and MN)

### Clothing

- Please be sure your child has appropriate clothes for indoor and outdoor play
- Washable play clothes.
- Comfortable shoes.
- Label all clothing!
- Clothing children can put on and take off by themselves.
- NO jewelry or other items a child could lose throughout the day.

### Supplies

- Labeled blanket for children who nap.
- Labeled change of clothes for children up to age 5.
- Wipes, diapers, bottles and sleep sack or blanket for infants and toddlers.
- Swim suit and towel
- Sunscreen
- OST is not responsible for lost or stolen items.

### Program Goals

#### *Strengthen your family by:*

- Providing families with peace of mind while children are in our care.
- Improving communication among family members.
- Helping families share values with others.
- Increasing your family's sense of community with other families

#### *Help children reach their fullest potential through:*

- Developing self-awareness, confidence and feelings of self-worth.
- Developing interpersonal relationships.
- Developing values.
- Emergent learning.
- Developing physical skills.
- Focusing on health and nutrition.
- Committing to support the four core values of OST – caring, honesty, respect, responsibility

## Schedule

7:00-8:00 Students Arrive/Free Choice Time  
8:00-8:30 Breakfast/Bathroom Break  
8:30-9:00 Large Group  
9:00-9:30 Free Choice/Small Groups  
9:30-10:30 Outdoor/Gym  
10:30-11:30 Literacy and Math Centers/Bathroom Break  
11:30-12:00 Lunch  
12:00-1:30 Rest for Children under 5/ Games and Learning Centers for Older Children  
1:30-2:00- Large Group Games/Music Movement  
2:00-2:30 Bathroom Break/Snack  
2:30-3:30 Outdoor Play  
3:30-4:30 Science and Art  
4:30-6:00 Free Choice/Center Time

## Activities

*Activities included, but not limited to:*

- Science
- Math
- Art
- Reading
- Storytelling
- Music
- Creative Play
- Social Emotional
- Gross Motor
- Hands on Learning
- Field Trips

**Large Group Activities:** children are encouraged to interact in a large group, take turns, participate themselves and allow others to participate with them learning team building.

**Small Group Activities:** children are assisted in developing particular skills. Those skills include cutting, tracing, balancing, hand-eye coordination, color and shape identification, board games and more.

**Literacy Time:** children are exposed to age-appropriate literature and are encouraged to use their imagination, to build vocabulary and to develop listening skills.

**Academic Achievement:** children are provided with activities that stimulate learning.

**Social Skills Development:** the OST core values of caring, honesty, respect and responsibility are reinforced in all activities and built into all lesson plans. Children will also be encouraged to practice personal hygiene and participate in the care of their environment.

## Arrival

- Sign your child in and out each day on the sheet provided by the center/program.
- Children must be escorted by an adult to the classroom or program area. A list of persons authorized to pick up your child must be noted on the enrollment form or emergency card.
- Inform your child's teacher of any special needs for the day. If possible, write them on a note near the sign-in sheet.
- Children may not arrive prior to the scheduled starting time and teacher must be present to accept the child.
- If your child is not attending, we need to know by 8 a.m.

## Departure

- Only authorized persons may sign a child out of the program. Please provide a list of authorized people on the enrollment form or emergency card. This list will be kept on file at the center/site.
- No child will be released to the care of anyone less than 16 years of age.
- Anyone unfamiliar to the teacher will be asked for identification. For your child's protection there are no exceptions

to this policy.

- Please sign your child in and out each day.
- If you are running late, please call us in advance so we can plan appropriate staffing and reassure your child.
- Staff is scheduled to work until 6:00 p.m. A fee of \$10 will be charged per child for every 15 minutes after 6:00 p.m. that your child is not picked up.
- Chronic late pick-ups will be grounds for dismissal.
- If your child is not picked up by 6:30 p.m., the local authorities will be called.

#### **Snacks/Meals**

- Hot breakfast and lunch is provided.
- A snack will be provided in the afternoon.
- The nutritional value of our snacks is commensurate with state guidelines.

#### **Quiet Time/Nap**

- In compliance with the South Dakota division of early care and education, all children less than 5 years old will have a daily nap or rest period. If, after resting for 30 minutes a child does not sleep, they may do quiet activities which will not disturb other napping children.

#### **Field Trips**

- Field trips will be taken to enhance the curriculum.
- Parents will receive advance notice of any trips to be taken by the program and any fees. Permission slips must be signed and returned for each trip.
- Permission for walking field trips is given on the enrollment form.
- For safety purposes all staff attend field trips. If your child has other activities that you choose to send them to during a time we are scheduled to be off site then alternate arrangements will need to be made for pick up or drop off.

#### **Guidance**

- Our goal is to guide children in becoming happy, responsible and cooperative participants through positive teaching techniques. In the event that behavior requires discipline:
- Teacher actions will not harm the child's self-image or embarrass the child, rather reinforce a positive self- image.
- Teacher actions will help children learn self-control, make good choices, identify and express their feelings with words and creative expression and develop an understanding and respect for one another's feelings.
- Teachers will communicate regularly with families regarding behavioral concerns. Every effort will be made by staff to enlist the cooperation of the child along with parents to solve problems as a team.

#### **Injury/Medical Emergency**

If your child is injured at the program center/site, the director/teacher will take whatever steps are necessary to obtain emergency medical care. These include, but are not limited to the following:

- attempts to contact parent or guardian directly/immediately.
- attempts to contact parent or guardian through emergency contact listed on enrollment forms.

If we cannot contact you, we will do one or both of the following:

- call an ambulance or paramedic.
- have the child taken to an emergency hospital.
- In the event of a serious life threatening incident, 911 will be called first.

#### **Illness**

- If a child becomes ill at the center/site, a parent will be contacted to take him or her home. Until a parent arrives, the child will be isolated, within sight and hearing distance of an adult. If parent cannot be reached, the staff will contact the emergency contact person listed on the child's enrollment form. Because we are not licensed to provide sick care, a parent or emergency contact person must pick up the child within one hour after being contacted.
- To ensure proper staff/child ratio, ill children may not stay inside during outdoor play time. If your child needs to stay inside for a few days for health reasons, please keep the child home.

- OST does not provide sick care. Please do not bring a child who is ill to the program.

#### **Emergency evacuation**

- Plans for emergency evacuation are specific to each area of the building. The plans specify the location to report to in case of a tornado and the exit to use in case of a fire.
- If the OST program receives information regarding a threatening situation from school administration or other credible source, the site or center director will evacuate the premises based on the situation. Children will be safely escorted from the building, with OST child listing, and a first aid kit.
- Parents will be notified as soon as possible with the location of their child. Please note that there are many children and it will take time to contact each parent. A sign will also be placed on the door to notify parents of emergency information. Once the site or center director has been given notice to return to the building, parents will be contacted again. Remember, if the program has evacuated the building, staff will not be present to answer the telephone.

#### **Medication which needs to be administered should:**

- Be brought directly to staff in its original container.
- Fill out a medical consent form for administration.
- All communicable diseases will be posted for parent information.
- Any over-the-counter medication must be marked with your child's name and a medication form must be completed.
- Medications for infants must include measuring device to insure proper dosage.

#### **Licensed Program Information**

- Our Program is licensed by the South Dakota Department of Social Services, Office of Child Care Services as a Daycare Center Child Care Program.
- Our Staff Director has met the qualifications for the Center and has a valid CPR/First Aid Certificate.
- Staff in our center are all Mandated Reporters. All staff must report suspected physical, sexual abuse, or neglect of a child to the agency or police required by South Dakota

#### **Fees and Payment**

- Payment will be due for the previous 2 weeks of service on the following Friday.
- Parents may pay by cash or check each month.
- A \$15 fee will be charged for returned checks.
- Refer to section on "late pick-up" for information on fees charged for picking your child up late.
- Failure to pay fees by deadline may result in termination of enrollment in the program. If you are having difficulty with payment, please contact the administrative office and ask about the daycare assistance program.
- Checks should be made to the Big Stone City School
- \$2.50 per hour minimum of 30 hours per week for full time
- \$2.50 per hour minimum of 15 hours per week for part time.
- \$2.75 per hour for drop ins (will be accepted if space is available)

**Child Care Assistance**

The Big Stone City School OST program accepts payments and assistance from the State of South Dakota and Minnesota. We have applications available. After the application is complete CCA will determine the amount of assistance based on the number of hours a family is working, household size, and income. The child may be responsible for a portion of the Child Care Assistance, this is called a co-payment.

This is the income guidelines for South Dakota and Minnesota.

**South Dakota:**

| <b>Family Size</b>     | <b>Adjusted Monthly Income</b><br>Based on 175% of Federal Poverty Level<br>Effective March 1, 2017 |
|------------------------|---|
| 2                      | \$2,368   |
| 3                      | \$2,978   |
| 4                      | \$3,588   |
| 5                      | \$4,197   |
| 6                      | \$4,807   |
| 7                      | \$5,416   |
| each additional member | add approx. \$609   |

**Minnesota:**

| <b>Household Size</b> | <b>Annual Income Entrance Level</b> | <b>Annual Income Exit Level</b> |
|-----------------------|-------------------------------------|---------------------------------|
| 2                     | \$30,166                            | \$43,003                        |
| 3                     | \$37,264                            | \$53,121                        |
| 4                     | \$44,362                            | \$63,239                        |
| 5                     | \$51,460                            | \$73,358                        |
| 6                     | \$58,558                            | \$83,476                        |

**At parents request**

A one week notice is necessary for cancellation. All cancellations for summer must be in writing. If less than one week notice is given, full payment is due regardless of the child’s attendance for that week.

**Withdrawal-Program**

The Big Stone City School OST program reserves the right to withdraw a child from the program if, at OST’s discretion, the enrollment of the child if negatively affects the integrity of the program and/or OST’s legal obligations through and under the Division of Early Care and Education. (DCF-251)



# Application for Out-of-School-Time

The Big Stone City School OST program offers a safe, supportive school environment which children from the Big Stone City Community may grow and develop. The mission is to provide affordable, high quality care from qualified staff to meet the developmental needs of the children during out of school time hours.

Child(ren) Name(s) \_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you looking for part-time? (15 hours or more per week)

Yes No # of hours needed \_\_\_\_\_

Are you looking for full-time? (30 hours or more per week)

Yes No # of hours needed \_\_\_\_\_

Are you looking for drop in care? # of hours needed per week \_\_\_\_\_

Which day(s) of the week will you need OST? Circle all that apply

Monday

Tuesday

Wednesday

Thursday

Friday

Do any of your children have any allergies we need to know about? (specify which child)

\_\_\_\_\_

Are any of your children currently on an IEP or IFSP? Yes No (specify which child) \_\_\_\_\_

Do any of your children have any health/special needs? (list and specify which child)

\_\_\_\_\_

Is there any other information you feel we should know about? (favorite things, food likes, special interests, fears, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list a name and phone number that doesn't live with you that we may contact in case of an emergency.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**Field Trip Permission**

Child's Full Name \_\_\_\_\_ Child's Full Name \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Child's Full Name \_\_\_\_\_

I DO I DO NOT (circle one) Give permission for my child(ren) to leave OST for field trips in an OST bus/van or public bus with OST personnel. I understand I will be notified before such activities and have the right to pick up my child(ren) from the program if I choose to not allow my child(ren) to participate. I also authorize walks to nearby parks and other venues with OST personnel.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Child Pick-Up Release**

Parents: Please list below the individuals who have your permission to pick up your child(ren) either during or after the OST Program. Your child(ren) will only be released to those listed below. These individuals must be 16 years of age. (If changes need to be made, notify the Director as soon as possible)

| Name  | Address | Home/Work Phone |
|-------|---------|-----------------|
| _____ | _____   | _____           |
| _____ | _____   | _____           |
| _____ | _____   | _____           |
| _____ | _____   | _____           |

**Other Permissions**

Please use an "X"

\_\_\_\_\_ I give my permission for my children's name/image to appear in all media outlets (i.e. newsletter, webpage, newspapers, and facebook.)

\_\_\_\_\_ I do NOT give my permission for my children's name/image to appear in all media outlets (i.e. newsletter, webpage, newspapers, and facebook.)

\_\_\_\_\_ My child(ren) is permitted to have cough drops as deemed necessary by the OST staff.

\_\_\_\_\_ My child(ren) is not permitted to have cough drops in OST.

**Parental Emergency Medical Consent**

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

In the event that my child(ren) (listed above) may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to \_\_\_\_\_ hospital and Doctor \_\_\_\_\_ or his/her designee to provide this care, I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child(ren) as secured or authorized under this consent. (The OST program states that every effort will be made to notify parents/guardians immediately in case of emergency.)

Parents/Guardians with whom the child(ren) resides:

Name \_\_\_\_\_ Relationship to the Child(ren) \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to the Child(ren) \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Information:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Medication \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Holder I.D. \_\_\_\_\_

This consent will be in effect beginning (date) \_\_\_\_\_ and continuing while the child is enrolled in this facility.

\_\_\_\_\_  
Signature Parent/Guardian      Date      Signature/Parent Guardian      Date

**\*Attach Child's Immunization Records**

**Immunization Affidavit (if applicable)**  
**Certification of Objection to Immunization**

Child Care Center: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

In accordance with South Dakota Codified Law 13-28-7.1, I hereby certify that the administration of vaccine and other immunizing agents to my child \_\_\_\_\_, is contrary to my beliefs which are adherent to a religious doctrine whose teachings are opposed to such test and immunizations. I therefore request exemption from the Department of Social Services' rule requirements for immunizations. I understand there are risks associated with non-immunization for my child. All foregoing statements are true to the best of my information, knowledge, and belief.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

**Parent/Guardian Consent Form (if applicable)**

**Medication Administration/Medical Procedure**

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Allergies: \_\_\_\_\_ Reactions: \_\_\_\_\_

Procedure/treatment: \_\_\_\_\_

I request and authorize the above procedure/treatment to be implemented for my child at school. I will furnish all the supplies and equipment needed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication:**

Dosage/Route: \_\_\_\_\_

Time/Frequency: \_\_\_\_\_

Side effects: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Dispensing Options:

\_\_\_\_\_ 1. Administration of medication

\_\_\_\_\_ 2. Assistance with self-administration

I request and authorize the above medication to be given to my son/daughter at school. I understand the Big Stone City School District's medication policy and agree to its contents. I will pick up any unused medication the last day of school or within one week of the last dose given or the medication will be destroyed. I give my permission to the school nurse to share information with appropriate school personnel relevant to the prescribed medication.

Parents/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Self Administration**

I authorize my child to self-administer his/her own medication. The Big Stone City School District will not be held liable.

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_



**Acknowledgement of the Parent Handbook**

The parent handbook outlines the policies and procedures of the Big Stone City School Out-of-School (OST) Program. An understanding of, and adherence to the policies will ensure positive parent-staff relations and ensure that the children’s needs are being adequately fulfilled. The program requires that all parents and/or guardians of the child/children enrolled in the program read, sign and return the statement that follows:

I have read and understand the OST Parent Handbook.

I understand that there may be additions and/or revisions to the handbook.

I will adhere to the parent policies explained in the handbook.

I realize that lack of adherence to these policies may result in termination of the child care arrangement.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Use: Date of Receipt \_\_\_\_\_ Accepted: \_\_\_\_\_ Full or Part

Application complete YES NO

Immunization Records on File Yes NO