



Little Eagles Preschool

PARENT HANDBOOK

2026-2027

3101 38th St NW Canton, OH 44718
330-491-3710 | plainlocal.org



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Dear Little Eagles Preschool Families,

We are delighted you have selected Little Eagles Preschool for your child. We believe that every child has the potential to learn and succeed. We strive to build a strong foundation for future learning.

We offer a developmentally appropriate early childhood program, which adheres to National Association for the Education of Young Children guidelines and is licensed by the State of Ohio. Our research-based curriculum is aligned with the Ohio Department of Education's Early Learning Content Standards and concentrates on skills that are important in Kindergarten.

Our highly qualified staff members are committed to providing your child with engaging, hands-on learning activities that facilitate growth in all areas of development. They will work closely with you to ensure that your child's needs are met and that they receive the individualized attention they deserve. You will soon learn that Little Eagles Preschool is a safe and nurturing place where children play, learn, and grow together.

We look forward to providing you and your child with a positive first school experience.

Sincerely,

Camille Anderson
Preschool Director

PHILOSOPHY

The philosophy of the Little Eagles Preschool is to provide an opportunity, through active and quiet play, for children to grow through a variety of experiences. We believe that every child can learn and that the preschool experience should be positive, enjoyable, and rewarding for children and their families. Activities provided in our preschool are multicultural, play-based, and child-initiated. As the nurturing occurs in the preschool environment, the child develops communication skills and learns to interact with others in his/her world.

PROGRAMS AT LITTLE EAGLES PRESCHOOL

Little Eagles Preschool

Little Eagles Preschool is an integrated preschool for children ages 3 to 5 years. Each classroom consists of children with developmental delays as well as classmates. The activities presented are age-appropriate learning experiences designed to support the individual goals of children with delays as identified in their Individual Education Plans (IEPs). The preschool environment is designed to enhance the development of self-confidence, self-expression, curiosity, enthusiasm, and the ability to interact effectively with other children and with adults. The environment is designed to further the development of problem-solving skills, the achievement of independence, and the development of cooperative abilities. Joyful *Discoveries* is the adopted curriculum in the preschool program.

Itinerant Services

Little Eagles Preschool provides a consultative intervention program that is tailored to meet the individual needs of preschoolers with developmental delays and to lend support to their families. These individualized services can be provided to preschoolers in the most effective environment. The child's Individualized Education Program Team will determine goals, objectives, and services needed for the child to make progress. The itinerant teacher provides a combination of direct and consultative services.

Transition Services

Little Eagles Preschool Transition Services are designed to meet the educational needs of those students who will be leaving the preschool program at the end of the current school year. Classroom experiences are provided, which will enhance independence and school readiness skills.

RELATED SERVICES

Speech/Language Therapy

Speech/Language Therapy services are available to those qualified children enrolled in the Little Eagles Preschool program. The IEP Team determines services.

Audiology

Audiology services are available for those children needing services according to their needs as outlined in the IEP. Speech Language Pathologists screen children at the beginning of each school year. If you have questions or concerns regarding your child's hearing, contact your preschool teacher.

Occupational Therapy

Occupational Therapy is provided to children who have been referred and evaluated by an occupational therapist and qualify for these services. Therapy is provided if it will improve, develop, or restore functions impaired or lost through illness, injury, or deprivation. Therapy is designed to improve the ability to perform tasks independently and/or prevent, through early intervention, further impairment or loss of function.

Physical Therapy

Physical Therapy is provided to children who have been referred for evaluation due to concerns about gross motor skills. Children who qualify for physical therapy will follow a prescribed therapy plan. The therapy may aid the child with walking, physical exercise, communication skills, wheelchair activities, and proper positioning. Also, a therapeutic exercise program may be designed to improve strength and range of motion.

School Psychological Services

Little Eagles Preschool psychologists assist teachers and parents by evaluating children to determine eligibility for special education services. Psychological services include consulting with parents and teachers to develop plans to address behavior, learning, and other issues in serving preschool children.

PROGRAM GOALS

Little Eagles Preschool provides developmentally appropriate activities, learning environments, and approaches that meet the individual needs of young children and are aligned to the Early Learning Content Standards adopted by the State Board of Education.

The Child:

- *To recognize the uniqueness of each child.*
- *Work creatively to develop a plan to guide each child's progress.*
- *To encourage the development of a positive self-image.*
- *To help children develop their physical, social, emotional, linguistic, aesthetic, and cognitive potentials.*
- *To address all areas of the child's development when engaging in activities with the child.*
- *To encourage every child to learn through instructional methods that include a variety of approaches.*

The Curriculum:

- *To implement a curriculum that is consistent with its learning goals for children.*
- *To promote learning and development in each of the following areas: social,*

emotional, physical, language, and cognition.

- *To promote early learning literacy and math readiness skills.*
- *To maximize children's learning and development by using planned activities, daily schedules and routines, and targeted materials.*

The Environment:

- *To take advantage of learning opportunities within activities of daily living and playing in the child's environment.*
- *To provide a secure environment that encourages creative exploration and independence, optimizing the child's experiences of success.*
- *To provide an environment where individual differences are respected and appreciated.*
- *To integrate children with varying abilities.*
- *To provide developmentally appropriate activities for children.*
- *To engage children in active rather than passive learning.*

The Parents and Family:

- *To recognize parents as children's primary teachers.*
- *To involve children's families in the program and to make resources available to them.*
- *To review children's progress in the program and report to parents at mid-year and year-end.*
- *To support children and families in making the transition from preschool to school-age programs.*

STANDARDS, CURRICULUM, SCREENING, AND ASSESSMENT

Preschool Early Learning and Development Standards

The program implements a written, research-based, comprehensive curriculum aligned with the Ohio Early Learning and Development Standards. Teachers plan intentional and purposeful activities and experiences for all hours of instructional time that meet the needs, interests, and abilities of children across all developmental domains. Teachers support children's active engagement through opportunities for exploration and learning.

Screening

The program ensures that all children receive a comprehensive developmental screening that is valid and reliable within 60 days of entry into the program and annually thereafter. Necessary referrals are completed within 90 days of the identification of need. The results are formally communicated with families through a parent/teacher conference, face-to-face meeting, or phone conference.

All children with special needs have participated in a multi-factored evaluation to determine eligibility for preschool special education services. All students with special needs receive the support and services per the child's Individualized Education Plan (IEP).

Assessment

Ongoing/Informal Assessments: Teachers use a variety of informal assessment processes throughout the school year for all students. Ongoing assessment is the process of gathering information in the context of everyday class activities to obtain a representative snapshot of a student's abilities and progress. Standardized assessments measure a child's performance against a set of criteria or performance standards to guide instruction and curricular decisions. Teachers use information from daily interactions, observations, and curriculum-based assessments to complete state-required assessments: the Early Learning Assessment (ELA) and Ohio's Child Outcomes Summary (COS).

Progress Reports

Parents receive progress reports about their child. Data is collected weekly regarding the child's progress on IEP goals and objectives. All students receive two progress reports. Parents of all students are offered the opportunity for Parent-Teacher Conferences in the fall and spring.

IMPORTANT INFORMATION

Calendar

1. The preschool calendar will follow the Plain Local School calendar. In addition, there will be several annual family involvement opportunities scheduled.
2. If Plain Local cancels school due to inclement weather or if you feel the road conditions are hazardous, your child should not report for class. Visit www.plainlocal.org or check the local news broadcast for an official announcement that Plain Local Schools has canceled school due to inclement weather.

Arrival/Departure

1. Transportation is provided for children who receive specialized services through an Individualized Education Plan (IEP). This service is coordinated by the preschool director and the Plain Local transportation department.
2. Classmates - Parents/Guardians are required to provide transportation to and from the program. It is essential that the child be picked up on time since child care services are not available.

Child Safety

1. Children will be with adults at all times.
2. Under no circumstances will a child be released to anyone not known to the school without authorization from the parent or guardian. Identification, e.g., a driver's license, is required when a new person picks up a child.
3. A teacher and/or teacher assistant will escort the children to and from the bus and car line.
4. Fire drills will be held monthly in coordination with the individual school district. Tornado drills will be held during tornado season. A record of all the fire and tornado drills will be maintained in the school office. School safety drills must be conducted three times a year.

5. Each preschool staff member will be aware of the location of each student's file and of procedures to follow in the event of illness, injury, or emergencies such as fire and weather alerts.
6. There will be immediate access at all times to a working telephone within the building.
7. Procedures for fire and emergency exiting are posted in the classroom.
8. A class roster of children and parents are on file and available upon request. These rosters include only families who have opted to be on the list.

School Hours

1. Morning Session is 8:45 am - 11:15 am.
2. Afternoon Session is 1:00 pm - 3:30 pm.
3. Families may provide a healthy snack and drink for their child each day.

Daily Schedule

1. Included is an overview of the preschool daily schedule. The individual program schedule varies according to each teacher's classroom schedule. A daily schedule is posted in each classroom.
 - a) The preschool day consists of:
 - i. *Circle Time*
 - ii. *Free Play*
 - iii. *Snack*
 - iv. *Restroom Break*
 - v. *Gross Motor Activities*
 - vi. *Music And Movement Clean-Up*
 - vii. *Story Time*
 - b) Student-directed activities may include centers such as:
 - i. *Dramatic Play Center*
 - ii. *Block Center*
 - iii. *Writing Center*
 - iv. *Discovery Center*
 - v. *Art Center*
 - vi. *Science Center*
 - vii. *Family Life Center*
 - viii. *Sand/Water Center*
 - ix. *Table Toys Center*
 - x. *Reading Center*

The activities are a reflection of the preschool philosophy and goals.

What Children May Bring

1. During various times throughout the year, children may bring science items to show to the class: bird's nests, flowers, rocks, leaves, shells, worms, bugs, and so forth. They may also bring vacation brochures and/or pictures and other things of educational value. Note: In some classes, there are set days for "sharing toys or special gifts" from home.
2. Please do not allow your child to bring toys to school, as missing pieces, breakage, and sharing cause problems. There are sufficient toys at the school to provide stimulating, creative play.

LEARNING THROUGH PLAY

Children in our early childhood program do play a lot! During this time, they are:

- *Meeting friends*
- *Playing with toys*
- *Exploring how things work*
- *Looking at books*
- *Listening to music*
- *Sharing*
- *Pouring and measuring*
- *Having different experiences in a mostly-child group situation vs. a mostly-adult situation*
- *Developing and expanding their language abilities*
- *Having creative art experiences*
- *Having cooperative play experiences*
- *Learning to share the adults' attention*
- *Learning social skills needed to play games and make friends*
- *Building with materials that may not be available at home*
- *Using "messy" art materials in a space provided for experimentation*
- *Becoming independent*
- *Comparing and contrasting different materials*
- *Learning from other children about appropriate behavior*
- *Participating in indoor/outdoor gross motor activities*

BEHAVIOR MANAGEMENT/DISCIPLINE

1. Our goal as adults is to help children learn to live successfully with classmates, family members, adults, and others. To achieve this, we encourage children to develop self-control and be responsible for their own actions. A preschool staff member in charge of a child or a group of children shall be responsible for their discipline. Constructive, developmentally appropriate child guidance and management techniques are to be used at all times. They shall include such

measures as redirection, separation from problem situations, talking with the child about the situation, and recognition for appropriate behavior.

2. Behavior management/discipline policies and procedures shall ensure the safety, physical, and emotional well-being of all individuals on the premises. The center's actual methods of discipline shall apply to all persons on the premises and shall be restricted as follows:

- a) There shall be no cruel, harsh, or corporal punishment or any unusual punishments, such as, but not limited to, punching, pinching, spanking, or biting. No discipline shall be delegated to any other child.
- b) No physical restraints shall be used to confine a child by any means other than holding a child for a short period, such as in a protective hug, so the child may regain control. Staff members are not permitted to carry children unless in an emergency.
- c) 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.
- d) No child shall be subjected to profane language, threats, and derogatory remarks about himself or his family or other verbal abuse.
- e) Discipline shall not be imposed on a child for failure to eat, failure to sleep, or for toileting accidents.
- f) Techniques of discipline shall not humiliate, shame, or frighten a child. Discipline shall not include withholding food, rest, or toilet use.
- g) Separation, when used as a 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.
- h) The staff shall not abuse or neglect children and shall protect children from abuse and neglect while in attendance in the preschool program.

3. The parent of a child enrolled in our program, upon receiving this handbook, is receiving official notification of the program's behavior management procedure.

4. Bus Behavior

- a) Children are required to follow the policy on bus behavior. Stated below are a few of the basic bus rules:
 - i. *Children must wait for the bus, with an adult, in a location clear of traffic and away from bus stops.*
 - ii. *Children need to remain seated to keep aisles and exits clear.*
 - iii. *Children should observe appropriate conduct and obey the driver.*
 - iv. *Children must not throw or pass objects into, on, or from the bus.*
 - v. *Children may carry on the bus only objects that are safe and can be held in their laps.*

vi. In addition, the following rules apply to parents, legal guardians, etc.:

- a. An adult is required to accompany the child to the bus stop and remain with him/her until the child boards the bus.*
- b. An adult is required to meet the child at the bus stop when the child exits the bus at the end of the school day.*

HEALTH AND SAFETY

Health is high on the list of priorities for most people. We would like to call your attention to some practices that will help your child be a happier and healthier person at school.

DO send your child to school with:

1. A smile on his/her face
2. A hug from you
3. Appropriate clothing for the weather and any forecasted changes
4. Enough sleep so that he/she is eager to get up and get the day started

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

1. Diarrhea (more than one abnormally loose stool within a 24-hour period)
2. Severe coughing, causing the child to become red or blue in the face or to make a whooping sound
3. Difficult rapid breathing
4. Yellowish skin or eyes
5. Conjunctivitis/Pink eye
6. Temperature of 100 degrees Fahrenheit or above (taken by the auxiliary method when in combination with other signs of illness)
7. Untreated infected skin patch(es)
8. Unusually dark urine and/or grey or white stool
9. Stiff neck
10. Vomiting
11. Evidence of lice, scabies, or other parasitic infestation

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

1. Unusual spots or rashes
2. Sore throat or difficulty in swallowing
3. Elevated temperature
4. Vomiting

Illness and Medical/Dental Emergency Procedures

1. A child is considered to be mildly ill when he/she does not feel well enough to participate in preschool activities, but does not have symptoms that may be indicative of a communicable disease. When your child appears mildly ill and unable to participate fully in preschool, we will call to inform you of the child's condition, giving you the option to pick up your child.
2. There is a suitable place in each building provided for student emergency care, which may be needed due to illness or injury while the student is at school, and where students wait while parents are being contacted.
3. There is a preschool staff member available at all times, trained in first aid, CPR, communicable disease, and child abuse.
4. In case of severe emergency, the following steps will be followed:
 - a) Provide immediate necessary first aid
 - b) Contact 911 if necessary
 - c) Contact parents
5. Follow the procedure indicated on the child's application.
6. Medical and dental emergency procedures are posted in each classroom and by each telephone. They will be made available to school personnel, children, and parents.

COMMUNICABLE DISEASES

The following diseases are classified by the Ohio Department of Health as "communicable," and the child needs to be excluded from school according to the following recommendations.

Chicken Pox

Incubation Period: 2-3 weeks; usually 13-17 days

Duration of Absence from School: Approximately 7-14 days (depending on onset of chicken pox)

Isolation Period: The child can return to school when crusts have formed and are dry.

Common Cold

Incubation Period: 12-72 hours; usually 24 hours

Duration of Absence from School: Approximately 1-3 days

Isolation Period: The child can return to school when symptoms are gone (irritated throat, watery discharge from nose and eyes, sneezing, chilliness, and general body discomfort).

COVID-19

Incubation Period: 2-14 days

Duration of Absence from School: 5 days - Regardless of symptoms or vaccination status.

Isolation Period: The child can return to school if fever-free and symptom-free for 24 hours. Must wear a mask for five additional days.

Flu

Incubation Period: 1-4 days

Duration of Absence from School: Approximately 1-5 days

Isolation Period: The child can return to school when symptoms are gone (fever, chills, headache, sore muscles, runny nose, sore throat, and cough are common).

German Measles (Rubella)

Incubation Period: 14-21 days; usually 16-18 days

Duration of Absence from School: At least 7 days after the onset of the rash

Isolation Period: The child can return to school 7 days after the onset of symptoms (mainly skin rash and fever).

Hepatitis A (Infectious)

Incubation Period: 10-50 days; average 25-30 days

Duration of Absence from School: Until released by physician

Isolation Period: The child can return to school when released by a physician.

Hepatitis B (Serum)

Incubation Period: 45-160 days; average 60-90 days

Duration of Absence from School: Until released by physician

Isolation Period: The child can return to school when released by a physician.

Impetigo

Incubation Period: 2-5 days; occasionally longer

Duration of Absence from School: 24 hours after antibiotic treatment is started, and there is no longer a discharge

Isolation Period: 24 hours after antibiotic treatment is started.

Head Lice (Pediculosis)

Incubation Period: The eggs of lice may hatch in one week and sexual maturity is reached in approximately two weeks

Duration of Absence from School: Until after treatment with an effective pediculicide

Isolation Period: The child can return to school when the head is nit-free.

Measles (Rubeola)

Incubation Period: 8-13 days; usually 10 days

Duration of Absence from School: At least 4 days after the rash appears

Isolation Period: The child can return to school 4 days after the rash appeared.

Meningitis (Bacterial)

Incubation Period: 1-7 days

Duration of Absence from School: Until released by physician

Isolation Period: The child can return to school when released by a physician.

Meningitis (Aseptic-Viral)

Incubation Period: 72 hours - 3 weeks

Duration of Absence from School: Until released by physician

Isolation Period: The child can return to school when released by a physician.

Mononucleosis

Incubation Period: 2-8 weeks

Duration of Absence from School: Until released by physician

Isolation Period: The child can return to school when released by a physician.

Mumps

Incubation Period: 12-26 days; commonly 18 days

Duration of Absence from School: At least 9 days after swelling occurs

Isolation Period: The child can return to school 9 days after swelling occurs.

Pink Eye

Incubation Period: Eyes are red with water or thick discharge, matted eyelashes, burning, and itching.

Duration of Absence from School: Child needs to see a doctor

Isolation Period: Until discharge stops and/or child is seen by a doctor.

Ringworm (scalp, skin, feet)

Incubation Period: Unknown

Duration of Absence from School: Exclusion from school is necessary for ringworm of the scalp and skin until 24 hours of treatment have been completed

Isolation Period: The child can return to school after 24 hours of treatment have been completed.

Scabies

Incubation Period: First infestation is 4-6 weeks; re-infestation symptoms may occur in a few days

Duration of Absence from School: Exclusion from school until 24 hours after treatment has been completed

Isolation Period: The child can return to school 24 hours after treatment has been completed.

Scarlet Fever & Strep Throat (Streptococcal)

Incubation Period: 1-3 days, but may be longer

Duration of Absence from School: Exclusion from school until 24 hours after antibiotic treatment is started

Isolation Period: The child can return to school 24 hours after antibiotic treatment is started.

Whooping Cough (Pertussis)

Incubation Period: 7-21 days; usually 10 days

Duration of Absence from School: 5-7 days after treatment is started

Isolation Period: The child can return to school 5-7 days after treatment is started.

Croup

Incubation Period: 2-7 days

Duration of Absence from School: Exclusion from school until severe symptoms are gone.

Isolation Period: The child can return to school when severe symptoms are gone.

Diarrheal Disease

Incubation Period: Variable

Duration of Absence from School: Exclusion from school until diarrhea is gone.

Isolation Period: The child can return to school when diarrhea is gone.

Fifth Disease

Incubation Period: 4-14 days

Duration of Absence from School: Until released by the physician.

Isolation Period: The child can return to school when released by a physician.

Hand, Foot & Mouth Disease

Incubation Period: 3-6 days

Duration of Absence from School: Until sores are scabbed over and released by the physician.

Isolation Period: The child can return to school when released by a physician.
The communicable disease chart shall be posted in the main office.

The following procedures will be followed:

1. If a child becomes ill or is injured during the day or is suspected of having a communicable disease, he/she will be isolated from the other children and made as comfortable as possible while the parents are being contacted.
2. The child will be attended to by an adult until the parent or responsible person is contacted by telephone and arrives to take the child home.
3. A child will be readmitted to preschool under the following conditions:
 - a) The child's temperature has returned to normal for a 24-hour period.
 - b) The child is free of any contagious skin rash.
 - c) No vomiting or diarrhea for a 24-hour period.
4. Please notify the school if your child is absent with a communicable disease so we may alert other parents.
5. Parents will be notified if their child is exposed to a communicable disease, such as chicken pox, at preschool.
6. The program shall notify parents when a child is injured and maintain a log of injury reports.

CHILD ABUSE

In accordance with Ohio Revised Code 2151.421 and subsequent amendments, any case of suspected child abuse or neglect will be "immediately" reported to the Stark County Department of Human Services.

MEDICATION POLICY

Many students are able to attend school regularly only through effective use of medication in the treatment of disabilities or illnesses that do not hinder the health or welfare of others.

1. If possible, all medication should be given by the parent at home.
2. If medication must be given at preschool, a parent must complete our MEDICATION FORM and hand it directly to the child's teacher.
3. There are several steps to follow if your child is taking a prescribed medication:
 - a) The parent must write a note to the teacher requesting that the teacher comply with the physician's order.
 - b) The teacher or appropriate person will secure, store, and dispense the medication. The prescribed medication must be in the original container.
 - c) The teacher must receive and retain a statement signed by the physician who prescribed the medication.
 - d) Parent permission is needed for the application of topical products and lotion, and they are to be applied according to the manufacturer's instructions.

CLOTHES WE WEAR TO SCHOOL

1. Washables are best, since a lot of messy "projects" are done at school. Underclothes should be simple and easy to adjust. Clothes should be simple, washable, sturdy, not too tight, safe, and easy to manage.
2. Buttons and zippers should allow for independence in toilet and dressing habits. (Try to avoid belts and suspenders.) Boots should be easy to manage. They should be large enough so the child can put them on without help.
3. To prevent the loss of clothing, sew the child's name into his/her coat, hat, mittens, etc. A laundry marker can also be used.
4. Book bags should be 13" by 15" or larger to accommodate all papers and supplies. Canvas, denim, or any durable cloth is best. Your child should bring his/her bookbag every day.

IMMUNIZATION INFORMATION

Under the Ohio Revised Code, Sections 3313.671 and 3701.13, all school districts must be provided with complete immunization information for each child upon entrance into the school district. These immunizations must be kept up to date, administered in a timely manner, according to your family physician's or health clinic's instructions, until the series has been completed. Upon entrance to preschool, a medical form signed by your family physician or health clinic will document the following immunization requirements:

- *DTP, four doses*
- *Polio, three doses*
- *Measles, Mumps, Rubella (usually combined as MMR), one dose*
- *HIB, one dose*
- *The 5th DTP and 4th Polio are usually administered just prior to Kindergarten*

HEALTH SCREENINGS

Under Ohio Department of Health requirements and guidelines, school staff conduct periodic health screenings to detect abnormalities in hearing and vision. Health screenings may also be conducted when a concern arises. Screening permission is included in the enrollment packet. Parents may opt out by checking the **I do not give permission box**.

Vision and Hearing

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

Vision Warning Signs

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

Hearing Warning Signs

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

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

FAMILY AND COMMUNITY PARTNERSHIPS

We appreciate the help of all of our volunteers! Volunteers need to stop in the office or call before they can start to volunteer. New volunteers need to complete a background check—information is available from the secretary. Background checks are completed at the Administration Office and can be scheduled by calling 330-492-3500. Volunteers must sign in at the office and will be given a nametag or badge to wear while working in the building.

TRANSITIONS

Children entering the preschool program have an opportunity to visit the classroom with their parents prior to enrollment. The classroom teacher will meet with the family to orient them to the enrollment process and particular information relating to the program operations, schedule, health requirements, the child's developmental history, daily routines, parent involvement and the learning environment. Parent orientation and

holding Meet the Teacher for families and children help prepare them for the school experience. Teachers contact new families shortly after enrollment to inquire how their child is doing.

Transition from One Classroom to Another

Children who transition within the program receive information from the new teacher in conjunction with the previous teacher. Information will be shared regarding the child's growth and development, classroom expectations, schedules, and procedures. A meeting will be held with the new teacher and family to welcome the child to their new classroom. An opportunity for the transitioning child to spend time in the new classroom before moving may be provided.

Transition Out of the Program

Children who transition out of the program will provide a current progress report, educational records, student portfolio or work samples, transition skills checklist, and the most current ETR/IEP with the future program. Transition meetings with the parents and team are held as each child transitions out of the program. The staff will celebrate each child's accomplishments and successes by supporting them as they move on to the next program. If transitioning to kindergarten, preschool students may be invited to visit a kindergarten classroom, tour the building, and meet the kindergarten teachers. The school may also invite the children and their families to school activities such as holiday programs, plays, concerts, or assemblies. Kindergarten registration/screening dates are shared to encourage participation.

RESOURCES

National Organizations

NICHCY (National Information Center for Children & Youth with Disabilities)

P.O. Box 1492
Washington, D.C. 20013
1-800-695-0285 or (202) 884-8200

NORD (National Organization for Rare Disorders)

P.O. Box 8923
100 Rt. 37
New Fairfield, CT 06812-8923
1-800-999-6673

State Agencies

Ohio Center for Autism and Low Incidence (OCALI)

470 Glenmont Ave
Columbus, Ohio 43214
(614) 410-0321

Ohio Department of Human Services

30 East Broad St
Columbus, Ohio 43215
1-877-644-6562

Ohio Department of Education – Division of Early Childhood Education

25 South Front Street
Columbus, Ohio 43215-4183
(614) 995-9974

Ohio Department of Education – Division of Special Education

933 High Street
Worthington, Ohio 43085
(614) 752-1462

Ohio Department of Mental Health

30 East Broad St
Columbus, Ohio 43215
(614) 466-2596

Ohio Department of Developmental Disabilities

1810 Sullivant Ave
Columbus, Ohio 43223-1239
(614) 466-5214

Ohio Department of Health – Bureau of Early Intervention

PO Box 118, 246 N. High St
Columbus, Ohio 43266-0118
(614) 644-8389

Federally Funded Parent Organizations**Ohio Coalition for the Education of Children with Disabilities (OCECD)**

Bank One Building
165 W. Center Street, Suite 302
Marion, Ohio 43302-3741
(740) 382-5452 or 1-800-374-2806 (parents only)

OCECD provides information, training, and assistance to parents of children with disabilities throughout Ohio. They have a network of Family Resource Centers that provide free support, training, and information services to families of children with special needs.

State Projects**Family Information Network (FIN)**

A statewide parent-to-parent network providing information, support, and education for families of infants and young children with developmental delays or disabilities.

Contact: The Family Information Network at the Department of Health for the FIN Consultant in your region, (330) 492-8136.

Parent Mentor Project

Supported by the Ohio Department of Education. Selected school districts have parent(s) available to serve as a liaison between families and schools.

Contact: The Ohio Department of Education or your local SST, (330) 633-2055.

Regional / Local

State Support Team, Region 9 (SST)

6057 Strip Ave NW
North Canton, OH 44720
(330) 492-8136

Information and Referral

Call: 211 or 330-491-9997
Centro San Jose: 330-454-2220

HEALTHCHEK SERVICES FREQUENTLY ASKED QUESTIONS

Question 1: What is Healthchek?

Healthchek is Ohio Medicaid's child health benefit for children under age 21. The Federal name for this benefit is Early and Periodic Screening, Diagnostic and Treatment services, or EPSDT. The purpose of Healthchek is to find and treat health problems early, so your child can have the best health and development possible. Healthchek is free and covers Healthchek exams (well child check-ups), hearing, vision and dental screenings to diagnose any health problems your child might have. It also covers medical and dental treatments and equipment that may be determined as medically necessary.

Question 2: Is Healthchek different from Medicaid?

No. Healthchek is the children's health component of Medicaid for children under age 21. Under Healthchek, your child can receive medically necessary services or equipment that would be covered by federal Medicaid whether or not the service is covered by Ohio's Medicaid plan for adults. Also, your child can get more of a certain service than would be provided to adults. For example, a child could get more physical therapy than an adult would get if the added therapy is medically necessary for the child. Children also can get more dental care than adults.

Question 3: Do I have to fill out an extra application for my child to receive Healthchek services?

No. Once your child is enrolled in Ohio Medicaid, he or she can receive Healthchek services. Ask the Healthchek Coordinator at your County Department of Job and Family Services' (CDJFS) for more information about Healthchek services. A list of county Healthchek Coordinators can be found at:

<http://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/countycoordinators.pdf>

Question 4: How many Healthchek exams are covered?

Healthchek covers 13 check-ups throughout the first three years of life, then one check-up each year until the age of 21. It is important to take your child to all of the covered check-ups to ensure your child's health and normal development. If a health problem is found, more exams and services are covered when necessary to diagnose and treat the problem.

Question 5: What happens during a Healthchek exam?

Healthchek screenings (exams) are complete physical examinations that include:

- *Medical history*
- *Complete unclothed exam (with parent approval)*
- *Developmental screening (to see if your child's physical and mental abilities are as expected for his or her age)*

Question 6: What happens if a health problem is found?

Your child's doctor can treat the problem or can make a referral to a specialist for further evaluation and treatment. Any Medicaid provider can find a problem, make a referral or provide treatment. This includes: doctors, nurses, dentists, physical therapists, occupational therapists, speech therapists, psychologists, psychiatrists and other health care professionals.

Question 7: What does medically necessary (medical necessity) mean?

Medical necessity for individuals covered by early and periodic screening, diagnosis and treatment (EPS- DT) is defined as procedures, items, or services that prevent, diagnose, evaluate, correct, ameliorate, or treat an adverse health condition such as an illness, injury, disease or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability.

Question 8: What should I do if the doctor says my child needs a medically necessary service that has to be approved by Medicaid or my child's managed care plan?

If you are enrolled in a Medicaid managed care plan, your provider should contact the plan's prior authorization department and make the request. Each plan has its own process for approving requests for services. If you are not enrolled in a Medicaid managed care plan, your Medicaid providers can make a request for the service. Your health care professional will submit all the necessary supporting paperwork (example: treatment plans, progress notes, assessments), asking that the requested service receive prior authorization for coverage.

Question 9: What if a request for approval by Medicaid or my child's managed care plan is denied?

You will receive notification by mail if the service your doctor recommends is denied by Medicaid. If you disagree with the denial, you may ask for a hearing. You must ask for a hearing within 90 days from the date of the notice. This document should tell you exactly how to ask for the hearing. A hearing will be scheduled, and a hearing officer will listen to you and Ohio Medicaid, then will decide whether or not the denial was correct.

If your child is enrolled in a managed care plan, you can find information about your plans process on their website by searching for "appeal" or by calling their member services department for assistance.

Managed Care Plan	Website	Member Services
Buckeye Health Plan	www.buckeyehealthplan.com	1-866-246-4358
Caresource	www.caresource.com	1-800-488-0134
Molina Healthcare	www.molinahealthcare.com	1-866-449-6849
Paramount Healthcare	www.paramounthealthcare.com	1-800-462-3589
United HealthCare	www.uhc.com	1-877-542-9236

PARENT CONCERNS

For any questions or concerns, please contact Camille Anderson at 330-491-3710 or andersonc@plainlocal.org