

**MORNING LATCHKEY  
PROGRAM  
GAYLORD COMMUNITY SCHOOLS  
2021-22**



**615 SOUTH ELM AVENUE  
GAYLORD, MI 49735  
989-705-3018  
CHILD CARE DIRECTOR: KARLA HAWKINS  
EMAIL: HAWKINSK@GAYLORD.K12.MI.US**

**Dear Parent,**

**Please complete and return the following attached forms found at the back of the handbook.**

- **Morning Latchkey Child Care Information Record**
- **Written Information Packet Documentation**

**Completed forms may be returned to GCS Board of Education Office located at 615 South Elm Avenue.**

Gaylord Community Schools  
**Morning Latchkey Child Care**  
Program Information

**PURPOSE OF PROGRAM**

The purpose of this program is to provide a safe before school experience that is socially and developmentally sound for children in Preschool through sixth grade.

**HOURS**

The program begins at **7:20 a.m.** and ends when school starts at **GIS, SME, and NOE.**

**FEE**

Billing is once a month at the end of the month. Bills will be sent to the mailing address indicated on the Morning Latchkey Child Care Information Record. The fee is **\$15.00 per week** whether the student is in attendance at the program or not. Due to limited slots, you are required to commit to attend every day. Please note that even if your student is absent, the morning latchkey fee will still be applied. (Scholarships are available for those who are financially eligible.)

**ENROLLMENT**

Space is limited, so please sign up early. Enrollment will be granted on a first come, first serve basis. The Child Care Information Record must be filled out completely before your child can attend the program. Each box must be checked indicating if your child has any allergy or health condition. You must include your child's doctor's name, address, and phone number on the form. These items are required by the State of Michigan Child Care Licensing for the protection of your child.

**DROP-OFF**

Drop off will be required to occur between 7:20 a.m. and 7:35 a.m.

**PAYMENT**

As this program is self-funding, **payments are due (in full) on a monthly basis.** A statement will be mailed at the beginning of each month for the previous month, with payment due on the 20<sup>th</sup> of each month. Your payment must be received on or before the 20<sup>th</sup> or a **\$10.00 late fee** will be applied to your balance. **Payments can be made by leaving a check with Karla Hawkins.** credit card payments can be made in the Board of Education Office, or payments can be sent to: Gaylord Community Schools, 615 South Elm Avenue, Gaylord, MI 49735.

**\*Payments that are two months in arrears will result in child care services being suspended.\***

We do accept DHS payments, however anything not covered by DHS will be the responsibility of the parent/guardian.

Checks returned to the school from the bank for non-sufficient funds will be charged a \$25.00 returned check fee. This fee will be added to your subsequent payment. If this occurs more than once, you will be asked to make all payments with cash, money order, or credit card.

**WHERE WILL MY CHILD BE FOR MORNING LATCHKEY CHILD CARE?**

The K-3 students from South Maple Elementary School and North Ohio Elementary School can be dropped off at their respective schools for Morning Latchkey child care at the gym/cafeteria doors. The 4th - 6th grade students can be dropped off at Gaylord Intermediate School at the gym entrance.

**ATTENDANCE/ABSENCES**

We need to make sure all students are accounted for and therefore we **MUST** know when a student will not be attending our program. Please call your child's daytime school office and specify that your child will not be attending the Morning Latchkey program for that day.

**ILLNESS**

If your child shows signs of illness during the time he/she is in our care, the child will be assessed by the director and the parents will be called if the child is found to be too ill to attend the program. If the provider determines the child has a contagious disease, the child will be separated from the other children and the child will be placed in a comfortable location where the child can still be supervised. Illnesses that will require early pick-up are fever of 101 degrees or higher, diarrhea of 3 or more watery stools, vomiting, pink eye, untreated scabies, ring worm, impetigo and any other contagious childhood disease not previously mentioned. They must be symptom-free for at least 24 hours before they can return to the program.

**INJURIES**

If your child is injured, the staff will take whatever steps that may be necessary to obtain emergency medical care. These steps may include, but are not limited to the following:

- ✓ Attempt to contact a parent/guardian.
- ✓ Attempt to contact parent/guardian through any of the persons listed on the child's registration.

If we cannot contact you, we will do any or all of the following:

- ✓ Call an ambulance
- ✓ Have the child taken to the hospital with a staff member.

### **CUSTODY ORDERS/POLICE PROTECTION ORDERS**

Parents listed on the child information record will be permitted to pick up their child unless a certified custody order or PPO stating that the parent is not allowed to have custody of the child is provided to the center director.

### **BREAKFAST**

Breakfast can be provided for your child each day at NOE, SME, and GIS. If your child has any dietary restrictions, please be sure to indicate this information on the Morning Latchkey Child Care Information Record.

### **HOW CAN I BE HELPFUL?**

Involvement of parents in the program is essential. Cooperation with all policies and procedures is expected. Communication is the key for student success and parent's satisfaction of the program. Share information about your child with his/her childcare providers such as your child's interest, special events in your child's life, and any special needs your child has. Ask your child about the program each day.

### **WILL THE PROGRAM BE HELD WHEN SCHOOL IS CANCELLED?**

The program will **not** meet on any day that school is cancelled due to weather or other extreme conditions.

### **DISCIPLINE**

The best discipline is preventive, through a carefully planned program which challenges and meets the needs of the children and provides variety. Many problems can be avoided when children are involved in constructive activities. School personnel must organize space and materials to avoid unnecessary confrontations. They must also give children ample opportunities to practice social skills through spontaneous interaction with peers and adults. Staff members give children cues about which behaviors to maintain or avoid and which alternative behaviors may be more successful. It is important to use a variety of positive guidance techniques. Children will be expected to follow the "BEE RULES," which are BE RESPONSIBLE, BE RESPECTFUL, AND BE SAFE. Children will not be excluded from any outdoor activities or daily learning times. If this is not successful and a child should fail to adjust to a group situation, the following steps will occur:

- STEP ONE - A verbal warning will be issued regarding the specific behavior or offense.
- STEP TWO - The child will be removed and sent to a quiet, supervised room for a period of time to regain control. The director will discuss what happened, and what steps to take with the child, so that they may go back to their classroom.
- STEP THREE - A note will be sent home to the parent/guardian, regarding the nature of the offending behavior.
- STEP FOUR - Parent/Guardian must meet with the Program Director to discuss the offense and come up with possible solutions to prevent any further inappropriate behavior.
- STEP FIVE - The child will be suspended from the program for one day.

Any further unacceptable behavior will result in added suspension days, finally resulting in termination from the program. The actions outlined in the policy are used as a general guideline for student behavior and consequences; however, the administration reserves the right to modify consequences in individual cases where the situation warrants.

### **ADMISSION/WITHDRAWAL**

Morning Latchkey Child Care Information Record forms are required to be turned in at the time of enrollment. Every school year, you are required to fill out a new form. If a child is to be removed from the program, a one-week notice is appreciated.

### **PLAYGROUND POLICY**

School-age centers operating in school buildings approved by the MDE are exempt from having to be inspected by a certified playground safety inspector, so our outdoor play area and equipment has not been inspected per Rule R 400.8170 subrule (11).

### **STAFF/VOLUNTEER SCREENING POLICY**

A staff member shall not be present in the center if he or she has been convicted of any of the following:

- A listed offence, as defined in section 2 of the sex offender's registration act, 1994 PA295, MCL 285.722
- Child abuse or child neglect.
- A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire

Gaylord Community Schools requires all staff participating in State of Michigan licensed child care programs to participate in the following screening processes:

- Documentation from the Michigan Child Care background check program that a volunteer has not been named as a perpetrator of child abuse or neglect. This must be on file before having any contact with children.

Staff	Volunteers (All volunteers will be supervised)
<ul style="list-style-type: none"> <li>• Electronic fingerprint clearance</li> <li>• Comprehensive background child care check through the Michigan Child Care background check program</li> <li>• Signed screening statement regarding child abuse &amp; neglect</li> </ul>	<ul style="list-style-type: none"> <li>• Electronic fingerprint clearance</li> <li>• Comprehensive background child care check through the Michigan Child Care background check program</li> <li>• Signed screening statement regarding child abuse &amp; neglect</li> </ul>

The GCS Child Care centers provide an orientation about the center’s policies and practices and these administrative rules for all personnel hired after the effective date of these rules and before unsupervised contact with children. Before caring for children, all child care staff members who work directly with children shall be trained on prevention of abusive head trauma and child maltreatment, and recognition and reporting of child abuse and neglect. Before unsupervised contact with children, all child care staff members who work directly with children shall complete prevention and control of infectious disease training, including immunizations. Within 90 days of being hired, or the first day as an unsupervised volunteer, all child care staff members and unsupervised volunteers who work directly with children shall complete the following trainings, which may count toward annual professional development hours and are available at MiRegistry: (a) Administration of medication. (b) Prevention of and response to emergencies due to food and allergic reactions. (c) Building and physical premises safety. (d) Emergency preparedness and response planning. (e) Handling and storage of hazardous materials and appropriate disposal of bio-contaminants. (f) Precautions in transporting children, if applicable. (g) Child development. All child care staff members who work directly with children shall complete 16 clock hours of professional development annually on topics relevant to job responsibilities.

**HEALTH CARE REQUIREMENTS**

Each child must have a physical examination and up-to-date immunizations before starting in the program as required by Michigan Child Care licensing. The Gaylord Community Schools will work cooperatively with the Northwest Michigan Community Health Agency to enforce and adhere to the Michigan Public Health Code for the prevention, control, and containment of communicable disease in schools. Students are expected to be in compliance with the required immunization schedule. The Superintendent has the authority to exclude a student from school when reliable evidence or information from a qualified source confirms him/her of having a communicable disease or infestation that is known to be spread by any form of casual contact and is considered a health threat to the school population. Such a student shall be excluded unless their physician approves school attendance or the condition is no longer considered contagious.

If your child should come down with a contagious condition of any kind, please notify the school office and the program supervisor. If a child is judged to be ill while in our care, the family will be contacted and required to come for the child. If a parent/guardian is not able to be reached, individuals listed on the Child Information Record will be contacted. A child should not be sent to the program if he/she has symptoms of illness. To protect themselves and others, your child should not return to school until healthy.

**EMERGENCY PLAN**

In the event of an accident or emergency, parents/guardians will be contacted immediately. If parent/guardian is unable to be reached, individuals listed on the child information form will be contacted. If we are unable to reach anyone, we will seek emergency medical care as specified by the parents/guardians on the Morning Latchkey Child Information Record. **It is in the best interest of your child to please keep school personnel updated with any change in emergency contact phone numbers.**

If a child is injured, first aid will be rendered and a parent/guardian will be notified. A Student Incident/Accident Report will be completed. In case of a severe injury or an emergency when the child’s health is in danger (experiencing breathing problems or lack of breathing, severe bleeding, unconsciousness, suspected head or spinal injury, or anaphylaxis), Emergency Medical Services will be requested by calling 911. Parents/Guardians will be notified immediately after the EMS call is placed. The parent/guardian will be responsible for any incurred expenses.

**BLOODBORNE PATHOGENS EMERGENCY PROCEDURES**

Infection control approaches are based on the concept of standard precautions treating all blood and bodily fluids as if they were potentially infectious. An exposure can lead to infection; therefore, standard precautions shall be used at all times. In an emergency situation involving blood or potentially infectious materials, Universal Infection Control Procedures should be used. Wearing gloves, splash goggles, pocket mouth-to-mouth resuscitation masks and other barrier devices will be used whenever possible to try to minimize exposure.

## COVID RESPONSE PLAN

The 2021-2022 GCS Child Care Programs will follow the same mitigation strategies and procedures that students and staff will be required to follow during the regular school day.

### CLEANING AND SANITIZING SCHEDULE

Eating areas will be sanitized regularly throughout the day and specifically before and after each meal or snack. Toys that go into the children's mouth will be placed in a tub with sanitizing solution, rinsed and air dried. Sanitizing solution will be made up of 1 tablespoon bleach to one-gallon water.

### HAND WASHING METHODS

Method for staff members and children prior to meals and snacks: Wet hands under warm water, apply soap, vigorously rub hands together for at least 20 seconds, thoroughly rinse hands under warm running water, dry hands using a single-use disposable towel. Hand washing procedures will be posted in the classroom.

### MEDICATION

Medication will only be administered when prescribed specifically for your child by a doctor. The medication must be brought to us in its original container and the Medication Permission and Authorization Form must be completed and signed by the parent or guardian. Instructions and medication permission forms may be obtained upon request from the program supervisor. All medication will be administered by a school designee.

### LICENSING NOTEBOOK

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](http://www.michigan.gov/michildcare).

### DAILY SCHEDULE

TIME	Pre-K	K	1st grade	2nd	3rd	4th	5th & 6th
7:20-7:35	Drop-off time/ Attendance	Drop-off time/ Attendance	Drop-off time/ Attendance	Drop-off time/ Attendance	Drop-off time/ Attendance	Drop-off time/ Attendance	Drop-off time/ Attendance
7:35-7:45	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
7:45-7:50	Wash hands /bathroom	Wash hands /bathroom	Wash hands /bathroom	Wash hands /bathroom	Wash hands /bathroom	Wash hands/ bathroom	Wash hands /bathroom
7:50-8:10	Dismissal to classes	Dismissal to classes	Dismissal to classes	Dismissal to classes	Dismissal to classes	Dismissal to classes	Dismissal to classes





# GAYLORD

## COMMUNITY SCHOOLS

### MORNING LATCHKEY CHILD CARE INFORMATION RECORD 2021-22

<b>Start Date</b> <small>(Paperwork must be received 24 hours prior to start date)</small>	
<b>End Date</b>	

Please print clearly in ink and provide all information requested.

<b>Student's Legal Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Student's Home Phone Number</b>	<b>Date of Birth</b>	<b>Gender (M/F)</b>
<b>Student's Residence Address</b>	<b>City</b>	<b>Zip Code</b>
<b>Student's Mailing Address</b>	<b>City</b>	<b>Zip Code</b>

**Student Lives with: (Please Check)**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Both natural parents | <input type="checkbox"/> Mother/other   | <input type="checkbox"/> Host family            | <input type="checkbox"/> Adult student |
| <input type="checkbox"/> Father/stepmother    | <input type="checkbox"/> Father only    | <input type="checkbox"/> Relative               | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Mother/stepfather    | <input type="checkbox"/> Mother only    | <input type="checkbox"/> Court placed           |  |
| <input type="checkbox"/> Father /other        | <input type="checkbox"/> Legal guardian | <input type="checkbox"/> Divorced-joint custody |  |

<b>Mother Name</b>		<b>Father Name</b>	
<b>Lives with Student?</b>	Please circle: <b>Yes</b> <b>No</b>	<b>Lives with Student?</b>	Please circle: <b>Yes</b> <b>No</b>
<b>Mother Work Place</b>		<b>Father Work Place</b>	
<b>Mother Work Phone</b>		<b>Father Work Phone</b>	
<b>Mother Cell Phone</b>		<b>Father Cell Phone</b>	
<b>Mother Email</b>		<b>Father Email</b>	

Please complete **Stepmother/Stepfather** information *if applicable*:

<b>Stepmother Name</b>	<b>Stepfather Name</b>
<b>Home/Cell Phone</b>	<b>Home/Cell Phone</b>
<b>Work Place &amp; Phone</b>	<b>Work Place &amp; Phone</b>

<b>Name of Parent Living Elsewhere</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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Other Children Residing in the Home: Name (Last, First)	Birthdate	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School	Grade	Teacher
<i>Please circle one</i>		
GIS/NOE/SME		



**MORNING LATCHKEY CHILD CARE INFORMATION RECORD  
2021-22**

<b>Allergies:</b> <input type="checkbox"/> Food (Please List) <input type="checkbox"/> Animals <input type="checkbox"/> Medications <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<b>Medical Conditions:</b> <input type="checkbox"/> Asthma: Parent providing inhaler? Yes No <input type="checkbox"/> Diabetes <input type="checkbox"/> Convulsions/seizures <input type="checkbox"/> Please Explain _____ <input type="checkbox"/> Other Medical Information <input type="checkbox"/> Please Explain _____ <input type="checkbox"/> None				
<b><u>Medical Authorization and Authorization to Transport in Case of Emergency</u></b> In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If the physician cannot be reached, the school may make necessary arrangements for the well-being of my child.					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Doctor's Name</td> <td style="width:20%;">Office Location</td> <td style="width:30%;">Address</td> <td style="width:20%;">Office Phone</td> </tr> </table>		Doctor's Name	Office Location	Address	Office Phone
Doctor's Name	Office Location	Address	Office Phone		
Special Needs _____					

PERSONS AUTHORIZED TO PICK UP CHILD IN AN EMERGENCY			
If your child is injured, ill or needs to leave the child care center, we will contact the parents listed on the front of this card first. If parents are unavailable, we will contact the following individuals authorized to pick up your child from school. Your child should know the person. ID may be requested.			
Authorized Person	Relationship	Address	Phone Number
<b><i>Your child will not be released to any unauthorized person.</i></b>			

Special Pick Up Instructions:

- *I affirm that as the parent/legal guardian, all information provided is true and accurate.*
- *To the best of my knowledge, my child is of good health, free of any communicable disease, and his/her immunizations are up to date and on file at their school. This health statement waives the need for my child to have a physical examination record on file for entry into this program.*
- *I give permission to the Gaylord Community Schools Morning Latchkey Child Care program, licensed by the Department of Human Services, to secure emergency medical and/or emergency surgical treatment for the above named minor child while in their care.*
- *I have received and read the child care program information sheet. I understand the program will bill me on a monthly basis, and it is my responsibility to make sure the statement is paid by the due date.*

_____ <b>Signature of Parent/Guardian</b>	_____ <b>Date</b>
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It is the policy of Gaylord Community Schools that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight, marital status or any other legally protected characteristic be excluded from participation in, be denied the benefits of, or be subjected to, discrimination during any program, activity, service or in employment. Inquiries should be addressed to: Civil Rights Coordinator, 615 S. Elm Street, Gaylord, MI, 49735, (989)705-3080.



## WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems

A written information packet has been provided at the time of enrollment. The packet included all the following

Child(ren)'s Name(s) (Last, First)	Gaylord Community Schools Morning Latchkey Child Care
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*Note: Only one form needed per family.*

Information:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
  - 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](http://www.michigan.gov/michildcare).

I certify that I received all of the above items.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date