

BEFORE AND AFTER SCHOOL PROGRAM

2022 SUMMER HANDBOOK



Mission Statement:

The mission of Lakeview Care for Kids is to provide a safe and nurturing environment allowing each child to explore, learn and grow individually through quality opportunities involving the community, staff and families.

A philosophy of care is an extension of the BASP mission and reflects the value that is placed on children. These are the program vision and goals:

- Children are entitled to dignity, respect, and trust; thus developing a sense of self-respect and responsibility.
- Children require compassion and understanding; thus developing empathy for others.
- Children deserve praise for their enthusiasm and effort; thus developing pride
- Children will have the opportunity to explore and be expressive; thus developing individuality.
- Children are worthy of the opportunity to have fun and laugh each day.

We welcome returning program friends and meeting new faces all the while creating a strong bond with the Solon community. Lakeview Care for Kids has a strong core of dedicated staff waiting to make a difference in the life of your child.

Sincerely,

Amber L. Feaker  
Director, Lakeview Care for Kids  
afeaker@solon.k12.ia.us  
319-624-3401 ext. 1277 - BASP Office

## **OVERVIEW**

The Solon Community School District continues to offer quality programs for families. Lakeview Care for Kids, Summer Program is an extension of the school district operating as a non-profit organization. The summer program has several branches of Preschool, grades K-3, Intermediate and Middle school. All programs will be located at Lakeview Elementary.

Lakeview Care for Kids is under the jurisdiction and review of the Solon Community School District and Solon Board of Education which provides guidance and approval regarding decisions affecting the program. Also advising Lakeview Care for Kids are parents and District Administrators.

The BASP Director supervises daily operations and manages the BASP staff.

We hope that the activities and events planned will offer your child the opportunity to unwind from a busy school year, build new friendships and enjoy the summer to the fullest!

## **PROGRAM GOALS**

1. The daily schedule will contain a variety of supervised age appropriate activities.
2. The program will offer a safe environment that fosters opportunities for the development of the whole child.
3. Communication with the program will occur regularly between the family and program Director and BASP staff.
4. The program will be structured to meet the necessities of families.
5. The program will employ quality staff to meet the needs of the children and abide by the Department of Human Services regulations

## **ADMISSION POLICY**

Children enrolled in Solon Community School Districts current or upcoming Preschool through Middle School for the year of 2022-2023 are eligible for admission, as well as incoming students living in the school District for the upcoming 2022-2023 school year.

## **NONDISCRIMINATION NOTICE**

It is the policy of the Solon Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact the district's Equity Coordinator.

Solon Community School District, Central Office  
301 S. Iowa St  
Solon, IA. 52333  
319-624-3401 ext. 1349

District staff has been designated by the school district to coordinate the school district's efforts to comply with the regulations implementing Title VI, Title VII, Title IX, the ADA, 504 and Iowa Code 280.3

## **PARENT AND CHILD RIGHTS AND RESPONSIBILITIES**

### **PARENT**

- Know that children are in a safe environment
- Sharing concerns with staff
- Understanding behavior concerns and developing resolutions involving the child, parent and program director.
- To pay fees on time as explained in the handbook
- To keep child records up to date as explained in the handbook
- To pick up children on time as stated in program policy
- To follow the health policy as explained in the handbook

### **CHILD**

- Experience a safe environment
- Ideas and feelings are respected
- Redirection that is fair, equal and respectful
- Enjoy time with staff members who are caring
- Understanding the consequences of actions
- Respecting guidelines and boundaries while in the program
- To remain with the group, program and staff at all times
- To use program property and material with respect
- To treat all persons in program or working in program with respect

## **HOURS OF OPERATION**

The summer program will begin June 6<sup>th</sup> 2022 and end on August 5<sup>th</sup>, 2022. The program opens each day at 6:15 AM and closes at 6:00 PM daily. **Summer program will be closed on Monday July 4th, 2022.**

## **FEES AND PAYMENT POLICY**

The program will offer three sessions for attendance. Families may choose one, two or all three sessions. **Invoices are sent via email two weeks prior to the first day of each session and are due by the first day of the corresponding session. Families signed up for ACH payment will see fees withdrawn on the first day of each session.** Late payments could result in a dismissal from the program.

## **SUMMER TUITION / SESSIONS**

### **Tuition**

Full Time, 5 days per week

Part Time, 3 days per week of choice

(part time day's chosen must remain consistent each week)

- Session A, June 6 - June 24
- Session B, June 27 - July 15
- Session C, July 18 - August 5

Parents may choose a Full or Part time rate for any session.

Full Time - \$458.00 – per session – per child

Part Time - \$370.00 – per session – per child

Automatic withdrawal (ACH) is now offered for your tuition payments and the program is no longer accepting cash payments.

**PARENTS WISHING TO WITHDRAW A CHILD FROM THE SUMMER PROGRAM  
MUST SUBMIT A TWO-WEEK ADVANCE NOTICE**

### **Late Pick up Fee**

Lakeview Care for Kids closes each day at 6:00 PM. Parents whose children remain past 6:00 PM will be assessed overtime fees as follows:

Parents whose child remains past 6:00 PM will accrue late fees. Late fees are on the monthly statement. **Pick up past 6:05 will equal \$5.00 per child per every fifteen minutes.** Prompt notification of late pick-up is appreciated.

### **ARRIVAL AND DEPARTURE**

Children are signed into and out of the program by a Lakeview Care for Kids staff member. This procedure ensures the safety of all children. The check in / out area is located at the Lakeview Elementary BASP lobby doors.

Changes in arrival or departure shall be made verbally or in writing to the Director.

Children are only allowed to leave with a parent or authorized adult with permission by the parent.

Please communicate with the Director or staff if another adult is authorized to drop off or pick up the child.

### **ABSENCES**

Lakeview Care for Kids allows for flexibility in scheduling. However, it is imperative that parents inform the Director of a change in the child's regular schedule. Please notify the Director or staff of any absence via phone call or email.

### **TRANSPORTATION FOR SPECIAL ACTIVITIES IN SOLON**

Many activities are offered each summer through enrichment classes, sports camps, tutoring, etc. Lakeview Care for Kids can assist parents in transporting children to special activities during the BASP summer day. **\*\*NOTE: if a child's activity is during a scheduled BASP field trip, the program is not capable of providing transportation.** A program Lead Teacher will serve as driver of a Solon Community School van to and from these activities and only to and from locations within SOLON.

**Most importantly, an Activity Release Form must be completed and on file in order for transportation to be requested.**

### **HEALTHY ENVIRONMENT**

- Children at times are separated into smaller groups by their grade
- High touch surfaces such as door handles, light switches, tables, faucets, toys and games will be disinfected and sanitized consistently.
- Hand sanitizer will be available daily in multiple locations.
- Staff and children will wash/sanitize hands upon arrival each day.

## **MEDICATIONS / ILLNESS / ACCIDENTS**

### **Procedure for Dispensing Medications:**

Students who have the doctor's permission to return to BASP after an illness, but are still taking medication, may bring their prescribed medicine to school.

All such medicine must be in the bottle with the pharmacist's label on it, clearly marked with the student's name and amount prescribed.

In order to administer this medication, the program must have a permission form signed by the parent. These forms are available in the BASP office.

Over the counter drugs such as aspirin, cough syrup, etc., cannot be administered without written permission from the parents. If permission is obtained such over-the counter medications must come in their original container.

Medications will be kept in the BASP office and students must come to the office to take their medicine.

Medications will be administered by the BASP Director or staff with appropriate training.

### **Illness**

If a child displays symptoms of an illness, we encourage parents to assess their child's health in the morning. It is generally recommended that a child stay home for 24 hours if they have had fever of over 100.0 F, vomiting, diarrhea, or a contagious disease.

If a child becomes ill while attending the program he or she will be isolated until a parent or authorized adult arrives for pick up. Parents will be notified immediately and a parent or authorized adult must pick up the child within one hour of the notification.

### **Accidents/Emergencies**

In case of an accident, parents will be notified immediately. An emergency contact form will be completed upon registration for use in such situations. An incident report for serious injury will be completed and kept with the child files. It is possible an ambulance will be requested.

## **DISCIPLINE AND/OR EXPULSION**

Students and parents are expected to be respectful and courteous to all program participants, staff and SCSD building and property.

Peer modeling, redirection and positive reinforcement will be the primary methods of behavior management. If necessary a conference will be held between the child, parents, Director and building Principal to determine a solution in regards to behavior concerns. No student will be expelled unless they are endangering the safety of themselves or others.

Lakeview Care for Kids is in complete alliance with DHS in that there shall be - No corporal punishment, No cruel or severe punishment such as humiliation or verbal abuse, No denial of food and No punishment for soiling or wetting.

### **POLICY FOR COMMUNICATING CONCERNS**

The Lakeview Care for Kids Director is always willing to speak with parents regarding concerns. Please utilize the following procedure for any concerns.

1. Discuss the concern with program Director
2. Next, if the concern has not been resolved a parent should discuss with the building Principal
3. Finally, parents with concerns unresolved should submit a written concern and address to the Solon Community School District Board of Education.

### **STAFF HEALTH AND WELLNESS**

Staff will receive education on communicable disease as well as preventive measures.

Staff will not share their phone, devices or meal or utensils with one another or children.

Staff will self-monitor for any signs or symptoms of communicable disease and notify the program director if any develops.

Staff will wash hands upon entering and leaving the program and hourly through the workday.

### **BASP FOOD SERVICES**

Children enrolled in the summer program are offered breakfast, lunch, and snack options each day. Drinks that are offered are milk, juices and water. Menus are posted and available each month of June and July / August. **Please see the program Director should your child have strict dietary guidelines due to health concerns.** Snacks that the program has on hand each day include and are not limited to yogurt, cheese, crackers, fresh fruit, snack mixes, fresh vegetables, popcorn and applesauce.

All surfaces will be disinfected before meal preparation and feeding using CDC or EPA approved products.

All Staff and children will wash hands before and after meal preparation and feeding.



Each child's meal will be plated and served by staff.

## **SUMMER PROGRAM EVENTS**

### **Library Events/Journaling Time**

A weekly story hour is planned for each Thursday at the Solon Public Library for our preschool and 1<sup>st</sup> and 2<sup>nd</sup> grade children.

A quiet time known as Journal Time during which children can read, journal or draw occurs daily in the summer program. The summer program will provide all children journals.

### **Movie Day**

Thursday afternoons will be movie day for the summer program. Children may choose to watch an age appropriate movie or read during this time. All children in the program will watch G or PG rated films.

### **Field Trips & Swimming**

Field trips for Kindergarten (completed school year 2021-2022) through Middle school take place on Monday, Wednesday and Friday afternoons from 12:00 PM to 3:30 PM. Field trip information is documented in the summer schedule and on the daily white board of information.

#### **A basic plan for weekly field trips**

<b>Monday</b>	<b>K – Middle school groups swim at Tipton</b>
<b>Wednesday</b>	<b>Assorted field trip that varies each week for K – Middle school</b>
<b>Friday</b>	<b>K – Middle school groups swim at Mt. Vernon</b>

Each week the Kindergarten through Middle school children swim at the Mt.Vernon City Pool and the Tipton Aquatic Center. These facilities are provided the program field trip dates and number of children attending to ensure proper lifeguard staffing. BASP staff are also trained in CPR and First Aid. Parents with concerns about swimming are encouraged to contact the BASP Director.

#### **Children must have the following**

- 1. Swimsuit and towel labeled with name**
- 2. SUNSCREEN labeled with name**
- 3. Water bottle labeled with name**
- 4. Extra change of clothes and shoes placed in Ziploc bag labeled with name**

### **Prek Water Days**

Children in the PK summer program will be offered water fun days. Sprinklers, slip n slide and small child size pool will be used.

## **Video Game Sign-up**

Some days the children can participate in “sign up” time. This is a chance for children to play video game systems. All video games played at the program are rated E and any video games brought from home must be approved by the program Director. Allotted “sign up” time runs 30 minutes per turn.

## **CHILDRENS PROPERTY**

The personal property of children must be taken home daily. Items that remain each day at the close of the program are placed in lost and found. All personal items should be labeled clearly with the child’s name. Cell phones must remain in backpacks at all times. Electronic devices can be used during specified group time. Lakeview Care for Kids cannot be held responsible for lost or stolen items

## **VISITORS / SECURITY / ACCESS**

### **Visitors/Security**

Lakeview Care for Kids welcomes parent visits to the program at any time!

If the court prohibits parental contact, Lakeview Care for Kids requires a copy of this legal order.

**Parents and visitors: Please check in with staff at pick up and departure. If a person other than a parent or authorized adult is dropping off or picking up your child - the Director or staff must be notified prior to arrival and will be asked to provide a valid form of identification. Only the Lakeview Elementary BASP lobby will be accessible - all other doors to the building are locked at all times.**

**Any person listed on the sex offender registry will not be allowed to enter the school building for pick up or drop off for any child. The child will be escorted by staff to and from the vehicle parked in the parking lot.**

Parent’s please contact the program Director about joining for a field trip or activity. For reasons of liability and supervision, it is not possible for children (siblings) not enrolled in the program to participate in activities.

### **Access**

Lakeview Care for Kids is responsible for ensuring the safety of children and preventing harm by being proactive and diligent in supervising not only the children but also other people present at the school building.

- 1) Any person in the school who is not a SCSD staff member who has not had a record check or approval to be involved with child care shall not have unrestricted access to children for whom that person is not the parent or legal guardian. Nor will that person be counted into staff to child ratio.

*Unrestricted access means that a person has contact with a child alone or is directly responsible for childcare. It is imperative that childcare programs not allow people who have not had a record check assume childcare responsibilities or be alone with children. This directly relates to both child safety and liability to the program.*

- 2) Persons who do not have unrestricted access will be under the direct supervision and monitoring of a paid staff member at all times and will not be allowed to assume any childcare responsibilities. The staff will assume the primary responsibility of supervision and monitoring.

*Supervision means to be in charge of an individual engaged with children in an activity or task and ensure that they perform it correctly. Monitoring means to be in charge of ensuring proper conduct of others.*

- 3) Program staff will approach anyone who is on the school property to ask what their purpose is and if staff is unsure about the reason they will contact the Director for approval. If it becomes a dangerous situation staff will follow the emergency "intruder" plan. Non-program staff who are on the property for other reasons such as building maintenance, repairs etc. will be monitored by staff and will not be allowed to interact with the children in the program.

- 4) A sex offender who has been convicted of a sex offence against a minor (even when the sex offender is a parent or legal guardian) who is required to register with the Iowa Sex Offender Registry (Iowa Code Chapter 692A):

- a. Shall not operate, manage, be employed by or act as a contractor or volunteer at the program
- b. Shall not be on the property of the childcare center without the written permission of the Director, except for a reasonable necessity to transport the offender's own minor child to and from the program.

- i. The program Director is not obligated to provide written permission and must consult with their DHS Licensing Consultant first.

- ii. If written permission is granted it shall include the conditions under which the sex offender may be present, including:

1. The precise location in the program where the sex offender may be present.
2. The reason for the sex offender's presence at the program.

3. The duration of time of the sex offender's presence at the program.
4. Description of how the program staff will supervise the sex offender to ensure that the sex offender is not left alone with any child.
5. The written permission shall be signed and dated by the Director and sex offender and kept on file for review by the DHS Licensing Consultant.

### **CHILD ABUSE REPORTING**

It is the policy of Lakeview Care for Kids, that any employee who has a reasonable belief that a child under the age of 18 has been abused by a person responsible for the care of the child, as defined by law, shall report the suspected abuse verbally to the DHS within twenty-four hours, and follow the verbal report with a written report on appropriate forms. The reporting of suspected abuse of children by non-certified or non-licensed employees is encouraged. The failure on the part of an employee who is a mandatory reporter to file a report as required by law may subject the employee to disciplinary sanctions up to and including discharge.

It is also the policy of Lakeview Care for Kids, that reports of child abuse remain confidential, as required by the law.

Lakeview Care for Kids shall provide the training required by law in the identification and reporting of child abuse, to all mandatory reporters employed by the school within six months of initial employment. Lakeview Care for Kids shall also provide each new employee, who is a mandatory reporter, with the legal requirement of child abuse reporting within one month of initial employment.

Lakeview Care for Kids Director and staff will cooperate fully with DHS personnel in conducting a child abuse investigation by providing confidential access to the child named in the report and to other children alleged to have relevant information for the purpose of interviews. Lakeview Care for Kids recognizes no obligation to contact the parents or guardians of a child suspected to be a victim of abuse.

To make a report of suspect child abuse, call the 24 - hour DHS hotline  
1-800-362-2178

The Code of Iowa requires Lakeview Care for Kids employees to report to DHS all instances of suspected child abuse involving children.

The law further specifies that a Lakeview Care for Kids employee who knowingly or willfully fail to report a suspected case of child abuse is guilty of a simple misdemeanor and the licensed employee may be subject to civil liability for damage caused by the failure to report.

The Code provides immunity from any liability - civil or criminal - to anyone participating in good faith in the making of a report or in judicial proceedings that may result from the report.

#### ***Child Abuse Defined***

*“Child Abuse” or “Abuse” means, “harm occurring through”:*

- 1) Any non-accidental physical injury or injury which is at variance with the history given of it, suffered by a child (any person under 18 years old) as the result of the acts or omissions of a person responsible for the care of the child.
- 2) The commission of a sexual offense with or to a child as defined by Chapter 709 of the Code Supplement, as a result of the acts or omissions of the person responsible for the child.
- 3) The failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing or other care necessary for the child’s welfare when financially able to do so or when offered financial or other reasonable means to do so.
- 4) A parent or guardian legitimately practicing religious beliefs who does not provide specified medical treatment for a child for that reason alone shall not be considered abusing the child; however, a court may still order that medical service be given to the child if the child’s health requires it.

### ***Reporting Procedures***

The Code establishes a reporting and investigation procedure for alleged cases of child abuse. Lakeview Care for Kids employees, including the Director and school nurses are required to file a report with DHS when the person “reasonably believes a child has suffered from abuse”. The requirement to report is mandatory.

Lakeview Care for Kids employees must report suspicion of child abuse to DHS. Within 48 hours of the oral report a written report must be forwarded to DHS. Each report should contain as much of the following information as can be obtained within the time limit:

- Name, age, and home address of the child.
- Name and home address of the parents, guardians or other people believed to be responsible for the care of the child.
- The child’s present whereabouts if not the same as the parent’s, guardian’s, or persons legally responsible for the child.
- Description of injuries, including evidence of previous injuries.
- Name, age and condition of other children in the same home.
- Any other information considered helpful.
- Name and address of the person filing the report.

Lakeview Care for Kids policy states it is not the responsibility of employees to prove that a child has been abused or neglected. Lakeview Care for Kids employees should not take it upon themselves to investigate the case or contact the family of the child. The DHS is responsible for investigating the incident of alleged abuse.

# BASP SUMMER 2022 REGISTRATION FORM

CHILD NAME \_\_\_\_\_ GRADE IN FALL '22 \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MOTHER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FATHER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

## PLEASE READ:

THE SUMMER WILL CONSIST OF 9 WEEKS THAT ARE DIVIDED INTO THREE SESSIONS.

SESSION A - JUNE 6 -JUNE 24

SESSION B - JUNE 27-JULY 15

SESSION C - JULY 18-AUGUST 5

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**PLEASE CIRCLE THE TUITION CHOICE AND CORRESPONDING SESSION**

<u>TUITION CHOICE</u>	<u>SESSION A</u>	<u>SESSION B</u>	<u>SESSION C</u>	<u>COMPLETE SUMMER</u>
FULL TIME 5 DAYS PER WEEK	\$458	\$458	\$458	\$1,374.00
PART TIME 3 DAYS PER WEEK	\$370	\$370	\$370	\$1,110.00

\* PLEASE CIRCLE DAYS YOUR CHILD WILL ATTEND PART TIME - M T W TH F

\*\*\*\*\*

I understand and will abide by the policies and procedures outlined in the BASP Summer 2022 registration materials. I have received and read the Summer 2022 handbook. I agree to pay the non-refundable \$50.00 registration fee and tuition rates as explained in the Summer 2022 handbook. Automatic withdrawal (ACH) is now offered for tuition payments and the program is no longer accepting cash payments.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Emergency Medical Treatment Authorization

Permission for medical care in parental absence.

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name child answers to: \_\_\_\_\_

I, \_\_\_\_\_ parent or guardian of the child named above give my permission to \_\_\_\_\_, child care home provider, to secure and authorize such emergency medical care and treatment as my child might require while under the Provider's supervision. I also authorize the Provider to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

**NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:**

Name of Parent or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Preferred Hospital to Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons to be contacted in emergency if the parents are unavailable:

<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Relationship</u>
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\_\_\_\_\_

Present medication(s): \_\_\_\_\_

Known allergies: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Insurance: \_\_\_\_\_

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SCHOOL-AGE ASSESSMENT & HEALTH FORM & IMMUNIZATION DECLARATION

**1. HEALTH STATEMENT** - To be completed by parent.

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

Birth Date \_\_\_\_\_

1. Significant illnesses and surgeries child has had (give age at time):

\_\_\_\_\_  
\_\_\_\_\_

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**2. PHYSICAL ASSESSMENT**

1. Is there any defect of vision, hearing or speech of which the child care program should be aware, or could compensate by appropriate action?

\_\_\_\_\_  
\_\_\_\_\_

2. Is this child subject to any conditions which limit classroom activities or physical education?

\_\_\_\_\_  
\_\_\_\_\_

3. Is this child subject to any condition which may result in an emergency situation?

\_\_\_\_\_  
\_\_\_\_\_

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

\_\_\_\_\_  
\_\_\_\_\_

5. Other information you would like to share:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR CENTERS SERVING SCHOOL-AGE CHILDREN OPERATING IN THE SAME SCHOOL FACILITY IN WHICH THE CHILD ATTENDS SCHOOL:**  
**My signature below certifies that immunization information concerning my child has been provided and is available in the school file.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



## School-Age Child – Parent Statement of Health

### PARENT/GUARDIAN (Please complete pages 1 and 2.)

Child's name		Child's birthdate	Name of school: _____
Parent/Guardian name #1		Parent/Guardian name #2	
Child home address #1		Telephone # 1	
Child home address #2		Telephone #2	
Where parent/Guardian # 1 works	Work address	Telephone #	Work #
		Cellular #	Home email
		Work email	
Where parent/Guardian # 2 works	Work address	Telephone #	Work #
		Cellular #	Home email
		Work email	
<p>In the event of an emergency, the child care provider is authorized to obtain <b>EMERGENCY MEDICAL</b> or <b>DENTAL CARE</b> even if the child care facility is unable to immediately make contact with the parent/guardian. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.</p> <p>Parent/Guardian signature: _____ Date: _____</p> <p>Alternate emergency contact person's name: _____ Phone #: _____</p> <p>Relationship to child: _____ Cellular #: _____</p>			
Child's doctor's name	Doctor telephone # 1	Hospital of choice: _____	
<input type="checkbox"/> Child does not have doctor		Phone #: _____	
Doctor's address	After hours telephone #	Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Company: _____	
		ID #: _____	
Child's dentist's name	Dentist telephone # 1	Does your child have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Child does not have dentist		Company: _____	
Dentist's address	After hours telephone #	ID #: _____	
		<input type="checkbox"/> HELP us find a family doctor or dentist.	
		<input type="checkbox"/> HELP us find health or dental insurance.	
Other health care/mental health specialist name	Telephone #		
Type of specialty			

Child Name: \_\_\_\_\_

## School-Age Child – Parent Statement of Health

**PARENT/GUARDIAN** Completes this page.

Child's name: \_\_\_\_\_

Please use an X in the box  to statements that apply to your child.

Date of child's last physical exam: \_\_\_\_\_

Date of last dental appointment: \_\_\_\_\_

- Growth.** I am concerned about my child's growth.
- Appetite.** I am concerned about my child's eating habits.
- Rest.** My child needs to rest after school.
- Illness/Surgery/Injury.** My child had a serious illness, surgery or injury.

Please describe: \_\_\_\_\_

- Physical Activity.** My child must restrict physical activity or needs special equipment to be active.

Please describe: \_\_\_\_\_

**Play With Friends.** My child:

- Plays well in groups with other children.
- Will play only with one or two other children.
- Prefers to play alone.
- Fights with other children.
- I am concerned about my child's play activity with other children.

**School and Learning.** My child:

- Is doing well at school.
- Is having difficulty in some classes.
- Does not want to go to school.
- Frequently misses or is late for school.
- I am concerned about how my child is doing in school.

Please describe: \_\_\_\_\_

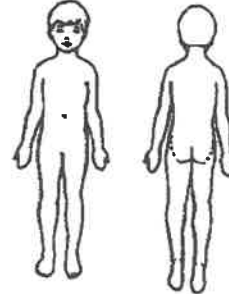
- Allergy.** My child has allergies. (Medicine, food, dust, mold, pollen, insects, animals, etc.)

List allergies: \_\_\_\_\_

- Special Needs Care Plan.** My child has a special needs care plan. (IEP, Asthma Action Plan, Food Allergy Action Plan, etc.) Please discuss with your health care provider.

- Body Health.** My child has problems with skin, hair, fingernails or toenails.

Describe skin marks, birthmarks or scars. Show us where these skin marks are located using the drawing below.



- Eyes/vision, glasses or contact lenses
- Ears/hearing, hearing assistive aids or device, earache, tubes in ears
- Nose problems, nosebleeds
- Mouth, teeth, gums, tongue, sores in mouth or on lips, breathes through mouth
- Frequent sore throats or tonsillitis
- Breathing problems, asthma, cough
- Heart problems or heart murmur
- Stomach aches or upset stomach
- Trouble using toilet or wetting accidents
- Hard stools, constipation, diarrhea, watery stools
- Bones, muscles, movement, pain when moving
- Mobility, child uses assistive equipment
- Nervous system, headaches, seizures or nervous habits (like twitches or tics)
- Females – difficult monthly periods

Please describe: \_\_\_\_\_

- Medication.** My child takes medication. **Parents:** Please review the child care program's policies about the use of medication at child care.

Medication Name	Time Given	Reason for Giving Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Yes  No **Child has EpiPen, inhaler or other emergency medication.**

Parent signature (required)	Date
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## IOWA SCHOOL-AGE CARE - HEALTH STATUS - PARENT STATEMENT

**Parents:** A physical exam for school-age children enrolled in child care is not required every year. However, school-age children need to continue to receive health care to prevent illness and to identify potential health problems. The following guide will help you and your child prepare for a thorough exam with your family doctor or clinic. If you do not have a family doctor, please call the Healthy Families Line (1-800-369-2229) to locate a health care provider near you.

### Iowa Recommendations for Preventive Health Care – School-Age Youth<sup>2</sup>

Health Provider Guide		5 yr.	6yr.	8 yr.	10 yr.	12 yr.	14 yr.	16 yr.
<b>History:</b>	Initial and Interval	●	●	●	●	●	●	●
<b>Physical Exam:</b>		●	●	●	●	●	●	●
<b>Measurement:</b>	Height/ Weight/Body Mass Index	●	●	●	●	●	●	●
	Blood Pressure	●	●	●	●	●	●	●
<b>Nutrition:</b>	Assessment/ educate	●	●	●	●	●	●	●
<b>Oral Health<sup>3</sup></b>	Assessment	●	●	●	●	●	●	●
<b>Development and behavioral</b>	Developmental surveillance	●	●	●	●	●	●	●
	Psychosocial/behavioral assessment	●	●	●	●	●	●	●
	Alcohol and drug use assessment	●	●	●	●	●	●	●
<b>Mental Health / Mood:</b>	Screening questionnaire	●	●	●	●	●	●	●
<b>Sensory Screen:</b>	Vision (This screening may be completed at school or in child care)	●	●	●	I	●	●	I
	Hearing	●	I	I	I	●	I	I
<b>Immunizations:</b>	<i>per Iowa schedule</i> <sup>4</sup>	●	●	●	●	●	●	●
<b>Lab tests:</b>	Hematocrit or Hemoglobin and (hemoglobinopathy for adolescents at risk)						←●→	
	Urinalysis	●					←●→	
	Lead Test <sup>5</sup>	◆						
	Cholesterol Screen	◆						
	STD Screen and Genital or Pelvic Exam <sup>6</sup>						←●→	
	TB test <sup>7</sup>	◆					←●→	
<b>Family Guidance:</b>	Injury Prevention	●	●	●	●	●	●	●
	Seat Belt Use	●	●	●	●	●	●	●
	Bike Helmet Use	●	●	●	●	●	●	●
	Violence Prevention <sup>8</sup>	●	●	●	●	●	●	●
	STD and Pregnancy Prevention males & females <sup>9</sup>						●	●

**Key:** ● = to be performed I = Interview parent or child ◆ = for at risk children only Arrow indicates range which item may be completed

<sup>2</sup> The schedule of Preventive Health Care for children was revised July 2009 by the Iowa EPSDT Medicaid program for children.

<sup>3</sup> Oral/dental health assessment consists of dental history; recent concerns; pain or injury; visual inspection of hard and soft tissues of oral cavity; dental referral based on risk assessment.

<sup>4</sup> Immunization per schedule Iowa Immunization 1-800-831-6293.

<sup>5</sup> Lead testing Iowa Lead Testing program 1-800-242-2026.

<sup>6</sup> Sexually active youth should be screened.

<sup>7</sup> TB testing only for at-risk children Iowa TB program 1-800-383-3826.

<sup>8</sup> All families to receive domestic and youth violence prevention. CALL TEENLINE 1-800-443-8336 (operates 24/7).

<sup>9</sup> All youth to have access to STD and pregnancy prevention services. CALL TEENLINE 1-800-443-8336.