

Latchkey Program



Fredericktown
Elementary School

Fredericktown Latchkey Program

Welcome

Welcome to the Fredericktown Latchkey Program. Our childcare program has been organized to provide before and after school supervision for children in kindergarten through fifth grade. The program is a state licensed, non-profit corporation administered by the Fredericktown School System. All Latchkey staff are hired according to the standards set forth by the Fredericktown Board of Education and the Ohio Department of Education.

The Latchkey Program offers a variety of activities which include recreation and games, arts and crafts, science activities, field trips, guest speakers and much more. Homework time is scheduled daily and staff are made available for assistance. There is also free time for children to pursue their own interests in a safe, friendly environment.

It is our philosophy that children who create their own entertainment at a young age have a better chance of becoming young adults who are able to occupy their time without the use of artificial stimulants such as illegal drugs and alcohol. Therefore, we encourage independent thinking and creativity with the bounds of safety and personal growth.

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Section 1: Parents' Expectation of the Program

Parents may expect that:

1. Their children are cared for in a safe, supportive environment.
2. They may visit with the Director about concerns related to their child of the program.
3. They will be told about any misbehavior on the part of their child, and invited to visit with the Director in order to bring about improvements in the situation.
4. They will be regularly informed by the Director about program activities.

Section 2: Program's Expectations of Parents

The program expects parents will:

1. Pay fees monthly or more frequently according to schedule.
2. Keep the child's records up to date.
3. Drop off and pick up children according to scheduled Latchkey hours.
4. Follow health policy.
5. **Sign in children in the morning and sign out children in the afternoon. Failure to do so may result in fines.**
6. Pay attention to any communication from the Director regarding their child's behavior and cooperate in efforts to bring about improvement in the situation.
7. Fill out all paperwork prior to the child's attendance in the program.

Section 3: Children's Expectations of the Program

Children may expect:

1. To have a safe, supportive and consistent environment.
2. To use all the program equipment, materials and facilities on an equal basis.
3. To receive nurturing care from staff members and volunteers.
4. To have discipline that is fair and non-punitive.
5. To receive respectful treatment.

Section 4: Program's Expectation of Children

The program expects children will:

1. Be responsible for their actions and their own belongings.
2. Respect the school's rules.
3. Remain with the group and staff at all times.
4. Take care of materials and equipment properly.
5. Show respect to staff and other students at all times.

Section 5: Fees and Payment Policy

The Program's salaries, supplies and administrative expenses are supported entirely by fees, with the exception of donations and in the case of program receiving grant money. Monthly fee statements will be provided by the Director. Upon receipt of the statement, parents will be given until the 20th of the following month to make the payment. Failure to do so may result in the child's removal from the program.

The fee schedule is as follows:

	Charge for Attending one Time per day	Charge for Attending 2nd Time that day	Late fee per 15 min.
1st child	\$11.00	\$11.00	\$5.00
2nd child	20% monthly discount		\$0.00
3rd child	30% monthly discount		\$0.00

The Reduced Latchkey fee schedule is as follows:

	Charge for Attending one Time per day	Charge for Attending 2nd Time that day	Late fee Per 15 min.
1st child	\$8.00	\$8.00	\$5.00
2nd child	20% monthly discount		\$0.00
3rd child	30% monthly discount		\$0.00

To receive the Reduced Latchkey fees, please fill out the attached family income guideline form.

Section 6: Days and Hours of Operation

Morning Latchkey will be available from 6:15 A.M. until school begins. Afternoon Latchkey will begin when school is released and will remain open until 6:15 P.M. *Morning Latchkey will be available Monday – Friday. Afternoon Latchkey will be available Monday – Thursday.*

Latchkey will not be available when school is scheduled to be closed or canceled due to inclement weather or emergency situations. Latchkey may provide all day services on days off announced by the Director. Parents will be notified of such services at least two weeks in advance.

The program will be available on days that school is delayed or released early. When school is delayed, Latchkey is also delayed the same amount of time.

Section 7: Release of Children

Children will be released only to persons listed on the child's enrollment form unless written permission is received from a parent. If a student attends an extra-curricular event which changes his or her arrival or departure procedure, written notification should be given to the Latchkey staff and the attached permission slip filled out.

Section 8: Snack and Breakfast

The program offers a nutritious breakfast in the morning and snack in the afternoon. Parents should notify the Director of any food allergies. Children and staff are required to wash their hands with soap and water prior to the handling and eating of food. Appropriate table manners will also be encouraged.

Section 9: Health and Safety

Children with known medical conditions should be brought to the attention of the Director. The Director and other staff should be instructed in what to do should a problem occur during program hours. Medication needed should be made available and the appropriate forms for its administration should be completed.

If a child has any of the following conditions, the parent will be notified to pick him/ her up immediately: contagious disease, fever over 100 F, vomiting or diarrhea, or an accident requiring medical attention.

In case of accident or illness, parents of the child will be notified immediately. In serious cases, the child will be taken to Knox Community Hospital by emergency vehicle for treatment and the parents will be called as soon as possible.

There will always be at least one adult on the premises during program hours who is trained in CPR and First Aid.

Fire, tornado and lock down drills will be practiced.

Emergency phones will be available for extreme situations.

Caregivers will make every effort to keep a child from getting into a car with a person who is under the influence of drugs or alcohol. They will call the police if danger is suspected.

The program's license requires caregivers to report any suspected cases of child abuse. This includes the reporting of parents who appear to be impaired by alcohol or illegal drugs.

Section 10: Insurance

The program carries minimal liability insurance, but has no financial resources of its own. Families are encouraged to provide their own insurance coverage. Many families are covered by the parent's policy at work, and/ or their own private policies.

Public school students may sign up for accident insurance in the fall of each year. Parents who wish to enroll should check with the school office staff.

Section 11: Discipline and Discharge

Children are entitled to a pleasant environment at Latchkey. Those children who choose to interfere with such an environment may suffer consequences. Consequences will initially include verbal warnings and time out from activities. As problems progress, parents will be notified. If no solution can be reached between the child, parents and staff, the child may be discharged from the program.



Apply for healthcare:

- online at Benefits.Ohio.Gov,
- by phone at (800) 324-8680, or
- in-person at your County Department of Job and Family Services.

Find your local office at
JFS.Ohio.Gov/County.

Call the Medicaid Consumer Hotline at (800) 324-8680 for help completing an application or other questions.

Additional information is available at
Medicaid.Ohio.Gov.



Healthchek

Healthchek is Ohio's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

Individuals younger than age 21 who are covered by Ohio Medicaid can receive important preventive services through Healthchek, including:

- physicals,
- hearing, vision, and dental screenings,
- nutritional screenings,
- mental health screenings,
- developmental screenings,
- vaccinations, and
- blood lead screenings

Babies should have at least 8 Healthchek exams by their first birthday.

Children should have Healthchek exams at 15, 18, 24 and 30 months.

One exam per year is recommended for children over 30 months old.

Any doctor that accepts Medicaid can provide Healthchek services. Ask your doctor to give your child a Healthchek exam.

Healthchek support services are also available to help you with making appointments, transportation and referrals to community services for food, clothing and other needs.

For more information about Healthchek services:

- contact your County Department of Job and Family Services,
- go online at Medicaid.Ohio.Gov/Healthchek,
- contact your Medicaid managed care plan, or
- call the Ohio Medicaid Consumer Hotline (800) 324-8680.

Ohio Revised Code 3301-32-09

School Child Care Programs Discipline.

(A) The program shall have a written discipline policy describing the program's philosophy and restrictions as listed in paragraph (I) of rule [3301-32-09](#) of the Administrative Code of discipline and the specific methods of discipline used at the program. This written policy shall be on file at the program 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 praise for appropriate behavior.

(B) All school age child care staff members shall receive a copy of the program's discipline policy for review upon employment.

(C) The school child program shall provide in-service training to staff regarding the written discipline policy and procedures before the school child program begins and/or before staff members begin working with children.

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

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

(F) Discipline shall be constructive and educational in nature, and may include such measures as praise for appropriate behavior, diversion, talking with the child, and separation from problem situations.

(G) Exclusion from the school child program for disciplinary reasons shall be addressed in the policy and procedures.

(H) The program shall neither abuse nor neglect children, but shall protect children from abuse and neglect while in attendance at the school child program.

(I) The program'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, or corporal punishment, or any unusual punishments such as, but not limited to, punching, pinching, shaking, spanking, or biting.

- (2) Discipline shall not be delegated to a 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 that the child may regain control.
- (4) No child shall be placed in a locked room or otherwise confined in an enclosed area such as a closet, box, or similar cubicle.
- (5) No child shall be subjected to profane language, threats, derogatory remarks about himself/herself or his/her family, or any other verbal abuse.
- (6) Discipline shall not be imposed on a child for failure to eat or sleep, or for toileting accidents.
- (7) Techniques of discipline shall not be intended to humiliate, shame, or frighten a child.
- (8) Discipline shall not include the withholding of food, rest, or toilet use.
- (9) Separation shall be brief in duration, and age and developmentally-appropriate.

The child shall be within sight and hearing of a school child care staff member, and in a safe, lighted, and well-ventilated space.

Effective: 6/22/2015

Five Year Review (FYR) Dates: 04/02/2015 and 06/22/2020

Promulgated Under: [119.03](#)

Statutory Authority: [3301.07](#), [3301.53](#), [3301.58](#)

Rule Amplifies: [3301.52](#) to [3301.59](#)

Prior Effective Dates: 1-27-92; 12-30-04, 1/22/10

FREDERICKTOWN LATCHKEY PROGRAM

111 Stadium Drive Fredericktown, Ohio 43019 740.694.2781 ext.1218

Program Rules

Latchkey Students will follow Latchkey rules at all times. If not, the following actions will be taken:

1st infraction: Verbal warning will be given to the student.

2nd infraction: Student will sit away from other students for 5 minutes.

3rd infraction: Student will sit away from other students for 10 minutes.

4th infraction: Student will sit away from other students for the remainder of the Latchkey session, the Principal will be informed of the problem and a note will be written to the student's parents.

5th infraction: All of the 4th infraction action and a phone call will be made to the student's parents by the Latchkey Director.

6th infraction: Student faces dismissal from the Latchkey Program.

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Enrollment Application

Please complete all answers or indicate "N/A"

1. CHILD INFORMATION

Name: _____ Sex: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Grade level: _____ Teacher: _____

Siblings that attend Fredericktown Elementary: _____

2. PARENT/ GUARDIAN INFORMATION

Name(s): _____

Address (if different than above): _____

Phone Number (if different than above): _____

Employer: _____

Work Phone: _____

Email: _____

Parents' Status: ___ Single ___ Married ___ Divorced ___ Separated

If there is a special arrangement or issue related to divorce or custody, please explain: _____

3. EMERGENCY PROCEDURES

Please list persons that could be notified in case of emergency. Be sure to list work number, if applicable. **(Please fill in all four.)**

1. Name _____ Phone number(s): _____

2. Name _____ Phone number(s): _____

3. Name _____ Phone number(s): _____

4. Name _____ Phone number(s): _____

In the event of an accident or medical emergency, I give permission for my child to be transported to Knox Community Hospital.

Signature

Date

4. MEDICAL INFORMATION

1. Allergies_____
2. Chronic or recurrent illness or disorders_____

3. Does your child take medication for #1 or #2 above? If yes, please state name and dosage_____

If medication is to be taken during Program hours a medication authorization form must be obtained and filled out.

4. What should we do if your child has a problem related to his/ her medical condition?_____

5. Doctor's Name_____Phone_____

6. Date of last Tetanus shot_____

7. Insurance Company_____

Name of Policy Holder_____

8. Please give any other information (medical or non-medical) which you believe will be helpful to the staff in understanding and caring for your child_____

5. ARRIVAL AND DEPARTURE PROCEDURES

Please list persons who are authorized to pick up your child. (Note: Persons not on this list will not be allowed to pick up your child without written permission from you.) **Please list all five.**

1. Name_____Relationship_____

2. Name_____Relationship_____

3. Name_____Relationship_____

4. Name_____Relationship_____

5. Name_____Relationship_____

Are there persons who absolutely may not pick up your child?

If so, please list_____

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AUTHORIZATION FORMS

FEE SCHEDULE AND PAYMENT AGREEMENT

I (name of person responsible for paying fees) _____
Hereby agree to pay the amount shown on the fee scale according to the income status outlined in the parent handbook. I understand that this amount is to be paid to the Director by the due date on the established schedule (to be determined by the Director and myself). I understand that if my child has "unpaid" days, I will be contacted and decisions will be made by the Director and the Principal concerning my child's place in the Program.

Signature

Date

REDUCED LUNCH FORM RELEASE AUTHORIZATION

I hereby authorize and request (name of school building) _____
to release to the Fredericktown Latchkey Program, a copy of the Free and Reduced Lunch Application for (name of child) _____ present in his/ her school record file. I understand that this information is to be used solely for the purpose of deciding my family's applicability for financial aid, and the amount to be granted.

Signature

Date

RECORDS RELEASE AUTHORIZATION

I hereby authorize and request (name of school building) _____
to release to the Fredericktown Latchkey Program, a copy of the most recent immunization certificate and physical examination record of (name of child) _____
_____ present in his/ her school record file.

Signature

Date

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AUTHORIZATION FORMS (page2)

TRAVEL AUTHORIZATION

I **do/ I do not** (circle one) give permission for my child _____

_____ to leave the Fredericktown Elementary School for trips with the Latchkey Program to special places. I understand that I will be notified before each such activity. I understand that my child will be secured in a seat belt at any time he/ she is in an automobile.

Signature

Date

PICTURE AUTHORIZATION

I **do/ I do not** (circle one) give permission for my child's picture to be taken and printed in the newspaper, ads, or articles about the Fredericktown Latchkey Program.

Signature

Date

Ohio Department of Job and Family Services
ROUTINE TRIP PERMISSION FOR CHILD CARE

Routine Trip Information	
Routine Trip Destination(s)	
Date of Permission (<i>valid for one year</i>)	
Mode of Transportation (<i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i>)	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, a swimming permission slip is required)	
Child's Information	
Child's Name	
My child is <input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

Please fill out this form if your child will be going to any of the following groups while at Latchkey.

Running Club
LEGO Club
Girl Scouts
Boy Scouts
Church Groups
Tutoring

2021-2022 Latchkey Reduced Fee Application

Household Size	REDUCED - 185%				
	Annual	Monthly	2X Month	Every 2 Wks	Weekly
1	\$23,606.00	\$1,968.00	\$984.00	\$908.00	\$454.00
2	\$31,894.00	\$2,658.00	\$1,329.00	\$1,227.00	\$614.00
3	\$40,182.00	\$3,349.00	\$1,675.00	\$1,546.00	\$773.00
4	\$48,470.00	\$4,040.00	\$2,020.00	\$1,865.00	\$933.00
5	\$56,758.00	\$4,730.00	\$2,365.00	\$2,183.00	\$1,092.00
6	\$65,046.00	\$5,421.00	\$2,711.00	\$2,502.00	\$1,251.00
7	\$73,334.00	\$6,112.00	\$3,056.00	\$2,821.00	\$1,411.00
8	\$81,622.00	\$6,802.00	\$3,401.00	\$3,140.00	\$1,570.00
Each additional person:	\$8,288.00	\$691.00	\$346.00	\$319.00	\$160.00

☐ I meet the eligibility guidelines listed above and wish to apply for reduced Latchkey fees. List all household members below.

LIST ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school and grade level for each child/ or indicate "NA" if child is not in school	
	School	Grade

Sign here: X _____ Date: _____
 Name: _____
 Address: _____
 Phone: _____

☐ I do not meet the eligibility guidelines listed above **and / or** do not wish to apply for reduced Latchkey fees.

Sign here: X _____ Date: _____