

**Small World Child  
Care Learning Center, Inc.  
1080 Obetz Road  
Columbus, Ohio 43207  
614-491-6070  
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smallworldchildcare.net**

**Revised November 16, 2021**

**Handbook and Guidelines**

**OWNER  
TONJUA HAYS**

**ADMINISTRATOR  
ELIZABETH GARREN**

“This institution is an equal opportunity provider”

## Welcome to Small World Child Care Center

### Philosophy:

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We strive to meet the needs of each family by providing a safe and secure place for each child to grow, learn and have fun.

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### Mission Statement:

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Small World is a developmental early learning center which recognizes each child's need to develop socially, emotionally, physically, and intellectually. Small World's goal is to meet children's needs by providing a warm, friendly atmosphere, loving adults educated and trained in early childhood development, to provide appropriate play equipment and learning materials to facilitate the maximum stimulation and opportunities for growth.

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### Our Services:

Small World provides for daily care of children ages 6 weeks to 13 years of age. The childcare services we offer to meet the variety of needs:

1. Part-time and full-time childcare
2. Infant and toddler program following The Creative Curriculum for Infants and Toddlers
3. Pre-school program following the Creative Curriculum for Preschool
4. Before and after school care (K through 6<sup>th</sup> grade) with school transportation for Hamilton local schools, including coverage for late arrival and early release days
5. Full day school age care during school holidays and breaks
6. Children must attend the center at least 3 times a week to keep their spot

### Hours of Operation and Licensing Information:

Small World's hours of operation are 6:00 a.m. to 6:00 p.m. Monday through Friday. Small World is licensed by the Ohio Department of Job and Family Services. Our license is posted in full view by the exiting door and states the number of children we are licensed to serve. In addition to meeting many other standards, licensing includes a building approval, a fire safety approval and inspection, and a food services license. All of which are posted in full view or available for viewing upon request from the Day Care licensing office.

The Ohio Department of Job and Family Services (ODJFS) have many rules and guidelines we must follow to remain in operation. Copies of these rules are available for review at the center. We depend on full cooperation from our parents to follow our center regulations. In addition, you may review all other information on the website for ODJFS: [www.jfs.ohio.gov](http://www.jfs.ohio.gov)

For parents that want to report any violation that might occur at the center, please call Day Care Licensing at 614-466-7765.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD) USDA is an equal opportunity provider and employer”.

### Enrollment Procedure and Financial Arrangements:

A permission interview will be held prior to enrollment to discuss the program, financial arrangements, and policies and procedures. This is also a time to ask any questions that you may have about the program. At this time, we ask you to inform us of anything we may need to know about your child to help them adjust to our day care program. This includes special health needs such as asthma or allergies, behavioral issues, or adjustment issues.

An enrollment packet containing a parent handbook, an enrollment application, a parent agreement, a medical statement, and an emergency medical authorization form, USDA forms and SUTQ forms will be given to all parents. **All forms must be filled out and returned before your child may be enrolled into Small World.** This is a requirement by law, and we appreciate your assistance turning your paperwork in prior to enrollment.

During the enrollment interview your payment for the first week or month is due. Rebates are not given on fees paid in advance. Payment structure will be discussed during the permission interview. Small World accepts self-pay and subsidized childcare. For self-pay families and subsidized families your payment is due each week the Monday of the week that services are rendered. If your payment is late, the center has the right to charge a late fee of \$10 per day or refuse services to your family until payment is received and your payment history is up to date. If you need to set up a custom payment plan, please inform one of the administrators to set up your plan. Fees are as followed: Infants \$285 a week (f/t) and \$200 (p/t), Toddlers \$255 a week (f/t) and \$175 (p/t), Preschool \$225 (f/t) and \$165 (p/t). School age \$100 a week during school for before and after school and \$205 during summer or school breaks. Please ask about our special rates for early payment.

**Other Financial information:**

**Return checks:** A \$35.00 fee will be charged on all returned checks plus any other fees that Small World may occur due to the returned check.

**Holidays:** Full tuition is due for any periods including holidays.

**Vacation policies:** Vacation rates are: first week – full price, second week – half price, and additional weeks are 35.00. This policy applies for one year from August of current year to August of following year.

**Late pick-up charge:** If a parent realizes that circumstances beyond their control are going to delay pick-up, a phone call is requested. This is important as many children fear they have been forgotten when parents do not arrive at their usual time. A late fee of 1.00 per minute per child will be charged after 6:05 p.m. Please remember our staff is anxious to get home to their families on time.

**Withdrawals:** Parents wishing to withdrawal their child may do so at any time. A one-week notice, in writing is appreciated. If your child is absent for 2 weeks with “no call or no show” then we reserve the right to fill your child’s spot.

**Inclement Weather:** On rare occasions, it may be necessary to close the center due to poor weather conditions. We will make every effort to open our doors at normal time. If circumstances should arise, please watch our Facebook page for updates. On these occasions, regular payment is expected.

**Tax ID:** The centers tax ID number is available upon request for your tax purposes.

**Daily Programming:**

**Arrival and Departure:**

For the parent’s, child’s and center’s protection, all children MUST be swiped in at arrival time. Staff must be made aware of each child’s presence before the parent departs. Any special messages, medications, special pick-up notes, etc. must be given to

the teacher. All persons picking up a child from our center MUST sign children out and be on the child's pickup form. If parents cannot comply with this policy, we will ask you to withdraw your child from Small World.

At the time of enrollment, we ask you to provide us with a list of persons who are or are not permitted to pick up your child from our center. If a person on your list will be picking your child, please notify our staff.

You may not verbally change your list of people authorized or unauthorized to have access to your child. All changes must be in writing. There are no exceptions to this policy.

A person authorized to pick a child up will be asked for a picture ID even if they have been to our center before.

If as parents you are divorced or separated, we will honor the wishes of the parent granted custody by the court. Copies of court documents may be requested to keep in your child's file.

If you have joint custody of your child, we ask both parents to compile one list agreeable to both parents.

#### **Parent Roster:**

A roster of names and telephone numbers of parents, custodian or guardians of children attending our center are available upon request. The roster shall not include any person who requests we do not include their name and number.

#### **PARENTAL VISITATION**

Small World has an open-door policy. Parents may access the center at any time during the hours of operation. Visitation provides an opportunity for the family to meet the staff, view the facilities and observe the program and to ask questions. For the child, the interest and support of the family while visiting makes a child feel more secure while being introduced to a new experience. We do however ask that parents try not to visit during academic structured times. Please see your child's class schedule or ask their teacher for good times to visit.

#### **SCHEDULE CHANGE**

Any permanent schedule change in hours of attendance necessitates signing a new parent agreement.

Parents are expected to stay within the scheduled hours set up in the parent agreement of pay late charges. If there will be a change in time of your daily schedule, please inform a staff member to avoid paying late charges. We must stay within the boundaries of the proper child/staff ratio. We cannot properly make staff schedules unless parents stay within their daily hours.

If you arrive to pick your child up past center closing time of 6:00 p.m. late charges will be enforced. If arrival after the center closes becomes frequent you will be asked to

withdraw your child.

**If your child is going to be absent for any reason, please contact the center by 9:00 a.m. Please remember childcare fees are not reduced due to the absence of your child. If your child is going to be past 10am for any reason, please call the center and let us know by 9:30am so we know to expect them for lunch.**

### **MEDICAL POLICIES**

All children must have a medical statement on file. The forms are provided by the center and must be filled out by a physician.

In the event your child becomes ill at our center we will notify the parent to come pick up the child. **A prompt response is expected.** We post all illnesses in the child's classroom and by the sign in book.

### **COMMUNICABLE DISEASES AND ILLNESS**

Small World provides children with a clean and healthy environment. However, we realize that children become ill from time to time. If this is your child's first group experience, it is possible that they may experience more frequent illnesses at the beginning before their immune system becomes more active. We observe all children as they enter the program to quickly assess their general health. We ask that you do not bring sick children to the center. They will be sent home! Please also plan and have a backup plan in place if you are not able to take time off from work/school to tend to your sick child. No child or staff member will be admitted to the center with a temperature. **Small World has a 24-hour fever free and diarrhea free policy.**

A child with any of the following signs or symptoms of illness shall be immediately isolated and discharged to his parent or guardian:

- (1) Temperature of at least one hundred degrees Fahrenheit when in combination with any other sign or symptom of illness. Temperature shall be taken by the axillary (armpit) method with a digital thermometer. The thermometer shall be sanitized after each use.
- (2) Diarrhea (three or more abnormally loose stools within a twenty-four-hour period).
- (3) Severe coughing, causing the child to become red or blue in the face or to make a whooping sound.
- (4) Difficult or rapid breathing.
- (5) Yellowish skin or eyes.
- (6) Redness of the eye or eyelid, thick and purulent (pus) discharge, matted eyelashes, burning, itching or eye pain.
- (7) Untreated infected skin patches, unusual spots, or rashes.

- (8) Unusually dark urine and/or gray or white stool.
- (9) Stiff neck with an elevated temperature.
- (10) Evidence of untreated lice, scabies, or other parasitic infestations.
- (11) Sore throat or difficulty in swallowing.
- (12) Vomiting more than one time or when accompanied by any other sign or symptom of illness

Any child demonstrating signs of illness not listed above will be isolated and carefully observed for symptoms. The parent will be notified. If a child does not feel well enough to participate in center activities the parent will be called to pick-up the child. Anytime a child is isolated they will be kept within sight and hearing of a staff member. The cot and any linens used will be washed and disinfected before being used again.

Parents will be notified by a sign on the door if children have been exposed to a communicable illness. Children will be readmitted to the center after at least 24 hours of being free of fever and other symptoms. If they are not symptom free a doctor's note will be required stating that the child is not contagious.

In the event the parents or guardian cannot be reached after reasonable efforts, the person listed who is authorized to be contacted in case of an emergency will be called to pick up the child from the center. Also, any child with the following symptoms will be isolated immediately and watched carefully.

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 infestation.

We will follow the ODJFS "Child Day Care Communicable Disease Chart" for appropriate management of suspected illnesses. The isolation room will be a room not being used by others for childcare, within sight and hearing of an adult always. The child will be provided with a cot and all linens, and the blankets used by the ill child will be laundered before being used by another child. The cot will then be disinfected with an appropriated germicidal agent. All children are observed daily for signs and symptoms of illness that would necessitate discharge. Example, if a child had a cold and it worsened or if that child developed a temperature, we would follow above procedure. When a child has been sent home because of an illness, upon returning, we will do a quick check to determine if that child has any more symptoms and for a fever. All full-time staff members are trained in recognition of communicable diseases. A communicable disease chart is posted in classroom two on the wall. All staff members follow the same rules as we do for an ill child.

All staff members are trained in proper hand washing upon hiring. Hands are always sanitized before preparing and serving food.

### **MEDICAL EMERGENCY PLAN**

In the event of a medical emergency, a person trained in first aid would care for the injured or ill child. The emergency squad would be called to take the injured or ill child for medical attention. In most instances, the child would be transported to Children's Hospital. Anytime first aid is administered an Incident Report is filled out. If the incident needs emergency attention (squad use or hospital visit) then the incident report will be submitted to the centers ODJFS representative. The parents or guardian would be called immediately and informed of the emergency. Immediate and continued attempts would be made to reach the parents or guardian, however, in the event they cannot be contacted, one of the persons listed on the child's application form would be contacted. The preferred physician or dentist would also be contacted. In the event hospitalization would be necessary, a childcare staff person would go with the child and remain until the parents or guardian arrived. The child's records with all medical information would be taken to the hospital. Each child's file must contain an Emergency Medical Authorization completed and signed by the parents or guardian on the first day of attendance. Minor accidents such as bumps, falls will be given basic first aid and will be recorded and reported daily. Complaints of not feeling well without symptoms will also be recorded and reported daily. In the unlikely event there would be an environmental threat or a threat of violence, the staff will; secure the children in the safest location possible, contact and follow the directions given by the proper authorities and contact the parents as soon as the situation allows. An incident report would also be provided to the parents.

An incident/injury report shall be completed by the childcare staff member in charge of the child when the following occur:

- (1) An illness, accident, or injury which requires first aid treatment; or
- (2) A bump or blow to the head; or
- (3) Emergency transporting; or
- (4) An unusual or unexpected event which jeopardizes the safety of children or staff, such as, a child leaving the center unattended.

### **GENERAL EMERGENCY PLAN**

In case of fire, bomb threat, gas leak, etc. staff will take the children and exit the building to our designated meeting place which is the pastor's house on the other side of the parking lot. In case of severe weather staff will lead the children down to the basement where the children will assume the safe position until the "all clear" signal is given. If there should be a loss of power, heat, or water the staff will contact the appropriate utility company to report outage and assess expected time of outage. After evaluating all the factors, the administrator/owner will determine whether the center shall be closed or remain open. If there is ever a threat of violence the staff will take



their children to the designated area and the entire center will be placed on lock down until the "all clear" signal is given.

### **MEDICATION, VITAMINS AND SPECIAL DIET**

Non-prescription fever reducing medications that do not contain aspirin or non-Prescription cough medications that do not contain codeine may be administered by the center without written instructions from a licensed physician. Parents must fill out the form provided by the childcare staff for administering medication. The form ODJFS 1217 shall include the name of the medication, name of child, birthday of the child, date and parent's instruction and signature. The medication must be in its original container with its original label attached, with appropriate dosages based on the child's age and weight. No child is allowed to carry any medication including inhalers on their bodies while on premises.

The written instructions of the parent or guardian shall not exceed the manufacturer's recommended dosages. The medication is to be administered by the center for no longer than three days at any one time. Non-prescription topical ointments, creams or lotions may be administered by the center without written instruction from a licensed physician if administered as follows: There shall be written instruction from the parent on form provided by the center form ODJFS 1217 includes name of ointment, cream or lotion, name of child, birth date of child, date, and parents signature. On special diets and food supplements there shall be written instruction from the parent on form ODJFS 1217 provided by the center.

### **SUPERVISION POLICY**

A major responsibility of the staff is to ensure the health and safety of each child entrusted in our care. Staff persons are alert to the safety needs of their children, anticipate possible hazards, and take necessary appropriate precautionary and preventative measures are followed.

### **SUPERVISION**

**Infants, toddlers, preschoolers:** At no time will a child be left unattended. Staff will always supervise children, including naptime. If a child becomes ill, they may be isolated in a section of the room not in use, but within the sight and hearing of a staff member.

**School age children:** School age children may run errands inside the building or use the restroom alone or in groups of no more than six children without adult supervision if the following conditions are met:

1. Children are within hearing distance of a teacher.
2. The teacher checks on the children regularly until they return.
3. Restroom is for the exclusive use of the center

One group of no more than six school children, fourth grade age or older may engage in

activities which pose no physical risk of their safety in a room without a childcare staff member, if the teacher can always see or hear the children and checks on the children periodically.

**Children arriving to the center from other programs:** At times it may be necessary for a child to arrive at the center from another program. If a child is scheduled to arrive and does not, we will first contact the parent to confirm that the child is scheduled to be at the center that day, and then contact the program that they were to arrive from. We will then consult the parent to determine further action. For this reason, it is particularly important that parents contact the center when their child is not going to be attending.

**School delays/cancellations:** Our program will operate a full day program for school- agars when school is closed for vacation, delays, or cancellations.

**Transitioning:** You will be notified when your child is ready to move up to the next classroom. When a child is ready to transition to the Toddler room at 18 months the child needs to be broke of both a bottle and pacifier. Neither of these items will be allowed in the Toddler Room. When a child is ready to transition to the Preschool room at the age of 3 the child must be potty trained, no pull-ups will be allowed in the preschool room. If a child is not potty trained by the age of 3 the parent will then have 6 months to train them, but the child will remain in the Toddler room. By 3<sup>1</sup>/<sub>2</sub> years of age the child is not potty trained the child will be removed from the center till they are toilet trained.

### **GUIDANCE POLICY**

Small World staff believes that helping the child to learn self-control is especially important. Our hope is that each child will learn self-discipline through careful guidance. Your child will be treated with love a respect. If children are treated with respect, they in turn learn to respect the teachers and their friends. Our expectations will be kept within the child's capabilities and the child will be made aware of these expectations. Positive reinforcement (commenting on children doing the "right" thing) and positive redirection (removing the child and giving them an appropriate activity) will be used. A child may be asked to sit for a short period of time to give the child a chance to regain control if they are having a difficult time. Time outs will be age appropriate in length and done within the classroom. Staff will not impose punishments for failure to eat, sleep or toileting accidents. This discipline policy applies to all staff and parents while they are at the center.

If a situation arises where a child is consistently endangering himself, peers, or staff, it may become necessary to withdrawal the child. Every attempt will be made to work together with the parents and the child to correct the behavior. If necessary, the child will be suspended. After the child has been suspended 3 times and behavior has not changed, expulsion will be enforced. However, safety of the children is always our primary concern. In the case of a child who is biting, a child who bites more than 3 times during the day will have their parents called to come pick them up from the center. They will be allowed to return the next day. The administrator's will be in communication

with the parents prior to this occurring. If the child demonstrates behavior that requires frequent "extra attention" from the staff member, we may choose to develop and implement a behavior management plan. This plan would be developed in consultation with the parents and would be consistent with the requirements of Rule 5101:2-12-22 OAC.

### **OUTDOOR PLAY**

Research has shown that children stay healthier when they have daily outdoor play.

Based on this information and state requirements, outdoor play will be included in our program daily. We will limit the amount of time outside when the temperatures are very warm or very cold. Children will not be taken outside when the temperature (wind chill and heat index factored in) drop below 32 degrees or rise above 95 degrees. If the situation requires it, we will also adjust outdoor time due to rain, threatening weather, ozone warning, etc. On days, that outdoor play is not provided due to these conditions, we will include a time for indoor gross motor activities which will be held in the classrooms. Please send your children with the proper clothing so they may be comfortable and safe whenever we are outside. This includes snow pants, hats, mittens, and boots in the wintertime. We also ask not to send your child to school in flip-flops or sandals with no straps around the back of the foot.

We ensure that all children accumulate at least 30 minutes of structured, teacher-led physical activity throughout the day and 60 minutes of physically active free play throughout the day. Opportunities for physical activity will be incorporated into other lessons and classroom teachers will provide short physical activity breaks between lessons or activities as appropriate. Center staff will not use physical activity or withhold opportunities for physical activity as punishment.

### **NAP OR REST TIME**

Our program is arranged to meet the need of small children for a nap or rest period each day. Each child attending the center during this period is provided with a clean cot labeled for his use only. Children are not required to sleep but must rest quietly. Your child may like a small pillow or blanket, if so, please label all items clearly. All bedding items are sent home every Friday for laundering.

### **DAILY PROGRAM AND CURRICULUM**

Because Small World is a developmental preschool and childcare center, in addition to indoor and outdoor play equipment, a planned curriculum is developed and centered around specific topics. The plans include science, math, reading readiness, stories, music and movement, social sciences, and language development. All activities are geared to the age and ability level of the individual child. Periods of activity are balanced with periods of quiet and free choice activities. A list of weekly themes will be posted.

Although our schedule will change weekly, this is an example of a daily schedule.

Infants

5:30 – 7:00 a.m.	Arrival
7:00 – 8:00	breakfast
8:00 – 9:00	group play/music
9:00 – 10:30	free play
10:30- 11:00	Art (older infants)
11:00- 12:00 p.m.	Lunch
12:00- 12:30	Diaper change/wash hands
12:30 - 2:30	Naptime
2:30-3:00pm	Snacks
3:00-3:30	reading
3:30 – 6:00	Free play

(With infant's being so young and on different schedules this schedule is only an example.)

### Toddlers

5:30 – 7:00am	Arrival /free choice play
7:00-8:00	Free Choice Play
8:00 – 9:00	Diaper Change
9:00 - 9:15	group time
9:15 – 10:00	large muscle group activates/outside
10:00 - 10:30	Art
10:30 - 11:00	free play
11:00 – 12:00	lunch
11:30 – 11:45	diaper change
11:45 – 2:00	Nap
2:00 - 2:15	Diaper Change
2:30-3:00	Snacks
3:00-4:30	outside Play
4:30-5:30	Free Choice Play
4:00 - 4:30	Diaper Change
4:30 - 5:00	Story Time
5:30 - 6:00	Getting Ready to go Home

### Preschool

5:30 – 7:00 a.m.	Arrival -- Free Choice
7:00-8:00	Breakfast
8:45-9:00	Bathroom break
9:00-9:20	Circle time
9:20-10:00	small group

10:00-11:00	outside play/large group
10:30-11:00	Bathroom/hand washing
11:00-12:00	Lunch
11:30-12:00	Bathroom
12:00-2:30	Nap time
2:00-2:00	Bathroom
2:30-3:00	Snack
3:00-5:00	Free time/outdoor
5:00-6:00	Getting ready to go home

#### School Age Children

5:300 – 8:00 a.m.	Arrival – free choice
8:00	Bathroom/get ready for school
8:20	catching school bus
8:20 – 3:45 p.m.	At school
4:00	Snack
4:20 – 4:45	Homework
4:45 – close	Indoor or Outdoor play

#### School Age Children (all day program)

5:300 – 7:00	Arrival – free choice
7:00-8:00	Breakfast
8:00-9:45	choice time
9:45 – 10:00	Group Time/Reading/Sharing
10:00 – 10:45	Outside/Active Play
11:45-11:00	get ready for lunch
11:00 – 12:00	Lunches
12:00 – 12:30	clean up/rest room
12:30 – 1:45	outside or Quiet activities
1:45 – 2:30	Inside/drinks/rest room
2:30 – 3:00	Snacks
3:00 –3:45	Science or Art
3:45 – 4:15	Sharing/Story time
4:14 – 6:00	Departure begins

#### **STAFF/CHILD RATIOS AND MAXIMUM GROUP SIZE**

Small World will not exceed the following state required ratios:

1:5 or 2:12	Infants 0-18 months
1:7	Toddlers 18 months – 3 years
1:12	3 years old's (with one 2 ½ year old)
1:18	School age children

Because we desire to provide a higher level of quality care, we will strive to maintain a 1:5 ratio in the toddler room. Ratios for toddlers and preschoolers may be double for 1 1/2 hours at naptime if all children are resting quietly on their cots and enough staff are in the building to meet the regular required staff/child ratio if there is an emergency.

The maximum group sizes are as follows:

12	Infants
14	Toddlers 18 months – 30 months
16	2 1/2 - 3 yr. old's
24	3-year old's
28	4 – 5-year old's
36	School age children

### **CLASSROOM POLICY**

We expect the children in our center to follow three simple rules: 1.) to respect themselves, 2.) respect others, 3.) respect their environment.

If we feel a child is harmful to themselves or to the other children a conference will be arranged with parents. If an unwanted behavior is constantly being repeated, we may ask you to withdraw your child.

**All teachers are to be treated with respect by all children enrolled in our program.**

### **TRANSPORTATION (field trips, special outing, or routine trips)**

We will use permission slips supplied by the childcare center and signed by parents. When a (n) outing is planned away from the center all transportation will be provided by parent volunteers. No staff will drive unless there is a vehicle inspection by a certified mechanic on file for that vehicle.

1. Staff will take first aid supplies on all trips.
2. Teachers attending trip will be trained in first aid.
3. All children wear identification.
4. Staff will carry Emergency Transportation Authorization Records and Health Records with us on all trips.
5. Copy of all parent volunteer drivers license
6. Inspection of vehicles by teacher (lights, seatbelts, etc...)
7. In minor emergency use the first aid kit, in a major emergency call 9-1-1 and parent.
8. Attendance will be taken before leaving the center, when arriving at destination, before leaving destination, and when all have returned to the center.
9. A center teacher will lead each group of children along with the help of parent volunteers.

**SCHOOL TRANSPORTATION**- Hamilton School district comes to Small World and picks the children up for school and drops them off. There is a trained staff member that supervises the children while waiting for the bus and a staff member is always waiting for them when the bus drops them off after school.

## **CHILD ABUSE REPORTING**

All staff members are mandated reporters of child abuse. If staff members have suspicions that a child is being abused or neglected, they MUST make a report to the local children's services agency. The safety of the children is always our first concern.

## **CONFERENCES AND EVALUATIONS**

Daily communication between parents and the staff are essential to keep each other informed of events or circumstances that have an impact upon a child's daily achievements and or behavior. Since it is our goal to meet the need of Developing children, it is often beneficial to have a conference to discuss and evaluate progress and areas of development. Please feel welcome to schedule an appointment. Conferences of evaluations on an appointment basis would be best since it would allow for an uninterrupted private meeting. Also, during scheduled school functions and events feel free to approach your Childs teacher. We must have a conference with each parent at least once a year. If a parent should have concerns or complaint, they may contact the Director or the administrator at the centers office or fill out a complaint or suggestion form located in the office.

Tonjua Hays is Owner. Elizabeth Garren is the Administrator. Our staff includes Holly McCart and Emily Rasnick in our infant room, Haley Avery and Samantha Pearson in our toddler room, Kaylin Roesse and Natalie Browning in our preschool room, Elizabeth Garren and Laura Clark also with our school age class. Elizabeth Garren also covers rooms as floaters when needed. Our substitute teachers are Darby Adams, Briana Hunt and Charlee Sullivan

**Celebrations and Field Trips:** At the center we like to celebrate Easter, Halloween, Christmas, and Valentine's Day. Parties for these holidays will be arranged by the staff. Often children establish friends at the center and the children want to celebrate their birthday with them. Please feel welcome to bring a treat; just notify the center in advance. Celebrations that involve food will be limited to no more than one party per classroom per month. Each party will include no more than one food or beverage that does not meet USDA Dietary Guidelines for Americans. Foods served at events outside the center's normal operating hours will meet the same nutrition standards as foods served at meals and snacks. We provide and enforce written guidelines for healthier food brought in and served for holidays and celebrations. All parents are encouraged to participate in at least one party during the year, and all parents are encouraged to participate in field trips such as the Columbus Zoo and Splash Pad. All our field trips will need all the parent participation we can get. If we cannot get enough parent volunteers, then our trips will be cancelled.

## **MEALS AND SNACKS**

Small World provides one-third of a child's dietary needs through hot lunches. We serve breakfast, lunch, and afternoon snack daily. We meet or exceed USDA criteria. Menus are posted each week by the front door. Staff allow the children to decide how much to eat. Children are encouraged, but never forced, to eat certain foods or certain

amounts of food. Children are always encouraged try new foods. Food is not used as an incentive or punishment. We do not reward or punish children for what they choose to eat. If a snow day occurs, we ask that school age children pack their lunch for the day. We ask parents to follow the USDA guidelines and pack meals that include one serving of meat or meat alternative, 2 servings of veggies and/or fruits and one serving of bread or grains. The center will provide the one serving of fluid milk. If you have any questions, please see Mrs. Beth.

### **CLOTHING AND PERSONAL ITEMS**

Please be sure to mark all children's items with their name with a permanent marker. Extra clothing should be brought if your child has "toileting accidents". Soiled clothing will be sent home in the evening for laundering. Please remember to bring in a replacement. Please dress your child appropriately for play. If they are worried about getting dirty, or spilling, they cannot feel free to explore with paint, sand, mud, etc. Children ages infant thru preschool need to have a weather appropriate change of clothes. Also, infant and toddler parents must provide a full container of wipes and at least 5 diapers a day. If you child does not have diapers or wipes you will not be able to leave them for that day unless you bring some in.

### **RIGHT TO DENY ATTENDANCE**

Small World reserves the right to deny attendance for any just cause. Some examples are non- payment of fees, failure to follow procedures, failure to honor policies, severe problems, or severe health problems, etc.

### **Breastfeeding**

For those mothers who are breastfeeding their children, Small World will provide a safe and sanitary place to breastfeed their babies or express their milk. The area will have an electrical outlet, comfortable chair, and nearby access to water. The center is committed to providing ongoing support for breastfeeding mothers, including providing an opportunity to breastfeed their baby in the morning and evening and holding giving a bottle, if possible; when mom is due to arrive. If the parent or guardian does not provide a quantity of breast milk to meet the infant's daily requirement, infant formula will be provided in accordance with Ohio Child Care Center Rules. All childcare staff will be trained in the proper storage and handling of human milk, as well as ways to support breastfeeding mothers.

### **Healthy Policies**

Effective 1/1/2016 all healthy policies will be in full effect for our center as stated in previous sections of the handbook.

Small World is closed for the following holidays, please check these dates, and make appropriate alternatives.



## **Holidays**

NEWS YEARS DAY	CLOSED
MEMORIAL DAY	CLOSED
INDEPENDENCE DAY	CLOSED
LABOR DAY	CLOSED
THANKSGIVING	CLOSED
CHRISTMAS EVE	EARLY DISMISAL FOR CENTER
CHRISTMAS DAY	CLOSED

If a holiday occurs on a Saturday, the center will be closed on the Friday before in observance of that holiday. If a holiday occurs on a Sunday, the center will be closed on Monday in observance of the holiday.

**INCLIMATE WEATHER** In the case of bad weather the center will close in/during a level two snow emergency. If the center closes during operation, you will receive a call to pick your child up in a safe and timely manner. Please follow our Facebook page for up-to-date information on delays or closings.

**SOCIAL MEDIA** You can follow us on our Facebook page @ **Small World Child Care**, Instagram @ **smallworldchildcareinc.1** or check out our website at [smallworldchildcare.net](http://smallworldchildcare.net)

Parents, after reading the handbook please sign and return this page to the administrator. This is due before the child attends the center. Please feel free to ask the administrator questions about any of the policies in the handbook.

I acknowledge that I have received a copy of the parent handbook from Small World. I agree to follow all policies outlined within.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

# Demographic Information Sheet

Today's date: \_\_\_\_\_

Child's name (first/middle/last): \_\_\_\_\_

Child's date of birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If child was born premature, # of weeks premature: \_\_\_\_\_

Child's gender:  Male  Female

Child's race/ethnicity: \_\_\_\_\_

Child's birth weight (pounds/ounces): \_\_\_\_\_

Parent/primary caregiver's name (first/middle/last): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

State/province: \_\_\_\_\_ ZIP/postal code: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Cell/other telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Child's primary language: \_\_\_\_\_

Language(s) spoken in the home: \_\_\_\_\_

Child's primary care physician: \_\_\_\_\_

Clinic/location/practice name: \_\_\_\_\_

Clinic/practice mailing address: \_\_\_\_\_

City: \_\_\_\_\_

State/province: \_\_\_\_\_ ZIP/postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please list any medical conditions that your child has: \_\_\_\_\_

Please list any other agencies that are involved with your child/family: \_\_\_\_\_

## Program information

Child ID #: \_\_\_\_\_

Date of admission to program: \_\_\_\_\_

Child's adjusted age in months and days (if applicable): \_\_\_\_\_

Program ID #: \_\_\_\_\_

Program name: \_\_\_\_\_





## Consent Form

The first 5 years of life are very important for your child because this time sets the stage for success in school and later life. During infancy and early childhood, your child will gain many experiences and learn many skills. It is important to ensure that each child's development proceeds well during this period.

Please read the text below and mark the desired space to indicate whether you will participate in the screening/monitoring program.

- I have read the information provided about the Ages & Stages Questionnaires®, Third Edition (ASQ-3™), and I wish to have my child participate in the screening/ monitoring program. I will fill out questionnaires about my child's development and will promptly return the completed questionnaires.
- I do not wish to participate in the screening/monitoring program. I have read the provided information about the Ages & Stages Questionnaires®, Third Edition (ASQ-3™), and understand the purpose of this program.

\_\_\_\_\_  
Parent or guardian's signature

\_\_\_\_\_  
Date

Child's Name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

If child was born 3 or more weeks prematurely, # of weeks premature: \_\_\_\_\_

Child's primary physician: \_\_\_\_\_



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Pediatrics

# Children: Health Screening For Children

Reviewed By Margaret A. Walsh, MD on 8/1/2017

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## Health Screening For Children

Health screening benefits the overall health of the child. It is through checkups and tests that physicians can identify potential health problems. Many childhood health problems can be corrected before they become a health problem that the child carries into adulthood. Through health screening, healthy eating and regular physical activity you can help your child learn healthy living habits which can last a lifetime.

### Blood Pressure

Your child should have blood pressure measurements regularly, starting at around 3 years of age. High blood pressure in children needs medical attention. It may be a sign of underlying disease. If not treated it may lead to serious illness. Check with your child's physician care about blood pressure measurements.



Sources: 6,

Lead can harm your child, slowing physical and mental growth and damaging many parts of the body. The most common way children get

lead poisoning is by being around old house paint that is chipping or peeling. Some authorities recommend lead tests at 1 and 2 years of age. If you can answer "yes" to any of the questions below, your child may need lead tests earlier and more often than other children. Has your child:

- Lived in or regularly visited a house built before 1950? (This could include a day care center, preschool, the home of a babysitter or relative, etc.)
- Lived in or regularly visited a house built before 1978 (the year lead-based paint was banned for residential use) with recent, ongoing, or planned renovation or remodeling?
- Had a brother or sister, housemate, or playmate followed or treated for lead poisoning?

### Vision and Hearing

Your child's vision should be tested before starting school, at about 3 or 4 years of age. Your child may need vision tests as he or she grows. Some authorities recommend hearing testing beginning at 3 to 4 years of age. If at any age your child has any of the vision or hearing warning signs listed below, be sure to talk with your health care provider.

### Vision Warning Signs

- Eyes turning inward (crossing) or outward
- Squinting
- Headaches
- Not doing as well in school work as before
- Blurred or double vision

### Hearing Warning Signs

- Poor response to noise or voice
- Slow language and speech development
- Abnormal sounding speech

~~Special~~ Special Warning: Listening to very loud music, especially with earbuds, can permanently damage your child's hearing.

1 / 1



### Additional Tests

Your child may need other tests to prevent health problems. Some common tests are:

- Anemia (Blood) Test- Anemia is having less than the normal number of red blood cells or less hemoglobin than normal in the blood. Your child may need to be tested for anemia when he or she is still a baby (usually around the first birthday). Children may need this test as they get older.
- Cholesterol (Blood) Test- Children (2 years and older) may need this test especially if they have a parent with high cholesterol or a parent or grandparent with heart disease before age 55. If a family history is not available, testing may be needed if your child is obese or has high blood pressure.
- Tuberculosis (TB) Skin Test- Children may need this test if they have had close contact with a person who has TB, live in an area where TB is more common than average (such as a Native American reservation, a homeless shelter or an institution) or have recently moved from Asia, Africa, Central America, South America, the Caribbean, or the Pacific Islands.





# Prevent Childhood Lead Poisoning



Damage to the  
brain and  
nervous system



Slowed growth  
and development



Learning and  
behavior problems



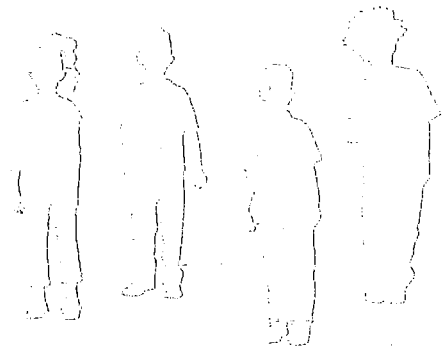
Hearing and  
speech problems

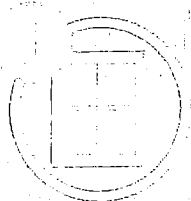
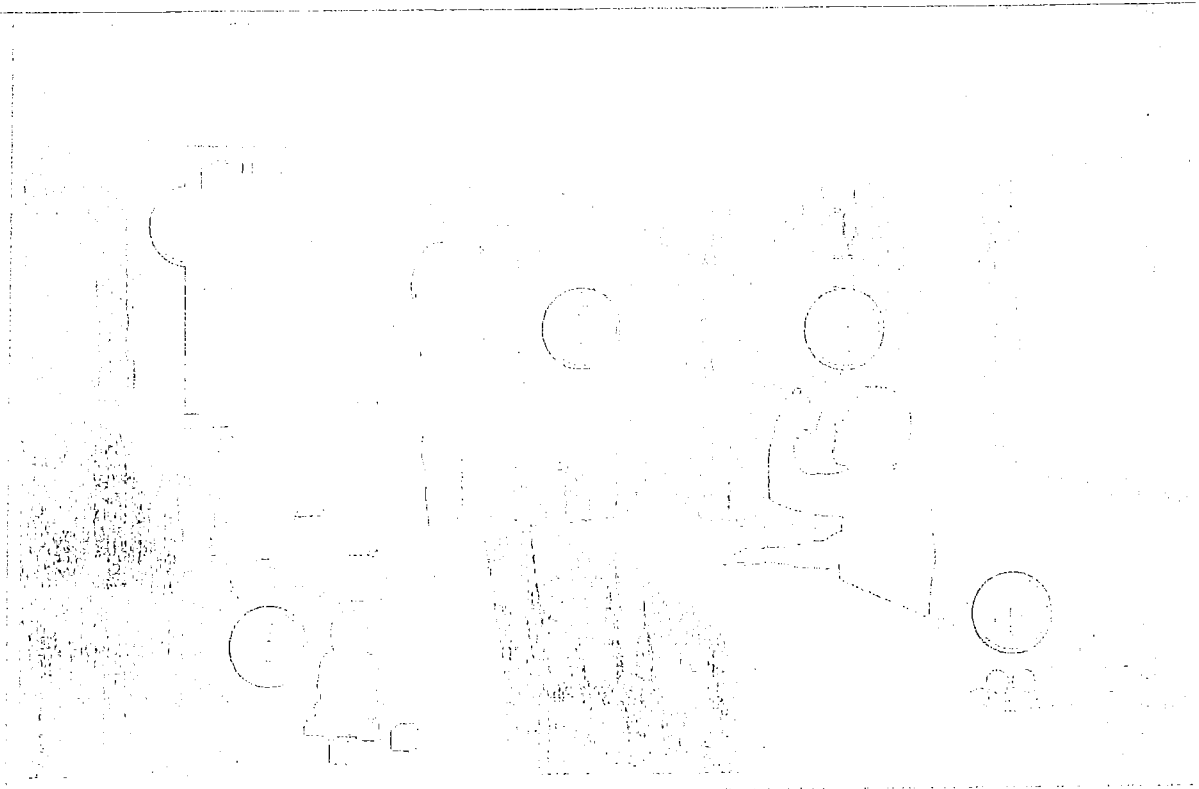
## This can cause:

Lower IQ

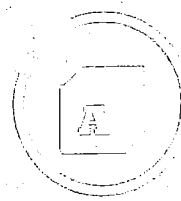
Decreased ability to pay attention

Underperformance in school





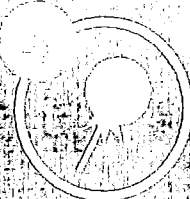
Homes built before 1978 (when lead-based paints were banned) probably contain lead-based paint.



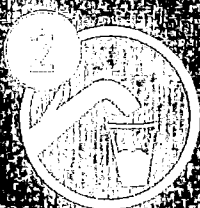
Lead can be found in some products such as toys and toy jewelry.



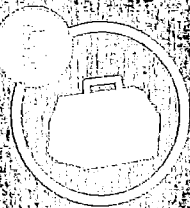
When the paint peels and cracks, it makes lead dust. Children can be poisoned when they swallow or breathe in lead dust.



Lead is sometimes in candies imported from other countries or traditional home remedies.



Certain water pipes may contain lead.



Certain jobs and hobbies involve working with lead-based products, like stain glass work, and may cause parents to bring lead into the home.

## The good news:

# Lead poisoning is preventable.

Talk with your child's doctor about a simple blood lead test. If you are pregnant or nursing, talk with your doctor about exposure to sources of lead.

Talk with your local health department about testing paint and dust in your home for lead if you live in a home built before 1978.

Renovate safely. Common renovation activities (like sanding, cutting, replacing windows, and more) can create hazardous lead dust. If you're planning renovations, use contractors certified by the Environmental Protection Agency (visit [www.epa.gov/lead](http://www.epa.gov/lead) for information).

Remove recalled toys and toy jewelry from children and discard as appropriate. Stay up-to-date on current recalls by visiting the Consumer Product Safety Commission's website: [www.cpsc.gov](http://www.cpsc.gov).

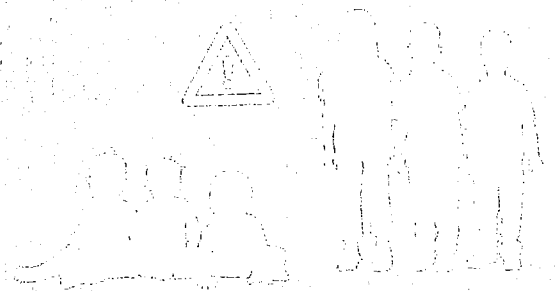


Visit [www.cdc.gov/nceh/lead](http://www.cdc.gov/nceh/lead) to learn more.

# The Impact

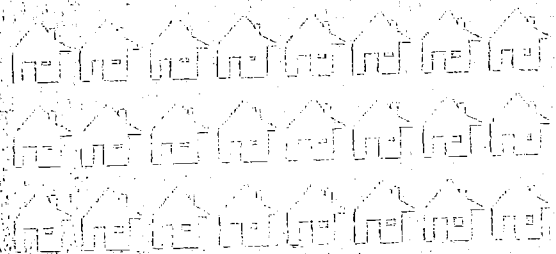
535,000

U.S. children ages 1 to 5 years have blood lead levels high enough to damage their health.



24 MILLION

homes in the U.S. contain deteriorated lead-based paint and elevated levels of lead-contaminated house dust.

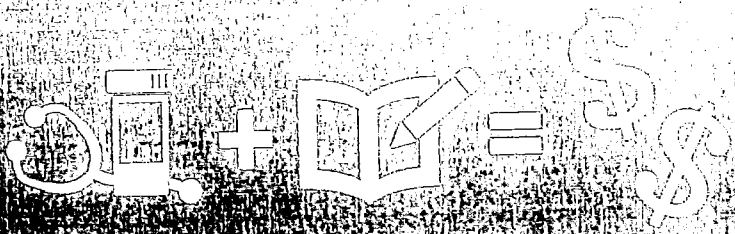


4 MILLION of these are home to young children.

It can cost

\$5,600

in medical and special education costs for each seriously lead-poisoned child.



## Healthy Weight

CDC(<https://www.cdc.gov/>) > Healthy Weight

# Tips for Parents—Ideas to Help Children Maintain a Healthy Weight

You've probably read about it in newspapers and seen it on the news: in the United States, the number of children with obesity has continued to rise over the past two decades. You may wonder: Why are doctors and scientists troubled by this trend? And as parents or other concerned adults, you may ask: What steps can we take to prevent obesity in our children? This page provides answers to some of the questions you may have, as well as resources to help you keep your family healthy.

### On This Page

[Why Is Childhood Obesity Considered a Health Problem?](#)

[What Can I Do As a Parent or Guardian to Help Prevent Childhood Overweight and Obesity?](#)

[Want to Learn More?](#)

## Why Is Childhood Obesity Considered a Health Problem?

- Children with obesity can be bullied and teased more than their normal weight peers. They are also more likely to suffer from social isolation, depression, and lower self-esteem. The effects of this can last into adulthood.
- Children with obesity are at higher risk for having other chronic health conditions and diseases, such as asthma, sleep apnea, bone and joint problems, and type 2 diabetes.



Type 2 diabetes is increasingly being reported among children who are overweight. Onset of diabetes in children can lead to heart disease and kidney failure.

- Children with obesity also have more risk factors for heart disease like high blood pressure and high cholesterol than their normal weight peers. In a population-based sample of 5- to 17-year-olds, almost 60% of children who were overweight had at least one risk factor for cardiovascular disease (CVD), and 25% had two or more CVD risk factors.
- Children with obesity are more likely to have obesity as adults. This can lead to lifelong physical and mental health problems. Adult obesity (<https://www.cdc.gov/obesity/adult/causes.html>) is associated with a higher risk of type 2 diabetes, heart disease, and many types of cancers.

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## What Can I Do As a Parent or Guardian to Help Prevent Childhood Overweight and Obesity?

To help your child maintain a healthy weight, balance the calories your child consumes from foods and beverages with the calories your child uses through physical activity and normal growth.

Remember that the goal for children who are overweight is to reduce the rate of weight gain while allowing normal growth and development. Children should NOT be placed on a weight reduction diet without the consultation of a health care provider.

### Balancing Calories: Help Kids Develop Healthy Eating Habits

One part of balancing calories is to eat foods that provide adequate nutrition and an appropriate number of calories. You can help children learn to be aware of what they eat by developing healthy eating habits, looking for ways to make favorite dishes healthier, and reducing calorie-rich temptations.

Encourage healthy eating habits.



There's no great secret to healthy eating. To help your children and family develop healthy eating habits:

- Provide plenty of vegetables, fruits, and whole-grain products.
- Include low-fat or non-fat milk or dairy products.
- Choose lean meats, poultry, fish, lentils, and beans for protein.
- Serve reasonably-sized portions.
- Encourage your family to drink lots of water.
- Limit sugar-sweetened beverages.
- Limit consumption of sugar and saturated fat.

Remember that small changes every day can lead to a recipe for success!

For more information about nutrition, visit [ChooseMyPlate.gov](http://www.choosemyplate.gov) [[?\]](#)  
<http://www.choosemyplate.gov/tips/index.html> and the [2015-2020 Dietary Guidelines for Americans](https://health.gov/dietaryguidelines/2015) [[?\]](#) (<https://health.gov/dietaryguidelines/2015/>).

Look for ways to make favorite dishes healthier.



The recipes that you may prepare regularly, and that your family enjoys, with just a few changes can be healthier and just as satisfying.

**Remove calorie-rich temptations!**

Although everything can be enjoyed in moderation, reducing the calorie-rich temptations of high-fat and high-sugar, or salty snacks can also help your children develop healthy eating habits. Instead only allow your children to eat them sometimes, so that they truly will be treats! Here are examples of easy-to-prepare, low-fat and low-sugar treats that are 100 calories or less:

- A medium-size apple.
- A medium-size banana.
- 1 cup blueberries.
- 1 cup grapes.
- 1 cup carrots, broccoli, or bell peppers with 2 tbsp. hummus.

## Balancing Calories: Help Kids Stay Active

Another part of balancing calories is to engage in an appropriate amount of physical activity and avoid too much sedentary time. In addition to being fun for children, regular physical activity has many health benefits, including:

- Strengthening bones.
- Decreasing blood pressure.
- Reducing stress and anxiety.
- Increasing self-esteem.
- Helping with weight management.

Help kids stay active.

Children should participate in at least 60 minutes of moderate intensity physical activity most days of the week, preferably daily. Remember that children imitate adults. Start adding physical activity to your own daily routine and encourage your child to join you.

Some examples of moderate intensity physical activity include:

- Brisk walking.
- Playing tag.
- Jumping rope.
- Playing soccer.
- Swimming.
- Dancing.

Reduce sedentary time.

In addition to encouraging physical activity, help children avoid too much sedentary time. Although quiet time for reading and homework is fine, limit the time your children watch television, play video games, or surf the web to no more than 2 hours per day. Additionally, the American Academy of Pediatrics (AAP) does not recommend television viewing for children aged 2 years or younger. Instead, encourage your children to find fun activities to do with family members or on their own that simply involve more activity. See the [Screen Time Vs Lean Time—info graphic](#)

(<https://www.cdc.gov/nccdphp/dch/multimedia/infographics/getmoving.htm>)

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## Want to Learn More?

Here are some additional resources that you (and your child) can use to help reach or keep a healthy weight through physical activity and healthy food choices!

[For Parents and Guardians](#)      [For Kids ONLY](#)

[Child and Teen BMI \(Body Mass Index\) Calculator](#)

(<http://nccd.cdc.gov/danabmi/Calculator.aspx>)



Worried about your child's weight? For children, BMI is used to screen for obesity, but is not a diagnostic tool. [For more, see About BMI for Children and Teens](https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html) ([https://www.cdc.gov/healthyweight/assessing/bmi/childrens\\_bmi/about\\_childrens\\_bmi.html](https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html)).

### Childhood Overweight and Obesity

(<https://www.cdc.gov/obesity/childhood/index.html>)

This web site provides information about childhood obesity, including how obesity is defined for children, the prevalence of obesity, the factors associated with obesity, and the related health consequences.

- [Defining Childhood Obesity](https://www.cdc.gov/obesity/childhood/defining.html) (<https://www.cdc.gov/obesity/childhood/defining.html>)
- [Childhood Obesity Facts](https://www.cdc.gov/obesity/data/childhood.html) (<https://www.cdc.gov/obesity/data/childhood.html>)
- [Childhood Obesity Causes and Consequences](https://www.cdc.gov/obesity/data/childhood.html) (<https://www.cdc.gov/obesity/data/childhood.html>)

### Physical Activity for Everyone


(<https://www.cdc.gov/physicalactivity/everyone/guidelines/index.html>)

Provides information about physical activity for you and your children.

### How to Avoid Portion Size Pitfalls

([https://www.cdc.gov/healthyweight/healthy\\_eating/portion\\_size.html](https://www.cdc.gov/healthyweight/healthy_eating/portion_size.html))

Confused about portion sizes? Play the CDC's portion control game!

[ChooseMyPlate.gov](http://www.choosemyplate.gov/kids/index.html)  (<http://www.choosemyplate.gov/kids/index.html>)

Provides a tailored explanation of how to balance your meals and includes an interactive game for kids.

[We Can! !\[\]\(95b425611cbd2b8716a140cf67c81822\_img.jpg\)](http://wecanabbi.nih.gov/) (<http://wecanabbi.nih.gov/>)

This national education program is designed for parents and caregivers to help children aged 8 to 13 years old stay at a healthy weight.

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