



**Parent Handbook
2025 - 2026**

Dear Parents,

Bulldog Beginnings Preschool welcomes you to our school. In partnering with the Connect 4 Learning curriculum, our program emphasizes the social, emotional, physical, and intellectual development of children. Staff, children, and parents at the Preschool form the foundation of an environment that is flexible, comfortable, and family oriented. You are your child's first teacher. Therefore, we want to work closely with you through conferences, activities, parent letters, and notes.

Sincerely,

The Bulldog Beginnings Preschool Staff

Program Locations

Ionia High School
250 E. Tuttle Road
Ionia, MI 48846
(616) 527-8090

Boyce Elementary School
3550 N. State Road
Ionia, MI 48846
(616) 527 -0571

Emerson Elementary School
645 Hackett Street
Ionia, MI 48846

Transportation Contact:

Mike Avery
Heather Bledsoe
(616) 527-9680

Ionia Public Schools Mission Statement
A Community Dedicated to the Pursuit of Excellence

OUR CORE VALUES

GROWTH MINDSET

INTEGRITY

RESPECT

TEAMWORK

COMMUNITY

PRIDE

The Bulldog Beginnings Preschool is committed to providing an environment that is safe, supportive, and encourages children to make discoveries about themselves, other people, and their world through activities, exploration, and experiences. We are committed to creating a learning environment in which children are allowed to develop and mature at their own unique rate of growth, and where all areas of growth (physical, social, emotional, and intellectual), are considered equally important.

PRESCHOOL ADMISSION

Parents of children who will be 4 by September 1st of the current school year are required to fill out the Bulldog Beginnings application. Once the application has been received by the director of the program an invitation will be sent on behalf of the Bulldog Beginnings Staff welcoming the child. In order to hold your child's position in the program a non-refundable application fee of \$100 must be received upon acceptance. Upon acceptance into the program you will also receive paperwork that must be completed and turned into the Bulldog Beginnings program before your child will be able to attend. The paperwork will include:

- Birth Certificate
- Health Appraisal Form
- Immunization Record/Waiver
- Emergency Contact Form

Failure to return any of the above paperwork will result in the forfeiture of your child's place in the program for the current school year.

SUPPLIES NEEDED FOR THE SCHOOL YEAR

The Bulldog Beginnings program will provide students with all the supplies needed to learn and grow throughout the school year.

Families are asked to provide the following:

- Backpack
- Water bottle
- Blanket and pillow
- Change of clean clothes (kept at school as needed)

BULLDOG BEGINNINGS STAFF/VOLUNTEER REQUIREMENTS

Program Administrator: Bachelor's degree or higher in early childhood education or child development with prior administrative experience.

Lead Teacher/Teacher: Bachelor's degree, Associate's degree or higher in early childhood education or child development.

Center Assistant: 18 years of age with a high school diploma or equivalent

- 1) All staff and volunteers shall provide appropriate care and supervision of children at all times.
- 2) All staff and volunteers shall act in a manner that is conducive to the welfare of children.
- 3) All supervised volunteers shall receive a public sex offender registry (PSOR) clearance before having

any contact with a child in care. A copy of this clearance must be kept on file at the center.

- 4) A written statement must be signed and dated by staff and volunteers at the time of hiring or before volunteering indicating all of the following information:
 - a) The individual is aware that abuse and neglect of children is against the law.
 - b) The individual has been informed of the center's policies on child abuse and neglect.
 - c) The individual knows that all staff and volunteers are required by law to immediately

report

suspected abuse and neglect to children's protective services.

Equal Opportunity Policy

Applicants for admission as students and their parents/guardians are hereby notified that the District does not discriminate on the basis of race, color, national origin, sex, religion, lack of English language skills, age, height, weight, or marital status or disability in admission or access to programs, activities or policies. Any person having inquiries concerning the District's compliance with the regulations implementing Title VI, Section 504 of the Rehabilitation Act or the Americans With Disabilities Act are directed to contact the Associate Superintendent, 250 E. Tuttle Road, Ionia, MI 48846.

BULLDOG BEGINNINGS PRESCHOOL GOALS

Social Development: The ability to work with others, to take part in group activities, to follow school rules and care for property.

Emotional Development: The ability to accept responsibility for self and to develop sensitivity for others.

Intellectual Development: The ability to know and understand concepts.

Visual Development: The ability to see likeness and differences in pictures, colors, shapes, and concrete objects.

Language Development: The ability to express oneself and to understand others.

Auditory Development: The ability to hear likenesses and differences in sounds and the ability to follow directions.

Small Muscle Development: The ability to control small muscles needed while using crayons, pencils, scissors, paste, zippers, buttons, etc.

Large Muscle Development: The ability to control large muscles needed in walking, running, jumping, hopping, skipping, throwing, catching, etc.

BULLDOG BEGINNINGS PROGRAM PHILOSOPHY/BELIEFS

We Believe Children Learn Best

- When given opportunities to work individually, in small groups, and in large groups

Therefore We Provide

- ✓ Individual attention along with small and large group activities

- If they acquire knowledge at their own rate
- When they are actively involved using all their senses by manipulating and experimenting with a variety of materials and situations
- Through play to translate experience into understanding, by exploring, observing, imitating and practicing
- When they feel physically and emotionally safe and secure
- When all areas of development are viewed as equally important and interrelated
- When they feel a sense of achievement and self-worth
- When engaged in self-initiated as well as teacher directed activities and experiences
- When teachers use language to enhance critical thinking, communication, problem solving, and teach English as a second language
- In a literacy and numeracy rich environment
- When children have time to interact socially with peers
- ✓ A program with an emphasis on individual learning styles
- ✓ Opportunities to create, manipulate, and explore in a sensory rich environment
- ✓ A flexible schedule that allows time to play, explore, observe, imitate, and practice
- ✓ A safe, trusting and nurturing environment with positive role models and educated, trained teachers
- ✓ Curriculum that includes experiences to enrich and enhance cognitive, language, social/emotional, physical, and creative development
- ✓ Developmentally appropriate curriculum with built in successes and challenges
- ✓ A balance of child initiated and teacher directed activities
- ✓ An emphasis on language development to enhance problem solving, critical thinking skills, and English as a second language
- ✓ Curriculum that enhances reading and math skills
- ✓ An environment sensitive to learners who are developing social skills

SCHEDULE OF OPERATIONS

Bulldog Beginnings Preschool follows the Ionia Public Schools calendar and will observe all scheduled days off. **PLEASE NOTE HALF DAYS.** We also follow Ionia Public Schools regarding school closings due to weather and unexpected circumstances.

SAMPLE DAILY SCHEDULE **FULL DAY PRESCHOOL**

TIME	TIME OF DAY	DESCRIPTION
15	Arrival and Breakfast	

20	Welcome and Read-Aloud	Whole group
60	Learning Centers	Centers, with teachers circulating to support children's learning
20	Connect	Whole group
60	Small Group and Select Centers	Small-group rotations—Two small groups are running at the same time, one taught by the teacher and one taught by the assistant
35	Outdoor Exploration	Free Play
30	Lunch	
60	Nap/Rest	
20	Re-read of a Story	
20	Fast Focus	Whole Group
40	Project Time	
40	Indoor/Outdoor Free Choice	

HALF DAY PRESCHOOL

TIME	TIME OF DAY	DESCRIPTION
20	Arrival and Choice	Free play
20	Welcome and Read-Aloud	Whole group
45	Learning Centers	Centers, with teachers circulating to support children's learning
20	Connect	Whole group
30	Outdoor Exploration	Free Choice
45	Centers and Small Groups	Centers, with teachers working with three or four children at a time
10	Fast Focus	Whole Group

PARENT INVOLVEMENT

A child's success in school is greatest when parents and school form a cooperative team with common goals. The partnership we foster between home and school provides for greater continuity and coordination in your child's learning. The more school and family communicate, the more appropriate and individualized the education plan will be for your child.

Some ways you may choose to participate are by:

- Attending parent/teacher conferences
- Volunteering to help with special classroom projects
- Volunteering to spend time in the classroom

- Helping with field trips
- Preparing and sharing foods and celebrations that honor your family heritage
- Preparing materials for the classroom teachers
- Sharing special interests or hobbies with the children
- Telephoning other parents with important information or requests
- Acting as an interpreter for non-English speaking families
- Helping to plan special events
- Helping to recruit other parent volunteers

PARENT NOTIFICATION/COMMUNICATION

After the first weeks of school, you will receive a general classroom schedule detailing our basic routines. You will also receive a variety of forms such as classroom newsletters, curriculum updates, monthly calendars, and occasional notes.

It would be helpful if you would send us notes about anything special or unusual happening at home. This would include fun, exciting things your child enjoyed such as special trips, shopping, visitors, presents, special meals or holidays, or even things that might make your child upset or fussy, such as lack of sleep, doctor's visits, or changes in his/her environment. This will give us topics to talk about with your child and help us to know what to expect.

When your child comes home from school, plan to spend some time talking about what he/she did at school. Try to ask specific questions for example: "Did you read a story today?" "Did you paint today?" It is a way to make a connection between home and school, and a way to help your child with language, memory, sequencing, etc. ***Remember to check your child's backpack or school bag daily.***

CURRICULUM AND ASSESSMENT

The Bulldog Beginnings Program has partnered with the Connect 4 Learning curriculum. The philosophy behind this curriculum is play and interaction with the environment. Young children learn best by doing, expressing individual interests and discovering. Play provides the foundation for learning and teaching staff support learning by becoming partners in children's play. The activities we implement, the way we organize the environment, selecting toys and materials, and planning the daily schedule, are designed to accomplish the goals of our curriculum.

Observations and notes are taken on children during the year and recorded within our online assessment provided by the Connect 4 Learning curriculum. This ongoing assessment information is used to help plan each week what skills will be targeted in the classroom. You will be provided with a report multiple times throughout the school year that will show how your child is progressing.

In addition, a developmental screening tool will be used to assess your child's development in the areas of communication, problem solving, motor, social-emotional and self-help. Children are typically administered this screening tool upon entering the program. If there are concerns noted, a plan may be put forth to help support the child in the classroom and/or further assessment may be recommended by a special education team.

WITHDRAWAL FROM THE PROGRAM

Please give us **at least two weeks notice** if you need to withdraw from the program. Please notify us in writing and include your child's last day.

CONFIDENTIALITY POLICY

Parents can be assured that all information regarding children and families is kept in strictest confidence. Sometimes it is helpful to share information with other people that might be working with your child or family. Staff members are only able to share information with those entities you have indicated on the "Authorization to Disclose Information" form. Licensing has access to all licensing required child records.

The following information will be sent to the next school program in a CA60 (cumulative file):

1. Registration form
2. Health appraisal
3. Immunization record
4. Legal birth certificate
5. Progress reports
6. Special Education Documentation

The following information will be kept as documentation of enrollment in the program file:

1. Preschool application
2. Legal birth certificate
3. Immunization record
4. Progress reports
5. Permission forms
6. Volunteer statement
7. Authorization to Release Confidential Information

Parents/guardians can request to see either file at any time.

SPECIAL EDUCATION SUPPORTS

The Bulldog Beginnings program in connection with the Ionia Public Schools, has access to a full team of professionals that could provide services to children if they are eligible. Some of these services include support by the speech therapists to help develop the child's language, speech and understanding of words; the occupational therapists who supports fine motor skills and the development of using the hands and eyes together; the physical therapists who supports how the child moves his body and coordinates his large muscle movements; the school psychologists who supports overall learning styles and behavior as does the school social worker.

Teaching staff complete an overall screening assessment at the beginning of the school year and then keep notes and data on an ongoing basis to assess how your child is doing with respect to the widely held expectations for his age through the Connect 4 Learning assessment system. At any point, staff may consult you about getting support from the special education team. Teachers would bring their concern to you and you would need to give permission no no for them to talk to the team and invite one of the members in to do an observation or talk with you if you have concerns as well. Following the observation/consultation, the team will recommend further evaluation by the special ed. team and/or try to implement some specific strategies in the classroom to see if these supports are enough to facilitate your child's development and learning. With either of these options your written permission would be required to proceed with the assessment or recommended interventions.

Research indicates that the earlier interventions are put into place for children, the better the outcomes are for children. Please do not hesitate to discuss with your teacher any concerns you may have about your child's learning.

For children that already have an Individualized Education Plan (IEP), services should be coordinated with the classroom teaching staff. It is in the best interest of the child if the special education

providers and the Bulldog Beginnings teaching staff work together to provide the optimal intervention for the child. Special education staff can meet with Bulldog Beginnings teaching staff during their planning time to assure that our staff know how to embed the child's unique goals into the daily routine and different interest areas in the classroom. Our staff is committed to the principles of inclusion and works collaboratively to meet the individual needs of each child.

EXCLUSIONS

Children in the program will not be excluded because of requiring extra support or assistance in the classroom. Short term exclusions may occur in order to secure appropriate support to ensure success for the student. If the health and safety of the child, children in the classroom or staff are being compromised, Bulldog Beginnings staff may have to consider removing the child for the safety of all involved in the program until other arrangements can be made.

TRANSPORTATION

Busing is provided through Ionia Public Schools. If your child needs transportation, you will be asked to complete the local school district's form used for transportation. The Bulldog Beginnings program starts when your child gets off the bus to enter the school building and ends when your child boards the bus to be returned home.

If your child is not going to be attending on a given day, we ask that you call and report that your child will be absent on that day. The transportation department would appreciate a call as well to ensure the bus drivers are aware of this when they are doing their routes. If you choose to transport your child yourself, please refer to the pickup and drop off policies.

DROP OFF/PICK PROCEDURES

Drop-Off

Doors at the North side of the High School (behind the school) will open at 8:10 am/12:10 pm. Please do not arrive before this time, as doors will not be open. It is very important that parents **NEVER** leave a child at the door of the Center. **ALWAYS** take your child directly to the teacher or paraprofessional in their classroom. By doing this, we know that each and every child arrives safely at his/her classroom. Parents **MUST PARK IN THE REAR PARKING LOT**. The U loop is for **BUSES ONLY**. This will allow for a safe and smooth transition in the parking area.

Pick-Up

Students must be picked up by 11:15am/3:15 p.m. at the North side of the High School. (behind the school) If your child is not picked up at this time, they will be put on their assigned bus if busing has been requested. Please make sure all people allowed to pick up your child are listed on the emergency card. **Students will only be allowed to leave with those listed on the card.** Please let us know of any changes immediately. Please send a note or call to notify us if there are any changes in your child's transportation home.

CLOTHING

Clothes should be simple, washable, and durable. If a child chooses to wear a dress we ask that shorts are worn underneath. We are climbing on equipment and digging in the sand!!! Please keep in mind that we have fun when we play and sometimes that means we get dirty. *Please send them in clothing they can get dirty!!*

Clothes should be easy for your child to manage. Your child needs to be able to go to the bathroom by him/herself. Clothing should suit the weather and the season. In winter, all children should wear clothes appropriate for outdoor play. We try to go outside every day! All students will go out every day unless the temperature feels like 10 degrees or below. Boots should be worn on all muddy days or snowy days. If your child wears boots, they will need to have a pair of shoes to wear in the classroom. **Please label all outer clothing.**

Please do not send toys, candy, gum, sharp objects, play guns, medication, or money to the school.

FOOD AND NUTRITION POLICY

1. Depending upon the hours your child is at school, he/she will be served a breakfast and/or lunch. The food program at our Center is considered part of the total education program. Children will be exposed to a wide variety of foods and will be encouraged to observe and be willing to try everything that has been offered to them. However, we WILL NOT make your child eat so if they are a nervous/picky eater, we encourage you to feed them before they arrive. Our meals and snacks meet the USDA requirements.

2. ***If your child has any food allergies please make sure you indicate this on your Child Licensing Card*** and have your physician provide a list of alternate foods your child may eat. Children are not allowed to bring food/drinks to school due to allergy concerns and Child care Licensing rules. The determination of whether or not the center will be peanut free is dependent upon the needs of children that are in the classroom and/or the policy of the school building. If you do not feel your child can eat the meals that are provided, due to severe allergies please inform your child's teacher of his or her needs so accommodations can be made by the school food program

3. Our lunches and breakfasts are provided through Ionia Public Schools at no cost to you. The lunch consists of a grain product, a protein, a fruit, a vegetable, and milk. You will receive a monthly menu with the main dish listed.

REST TIME POLICY

For children enrolled in a full day program there will be a period of rest or quiet time after lunch. Rest time is an opportunity for children who need to sleep to take a little nap. Each child will have a mat available to them to rest on after lunch. After lunch, children go to the bathroom and then get their own blanket and stuffed animal or other transition item and get settled in their space. Once all children are on their mats the lights are turned off and soothing music is played in the background. Teaching staff move around the room to support children by talking softly and rubbing their back to help them relax and go to sleep. If children are unable to sleep, they may do other activities such as look at books, color or listen to stories on headphones. Rest time lasts 45 minutes to 1 hour. Children are gradually awakened by opening the blinds or by going to each mat and providing a pat on the back to let them know that rest time is over. Children wake up gradually, take care of their own items, put on their shoes and help take care of their mats. Blankets and transition items are sent home once a week to be washed. The mats are disinfected daily.

DISCIPLINE POLICY

At Bulldog Beginnings (GSRP), we are committed to creating a safe, respectful, and nurturing environment where every child can learn and grow. We believe that positive behavior supports healthy development and fosters a strong classroom community. Children are encouraged to express their feelings, make responsible choices, and treat others with kindness and respect.

Our staff uses developmentally appropriate guidance techniques that emphasize modeling, redirection, and problem-solving. We work closely with families to understand each child's needs and to support consistent expectations between home and school.

In early childhood, misbehavior is often a natural and expected part of learning and growing. Preschoolers are still developing important skills like emotional regulation, communication, and problem-solving. As a result, behaviors such as tantrums, not following directions, difficulty sharing, or testing limits are developmentally appropriate at this age.

Minor vs. Major Behaviors in Preschool	
Minor Behaviors (Handled by classroom staff)	Major Behaviors (May require administrative or specialist support)
Not following directions right away	Repeated defiance
Interrupting	Threatening or harmful language
Running indoors	Leaving the classroom without permission
Occasional inappropriate language	Severe, prolonged tantrums that disrupt learning for others
Mild tantrums	Deliberate destruction of property or materials
Playing too roughly	Throwing objects, with or without intent to harm
Throwing items	Unsafe behavior that threatens self or others
Occasional noncompliance	

Minor behaviors are typical for preschool development and are addressed through redirection, modeling, and positive reinforcement. **Major behaviors** may require parent involvement, a behavior support plan, or support from an early childhood specialist. While Bulldog Beginnings is committed to using positive behavior supports and working closely with families, there may be rare instances when a child's behavior poses a significant risk to themselves, other children, or staff. In this case, parents will be notified and asked to come get the child immediately.

A child may be sent home for the day if:

- Their behavior is physically aggressive or dangerous (e.g., hitting, biting, throwing objects with intent to harm)
- They are unable to regain control after multiple support strategies have been attempted
- Their actions significantly disrupt the learning environment despite redirection and intervention

Sending a child home is **not a punishment**, but a protective and supportive measure to allow the child time to reset in a familiar environment. It also provides the school team and family an opportunity to collaborate on next steps, which may include a Behavior Support Plan, referral for additional services, or other individualized strategies. Our goal is always to partner with families to help children succeed and return to the classroom as quickly and safely as possible.

SUSPECTED ABUSE OR NEGLECT

The State of Michigan requires that all members of licensed institutions be on the lookout for, and report to the State, any and all cases of suspected abuse or neglect of a child.

INCLEMENT WEATHER/EMERGENCY PROCEDURES

In the event of a fire, tornado, or other disaster situation, student safety is the staff’s first priority. If an emergency situation were to arise, staff will move the children immediately to a safe location and remain there until the emergency no longer exists. Detailed plans are posted in the center and at least 1 fire drill will be held quarterly along with 2 tornado drills between the months of April and October. These drills will be documented in a log kept at the center.

The following is the policy for bad weather conditions:

Tornado Watch	Person eligible to pick up your child may do so.
Tornado Warning	For the children’s and the staff’s safety the programs request that the parent's not come during a tornado warning to pick up their child. If parents come during a tornado warning they are welcome to stay with their child until the warning has expired. In the event of a tornado warning, each classroom has a specific Tornado Plan posted in their room. You are welcome to see this anytime you would like.
Snow Days	If the Ionia Public Schools are closed because of the snow, the preschool will be closed. Please listen to local media stations for information on closings.
2-Hour Delay	If there is a 2-hour delay for the Ionia Public Schools, the AM preschool program WILL NOT attend class for the day. ???????

CRISIS MANAGEMENT PLAN

Each district has their own crisis management plan in the case of a needed evacuation that could be caused by gas leaks, chemical spills or another type of potentially threatening situation. Detailed plans are kept in the classrooms regarding where the children will go. An individual plan will be created, if needed, for accommodations of children with special needs.

In the event that a school/classroom needs to evacuate the children, our staff’s priority is the safety of your children. If an evacuation were necessary, children will be taken by the classroom staff along with the child

information cards to an appropriate evacuation area designated by the school district. The local school districts notification system will automatically contact families by phone to notify them of an emergency. Depending upon the nature of the emergency, families will be notified through the system where the children will be going. Teachers will have their phones with them to be in contact with families during this crisis. A check will be made prior to the staff leaving the classroom and once they arrive at the evacuation area to make sure all children are accounted for. Children and staff will stay at the designated evacuation area until the students are released by the principal or law enforcement. Upon returning to the classroom, attendance will be taken once more.

INTEGRATED PEST MANAGEMENT PROGRAM

The local school district provides notice before treating the building with pesticides. We take responsibility for notifying families if treatment is to take place.

- Prior to pesticide applications, families will receive two advanced methods of notice from the local school district by email and/or letter sent home.

Health and Safety

Health and safety are primary concerns in the Center. We maintain good sanitation practices such as hand washing, disinfecting furniture and toys, and closely monitoring, in cooperation with the parent, each child's state of health.

HEALTH CARE PLAN

Handling Bodily Fluids/Universal Precautions

The program shall use precautions when handling potential exposure to blood, including blood-containing body fluids and tissue discharges, and when handling other potentially infectious fluids. The Occupational Safety and Health Administration (OSHA) has model exposure plan materials for use by child care centers available from regional OSHA offices. See R 400.5102a bloodborne pathogen training requirement.

Procedures for handling bodily fluids:

- Staff will assure that all students are kept out of the area where bodily fluids are located.
- Staff will call maintenance personnel that have been trained in clean up to disinfect the contaminated area.
- Staff will wear protective gloves to help assist the child and with cleaning any child that may have been exposed to the bodily fluid.

Cleaning and Sanitizing of Equipment and or Surfaces is important for a healthy environment. Tables must be done before and after food preparation and eating. Cots and mats must be washed at least weekly if they are assigned to specific children and do not come into contact with each other during storage, or between use if they do.

The following steps are to be followed for cleaning and sanitizing:

- Wash the surface or article vigorously with warm water and detergent.
- Rinse the surface with clean water.
- Submerge, wipe, or spray the surface or the article with a sanitizing solution.
- Let the article or surface air dry.

Examples of sanitizing solutions include but are not limited to:

- Water and unscented chlorine bleach solution with a concentration of bleach between 50 - 200 parts per million (1 tablespoon per gallon of water). Test strips must be used to check the concentration and are available from most food service suppliers.
- Commercial sanitizers specified on the label to be safe for food contact surfaces and used according to the manufacturer's directions.

Hand Washing Procedures – Children

When to Wash Hands:

- After using the restroom
- After sneezing, coughing, blowing their nose, or using tissue
- After handling garbage
- After touching an open sore, cut, boil, or pimple
- Before handling food

How to Wash Hands:

- Wet hands with warm water, then apply soap.
- Have the child rub hands together under the water for at least 20 seconds. Tip: Try having them sing Happy Birthday or the ABC's while scrubbing.
- Rinse hands under warm water.
- Dry hands with disposable paper towels.

Hand Washing Procedures – Adults

When to Wash Your Hands:

- Before starting work
- Before putting on food service gloves, and then again when changing them
- After handling cleaning supplies
- After eating, drinking, or taking a break
- After handling poultry, raw meat, fish, or shell eggs
- After using the restroom
- After sneezing, coughing, blowing their nose, or using tissue
- After handling garbage
- After handling money
- After touching an open sore, cut, boil, or pimple
- Before handling food

Proper Labeling and Storage of Food Items

All food items must be stored in original containers showing expiration date and must be disposed of prior to the date of expiration.

ILLNESS POLICY

Attendance is very important to us; however, we try to prevent the spread of illness. No child will be permitted to attend if acutely ill and/or has a fever, severe cough, diarrhea, rash, or head lice. Some diseases will require your child to be excluded from school until a release is written by a doctor. If your child is displaying any of the following symptoms, he or she should not attend.

- ❖ Fever
- ❖ Diarrhea
- ❖ Earache
- ❖ Persistent cough
- ❖ Nausea/vomiting
- ❖ Nasal mucus (yellow or green)
- ❖ Unexplained rash
- ❖ Sore throat
- ❖ Excessive tiredness and/or crying

If a child is sick throughout the night, please keep him or her home to rest. Thank you for your cooperation in keeping our children healthy.

- ✓ Should a child become ill, you will be notified to pick your child up as soon as possible. If you cannot be reached, we will call the person you have given us to notify in case of an emergency.
For consistency purposes, we use two thermometers to take a child's temperature. If a child has a fever over 100, we will call home and he or she is expected to be picked up from school as soon as possible.
- ✓ If your child requires medication during school hours, you will be required to complete a "Record of Medication Administered" form. It is your responsibility to update this form at all times. Also, medication must be given directly to our staff in its original container. We will record dosages administered.

The following policies were written with the health of everyone in mind. Specific illness information was provided by the Ionia County Health Department.

Your child should stay at home if he/she does not feel well enough to participate in all group activities both inside and outdoors.

If your child contracts a communicable disease, please notify us as soon as possible. Parents of other children will be alerted to exposure to the disease. Your privacy is assured.

Common Cold

The immune system of a preschool child is not fully developed; therefore, he/she may contract a common cold quite frequently. A child who has a simple cold may attend school if he/she feels well enough to participate in all daily activities **including outdoor play**. However, if there is excessive nasal discharge or severe cough, it is recommended the child stay at home.

Anytime a child has been crying more than usual or complaining about discomfort for over ½ hour, you may be called to pick up the child.

The following is a list of specific communication diseases or illness symptoms that exclude a child from attending school.

Disease/Illness Symptoms	When a Child May Return
Fever 100 degrees or above	Fever free for 24 hours without fever reducing medication
Vomiting	24 hours symptom free
Diarrhea (giardia, salmonella, shigella, viral)	When stools are formed and symptom free for 24 hours
Nasal Discharge (yellow or green mucus)	Discharge is not thick yellow or green and/or if the child has been on antibiotic for 24 hours
Chicken Pox	After all skin lesions have dried
Mumps	After swelling is going (~9 day)
Strep Throat	After 24 hours of antibiotic treatment

Measles or German Measles	Not earlier than 4 days after onset of rash
Pink Eye or Conjunctivitis (Bacterial, viral or allergic)	When eyes are mucus free or on medication for 24 hours
Hepatitis A	With physician's clearance
Impetigo	With physician's clearance, after medication for 24 hours and infected parts covered
Ringworm or Pinworms	After 24 hours of physician prescribed treatment and ringworm infected area should be covered
Lice	When infestation and nit free as the result of treatment with a medicated shampoo
Scabies	After 24 hours of physician prescribed treatment
Unidentified Rash	With physician's clearance
Meningitis	With physician's clearance
Influenza	With physician's clearance or fever free without fever reducing medication for 24 hours
Roseola	After rash clears
Hand, Foot, and Mouth	When lesions heal and drooling ceases
Croup	After free of viral infection and child is no longer having difficulty breathing

Head Lice





Head Lice seems to be an ongoing problem each year in school districts. To help protect children in our program, the following policy is in effect:



1. When a child is observed to have head lice or nits (lice eggs), the child will be sent home. Information will be sent home with the child to help the parent treat the lice.
2. A child infected with head lice will not be allowed to return to the classroom until our school nurse has checked and confirmed that the child is nit and lice free. A parent or adult must bring the child into school to be checked. Students found to have head lice will not be transported to school by the bus until the nurse has seen the child.
3. Whenever a child has been sent home with head lice, the parents of other children in the classroom will be notified in a letter sent home.
4. Medication is available at your doctor's office, the Health Department, or over the counter at pharmacies.


MEDICATION POLICY

If a child must receive medication while in attendance, a medical release form must be filled out and returned to staff prior to the child needing medications. The medication must be given to BBPP staff in the original container and will be placed in a locked compartment until the child is in need of medication. Documentation of the child receiving medication will be kept by the administering staff member and a copy will be shared with parents at the end of the day.

Common Infectious Diseases

PRINCIPAL MODE OF SPREAD	DISEASE	SYMPTOMS	INCUBATION PERIOD	CONTAGIOUS PERIOD
<p>AIRBORNE, DROPLET, AND DIRECT CONTACT</p> <p>Droplets from nose, throat and mouth spread disease virus and bacteria by sneezing, coughing and speaking.</p>	<p>CHICKENPOX [Varicella]</p> 	<p>Sudden onset of slight fever, mild respiratory symptoms, and skin rash of itchy, blister-like lesions. Lesions may cover the body but are usually more concentrated on the face, scalp, and trunk. Blistered (new) and broken and crusted (old) eruptions are on the skin at the same time.</p>	<p>10-21 days Average 14-16 days</p>	<p>1 to 2 days before onset of rash until all lesions have crusted. Children who have been vaccinated or previously exposed may develop lesions that don't crust. Consider these cases contagious until lesions are fading or until no new lesions occur, whichever is later.</p>
	<p>CYTOMEGALOVIRUS [CMV]</p>	<p>None or mononucleosis ("mono")-like syndrome. Virtually all persons acquire CMV infection during their lifetime and it is usually without symptoms. Infection during pregnancy may result in fetal infection.</p>	<p>1 month</p>	<p>Virus may be shed for many months with a range of 6 months to 2 years. Children should not be excluded from child care due to shedding of CMV.</p>
	<p>FIFTH DISEASE [Erythema infectiosum] [Parvovirus B19]</p>	<p>Rash begins as a solid red area on cheeks ["slapped cheek" appearance], spreading to upper arms and legs, trunk, and hands and feet. Fever occurs in some patients.</p>	<p>4-20 days</p>	<p>Patients are most infectious before the onset of illness. They are not likely to be infectious after rash and other symptoms appear.</p>
	<p>INFLUENZA [Viral influenza]</p> 	<p>Sudden onset of high fever, often with chills, headache, extreme tiredness, muscle aches, and dry cough. Subsequently, respiratory signs such as sore throat, runny or stuffy nose, and cough become more prominent. Red eyes, stomach ache, nausea, vomiting, and diarrhea have been reported infrequently. In some children, influenza can appear as an upper respiratory tract infection without fever or as a fever with few respiratory tract signs.</p>	<p>24-72 hours</p>	<p>1 day before onset of symptoms to about 7 days from the first symptoms in children.</p>
	<p>MEASLES [Rubeola]</p> 	<p>Illness begins with a 2–4 day fever, runny nose, red eyes, and coughing. This is followed by a red, raised rash that begins at the hairline, then involves the face and upper neck and gradually proceeds downward and outward, reaching the hands and feet. The rash lasts about 5 days. Sensitivity to light is also common.</p>	<p>10-12 days</p>	<p>4 days before rash and for up to 4 days after.</p>
	<p>MENINGITIS [Meningococcal and Haemophilus]</p> 	<p>Illness has a sudden onset of high fever, headache, and stiff neck. In severe cases, delirium, stupor or coma can also occur. In meningococcal meningitis, purplish spots may be seen on the skin and mucous membranes.</p>	<p>1-10 days Average 2-4 days</p>	<p>Until live bacteria is no longer present in nasal and mouth secretions. This usually occurs 24-48 hours after antimicrobial treatment.</p>

AIRBORNE, DROPLET, AND DIRECT CONTACT Droplets from nose, throat and mouth spread disease virus and bacteria by sneezing, coughing and speaking.	MUMPS [Infectious parotitis] 	The classic symptom of mumps is swelling of one or more salivary glands. The parotid salivary glands (which are located within the cheek, near the jaw line, below the ears) are most frequently affected. Nonspecific symptoms including muscle aches, anorexia, tiredness, headache, and low-grade fever may precede salivary gland swelling by several days. There is evidence that as many as 40–50 percent of mumps infections are associated with nonspecific or primarily respiratory symptoms, particularly among children younger than 5 years.	14–25 days Average 14-18 days	7 days prior to onset up to 5 days later.
	RESPIRATORY SYNCYTIAL VIRUS [RSV]	Illness frequently begins with runny nose, cough, fever, and sometimes wheezing. Other symptoms depend on site of involvement: bronchitis, pneumonia, and/or ear infections. Infants and children with underlying cardiac, immunologic, and pulmonary disease have the most severe symptoms.	3-7 days	Young infants: 1 to 3 weeks or more. Older children and adults: 3 to 7 days.
	ROSEOLA [Exanthema subitum] [Human herpesvirus]	Illness is marked by a sudden high fever (104°-105°F.) which falls with the appearance of a rash on about the third or fourth day of illness. Most cases are in children between 6 months and 3 years. The rash consists of small rose-pink spots which first appear on the chest and abdomen but may spread to the face, legs and arms. The rash is usually limited to only one or two days.	9 days	Greatest during the period of fever.
	RUBELLA [German Measles] 	The rubella rash is red and raised, begins on the face then progresses from head to foot, lasting about three days. Children usually develop few or no respiratory symptoms, but adults may experience low-grade fever, headache, fatigue, mild runny nose, and red eyes 1–5 days prior to rash onset. Swelling of the lymph nodes behind the ear and at the base of the skull is characteristic and precedes the rash by 5-10 days. Joint pains are frequent in older patients.	14-17 days	7 days before to 7 days after rash onset.
	SCARLET FEVER [Scarlatina]	Caused by the streptococcal bacterium. Illness begins with fever and sore throat. Rash appears as a pink-red flush which looks like a sunburn with goose pimples that spreads to all parts of the body. Afterwards the skin may peel off like sunburn. Often tongue has a “strawberry” appearance.	2-5 days	Variable. If not treated, can be contagious for weeks.
AIRBORNE, DROPLET, AND DIRECT CONTACT Droplets from nose, throat	STREP THROAT [Strepto]	Strep throat is similar to scarlet fever but without the rash. A sore throat and fever are the most pronounced	2-5 days	Variable. If not treated, can be contagious for

and mouth spread disease virus and bacteria by sneezing, coughing and speaking.	coccal sore throat]	symptoms.		weeks.
	STREPTOCOCCUS PNEUMONIAE 	Variable, depends on site of infection – ear infection, sinusitis, bloodstream infections, pneumonia, or meningitis	Unknown. Maybe 1-3 days	Variable. Usually 24-48 hours after antimicrobial therapy.
	TUBERCULOSIS [TB]	Most children have no symptoms when first infected. When disease does occur, symptoms most often appear 1 to 6 months following infection. The symptoms for pulmonary TB include fever, growth delay or weight loss, cough, night sweats, and chills. TB disease outside the lungs may cause meningitis or disease of the lymph nodes, bones, joints, and skin.	2-10 weeks	Variable. After starting treatment with anti-TB drugs, a symptomatic patient may become non-infectious in as little as two weeks.
	WHOOPING COUGH [Pertussis]	The initial signs are runny nose and sneezing progressing to cough and followed 1-2 weeks later by spasms of coughing characterized by a series of short convulsive-like coughs, followed by a high-pitched gasp of air called a whoop, commonly followed by vomiting. Fever is absent or minimal. Symptoms wane gradually over weeks to months. Disease in infants younger than 6 months of age can progress quickly, with gagging, gasping, or apnea as prominent early manifestations; absence of whoop; and prolonged convalescence. Sudden unexpected death can be caused by pertussis. Disease in older children and adults also can have atypical manifestations when the cough is not accompanied by spasms or whoop. The duration of classic pertussis is 6 to 10 weeks in children.	5-21 days Average 10 days	Early, when patient has common cold-like symptoms to approximately three weeks after cough onset.
FECAL-ORAL Contamination of hands, food and drink or of objects placed in the mouth	CAMPYLOBACTER [Vibronic enteritis]	The disease is recognized by sudden onset of fever and abdominal pain and diarrhea which may be severe. There may also be vomiting or blood in the stools.	1-10 days Average 2-5 days	Throughout the illness (1-2 weeks). If not treated, up to 7 weeks.
	E. COLI O157 [Escherichia coli, Shiga Toxin]	Sudden onset of diarrhea that may become bloody on day 2-3 of illness. Severe abdominal cramps, nausea, vomiting; usually no fever. Some infections can lead to a life-threatening complication involving the kidneys called hemolytic-uremic syndrome (HUS). Highly infectious.	Variable 2-10 days	For duration of diarrhea thereafter until stool is culture-negative.
	GIARDIASIS	Chronic, intermittent diarrhea, bloating, foul-smelling stools	1-4 weeks	Entire period of infection, often

[Protozoan diarrhea]	and fatigue and weight loss. Sometimes observable symptoms are not present.		months.
SALMONELLOSIS [Acute gastroenteritis] [Food poisoning]	Sudden onset of fever, abdominal cramps, diarrhea, possible vomiting, and possible dehydration. There may be blood in the stools.	6-72 hours Average 12-36 hours	Variable. Throughout course of illness. Infants can be carriers for extended periods of time.
SHIGELLOSIS [Acute gastroenteritis] [Food poisoning]	Sudden onset of fever, diarrhea, abdominal pain. Loss of appetite and vomiting may also occur. There may be blood, mucus, or pus in the stools. Highly infectious.	Average 1-3 days	From onset of illness until stool culture is negative.
VIRAL GASTROENTERITIS [Norovirus and related caliciviruses (winter vomiting disease); Rotavirus]	Abrupt onset of illness characterized by any combination of the following symptoms: nausea, vomiting, diarrhea, abdominal pain and discomfort. Fever, if present, is usually low-grade. Occurs most often between November and April, but can occur at any time. Highly contagious illness. Transmission may also occur through aerosolized vomit vs. containing the virus.	24-72 hours	From onset of illness until 3 days after symptoms subside. In rare circumstances the contagious period may last up to 2 weeks after recovery.
HEPATITIS A [Infectious hepatitis] [Epidemic jaundice]	Sudden start with loss of appetite, nausea and abdominal pain or discomfort and fever. Within a few days, jaundice occurs with yellowing of eyes and skin and darkening of urine. Symptoms are generally much milder in young children or may be absent compared with adults.	15-50 days Average 28-30 days	1-2 weeks before symptom onset to one week after jaundice development. Virus shedding may occasionally last up to several months.



Immunizations can help prevent this illness; the vaccine for this disease is part of the U.S. recommended immunization schedule for children.

Other serious diseases such as polio, typhoid, syphilis, hepatitis B, and gonorrhea are not included on this chart because their occurrence is less common than diseases listed here.

Should one of these illnesses be suspected in a child, it must be reported immediately to the local health authority and to the licensing consultant.

Common Nuisance Diseases

PRINCIPAL MODE OF SPREAD	DISEASE	SYMPTOMS	INCUBATION PERIOD	CONTAGIOUS PERIOD
INFESTATIONS Contact with others, including their belongings	HEAD LICE [PEDICULOSIS]	Gradual onset of itching and burning. Scalp becomes dry and pink with patches that tend to spread, become rough and flake-off. Hair may become matted, as nits (white eggs) stick to hair shafts. Close examination show nits on hair near the scalp or crawling lice. Guidelines for head lice treatment, recommended policies, sample letters, and education can be found in the Michigan Head Lice Manual at www.michigan.gov/cdinfo .	6-10 days	Until eggs and lice in hair and on clothing and bedding have been destroyed.

	RINGWORM [Tinea capitis; tinea corporis]	Ringworm of the scalp begins as a small pimple which grows and spreads, leaving scaly patches of temporary baldness. Ringworm of the body appears as flat, spreading, ring-shaped lesions. The outside is usually red while the skin on the inside tends to appear lighter.	Unknown	As long as lesions are present and spores persist on contaminated materials.
	PINWORM [Enterobiasis]	A mild illness with itching in anal area, disturbed sleep, irritability and local irritation due to scratching.	Unknown	As long as the female worm survives in the intestine.
	SCABIES [Itch Mite]	A skin infection caused by microscopic mites, characterized by pimples and tiny burrows that appear as slightly discolored lines. Intense itching is frequent, and often most severe at night. Areas commonly affected are skin folds, such as between fingers, inside elbows, inner thighs, waistlines, genital areas, and between buttocks. Since all close, skin-to-skin contacts of a confirmed scabies case should be treated, it is best practice to confirm a scabies infestation by asking a healthcare provider to obtain a "skin scraping" of an affected area and to visualize mites or eggs through a microscope. Guidelines for scabies treatment, recommended policies, sample letters, and education can be found in the Michigan Scabies Prevention and Control manual at www.michigan.gov/cdinfo .	2-6 weeks for first infestation. 1-4 days for those infected before.	Until mites are destroyed by treatment. Cases should be re-evaluated every week for 4 weeks for symptom resolution. Consideration for repeating treatment should occur if symptoms do not resolve.
DIRECT CONTACT	IMPETIGO [Impetigo contagiosa]	An inflammatory skin disease marked by isolated pus-filled spots which become crusted and break, releasing a straw-colored fluid. Occurs principally around the mouth and nostrils.	4-10 days	As long as pus-filled lesions continue to drain.
Direct skin contact with wounds or discharges from an infected person.	HERPES [Herpes simplex; cold sore; fever blister]	An infectious disease characterized by thin-walled blisters which tend to recur in the same area of skin. Common sites include the lips, gums, cheeks, and eyelids.	2-12 days	Up to 7 weeks after first infection and whenever blisters are present in repeated episodes.
	PINKEYE [Epidemic form of acute conjunctivitis]	An irritation of the mucus membranes which line the eye accompanied by a discharge of tears, swelling of lids, extreme sensitivity to light, and a buildup of a sticky fluid which dries to a straw-colored crusty material and tends to accumulate at the corners of the eye.	27-72 hours	During the period of active infection. Some children recover in only a few days but many cases take 2 to 3 weeks.
	HAND, FOOT & MOUTH [Herpangina]	Sudden onset of fever and development of tiny blisters inside of the mouth and throat and on the extremities. Virus can be shed in respiratory secretions, feces and fluid from blisters.	3-6 days	Probably from 2 to 3 days before onset to several days after onset.
	Staphylococcus Aureus and Methicillin-resistant Staphylococcus	A bacterial infection that may sometimes be resistant to certain antibiotics. Commonly staph is a skin lesion or soft tissue infection that may look like a pimple or boil. A draining lesion or purulent	Varies and can be indefinite	As long as lesions continue to drain or indefinitely in the carrier state.

Aureus (MRSA)	wound discharge is a common source of spread. Staph is also commonly found on the skin or in the anterior nares, but not causing infection, known as a carrier state.		
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MEDICAL EMERGENCIES

In the event of a medical emergency or an accident, the parents and physician of the child will be contacted by phone, text, email or the preferred method of contact of the family. If we are unable to make contact and emergency treatment is required, the child will be taken to the hospital specified on your emergency card. Your authorization for the center to contact your family physician and to take emergency medical measures deemed necessary is part of this agreement.

Plan for Minor Injuries (bumps, bruises or minor cuts)

1. Staff person will put on disposable gloves.
2. Wash the affected area with cool clear water if needed.
3. Cover area with bandage if necessary.
4. Staff person will call a family member to explain the injury if necessary.

Accident, Serious Injury, or Illness

Definition of emergency: Where one or many are sick or injured. Immediate concern is to aid the injured or sick students.

Steps of Action:

1. Administer first aid
2. Contact 911 and the building office
3. Office will contact parents or guardians
4. Review student's emergency card for special medical conditions; inform emergency services if appropriate
5. Do not move a severely injured person, or give medication without a doctor's order
6. If the victim is unconscious or incapable of making rational decisions an ambulance will be summoned and the victim will be transported to the hospital

All serious accidents or injuries must be reported immediately to Child Care Licensing.

PHYSICAL, IMMUNIZATIONS & BIRTH CERTIFICATE

In accordance with Michigan law, all children enrolled in GSRP must provide documentation of current immunizations or a certified non-medical or medical waiver from the local health department. These records must be submitted before the child's first day of attendance. Children without proper documentation require a waiver from the Health Department.

IMMUNIZATION REQUIREMENTS

Following is a list of immunizations required by the State of Michigan.

- 4 doses DPT
- 4 doses Pneumococcal Conjugate
- 3 doses Polio
- 1 dose MMR (after 12 months of age)
- 1 dose Hib (after 15 months of age, before 5 years of age)
- 1 dose Varicella (Chicken Pox)
- 3 doses Hep B

A child admitted to a school or preschool program with only the minimum immunization requirements must show progress towards receiving the remaining doses. A waiver form can be obtained for medical and other reasons from your local health department. Students with a waiver will be excluded from our program if they become exposed to the waived immunization disease. The following vaccine doses are required for continued attendance:

4 or 5 doses of DPT. The first 3 doses should be properly spaced. The 4th dose must be given a minimum of 6 months after the 3rd dose. If the 4th dose is given within 6 months of the 3rd dose, an additional dose is required.

4 doses of Pneumococcal Conjugate

4 doses of OPV/IPV. The first 2 doses should be properly spaced. The 3rd dose must be given a minimum of 6 months after the 2nd dose. If the 3rd dose is given before the required 6-month spacing has elapsed, an additional dose is required.

1 dose of MMR. Repeat if given prior to the child's first birthday. (Any combination of single or multiple antigen vaccines containing measles plus rubella plus mumps is acceptable in lieu of a dose of MMR.)

1 dose of Hib or series of 3

1 dose of varicella (chickenpox)

3 doses of Hep B

Grievance Policy

1. Grievances in regard to the Child Care Center are made:
 - a. Verbally with the Program Administrator
 - b. In writing to the Program Administrator
 - c. If the grievance is with the Program Administrator you must first attempt to resolve the issue directly. If you are still unable to resolve the issue, you may contact Dr. Nuse, Early Childhood Director, regarding the matter.
2. All grievances will be treated as urgent and will be acted upon within five working days.
3. All grievances will be confidential.
4. Parents will be notified in writing how the grievance was resolved.

Licensing Documentation

The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans for the last 5 years. The licensing notebook is available to parents during regular business hours. Licensing inspection reports, special investigation reports, and corrective action plans from at least the past 3 years are available on the department's child care licensing website at www.michigan.gov/michildcare.

