

*Allen East
Mini Mustang
Preschool
Parent Handbook*

Director – Amanda Fetter
Teacher - Holly Boyd
Teacher – Kenzie Sheets
Amanda Geiger-Int. Spec.

fettera@alleneastschool.org
boydh@alleneastschool.org
sheetsk@alleneastschool.org
geigera@alleneastschool.org



9105 Harding Highway Harrod, Ohio 45850

(419) 648-3333 Extension 2002

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Welcome to the Allen East Local School District Preschool Program. It is an exciting time as your child begins his/her educational journey. We at Allen East look forward to partnering with you as we all begin the educational journey together.

Allen East offers a unique educational setting in that the preschool is embedded into the overall educational setting. All students at Allen East are housed in one building (PK-12) bringing a strong sense of community to the educational setting. The District keeps students separated for the best age appropriate educational opportunities, however, there are times when it is conducive for students to have access to each other.

The preschool team would like to welcome you to an exciting school year. We appreciate having you partner with us for preschool. We have a wonderful, professional and caring staff to assist with the development of your child. Preschool is an exciting time to play, explore and learn in a safe and encouraging space. We are looking forward to working with you and your child throughout the school year. Please contact me with any concerns or questions. Thank you.

Miss Amanda Fetter

Preschool Supervisor/Director of Special Education

Program Description/Goal

Our preschool is a general education program with the goal of preparing every student for kindergarten. We have both typically developing and special needs students in our program. To qualify as a special education student, the student can be referred by any concerned parent, local educational agency, or the child's preschool teacher. Referrals can be made directly to the school or to Early Intervention. Once referred, the student will be screened by a trained employee. If the screening reveals concerns, the student will be evaluated using multiple factors conducted by a team of educators and the parents to determine if a disability exists.

The team will be looking for significant delays in one or more of the following critical areas: physical development (fine and gross motor skills); cognitive

development; communication development; social or emotional development; hearing/vision and adaptive behavior (self-help skills). If the team determines there is a disability, an Individual Education Plan (IEP) will be developed by the team to address the student's needs.

Typical children are defined as 3-5-year olds who do not qualify for special education services. Typical students are in the room to bring a balanced educational approach and act as peer role models. All typical children are screened to ensure they have no deficiencies. There is a monthly tuition fee for typical children.

The preschool program also offers itinerant services to our special education students. Itinerant services are offered to students for several reasons. If a parent is unwilling or unable to have their child attend the Allen East center-based program, the parents have the option of having a teacher and all related service providers work in consultation with the student's daycare/pre-school or work directly with the child. If the Allen East center-based unit is at capacity, itinerant services are a viable way for the child to receive special education services.

Allen East Mission Statement

The mission of the Allen East Local District is to provide an appropriate educational program and learning environment which will effectively: meet the educational needs of its students and citizens; and help its students accomplish educational goals which are significant, durable and transferable.

Allen East Philosophy

The education of a preschool child is a collaborative effort between the parents and school. Allen East strives for open communication between the school and home to help develop/improve skills and make necessary accommodations. Preschool is a time to play (quiet and active), share, learn and be excited about school.

Preschool is a positive atmosphere where each child's strengths are accentuated and weaknesses are overcome. Each child is treated as an individual with the individual needs of each child being considered. The parents, students, staff will work together to help all students reach their full potential.

Admissions

The following documents/information must be produced for special needs children and typical children prior to being admitted into the program:

1. Medical statement affirming that the child is in suitable condition for enrollment into the program (examination shall occur within 12 months prior to date of admissions). A preschool child with a disability shall not be excluded from the program for lack of a medical statement until the team responsible for the individualized education plan (IEP) established pursuant to Chapter 3301-51 of the Administrative Code reconvenes: exclusive from the program until the IEP is revised may be a denial of free, appropriate public education. Medical statements shall be provided by a physician, physician's assistant, clinical nurse specialist, or certified nurse.
2. Name and date of birth
3. Name, address (home and/or business), and telephone number of parent(s)
4. Names, addresses, and telephone numbers of two persons to contact in an emergency if the parent cannot be located
5. Name of person(s) to whom the child can be released
6. Parent authorization for transportation related to the program
7. Physician's and dentist's authorization and written instructions to administer prescription medication to a child enrolled in the program.
8. Immunization record as required by section 3313.67 of the Ohio Revised Code, which record shall include immunizations required by section 3313.671 of the Ohio Revised Code.
9. A list of any allergies and treatment for said allergies
10. A list of any medications, food supplements, modified diets, or fluoride supplements currently being administered to the child.
11. A list of chronic physical problems and any history of hospitalization
12. A list of diseases the child has had
13. Names, addresses and telephone numbers of physician and dentist in case of emergency

14. Permission of the parent for emergency medical and dental care as required by section 3313.712 of the Ohio Revised Code

15. Permission of parent for emergency transportation

16. Copy of immunization shot record

Attendance and Schedule

Allen East will maintain daily attendance records including admission and withdrawal. Preschool children are not of compulsory age and are not required to be in school. A parent can withdraw their child anytime during the year without consequences. It is highly recommended that children attend the preschool program on a consistent basis to gain the maximum benefit from the educational opportunity. Allen East must mark an absence as excused or unexcused. Reasons for excused absences include: personal illness, illness in the family, quarantine of the home, death of a relative, observation of religious holidays/absence for religious reasons, or professional appointments.

The morning session will begin at 8:00 am and be dismissed at 11:00 am. The afternoon session will begin at 12:00 pm and end at 3:00 pm.

Frequently Asked Questions

1. Do I need to call or contact the school if my child will be absent?

Yes, Allen East is required by law to keep attendance and report absences. If you fail to notify the school of an absence, the school is required to call the parent. If the school cannot contact the parent after a few days, the school is required to notify law enforcement to help find the child. Please call 419-648-3333 x2002 to report an absence for your preschool child.

Once the child returns to school, please send a note explaining the nature of absence for our records.

2. When should I keep my child at home if they are ill?

Fever: If your child's temperature is 100 degrees Fahrenheit or greater (or 1 or 2 degrees above the child's normal temperature) s/he should remain home until s/he has been without fever for a full 24 hours. Remember, fever is a symptom indicating the presence of illness.

Flu: Abrupt onset of fever, chills, headache and sore muscles. Runny nose, sore throat and cough are usual. Student should remain home from school until symptoms are gone and the child is without fever for 24 hours.

Common Cold: Irritated throat, watery discharge from the nose and eyes, sneezing, chills and general body discomfort. Students should remain home if symptoms will interfere his/her ability to learn. Medical care should be obtained if symptoms persist beyond 7-10 days, fever develops, or discharge becomes yellow/green.

Vomiting and Diarrhea (Intestinal) Viral Infections: Stomach ache, cramping, nausea, vomiting and/or diarrhea, possible fever, headache and body aches. Your child should remain at home until without vomiting, diarrhea or fever for a full 24 hours. If your child has had any of these symptoms during the night s/he should not be sent to school the following day.

Chicken Pox: A skin rash consisting of small blisters which leave scabs. A slight fever may or may not be present. There may be blisters and scabs all present at the same time. Your child should remain home until all blisters have scabbed over, usually 5-7 days after the appearance of the first crop of blisters.

COVID-19: Most common symptoms are [fever](#), cough, trouble breathing, and gastrointestinal problems like bellyache, nausea, vomiting, and diarrhea. Other complaints include headaches, muscle aches, loss of taste and smell, and cold symptoms. The virus can be more serious in some people. And some people have no symptoms at all. If your child has any of these symptoms we ask that you keep them home until a negative test is confirmed.

3. How will I be notified if school is delayed or canceled?

If school is delayed for 2 hours for inclement weather, the morning session will begin at 10:00 am and end at 12:00 pm. For delays the afternoon session will begin at 1:00 pm and end at 3:00 pm. School cancellations will include all grades preschool through 12. All cancellations and delays will be placed on the school website (<http://www.ae.k12.oh.us>) as well as being posted on the WLIO website. Parents can sign up via our web site for text alerts regarding cancellations and delays.

4. Is there a school calendar?

The preschool school calendar will be placed on the web site under forms/links.

Withdrawal from Preschool

If a parent is withdrawing a student from preschool, please notify the program in writing as soon as you make the decision. There is usually a waiting list to enter preschool and delaying the withdrawal process could keep a child out who needs the services. If a special education student is being withdrawn, it is very important to do so in writing so the Evaluation Team Report (ETR) and Individualized Education Plan (IEP) can be transferred to a new program. If a parent no longer wants services, it is important for the parent to have a meeting to exit the child from the IEP.

Transportation

Allen East is not required to transport students to preschool unless it is specifically written into the child's individual education plan. As a courtesy, Allen East will provide transportation to all special needs children in the program. Students will ride the traditional bus to school for the morning session and ride the bus home at the end of the day for the afternoon session. A special preschool route will be used to take the special needs children home from the morning session and deliver students for the start of the afternoon session.

For children not utilizing school transportation, it is very important that the preschool teachers and aides have knowledge of what adult is responsible for picking up and dropping off the student. Adults who are picking up and dropping off must be identified on paperwork. Allen East will not release a child unless the person is authorized to do so. If a parent is changing a driver, the parent must notify the preschool program. It is also very important that drivers are on time. Situations do happen and it is important that the adult responsible for the preschool transportation notify the school immediately if they are going to be late.

School Fees

All children, regardless of free/reduced qualification, will be charged a \$65 fee to cover the cost of snacks. Students are fed a nutritious snack and milk daily.

Typical "peer role model" Students

It is vital to have an inclusionary model to help all students reach their full potential. The goal is to have a 1:1 ratio of special needs children to typical children. To be considered for enrollment as a typical child the child must first be screened to make certain the child is not deficient in any areas. Typical children

must also be toilet trained not wearing pull-ups or diapers. It is also important that typical children are well behaved in that they are serving as role models for the students attempting to overcome a developmental issue. The purpose of the typical program is to help all students learn. Typical students will be challenged with a curriculum that will meet their educational goals.

The tuition rate for a typical student will be \$150 a month with the first month payment being made during enrollment in August. If the family qualifies for the free lunch program, the tuition rate will be \$125 a month. If the student is enrolled in the tuition based program by the 15th of the month, then the full month tuition rate is due.

There will be a 10% discount if the entire year is paid in full upon enrollment. Parents paying monthly must have the payment in by the 20th of each month in advance. Example: October's tuition is due by September 20th. **If the payment is delinquent, the child may be withdrawn immediately unless arrangements are made to make the payment.**

Diapering

Allen East will follow the guidelines in the Ohio Revised Code 3301-37-12 for diapering. 3301-37-12 states:

(A) The changing of diapers for all non-toilet-trained children shall be handled in conformity with the following methods:

(1) The changing of diapers for all non-toilet-trained children shall occur in a space that contains a hand-washing facility. Handwashing facilities that are located elsewhere may be used if a program assures that children are safe and conditions are sanitary while toileting or being diapered.

(2) The program shall provide disposable gloves for diapering; however, the use of gloves or hand sanitizer does not preclude requirements for proper hand washing.

(3) If an infant's diapers are to be changed in his crib or at a central changing station, there shall be some separation material between the infant and the changing surface. The material shall be discarded and replaced after each change.

(4) The central diaper-changing station or crib shall be disinfected after each diaper change with an appropriate germicidal agent in a manner consistent with manufacturer guidelines. If the diaper-changing station is soiled after the diaper

change, it shall be cleaned with soap and water and then disinfected with an appropriate germicidal agent.

(5) Any product used during diaper changing on more than one child shall be used in such a way that the container does not touch the child. Any product obtained applied to a child shall be applied in such a manner so as not to contaminate the product or its container. Common containers shall be cleaned and disinfected with an appropriate germicidal agent when soiled.

(6) For the purpose of diapering, topical ointments and creams provided by parents shall include written instructions. Such instructions shall include the name of the ointment, cream, or lotion; name of the child; birth date of the child; date; and signature. Written instructions shall be valid for no longer than three months. Authorization for administration of the ointment, cream, or lotion may be cancelled by written request of the parent at any time.

(B) Storing of clean diapers shall be handled in accordance with the following methods:

(1) A clean supply of diapers stored in a specifically designated area shall always be available.

(2) Diapers or clothing used during diaper changing and brought from the child's home shall be stored in space assigned exclusively for each child's belongings. Soiled clothing and/or diapers shall be sent home daily.

(C) Storage and laundering of soiled diapers shall be handled in accordance with the following methods:

(1) Diapers or clothing soiled with fecal matter and sent home with a child need not be rinsed at the program facility, but may be placed directly into a container that can be sanitized or bag, sealed tightly, stored away from the rest of the child's belongings and out of the reach of children.

(2) Soiled diapers to be disposed of or cleaned by the program shall be placed in a common plastic-lined covered container which shall be emptied, cleaned, and disinfected with an appropriate germicidal agent daily or more frequently as needed. Diapers to be laundered at the program facility should be stored in an appropriate germicidal solution until laundered.

(3) Soiled diapers to be commercially laundered shall be held for pickup for laundering for no longer than seven days.

(4) Diapers to be laundered at home or by the program shall be held for laundering for no longer than one day.

(5) Soiled disposable diapers shall be discarded daily.

Accident/ Injury Policy Parent Notification

Should a preschool student be injured during preschool hours, a written report will be sent home with the child the day of the accident and a call made to the parent. The form requests parents to sign the report and send it back to the classroom for a copy to be made and returned home as well as a copy placed in the child's file for record.

School Safety/Visitors

All teachers and aides at Allen East are trained to deal with emergency situations. The school will conduct required fire drills, tornado drills, evacuations and lock down procedures to keep students safe. If the school goes into a lockdown procedure, the parents will be notified via our text alert system. This may cause a session to end late or begin late. During a lockdown situation, only law enforcement and fire department personnel will be permitted to enter the building.

Visitors are required to sign in at the elementary office and receive a badge before entering the school. When the visitor leaves the building, they are required to sign out. Allen East encourages parents to be very involved in their child's education which can include visits to the classroom. We ask that visits not occur during the first 2 weeks of school as the students get accustomed to their new surroundings. Please notify the teacher/supervisor ahead of time if you want to observe the classroom.

Field Trips

Parents are encouraged to chaperone field trips and be involved in class parties. Parents will be required to register with the elementary office a minimum of three days prior to a field trip occurring. Parents assisting with field trips may not impose any disciplinary measure towards students. All disciplinary needs must be addressed by Allen East staff only.

Volunteering

If you want to become a regular volunteer, you will be required to fill out a volunteer form and pass a background check at your expense. When a parent shows up for a classroom observation, Allen East asks the parent not to distract the teacher by wanting to conference or get involved in any discipline situations. The teachers will be happy to conference with any parent after the session is over or later. It is important to keep the students in a set routine and visitors who want to get too involved can be a distraction to the class.

Staff

All staff for the Allen East preschool program will be qualified pursuant to Ohio Revised Code 3301-37-04. The supervisor is a principal in the school who holds an intervention specialist license and an administrative degree. An intervention specialist with an intervention specialist license to serve the special education students, and two associate degree level staff members to serve the typically developing students and support the special needs students.

School Policies/Ohio Revised Code

Policy 5320 – IMMUNIZATION

To safeguard the school community from the spread of certain communicable diseases and in recognition that prevention is a means of combating the spread of disease, the Board of Education requires all students to be immunized against poliomyelitis, rubella, diphtheria, rubella (German measles), pertussis, tetanus, mumps, and others legally designated in accordance with State statutes, unless specifically exempt for medical or other reasons. The Board requires that students who start kindergarten during or after the school year beginning in 1999 be immunized against Hepatitis B or be in the process of being immunized. The Board also requires that students who start kindergarten during or after the school year beginning in 2006 be immunized against chicken pox. The Board further requires that students enrolled in grades 7 through 12 during or after the school year beginning in 2016 be immunized against meningococcal disease in accordance with the administration procedures prescribed by the Ohio Department of Health (see AG 5320). This policy pertains to both students who currently attend school in the District and those eligible to attend.

The Superintendent may exempt a student from being immunized against either or both rubella and mumps if the student presents a signed statement from a parent or physician indicating s/he has had natural rubella or mumps and does not need to be immunized. The student will be allowed to attend school only if a physician's statement indicates there is no danger of contagiousness.

In the case of a chicken pox epidemic in the school's population, the Superintendent may deny admission to a student otherwise exempted from the chicken pox immunization requirement. The

Superintendent shall prescribe methods whereby the academic standing of a student who is denied admission during a chicken pox epidemic is preserved.

The Superintendent may also exempt a student from immunization if a physician certifies in writing that immunization from a particular disease is medically contra-indicated. The Superintendent may prohibit the student from attending school, however, if the immunization would have been for mumps, poliomyelitis, rubella, rubella, diphtheria, pertussis, or tetanus.

A student may also be exempted from immunization if a parent or guardian objects for good cause, including religious conviction. The Board shall allow a student to attend school who has not been immunized because of such an objection.

A student who has not completed immunization may not be admitted to school.

The Board believes that immunization is the primary responsibility of the parent(s). For those students who do not have ready access to private or public health services, immunizations shall be provided at public expense.

This policy shall be the administrative responsibility of the nurse of the District School.

Ohio Revised Code 5104.014

(A) Not later than thirty days after enrollment in a child day-care center, type A family day-care home, or licensed type B family day-care home and every thirteen months thereafter while enrolled in the center or home and not later than thirty days after beginning to receive child care from a certified in-home aide and every thirteen months thereafter while continuing to receive child care from the aide, each child's caretaker parent shall provide to the center, home, or in-home aide a medical statement, as described in division (C) of this section, indicating that the child has been immunized against or is in the process of being immunized against all of the following diseases:

- (1) Chicken pox;
- (2) Diphtheria;
- (3) Haemophilus influenza type b;
- (4) Hepatitis A;
- (5) Hepatitis B;
- (6) Influenza;
- (7) Measles;
- (8) Mumps;
- (9) Pertussis;
- (10) Pneumococcal disease;
- (11) Poliomyelitis;
- (12) Rotavirus;

(13) Rubella;

(14) Tetanus.

(B) (1) A child is not required to be immunized against a disease specified in division (A) of this section if any of the following is the case:

(a) Immunization against the disease is medically contraindicated for the child;

(b) The child's parent or guardian has declined to have the child immunized against the disease for reasons of conscience, including religious convictions;

(c) Immunization against the disease is not medically appropriate for the child's age.

(2) In the case of influenza, a child is not required to be immunized against the disease if the seasonal vaccine is not available.

(C) (1) The medical statement shall include all of the following information:

(a) The dates that a child received immunizations against each of the diseases specified in division (A) of this section;

(b) Whether a child is subject to any of the exceptions specified in division (B) of this section.

(2) The medical statement shall include a component where a parent or guardian may indicate that the parent or guardian has declined to have the child immunized.

8450 - CONTROL OF COMMUNICABLE DISEASES

The Board of Education recognizes that control of the spread of communicable disease is essential to the well-being of the school community and to the efficient operation of the schools.

For purposes of this policy, "communicable disease" shall include diphtheria, scarlet fever and other strep infections, whooping cough, mumps, typhoid fever, measles, rubella, and acquired immune deficiency syndrome, or any other designated by Federal authority.

In order to protect the health and safety of the students, District personnel, and the community at large, the Board shall follow all State statutes and Health Department regulations which pertain to immunization and other means for controlling casual-contact communicable disease spread through normal interaction in the school setting.

If a student exhibits symptoms of a casual-contact communicable disease, the principal will isolate the student in the building and contact the parents/guardians. Protocols established by the County Health Department shall be followed.

The Superintendent shall develop procedures for the control of communicable disease which shall include:

- A. Instruction of teaching staff members in the detection of disease and measures for its prevention and control.
- B. Removal from school property to the care of a responsible adult of students identified and excluded in accordance with this policy.
- C. Preparation of standards for the readmission of students who have recovered from communicable diseases.
- D. Filing of reports as required by statute and the State Department of Health.

Ohio Revised Code 3301-37-11 Management of Communicable Disease

(A) A person trained to recognize the common signs of communicable disease or other illness shall observe each child daily as he enters a group. A "person trained to recognize the common signs of communicable disease" means any person trained in prevention, recognition, and management of communicable diseases as required by paragraph (D) of rule 3301-37-07 of the Administrative Code.

(B) The following precautions shall be taken for children suspected of having a communicable disease:

(1) The program shall immediately notify the parent or guardian of the child's condition when a child has been observed with signs or symptoms of illness.

(2) A child with any of the following signs or symptoms of illness shall be immediately isolated and discharged to his parent or guardian :(a) Diarrhea (more than one abnormally loose stool within a twenty-four-hour period);

(b) Severe coughing, causing the child to become red or blue in the face or to make a whooping sound;

(c) Difficult or rapid breathing;

(d) Yellowish skin or eyes;

(e) Conjunctivitis;

(f) Temperature of one hundred degrees Fahrenheit taken by the auxiliary method when in combination with other signs of illness;

(g) Untreated infected skin patch (es);

(h) Unusually dark urine and/or grey or white stool; or

(i) Stiff neck; or

(j) Evidence of lice, scabies, or other parasitic infestation.

(3) A child with any of the following signs or symptoms of illness shall be immediately isolated from other children. Decisions regarding whether the child should be discharged immediately or at some other time during the day shall be determined by the director and the parent or guardian. The child, while isolated at the program, shall be carefully watched for symptoms listed in paragraph (B)(2) of this rule as well as the following:

- (a) Unusual spots or rashes;
- (b) Sore throat or difficulty in swallowing;
- (c) Elevated temperature; or
- (d) Vomiting.

(4) Programs shall follow the Ohio department of health "communicable disease chart" (September 2009, odjfs.state.oh.us/forms) for appropriate management of suspected illnesses.

(5) A child isolated due to suspected communicable disease shall be:

- (a) Cared for in a room or portion of a room not being used in the preschool program;
- (b) Within sight and hearing of an adult at all times. No child shall ever be left alone or unsupervised;
- (c) Made comfortable and provided with a cot. All linens and blankets used by the ill child shall be laundered before being used by another child. After use, the cots shall be disinfected with an appropriate germicidal agent, or, if soiled with blood, feces, vomit, or other body fluids, the cots shall be cleaned with soap and water and then disinfected with an appropriate germicidal agent;
- (d) Observed carefully for worsening condition; and
- (e) Discharged to parent, guardian, or person designated by the parent or guardian as soon as practical.

(C) Each program shall have a written policy concerning the management of communicable disease. The policy shall include, at a minimum:

- (1) The program's means of training all preschool staff in signs and symptoms of illness and in hand-washing and disinfection procedures;
- (2) Procedures for isolating and discharging an ill child and policy for readmitting such child;
- (3) Procedures for notifying the parent or guardian immediately when a child is exhibiting signs or symptoms of illness or has been exposed to a communicable disease; and

(4) Procedures regarding the care of a mildly ill child. "Mildly ill child" means a child who is experiencing minor common cold symptoms, but who is not exhibiting any of the symptoms specified in paragraph (B) of this rule or a child who does not feel well enough to participate in activities, but who is not exhibiting any of the symptoms specified in paragraph (B) of this rule.

(5) Procedures for notifying all parents of enrolled children when children are exposed to a diagnosed communicable disease such as pink eye, ringworm, chicken pox, or lice.

PS 3301-37-06 - BioHazard & Hazardous Material Handling

B(5) Safe handling and storage of hazardous materials and the appropriate disposal of bio-contaminants comply with the following:

(a) Blood spills are treated cautiously and decontaminated promptly. Disposable gloves are to be worn during contact with blood or bodily fluids which contain blood, such as vomit or feces in which blood can be seen.

(b) Surfaces contaminated with blood or bodily fluids containing blood are first cleaned with hot, soapy water and then sanitized with an appropriate bleach solution which is prepared on a daily basis according to product guidelines, or other acceptable disinfectant solution which is environmental protection agency (EPA) rated as hospital disinfectant with a label claim for mycobactericidal activity.

(c) The disposal of materials that contain blood are done by the use of a sealable, leakproof plastic bag or by double bagging in plastic bags that are securely tied.

(d) Non-disposable items, such as clothing that contains blood, is placed in a sealable, leakproof plastic bag or are double bagged in plastic bags that are securely tied and sent home with the child.

(e) The disposal of sharp items used for procedures on children with special care needs, such as lancets for finger sticks or syringes, is done by way of a disposable container called a "sharps container." This is a container made out of durable, rigid material which safely stores the lancets or syringes until the parent can take them home for disposal. Sharps containers are to be stored out of the reach of children.

PS 3301-37-08 - FERPA and McKinney Vento Homeless Assistance Act

The program is to comply with the Family Educational Rights and Privacy Act (FERPA, 20 USC 1232g) and its implementing regulations at 34 C.F.R. Part 99, section [3319.321](#) of the Revised Code:

(A) No person shall release, or permit access to, the directory information concerning any students attending a public school to any person or group for use in a profit-making plan or activity. Notwithstanding division (B)(4) of section [149.43](#) of the Revised Code, a person may require disclosure of the requestor's identity or the intended use of the directory information concerning any students attending a public school to ascertain whether the directory information is for use in a profit-making plan or activity.

(B) No person shall release, or permit access to, personally identifiable information other than directory information concerning any student attending a public school, for purposes other than those identified in division (C), (E), (G), or (H) of this section, without the written consent of the parent, guardian, or custodian of each such student who is less than eighteen years of age, or without the written consent of each such student who is eighteen years of age or older.

and section [5104.038](#) of the Revised Code:

The administrator of each child day-care center shall maintain enrollment, health, and attendance records for all children attending the center and health and employment records for all center employees. The records shall be confidential, except that they shall be disclosed by the administrator to the director upon request for the purpose of administering and enforcing this chapter and rules adopted pursuant to this chapter. Neither the center nor the licensee, administrator, or employees of the center shall be civilly or criminally liable in damages or otherwise for records disclosed to the director by the administrator pursuant to

this division. It shall be a defense to any civil or criminal charge based upon records disclosed by the administrator to the director that the records were disclosed pursuant to this division.

(F) School districts with children who meet the definition of "homeless" under the McKinney-Vento Homeless Assistance Act (42 USC 11431 et seq.) are to comply with division (F)(13) of section [3313.64](#) of the Revised Code:

Please see Revised Code 3313.64 for understanding of entitlement to attend school and district of attendance.

5330 - USE OF MEDICATIONS

The Board of Education shall not be responsible for the diagnosis and treatment of student illness. With the exception of diabetes care covered under Policy 5336, the administration of prescribed medication and/or medically-prescribed treatments to a student during school hours will be permitted only when failure to do so would jeopardize the health of the student, or the student would not be able to attend school if the medication or treatment were not made available during school hours.

For purposes of this policy, "medication" shall include all medicines including those prescribed by a licensed health professional authorized to prescribe drugs and any non-prescribed (over-the-counter) drugs, preparations, and/or remedies. "Treatment" refers both to the manner in which a medication is administered and to health-care procedures which require special training, such as catheterization.

Before any prescribed medication or treatment may be administered to any student during school hours, the Board shall require the written prescription from a licensed health professional authorized to prescribe drugs accompanied by the written authorization of the parent (see Form 5330 F1). Before any non-prescribed medication or treatment may be administered, the Board shall require the prior written consent of the parent along with a waiver of any liability of the District for the administration of the medication. (see Form 5330 F1a and Form 5330 F1b). These documents shall be kept in the office of the nurse, and made available to the persons designated by this policy as authorized to administer medication or treatment. No student is allowed to provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered violations of Policy 5530 - Drug Prevention and of the Student Code of Conduct/Discipline Code.

Only medication in its original container; labeled with the date, if a prescription; the student's name; and exact dosage will be administered. The Superintendent shall determine a location in each building where the medications to be administered under this policy shall be stored, which shall be a locked storage place, unless the medications require refrigeration in which case they shall be stored in a refrigerator not commonly used by students, and unless the medication to be administered is diabetes medication, which must be kept in an easily accessible location pursuant to Policy 5336.

Parents may administer medication or treatment, with the exception of diabetes care covered under Policy 5336 but only in the presence of a designated school employee.

Additionally, students may administer medication or treatment to themselves, if authorized in writing by their parents and a licensed health professional authorized to prescribe drugs but only in the presence of a designated school employee with the exception of students authorized to attend to their diabetes care and management pursuant to Policy 5336.

However, students shall be permitted to carry and use, as necessary, an asthma inhaler, provided the student has prior written permission from his/her parent and physician and has submitted Form 5330 F3, Authorization for the Possession and Use of Asthma Inhalers/Other Emergency Medication(s), to the principal and any school nurse assigned to the building.

Additionally, students shall be permitted to carry and use, as necessary, an epinephrine auto injector to treat anaphylaxis, provided the student has prior written approval from the prescriber of the medication and his/her parent/guardian, if the student is a minor, and has submitted written approval (Form 5330 F4, Authorization for the Possession and Use of Epinephrine Autoinjector (epi-pen)) to the principal and any school nurse assigned to the building. The parent/guardian or the student shall provide a back-up dose of the medication to the principal or school nurse. This permission shall extend to any activity, event, or program sponsored by the school or in which the school participates. In the event epinephrine is administered by the student or a school employee at school or at any of the covered events, a school employee shall immediately request assistance from an emergency medical service provider (911). Students with diabetes authorized to attend to their diabetes care and management may do so in accordance with Policy 5336.

Students shall be permitted to possess and self-administer over-the-counter topical sunscreen products while on school property or at a school-sponsored event.

With the exception of diabetes care covered under Policy 5336, only employees of the Board who are licensed health professionals or who have completed a drug administration training program conducted by a licensed health professional and are designated by the Board may administer prescription drugs to students in school.

With the exception of diabetes care covered under Policy 5336, provided they have completed the requisite training, the following staff are authorized to administer medication and treatment to students:

- A. principal
- B. teacher
- C. school nurse
- D. building secretary
- E. aide
- F. others as designated by student's IEP and/or 504 plan
- G. substitute nurse
- H. bus driver

With the exception of diabetes care covered under Policy 5336, the Board shall permit the administration by a licensed nurse or other authorized staff member of any medication requiring intravenous or intramuscular injection or the insertion of a device into the body when both the medication and the procedure are prescribed by a licensed health professional authorized to prescribe drugs and the nurse/staff member has completed any and all necessary training.

students who may require administration of an emergency medication may have such medication in their possession upon written authorization of their parent(s) or, such medication, upon being identified as aforementioned, may be stored in the nurse's office and administered in accord with this policy and Policy 5336.

All dental disease prevention programs, sponsored by the Ohio Department of Health and administered by school employees, parents, volunteers, employees of local health districts, or employees of the Ohio Department of Health, which utilize prescription drugs for the prevention of dental disease and which are conducted in accordance with the rules and regulations of the Ohio Department of Health are exempt from all requirements of this policy.

The Superintendent shall prepare administrative guidelines, as needed, to address the proper implementation of this policy.

5335 - CARE OF STUDENTS WITH CHRONIC HEALTH CONDITIONS

Students with chronic health conditions will be provided with a free appropriate public education. If their impairment does not require specially designed instruction for them to benefit educationally, they will be eligible for accommodations/modifications/interventions of the regular classroom, curriculum, or activity (i.e. the school setting) so that they have the same access to an education as students without disabilities. Such accommodations/modifications/interventions will be provided pursuant to a Section 504 Plan (Form 2260.01 F13).

Chronic health conditions, for the purposes of this policy, shall include:

- A. "peanut" and other food allergies;
- B. allergies;
- C. asthma;
- D. diabetes.

All information regarding student identification, health care management, and emergency care shall be safeguarded as personally identifiable information in accordance with Policy 8330 and Policy 8350.

The District will coordinate school health practices for management of a chronic health condition and shall provide for:

- () identification of individuals with chronic health conditions;
- () development of individual health care action plans;
- () coordination of healthcare management activities by school staff;
- () communication among school staff who interact with children with chronic health conditions;

- () development of protocols to prevent exposure/episodic reactions;
- () awareness and training of school staff regarding Board policy on acute and routine management of chronic health conditions, information on signs and treatment of chronic health conditions, medication and administration, and emergency protocols for dealing with reactions in "unusual" situations such as field trips;

School health practices shall provide students with chronic health conditions the opportunity for:

- () full participation in physical activities when students are well;
- () modified activities as indicated by the student's health care action plan, 504 plan, or Individualized Education Plan (IEP);
- () access to preventative medications before activity (as prescribed by their medical providers) and immediate access to emergency medications during activity;
- () communication regarding student health status between parents, physicians, teachers (particularly physical education teachers), and coaches;

Healthcare management activities shall include:

- () procedures to obtain, maintain, and utilize written health care action plans, signed by the child's parents and physician, for each student with a chronic health condition;
- () a standard emergency protocol in place for students experiencing a distress reaction if they do not have a written health care action plan on site;
- () established communication strategies for students to use to tell an adult they may be having a health-related problem;
- () procedures for students to have immediate access to medications in accordance with Policy 5330 and AG 5330 that allow students to self-care and self-administer medications, inhalers, and Epi- pens, as prescribed by a medical professional and approved by parents/guardians;
- () prevention strategies to avoid causal elements;
- () case management for students with frequent school absences, school health office visits, emergency department visits, or hospitalizations due to chronic health conditions;

() management and care of the student's chronic health condition in the classroom, in any area of the school or school grounds, or at any school related activity or event;

Staff will be trained about chronic health conditions and their control in each school in which there is a student with a chronic health condition.

5336 - CARE OF STUDENTS WITH DIABETES

The Board of Education is committed to ensuring that each student enrolled in the District who has diabetes receives appropriate and needed diabetes care in accordance with an order signed by the student's treating physician.

The diabetes care to be provided includes any of the following:

- A. checking and recording blood glucose levels and ketone levels or assisting the student with checking and recording these levels;
- B. responding to blood glucose levels that are outside of the student's target range;
- C. in the case of severe hypoglycemia, administering glucagon and other emergency treatments as prescribed;
- D. administering insulin or assisting the student in self-administering insulin through the insulin delivery system the student uses;
- E. providing oral diabetes medications;
- F. understanding recommended schedules and food intake for meals and snacks in order to calculate medication dosages pursuant to the student's physician's order;
- G. following the physician's instructions regarding meals, snacks, and physical activity; and
- H. administering diabetes medication, as long as the conditions described below are satisfied.

Within fourteen (14) days after the District receives an order signed by the student's treating physician, the Board will inform the student's parent or guardian that the student may be entitled to a Section 504 Plan regarding the student's diabetes.

With regard to the administration of diabetes medication:

- A. The diabetes medication may be administered by a school nurse, or in the absence of a school nurse, such medication can be administered by a school employee who has received training provided by the Board that complies with the Ohio Department of Education's training guidelines, and complies with the following additional requirements:
 - 1. The training must be coordinated by a school nurse, or if the school does not employ a school nurse, a medical or osteopathic doctor, a registered nurse, or a licensed practical nurse with expertise in diabetes.

2. The training will take place prior to the beginning of each school year or, as needed, not later than fourteen (14) days after the Board receives a physician's order related to a student with diabetes.
 3. Upon completion of the training, the Board will determine whether each trained employee is competent to provide diabetes care.
 4. The school nurse, medical or osteopathic doctor, registered nurse, or licensed practical nurse who provided the training will promptly provide all necessary follow-up training and supervision to an employee who receives training.
- B. The principal of a school attended by a student with diabetes will distribute a written notice (see Form 5336 F1) to each employee containing the following information:
1. A statement that the school is required to provide diabetes care to a student with diabetes and is seeking employees who are willing to be trained to provide that care.
 2. A description of the tasks to be performed.
 3. A statement that participation is voluntary and that the school district will not take action against an employee who does not agree to provide diabetes care, including that the employee will not be penalized or disciplined for refusing to volunteer to be trained in diabetes care.
 4. A statement that training will be provided by a school nurse, a medical or osteopathic doctor, a registered nurse, or a licensed practical nurse with expertise in diabetes to an employee who agrees to provide care.
 5. A statement that a trained employee will not be subject to disciplinary action by the Board for providing care or performing duties to students with diabetes.
 6. A statement that a trained employee is immune from liability for damages in a civil action for injury, death, or loss to person or property allegedly arising from providing care or performing duties (unless the act or omission constitutes willful or wanton misconduct).
 7. The name of the individual to contact if an employee is interested in providing diabetes care.

The school nurse and/or the school employee can only administer diabetes medication as described above if the requirements of Policy 5330 are met.

A student's diabetes medication will be kept in an easily accessible location.

A student with diabetes will be permitted to attend to his or her diabetes care and management, in accordance with the student's physician's order, during regular school hours and school sponsored activities only if:

- A. the student's parent or guardian provides a written request that the student be permitted to attend to his or her diabetes care and management while at school; and

- B. the student's physician has authorized such self-care and determined that the student is capable of performing diabetes care tasks

A student with diabetes is permitted to perform diabetes care tasks in a classroom, in any area of the school or school grounds, and at any school-related activity. The student must have access to a private area for performing diabetes care tasks if the student or the student's parent or guardian makes such a request.

A student with diabetes is permitted to possess on the student's self at all times all necessary supplies and equipment to perform diabetes care tasks. If the student performs any diabetes care tasks or uses medical equipment for purposes other than the student's own care, the Board will revoke the student's permission to attend to the care and management of the student's diabetes.

The Board will provide training in the recognition of hypoglycemia and hyperglycemia, and actions to take in response to emergency situations involving these conditions, to both of the following:

- A. a school employee who has primary responsibility for supervising a student with diabetes during some portion of the school day, and
- B. a bus driver employed by the Board who transports a student with diabetes.

By December 31 of each year, the Board will report to the Ohio Department of Education the following information regarding students with diabetes:

- A. the number of students with diabetes enrolled in the District during the previous school year, and
- B. the number of errors associated with the administration of diabetes medication to students with diabetes during the previous school year

8451 - PEDICULOSIS (HEAD LICE)

Whenever a student is found to be infested with head lice, Allen East will follow guidelines by the Center for Disease Control.

The proper way to confirm the presence of lice is to find actual lice in the child's hair. Transmission of lice most often occurs by direct contact with the head of another infested child as lice do not jump or fly. Indirect contact can include personal belongings of an infested child (combs, brushes, hats, pillows, and bedding).

Only children over the age of two (2) and family members who have head lice should be treated. If parents are unsure if a child has lice, the hair should be combed with a lice comb to see if lice are present.

Procedure for treatment and follow-up:

- A. If head lice are confirmed at school, the actions described above will be taken.
- B. Parents need to notify the school health staff if they discover lice at home. They should notify parents of their child's close friends.
- C. The school health staff is readily available to discuss treatment and follow-up of head lice.

D. Parents are to treat the child with a lice-removal product at home, following exact directions. They also are to treat the home environment by vacuuming, and washing bed linens, clothing, brushes, and sports helmets.

E. Parents need to continue to check for eggs (nits) and lice by combing the hair daily. If eggs and live lice are still present after a week, a second lice- removal treatment should be done. Parents should check for nits and comb their child's hair until no lice are found for two (2) weeks.

F. Parents should continuously observe their children for signs of head lice - scratching, redness at the nape of the neck, and nits attached to the hair shaft, mostly behind the ears and at the base of the neck.

G. If unsure, parents are encouraged to check with their pediatrician for any recommended treatment. The health services staff will check any student for lice by parent request.

H. If more information is needed, please refer to the Centers for Disease Control website: www.cdc.gov.

The school nurse will be responsible for conducting the screenings.

Screenings will also occur periodically based on reported cases of head lice infestations in a class, grade or building.

5630.01 - POSITIVE BEHAVIOR INTERVENTION AND SUPPORTS AND LIMITED USE OF RESTRAINT AND SECLUSION

The Board is committed to the District-wide use of Positive Behavior Intervention and Supports ("PBIS") with students and the establishment of a school environment focused on the care, safety, and welfare of all students and staff members. Student Personnel shall work to prevent the need for the use of restraint and/or seclusion. PBIS shall serve as the foundation for the creation of a learning environment that promotes the use of evidence-based behavioral interventions, thus enhancing academic and social behavioral outcomes for all students. An emphasis shall be placed on promoting positive interventions and solutions to potential conflicts. PBIS emphasizes prevention of student behavior problems through the use of non-aversive techniques, which should greatly reduce, if not eliminate, the need to use restraint and/or seclusion.

Professional staff members and support staff determined appropriate by the Superintendent are permitted to physically restrain and/or seclude a student, but only when there is immediate risk of physical harm to the student and/or others, there is no other safe and effective intervention possible, and the physical restraint or seclusion is used in a manner that is age and developmentally appropriate and protects the safety of all children and adults at school.

All restraint and seclusion shall only be done in accordance with this Policy, which is based on the standards adopted by the State Board of Education regarding the use of student restraint and seclusion.

Training in methods of PBIS and the use of restraint and seclusion will be provided to all professional staff and support staff determined appropriate by the Superintendent. Training will

be in accordance with the State's Standards. Only school staff who are trained in permissible seclusion and physical restraint measures shall use such techniques.

Every use of restraint and seclusion shall be documented and reported in accordance with this Policy.

The Board shall annually notify parents of this policy, and publish it on the District's website.

DEFINITIONS

Aversive behavioral interventions means an intervention that is intended to induce pain or discomfort to a student for the purpose of eliminating or reducing maladaptive behaviors, including such interventions as application of noxious, painful, and/or intrusive stimuli, including any form of noxious, painful or intrusive spray, inhalant, or taste.

Chemical restraint means a drug or medication used to control a student's behavior or restrict freedom of movement that is not:

- A. Prescribed by a licensed physician, or other qualified health professional acting under the scope of the professional's authority under Ohio law, for the standard treatment of a student's medical or psychiatric condition; and
- B. Administered as prescribed by the licensed physician or other qualified health professional acting under the scope of the professional's authority under Ohio law.

De-escalation techniques are strategically employed verbal or non-verbal interventions used to reduce the intensity of threatening behavior before a crisis situation occurs.

Functional behavior assessment ("FBA") is a collaborative problem-solving process that is used to describe the "function" or purpose that is served by a student's behavior. Understanding the "function" that an impeding behavior serves for the student assists directly in designing educational programs and developing behavior plans with a high likelihood of success.

Mechanical restraint means any method of restricting a student's freedom of movement, physical activity, or normal use of the student's body, using an appliance or device manufactured for this purpose. Mechanical restraint does not mean devices used by trained school personnel, or used by a student, for the specific and approved therapeutic or safety purposes for which such devices were designed and, if applicable, prescribed, including:

- A. restraints for medical immobilization;
- B. adaptive devices or mechanical supports used to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports; or
- C. vehicle safety restraints when used as intended during the transport of a student in a moving vehicle.

Parent means:

- A. a biological or adoptive parent;
- B. a guardian generally authorized to act as the child's parent, or authorized to make decisions for the child (but not the State if the child is a ward of the State);
- C. an individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare;
- D. a surrogate parent who has been appointed in accordance with Ohio Administrative Code 3301-51-05(E); or
- E. any person identified in a judicial decree or order as the parent of a child or the person with authority to make educational decisions on behalf of the child.

Physical escort means the temporary touching or holding of the hand, wrist, arm, shoulder, waist, hip, or back for the purpose of inducing a student to move to a safe location.

Physical restraint means the use of physical contact that immobilizes or reduces the ability of a student to move his/her arms, legs, body, or head freely. Physical restraint does not include a physical escort, mechanical restraint, or chemical restraint. Physical restraint does not include brief physical contact for the following or similar purposes to:

- A. break up a fight;
- B. knock a weapon away from a student's possession;
- C. calm or comfort;
- D. assist a student in completing a task/response if the student does not resist the contact; or
- E. prevent an impulsive behavior that threatens the student's immediate safety (e.g., running in front of a car).

Positive Behavior Intervention and Supports ("PBIS") means a school-wide systematic approach to embed evidence-based practice and data-driven decision making to improve school climate and culture in order to achieve improved academic and social outcomes, and increase learning for all students. PBIS encompasses a range of systemic and individualized positive strategies to reinforce desired behaviors, diminish reoccurrences of challenging behaviors, and teach appropriate behaviors to students.

Positive Behavior Support Plan means the design, implementation, and evaluation of individual or group instructional and environmental modifications, including programs of behavioral instruction, to produce significant improvements in behavior through skill acquisition and the reduction of problematic behavior.

Prone restraint means physical or mechanical restraint while the student is in the face-down position for an extended period of time.

seclusion means the involuntary isolation of a student in a room, enclosure, or space from which the student is prevented from leaving by physical restraint or by a closed door or other physical barrier. It does not include a timeout.

Student means a child or adult aged three (3) to twenty-one (21) enrolled in the District.

Student Personnel means teachers, principals, counselors, social workers, school resource officers, teacher's aides, psychologists, bus drivers, or other District staff who interact directly with students.

Timeout means a behavioral intervention in which the student, for a limited and specified time, is separated from the class within the classroom or in a non-locked setting for the purpose of self-regulating and controlling his or her own behavior. In a timeout, the student is not physically restrained or prevented from leaving the area by physical barriers.

POSITIVE BEHAVIOR INTERVENTION AND SUPPORTS

Positive Behavior Intervention and Supports ("PBIS") creates structure in the environment using a non-aversive effective behavioral system to improve academic and behavior outcomes for all students.

The PBIS prevention-oriented framework or approach shall apply to all students and staff, and in all settings.

PBIS shall include:

- A. school staff trained to identify conditions such as where, under what circumstances, with whom, and why specific inappropriate behavior may occur;
- B. preventative assessments that include:
 1. review of existing data;
 2. interviews with parents, family members, and students; and
 3. examination of previous and existing behavioral intervention plans.
- C. development and implementation of preventative behavioral interventions, and the teaching of appropriate behavior, including:
 1. modification of environmental factors that escalate inappropriate behavior;
 2. supporting the attainment of appropriate behavior; and
 3. use of verbal de-escalation to defuse potentially violent dangerous behavior.

SECLUSION

Seclusion may be used only when a student's behavior poses an immediate risk of physical harm to the student or others and no other safe and effective intervention is possible. Seclusion may be used only as a last resort safety intervention that provides the student with an opportunity to regain control of his/her actions. Seclusion must be used in a manner that is age and developmentally appropriate, for the minimum amount of time necessary for the purpose of

protecting the student and/or others from physical harm, and otherwise in compliance with this Policy and the Ohio Department of Education's ("ODE") corresponding policy.

Seclusion shall be implemented only by Student Personnel who have been trained in accordance with this Policy to protect the care, welfare, dignity and safety of the student.

Additional requirements for the use of seclusion:

If Student Personnel use seclusion, they must:

- A. continually observe the student in seclusion for indications of physical or mental distress and seek immediate medical assistance if there is a concern;
- B. use verbal strategies and research-based de-escalation techniques in an effort to help the student regain control as quickly as possible;
- C. remove the student from seclusion when the immediate risk of physical harm to the student and/or others has dissipated;
- D. assess the student for injury or psychological distress after the use of seclusion, and monitor the student as needed following the incident;
- E. conduct a debriefing including all involved staff to evaluate the trigger for the incident, staff response, and methods to address the student's behavioral needs; and
- F. complete all required reports and document their observations of the student.

Requirements for a room or area used for seclusion:

A room or area used for seclusion must provide for adequate space, lighting, ventilation, clear visibility, and the safety of the student.

A room or area used for seclusion *must not be locked* or otherwise prevent the student from exiting the area should staff become incapacitated or leave the area.

Additional prohibited seclusion practices:

Seclusion shall never be used as a punishment or to force compliance.

Seclusion shall not be used:

- A. for the convenience of staff;
- B. as a substitute for an educational program;
- C. as a form of discipline or punishment;
- D. as a substitute for less restrictive alternatives;
- E. as a substitute for inadequate staffing;
- F. as a substitute for staff training in positive behavior supports and crisis prevention and intervention;
- G. as a means to coerce, retaliate, or in a manner that endangers a student; or

- H. if it deprives the student of basic needs.

Seclusion of preschool-age children is prohibited, except that a preschool-age child may be secluded from his or her classmates, either in the classroom or in a safe, lighted, and well-ventilated space, for an amount of time that is brief in duration and appropriate to the child's age and development, if the child is always within sight and hearing of a preschool staff member.

RESTRAINT

There are different types of restraint, as defined above, including physical restraint, prone restraint, mechanical restraint, and chemical restraint. The use of restraint other than physical restraint is prohibited.

Physical restraint may be used only when the student's behavior poses an immediate risk of physical harm to the student and/or others and no other safe and/or effective intervention is possible. The physical restraint must be implemented in a manner that is age and developmentally appropriate, does not interfere with the student's ability to communicate in his/her primary language or mode of communication, and otherwise in compliance with this Policy and the ODE's corresponding policy.

Physical restraint shall be implemented only by Student Personnel who have been trained in accordance with this Policy to protect the care, welfare, dignity and safety of the student, except in the case of rare and unavoidable emergency situations when trained personnel are not immediately available.

Additional requirements for the use of physical restraint:

If Student Personnel use physical restraint, they must:

- A. continually observe the student in restraint for indications of physical or mental distress and seek immediate medical assistance if there is a concern;
- B. use verbal strategies and research-based de-escalation techniques in an effort to help the student regain control;
- C. remove the student from physical restraint immediately when the immediate risk of physical harm to the student and/or others has dissipated;
- D. assess the student for injury or psychological distress after the use of seclusion, and monitor the student as needed following the incident;
- E. conduct a debriefing including all involved staff to evaluate the trigger for the incident, staff response, and methods to address the student's behavioral needs; and
- F. complete all required reports and document their observations of the student.

Physical restraint shall not be used for punishment or discipline, or as a substitute for other less restrictive means of assisting a student in regaining control.

Prohibited Restraint Practices

The following restraint practices are prohibited under all circumstances, including emergency safety situations:

- A. prone restraint as defined in Executive Order 2009-13 (which defines prone restraint to mean "all items or measures used to limit or control the movement or normal functioning of any portion, or all, of an individual's body while the individual is in a face-down position for an extended period of time")
- B. physical restraint that restricts the airway of a student or obstructs the student's ability to breathe;
- C. physical restraint that impacts the student's primary mode of communication;
- D. restraint of preschool-age students, except for holding a child for a short period of time, such as in a protective hug, so that the child may regain control;
- E. restraint that deprives the student of basic needs;
- F. restraint that unduly risks serious harm or needless pain to the student, including physical restraint that involves the intentional, knowing, or reckless use of any of the following techniques:
 - 1. using any method that is capable of causing loss of consciousness or harm to the neck or restricting/obstructing respiration in any way;
 - 2. pinning down the student by placing knees to the torso, head and/or neck of the student;
 - 3. using pressure points, pain compliance, or joint manipulation;
 - 4. dragging or lifting of the student by the hair or ear or by any type of mechanical restraint;
 - 5. using other students or untrained staff to assist with the hold or restraint;or
 - 6. securing the student to another student or to a fixed object.
- G. mechanical restraint (that does not include devices used by trained Student Personnel, or by a student, for the specific and approved therapeutic or safety purposes for which such devices were designed and, if applicable, prescribed); or
- H. Chemical restraint (which does not include medication administered as prescribed by a licensed physician).

ADDITIONAL PROHIBITED PRACTICES

The following practices are prohibited under all circumstances, including emergency safety situations:

- A. Corporal punishment;
- B. Child endangerment as defined in R.C. 2919.22; and
- C. Aversive behavioral interventions.

CONTACT LAW ENFORCEMENT AND/OR EMERGENCY RESPONSE PERSONNEL

In accordance with the Board's Emergency Management Plan (see Policy 8400), District personnel shall contact law enforcement and/or appropriate emergency response personnel if at any point they determine that an intervention (either a restraint or seclusion) is insufficient to maintain the safety of all involved.

FUNCTIONAL BEHAVIORAL ASSESSMENT AND BEHAVIOR INTERVENTION PLAN

If a student repeatedly engages in dangerous behavior that leads to instances of restraint and/or seclusion, District personnel shall conduct a functional behavioral assessment to identify the student's needs and more effective ways of addressing those needs. If necessary, District personnel shall also develop a behavior intervention plan that incorporates positive behavioral interventions.

TRAINING AND PROFESSIONAL DEVELOPMENT

The District shall provide training as follows:

- A. All Student Personnel, as defined in this Policy, shall be trained annually on the requirements of the Ohio Department of Education's Policy on Positive Behavior Intervention and Supports, and Restraint and Seclusion; Ohio Administrative Code 3301-51-15; and this Policy.
- B. The Superintendent, in consultation with each school building's principal, shall identify which District employees should receive additional training so that an adequate number of personnel in each building are trained in crisis management and de-escalation techniques, including the use of restraint and seclusion. District employees who receive such additional training must keep their training current in accordance with the requirements of the provider of the training.
- C. The Superintendent shall develop a plan to provide training to school personnel, as defined in this Policy, so that Positive Behavior Intervention and Supports are implemented on a District-wide basis.

Implementation of PBIS throughout the District may be a multi-year process, with training taking place over several years.

The District shall maintain written or electronic documentation on training provided and lists of participants in each training.

Only individuals trained in accordance with this Policy in the appropriate use of restraint and seclusion may use those techniques.

MONITORING AND COMPLAINT PROCEDURES

The Superintendent shall monitor the implementation of this policy.

Any parent of a child enrolled in school in the District may submit a written complaint to the Superintendent regarding an incident of restraint or seclusion. The Superintendent shall investigate each written complaint and respond in writing to the parent's complaint within thirty (30) days of receipt of the complaint.

REQUIRED DATA AND REPORTING

Each use of restraint or seclusion shall be:

- A. documented in writing;
- B. reported to the building administration immediately;
- C. reported to the parent immediately; and
- D. documented in a written report.

A copy of the written report shall be made available to the student's parent or guardian within twenty-four (24) hours of the use of restraint or seclusion. A copy of the written report shall also be maintained in the student's file.

All written documentation of the use of restraint or seclusion are educational records pursuant to the Family Educational Right to Privacy Act ("FERPA"), and district personnel are prohibited from releasing any personally identifiable information to anyone other than the parent, in accordance with FERPA's requirements.

The Superintendent shall develop a process for the collection of data regarding the use of restraint and seclusion

The Superintendent shall report information concerning the use of restraint and seclusion annually to the Ohio Department of Education as requested by that agency, and shall make the District's records concerning restraint and seclusion available to the staff of the Ohio Department of Education upon request.

Ohio Revised Code 3301-37-10 Behavior Management/Discipline

(A) A preschool staff member in charge of a child or a group of children shall be responsible for their discipline.

(B) The center shall have a written discipline policy describing the center's philosophy of discipline and the specific methods of discipline used at the center. This written policy shall be on file at the center for review. Constructive, developmentally appropriate child guidance and management techniques are to be used at all times, and shall include such measures as redirection, separation from problem situations, talking with the child about the situation, and positive reinforcement for appropriate behavior.

(C) Behavior management/discipline policies and procedures shall ensure the safety, physical, and emotional well-being of all individuals on the premises.

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

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

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

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

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

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

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

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

(8) Discipline shall not include withholding food, rest, or toilet use, and food shall not be used as a reward for behavior.

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

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

(E) The parent of a child enrolled in a center shall receive the center's written discipline policy.

(F) All preschool staff members shall receive a copy of the center's discipline policy for review upon employment.

8462 - STUDENT ABUSE AND NEGLECT

The Board of Education is concerned with the physical and mental well-being of the students of this District and will cooperate in the identification and reporting of cases of child abuse or neglect in accordance with law.

Every Board official and employee who, in connection with his/her position, knows or suspects child abuse or neglect must immediately report that knowledge or suspicion to a public children's services or local law enforcement agency. Such reporting is required in every case that reasonably indicates that a child under the age of eighteen (18) or a physically or mentally disabled child under the age of twenty-one (21) has been abused (physically or mentally) or neglected or faces the threat of being abused or neglected.

The Board official and employee making the report shall also notify the appropriate administrator according to the District's Reporting Procedure for Student Abuse or Neglect.

Each principal should be mindful of the possibility of physical or mental abuse being inflicted on a student by an employee. Any such instances, whether real or alleged, should be dealt with in accordance with the administrative guidelines established by the Superintendent. Board officials and employees must report suspected abuse to a public children's services or local law enforcement agency even when the suspected abuser is another official or employee.

The identity of the reporting person shall be confidential, subject only to disclosure by consent or court order. Information concerning alleged child abuse of a student is confidential information and is not to be shared with any unauthorized person. A staff member who violates this policy may be subject to disciplinary action and/or civil and/or criminal penalties.

In accordance with law, the Board will provide appropriate instruction on personal safety and assault prevention to all students in grades K-6. In order to develop programs that are appropriate and effective, the Superintendent is authorized to consult with public and/or private agencies or individuals involved in child abuse prevention and intervention. In addition, the Superintendent shall provide a program of in-service education on school safety, and violence prevention including human trafficking content, youth suicide awareness and prevention, and prevention of child abuse, violence and substance abuse and promotion of positive youth development, including a review of Policy 5517.01 – Bullying and Other Forms of Aggressive Behavior, for all nurses, teachers, counselors, school psychologists and administrators who work in the District's elementary, middle and high schools.

The in-service education provided to middle and high school employees shall include training in the prevention of dating violence.

All newly-employed nurses, teachers, counselors, school psychologists and administrators who work in the District's elementary, middle and high schools shall complete at least four (4) hours of in-service training within two (2) years of the date of employment. Further, all middle and high school nurses, teachers, counselors, school psychologists and administrators employed by the District as of October 16, 2009, must complete the initial four (4) hours of in-service training no later than October 16, 2011. Additional training must occur every five (5) years thereafter.

A law enforcement officer or children's services agency investigating child abuse or neglect may interview a student on school grounds only in accordance with Board Policy 5540.

Ohio's Early Learning and Development Standards

Ohio's Early Learning and Development Standards describe key concepts and skills that young children develop during birth-to-five-year period. Their purpose is to support the development and wellbeing of young children and to foster their learning. The standards promote the understanding of early learning and development; provide a comprehensive and coherent set of expectations for children's development and learning, and guide the design and implementation of curriculum, assessment and instructional practices with young children.

The standards help develop preschool aged children looking at their:

- Social and Emotional Development
- Physical Well-being and Motor Development
- Approaches Toward Learning

- Language and Literacy Development
- Cognition and General Knowledge

Below are standards that preschool children will work toward mastering before kindergarten:

* A complete list of the standards and examples can be found at <http://earlychildhoodohio.org/elds/index.stm>

All the standards are listed so parents can work independently with their children. Standards are a work in progress as some students will master them and some students will be working towards the goal of having everyone kindergarten ready by age 5. Allen East utilizes a comprehensive curriculum called Creative Curriculum that allows students to explore, play and think critically to reach age appropriate goals.

<i>Social/Emotional Development</i>	<i>Approaches Toward Learning</i>	<i>Physical Well-being & Motor Development</i>	<i>Language and Literacy Development</i>	<i>Cognitive Development and General Knowledge</i>
<p><u>Awareness & Expression of Emotion</u></p> <p>Recognize and identify own emotions and the emotions of others.</p> <p>Communicate a range of emotions in a socially accepted ways.</p> <p><u>Self-Concept</u></p> <p>Identify the diversity in human characteristics and how people are similar and different.</p> <p>Compare own characteristics to those of others.</p> <p><u>Self-Regulation</u></p> <p>Manage the expression of feelings, thoughts,</p>	<p><u>Initiative & Curiosity</u></p> <p>Seek new and varied experiences (takes risks)</p> <p>Demonstrate self-direction while participating in a range of activities and routines</p> <p>Ask questions to seek explanations about phenomena of interest</p> <p><u>Planning, Action & Reflection</u></p> <p>Develop, initiate and carry out simple plans to obtain a goal</p>	<p><u>Large Muscle: Balance & Coordination</u></p> <p>Demonstrate locomotor skills with control, coordination and balance during active play (e.g. running, hopping, skipping)</p> <p>Demonstrate coordination in using objects during active play (e.g. throwing, catching, kicking balls, riding tricycle)</p> <p>Use non-locomotor skills with control, balance and coordination during active play (e.g.</p>	<p><u>Receptive Language and Comprehension</u></p> <p>Demonstrate understanding of increasingly complex concepts and longer sentences</p> <p>Ask meaning words</p> <p>Follow two-step directions or requests</p> <p><u>Expressive Language</u></p> <p>Use language to communicate in a variety of ways with others to share</p>	<p><u>Memory</u></p> <p>Communicate about past events and anticipate what comes next during familiar routines and experiences</p> <p>With modeling and support, remember and use information for a variety of purposes</p> <p>Recreate complex ideas, events/ situations with personal adaptations</p> <p><u>Symbolic Thought</u></p>

<p>impulses and behaviors with minimal guidance from adults.</p> <p>Demonstrate the ability to delay gratification for short periods of time.</p> <p>With modeling and support, show awareness of the consequences for his/her actions.</p> <p><u>Sense of Competence</u></p> <p>Show confidence in own abilities and accomplish routine and familiar tasks independently.</p> <p><u>Attachment</u></p> <p>Express affection for familiar adults.</p> <p>Seek security and support from familiar adults in anticipation of challenging situations.</p> <p>Separate from familiar adults in a familiar setting with minimal distress.</p> <p><u>Interactions with Adults</u></p> <p>Engage in extended, reciprocal conversations with familiar adults.</p> <p>Request and accept guidance from familiar adults.</p>	<p>Use prior knowledge and information to assess, inform, and plan for future actions and learning</p> <p><u>Attention</u></p> <p>Focus on an activity with deliberate concentration despite distractions</p> <p><u>Persistence</u></p> <p>Carry out tasks, activities, projects or experiences from beginning to end.</p> <p>Focus on the task at hand even when frustrated or challenged</p> <p><u>Innovation and Invention</u></p> <p>Use imagination and creativity to interact with objects and materials</p> <p>Use creative and flexible thinking to solve problems</p> <p>Engage in inventive social play</p> <p><u>Expressions of Ideas & Feelings Through the Arts</u></p> <p>Express individually, life experiences, and what they know and are able to do through a variety of media</p>	<p>bending, stretching, and twisting)</p> <p>Demonstrate spatial awareness in physical activity or movement</p> <p><u>Small Muscle: Touch, Grasp, Reach, Manipulate</u></p> <p>Coordinate the use of hands, fingers and wrists to manipulate objects and perform tasks requiring precise movements</p> <p>Use classroom and household tools independently with eye-hand coordination to carry out activities</p> <p><u>Oral-Motor</u></p> <p>Demonstrate increasingly complex oral-motor skills such as drinking through a straw, blowing bubbles or repeating a tongue-twister.</p> <p><u>Sensory-Motor</u></p> <p>Regulate reactions to external sensory stimuli in order to focus on complex tasks or activities</p> <p><u>Body-Awareness</u></p> <p>Identify and describe the function of body parts</p> <p><u>Physical Activity</u></p>	<p>observations, ideas and experiences; problem-solve, reason, predict, and seek new information.</p> <p>Speak audibly and express thoughts, feelings and ideas clearly (Articulation)</p> <p>Describe familiar people, places, things and experiences</p> <p>Use drawings or other visuals to add detail to verbal descriptions</p> <p>With modeling and support, use the conventions of standard English (Grammar)</p> <p>Use familiar nouns and verbs to describe persons, animals, places, events, actions, etc.</p> <p>Form regular plural nouns orally by adding /s/or /es/</p> <p>Understand and use questions words</p>	<p>Demonstrate understanding that symbols carry meaning and use symbols to represent thinking (e.g., drawings, construction or movement)</p> <p>Participate cooperatively in complex pretend play, involving assigned roles and an overall plan</p> <p><u>Reasoning and Problem-Solving</u></p> <p>Demonstrate ability to solve everyday problems based upon past experience</p> <p>Solve problems by planning and carrying out a sequence of actions</p> <p>Seek more than one solution to a question, problem or task</p> <p>Explain reasoning for the solution selected</p> <p><u>Number Sense and Counting</u></p> <p>Count to 20 by ones with</p>
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<p><u>Peer Interactions and Relationships</u></p> <p>Interact with peers in more complex pretend play including planning, coordination or roles and cooperation.</p> <p>Demonstrate socially competent behavior with peers.</p> <p>With modeling and support, negotiate to resolve social conflicts with peers.</p> <p><u>Empathy</u></p> <p>Express concern for the needs of others and people in distress. S</p> <p>Show regard for the feelings of other living things.</p>	<p>Express interest in and show appreciation for the creative work of others</p>	<p>Participate in structured and unstructured active physical play exhibiting strength and stamina</p> <p>Demonstrate basic understanding that physical activity helps the body grow and be healthy</p> <p><u>Nutrition</u></p> <p>Demonstrate basic understanding that eating a variety of foods helps the body grow and be healthy</p> <p>Distinguish nutritious from non-nutritious foods</p> <p><u>Self-Help</u></p> <p>Independently complete personal care tasks (e.g., toileting, teeth-brushing, hand-washing, dressing, etc.)</p> <p>Follow basic health practices</p> <p><u>Safety Practices</u></p> <p>With modeling and support, identify and follow basic safety rules</p> <p>Identify ways adults help to keep us safe</p> <p>With modeling and support, identify the</p>	<p>(interrogatives) (e.g., who, what, where, when, why, how)</p> <p>Use frequently occurring prepositions (e.g., to, from, in, out, on, off, for, of, by, with)</p> <p>Produce and expand complete sentences in shared language activities.</p> <p>With modeling and support, use words acquired through conversations and shared reading experiences (Vocabulary)</p> <p>With modeling and support, determine the meanings of unknown words using the context of conversations, pictures that accompany text or concrete objects (Vocabulary)</p> <p>Identify real-life connections between words and their use (Vocabulary)</p>	<p>increasing accuracy</p> <p>Identify and name numerals 1-9</p> <p>Identify without counting small quantities of up to 3 items. (Subsidize)</p> <p>Demonstrate one-to-one correspondence when counting objects up to 10</p> <p>Understand that the last number spoken tells the number of objects counted</p> <p>Identify whether the number of objects in one group is greater than, less than or equal to the number of objects in another group up to 10</p> <p><u>Number Relationships</u></p> <p>Count to solve simple addition and subtraction problems with totals smaller than 8, using concrete objects</p> <p><u>Groups and Categories</u></p>
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		<p>consequences of unsafe behavior</p> <p>With modeling and support, demonstrate ability to follow emergency routines (e.g., fire or tornado drill)</p> <p>With modeling and support, demonstrate ability to follow transportation and pedestrian safety rules.</p>	<p>With modeling and support, explore relationships between word meanings (e.g., categories of objects, opposites, verbs describing similar actions-walk, march, prance, etc.) (Vocabulary)</p> <p><u>Social Communication</u></p> <p>With modeling and support, follow typical patterns when communicating with others (e.g., listen to others, take turns talking and speaking about the topic or text being discussed)</p> <p>With modeling and support, continue a conversation through multiple exchanges</p> <p><u>Reading Comprehension</u></p> <p>Ask and answer questions, and comment about characters and major events in familiar stories</p>	<p>Sort and classify objects by one or more attributes (e.g., size, number)</p> <p><u>Patterning</u></p> <p>Recognize, duplicate and extend simple patterns using attributes such as color, shape or size</p> <p>Create Patterns</p> <p><u>Describe and Compare Measurable Attributes</u></p> <p>Describe and compare objects using measurable attributes (e.g., length, size, capacity and weight)</p> <p>Order objects by measurable attribute (e.g., biggest to smallest, etc.)</p> <p>Measure length and volume (capacity) using non-standard or standard measurement tools</p> <p><u>Data Analysis</u></p> <p>Collect data by categories to</p>
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			<p>Retell or re-enact familiar stories</p> <p>Identify characters and major events in a story</p> <p>Demonstrate an understanding of the differences between fantasy and reality</p> <p>With modeling and support, describe what part of the story the illustration depicts</p> <p>With modeling and support, name the author and illustrator of a story and what part each person does for a book</p> <p>With modeling and support, identify the topic of an informational text that has been read aloud</p> <p>With modeling and support, describe, categorize and compare and contrast information in informational text</p>	<p>answer simple questions</p> <p><u>Spatial Relationships</u></p> <p>Demonstrate understanding of the relative position of objects using terms such as in/on/under, up/down, inside/outside, above/below, beside/between, in front of/behind and next to</p> <p><u>Identify and Describe Shapes</u></p> <p>Understand and use names of shapes when identifying objects</p> <p>Name three-dimensional objects using informal, descriptive vocabulary (e.g., “cube” for box, “ice cream cone” for cone, “ball” for sphere, etc.)</p> <p><u>Analyze, Compare and Create Shapes</u></p> <p>Compare two-dimensional shapes, in</p>
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			<p>With modeling and support, discuss some similarities and differences between two texts on the same topic (e.g., illustrations, descriptions)</p> <p>Actively engage in group reading with purpose and understanding</p> <p><u>Fluency</u></p> <p>With modeling and support use phrasing, intonation and expression in shared reading of familiar books, poems, chants, songs, nursery rhymes or other repetitious or predictable texts</p> <p><u>Print Concepts</u></p> <p>Demonstrate an understanding of basic conventions of print in English and other languages</p> <p>Orient books correctly for reading and turn pages one at a time</p>	<p>different sizes and orientations, using informal language</p> <p>Create shapes during play by building, drawing, etc.</p> <p>Combine simple shapes to form larger shapes</p> <p><u>Historic Thinking and Skills</u></p> <p>Demonstrate an understanding of time in the context of daily experiences</p> <p>Develop an awareness of his/her personal history</p> <p><u>Heritage</u></p> <p>Develop an awareness and appreciation of family cultural stories and traditions</p> <p><u>Spatial Thinking and Skills</u></p> <p>Demonstrate a beginning understanding of maps as actual representations of places</p> <p><u>Human Systems</u></p>
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			<p>Demonstrate an understanding that print carries meaning</p> <p><u>Phonological Awareness</u></p> <p>With modeling and support, recognize and produce rhyming words</p> <p>With modeling and support, recognize words in spoken sentences</p> <p>With modeling and support identify, blend and segment syllables in spoken words.</p> <p>With modeling and support, orally blend and segment familiar compound words</p> <p>With modeling and support, blend and segment onset and rime in single-syllable spoken words</p> <p>With modeling and support identify initial and final sounds in spoken words</p>	<p>Identify similarities and differences of personal, family and cultural characteristics, and those of others</p> <p><u>Civic Participation Skills</u></p> <p>Understand that everyone has rights and responsibilities within a group</p> <p>Demonstrate cooperative behaviors and fairness in social interactions</p> <p>With modeling and support, negotiate to solve social conflicts with peers</p> <p>With modeling and support, demonstrate an awareness of the outcomes of choices</p> <p><u>Rules and Laws</u></p> <p>With modeling and support, demonstrate understanding that rules play an important role in promoting safety</p>
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			<p><u>Letter & Word Recognition</u></p> <p>With modeling and support, recognize and “read” familiar words or environmental print</p> <p>With modeling and support, recognize and name some upper and lower case letters in addition to those in first name</p> <p>With modeling and support, demonstrate understanding that alphabet letters are a special category of symbols that can be named and identified</p> <p>With modeling and support, recognize the sounds associated with letters</p> <p><u>Writing Process</u></p> <p>Use a 3-finger grasp of dominant hand to hold a writing tool</p> <p>Demonstrate an understanding of</p>	<p>and protecting fairness</p> <p><u>Scarcity</u></p> <p>With modeling and support, recognize that people have wants and must make choices to satisfy those wants because resources and materials are limited</p> <p><u>Production and Consumption</u></p> <p>With modeling and support, demonstrate understanding of where goods and services originate and how they are acquired</p> <p>With modeling and support, demonstrate responsible consumption and conservation of resources</p> <p><u>Science Inquiry</u></p> <p>Explore objects, materials and events in the environment</p> <p>Make careful observations</p> <p>Pose questions about the</p>
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			<p>the structure and function of print</p> <p>With modeling and support, print letters of own name and other meaningful words with mock letters and some actual letters</p> <p>With modeling and support, demonstrate letter formation in “writing.”</p> <p>With modeling and support, show awareness that one letter or cluster of letters represents one word</p> <p><u>Writing Application and Composition</u></p> <p>“Read” what they have written</p> <p>With modeling and support, notice and sporadically use punctuation in writing</p> <p>With modeling and support, use a combination of drawing, dictating and emergent writing for a variety of</p>	<p>physical and natural environment</p> <p>Engage in simple investigations</p> <p>Describe, compare, sort. Classify and order</p> <p>Record observations using words, pictures, charts, graphs, etc.</p> <p>Use simple tools to extend investigation</p> <p>Identify patterns and relationships</p> <p>Make predictions</p> <p>Make inferences, generalizations, and explanations based on evidence</p> <p>Share findings, ideas and explanations (may be correct or incorrect) through a variety of methods (e.g., pictures, words, dramatization)</p> <p><u>Explorations of the Natural World</u></p> <p>With modeling and support, recognize</p>
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			<p>purposes (e.g., letters, greeting cards, menus, lists, books)</p> <p>With modeling and support, use a combination of drawing, dictating and emergent writing to tell a story, to express ideas, and to share information about an experience or topic of interest. (Composition)</p> <p>With modeling and support, discuss and respond to questions from others about writing/drawing</p> <p>With modeling and support, participate in shared research and writing projects using a variety of resources to gather information or to answer a question</p> <p>With modeling and support, explore a variety of digital tools to express ideas</p>	<p>familiar elements of the natural environment and understand that these may change over time (e.g., soil, weather, sun and moon)</p> <p>With modeling and support, develop understanding of the relationship between humans and nature; recognizing the difference between helpful and harmful actions toward the natural environment</p> <p><u>Explorations of Energy</u></p> <p>With modeling and support, explore the properties of objects and materials (e.g., solids and liquids)</p> <p>With modeling and support, explore the position and motion of objects</p> <p>With modeling and support,</p>
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				<p>explore the properties and characteristics of sound and light</p> <p><u>Exploration of Living Things</u></p> <p>With modeling and support, identify physical characteristics and simple behaviors of living things</p> <p>With modeling and support, identify and explore the relationship between living things and their environments (e.g., habitats, food, eating habits, etc.).</p> <p>With modeling and support, demonstrate knowledge of body parts and bodily processes (e.g., eating, sleeping, breathing, walking) in humans and other animals</p> <p>With modeling and support, demonstrate an understanding that living things change over time (e.g., life cycle)</p>
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				With modeling and support, recognize similarities and differences between people and other living things
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Ohio Department of Education Information and Complaints

Information regarding any licensed preschool in Ohio including the Allen East preschool can be found at <http://childcaresearch.ohio.gov>

If you have any concerns regarding the classroom environment, teacher qualifications, health and safety conditions, the number of children, care of children or similar matters, Allen East ask that you first contact the school or a supervisor. If you are unsatisfied with the decision/answer from the school, please contact the Ohio Department of Education at (614) 466-0224 or toll free (877) 644-6338 and ask for preschool licensing.

If you have any concerns or questions about your rights in regards to special education, please contact the above two numbers.

Parent/Teacher Conferences Dates and Times

These will be scheduled by each preschool teacher and will take place at least twice in the school year.

Additional conferences/phone conferences are available upon request.

Morning Session Daily Schedule

8:00-8:30 Arrival/Gross Motor Time

8:40-9:00 Table Time
(Fine Motor Activity)

9:00-9:45 Learning Centers/Play Time/Craft Time

9:45-10:00 Bathroom/Wash Hands

10:00-10:10 Snack

10:10-10:30 Morning Meeting/Circle Time
(Weather, Calendar, Letter, Shape, Color, Number)

10:30-10:45 Reading/Group Activity

10:45-11:00 Daily Wrap Up/Departure

Subject to change slightly depending on needs of students and activities planned for that day!

Afternoon Session Daily Schedule

12:00-12:15 Arrival

12:15-12:30 Table Time
(Fine Motor Activity)

12:30-1:30 Learning Centers/Play Time/Craft Time

12:30-1:40 Bathroom/Wash Hands

1:40-1:50 Snack

1:50-2:15 Gross Motor Time (Gym or Playground)

2:15-2:30 Morning Meeting/Circle Time
(Weather, Calendar, Letter, Shape, Color, Number)

2:30-2:45 Reading/Group Activity

2:45-3:00 Daily Wrap Up/Departure

Subject to change slightly depending on needs of students and activities planned for that day!

Preschool Transportation Authorization

I _____ Date _____ acknowledge the Allen East
(parent printed name)

school district will provide transportation for my preschool child **due to receiving special education services**. I hereby give authorization for said transportation to take place for _____ during the school year.

(child's printed name)

I acknowledge I may discontinue transportation at any time upon notifying the director of transportation at Allen East.

Parent signature

Date



Accident Report



Child's Name _____

Date _____

Injury _____

Time _____

Where the accident occurred:

Classroom

Gym

Playground

Other _____

Details of the accident:

Action Taken:

Ice

Band aid

Monitored

Sat out of play for a few minutes

Other: _____

Staff supervising the area where the accident occurred:

Parent Informed: Yes No

If yes: in person phone call note

(staff signature)

(date)

(parent signature)

Parent Handbook Acknowledgement/Signature Page

I have read and understand all the information in the Allen East preschool parent handbook. I have received a hardcopy and understand that an electronic copy is available on the Allen East Local School District web page, <http://www.ae.k12.oh.us>. I understand the rights and responsibilities pertaining to the students and agree to support and abide by the rules, guidelines, procedures and policies therein. I also understand that if I have any questions, I can contact my student's teacher, the preschool secretary or the preschool supervisor. Parents should inform the school of any changes in residence, custody, home phone, work and emergency numbers.

Student's Name _____

Parent's Signature _____ Date _____

* Please return the signed page the first week of school