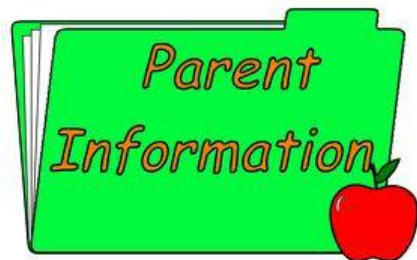


# SACHEM CENTRAL SCHOOL DISTRICT SCHOOL AGE CHILD CARE PROGRAM

**2016-17**

## **PARENT HANDBOOK**



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Sachem Central School District  
Administrative Offices  
Child Care Office  
51 School Street  
Lake Ronkonkoma, NY 11779  
631-471-8942  
[www.sachem.edu](http://www.sachem.edu)

## **PROGRAM OBJECTIVES & DESCRIPTION**

In an effort to support Sachem parents and guardians, and to extend its commitment of caring and concern for the children of our community, the Sachem Board of Education sponsors a district-wide before and after school child care program. This program is intended to support families who have an on-going need for supervision of their child before and/or after school by providing a quality child care program in a safe, caring and nurturing environment.

The district's SACC (School Age Child Care) program, housed at each of the ten elementary schools, is designed to be a self-sustaining, yet affordable program. The program is committed to providing quality before and after school child care while offering students opportunities to engage in activities that promote their physical, mental, social and emotional development. Children attending the program will have an opportunity to work on homework assignments, to have breakfast or a snack, and to participate in quiet and active games in both indoor and outdoor facilities. The program is open to all Kindergarten through fifth grade students within the Sachem School District. The staff to student ratio is ten students to one adult. Should the daily attendance fall below fifteen (15) participants, the program would be closed and relocated to join another child care site.



## **REGISTRATION PROCEDURES**

***\*\* (please note for current students enrolled in the SACC program - all accounts must be paid in full through June 2016 in order to register for the 2016-17 school year) \*\****

- Mail in registration only during the period of May 30, 2016 through August 15, 2016.
- Registration is closed during the period of August 16, 2016 through September 12, 2016.
- As of September 12, 2016, registration forms must be brought to the child's school main office or during child care hours to the Group Leader at the child care program.
- You will need to complete one registration form per participating child.

## **PARENTAL RESPONSIBILITIES**

To ensure efficient and effective operation of the program, the participants and their families must adhere to the rules of the program and there must be open communication between the group leader and the parent or guardian. It is the parent's responsibility to:

- **Inform the child's teacher and the main office of the following:**
  - your child's enrollment in the Sachem Child Care Program
  - what days your child will be attending the PM program
  - if the child will not participate in the PM program when regularly scheduled
- Inform your child when he/she will or will not participate in the PM Child Care Program
- **Inform the Child Care Staff and Child Care nurses of:**
  - Emergency contact information for yourself and your spouse/legal guardian
  - Emergency contact other than yourself and your spouse/legal guardian (over 18 years old)
  - Your child's dietary or medical concerns and/or restrictions

## **SIGN IN AND SIGN OUT PROCEDURES**

The SACC program opens at 7:00 am and closes promptly at 6:00 pm. Children **must** be signed in for the a.m. program (no earlier than 7:00 am) and signed out for the p.m. program (no later than 6:00 pm). Parents/guardians must escort their children into and out of the building and sign them into and out of the program. As students leave their classrooms at the end of the school day, their regular classroom teacher will escort them to the designated child care area. The Child Care staff assumes the responsibility of the children at that point. Once transportation departs the building parents are responsible for full payment for that day. If you do not send in a note or notify the school that you want your child to take the bus home on a scheduled child care day, we will keep your child in Child Care Program for his/her safety .

- ***Please note - The SACC Program closes promptly at 6:00 pm. A \$6.00, per child, late fee will be incurred for each 15 minute increment after 6:00 pm,***

***beginning at 6:01 pm. If a parent anticipates being late, the parent must contact an authorized person to pick up the child prior to 6:00 pm. Repeated violations (3 times) of this policy will result in withdrawal from the program.***

- **To ensure the safety and privacy of all children, please be sure to sign in/sign out your child and leave the program area as not to engage with other children in the program.**

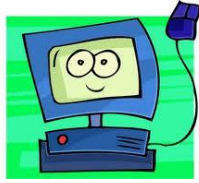
## **SAFETY**

No child will be released from the programs to any person other than a parent, guardian, lawful custodian or person designated, in writing, by the registering adult. Any person authorized to pick up your child must be at least 18 years of age. No child will be released from the program unsupervised; the child must be signed in or out of the program daily by an authorized, responsible adult. If the staff has any questions concerning the adult attempting to sign out the child, the child will not be released until verbal confirmation can be obtained from a supervising parent. If any person attempts to sign out a child without appropriate photo identification or appears to be impaired, the staff will call the Suffolk County Police for assistance. It is the parents' responsibility to inform the Child Care Office of any custodial arrangements and provide all necessary court documentation; otherwise, **YOUR CHILD MAY BE RELEASED TO EITHER PARENT.** Sachem Child Care will always abide by any and all court documentation therefore, do not ask the Group Leader to release your child to an unauthorized adult. *Be aware, we destroy all Court documentation at the end of the school year. **New forms must be submitted yearly.***

Unless otherwise informed by the Child Care Office, the only people allowed access to the child care participants are the Child Care staff, the parents or guardians of the child, and those individuals indicated by the registering parent or guardian as authorized to pick up the child. When signing your child in and out, the authorized person should not linger, thus, being mindful of the privacy of other children.

At no time will any individual, not otherwise associated with the program or authorized to pick up a child, have access to, talk with, or photograph any or all participants unless the staff is informed otherwise by the Child Care Office.

## **PAYMENT OF FEES**



Make your Child Care payments online at **PayForIt.net**.

All payments must be prepaid on a monthly basis.

- Ensure that monthly pre-payments are made and your account is always paid in full. If your account becomes delinquent, the Director of School Age Child Care reserves the right to remove your child from the program until full payment is made.
- Failure to keep your account current could be reason for dismissal from the program.
- Should you need to make a payment at the Child Care site you must pay with a money order made payable to Sachem Child Care. **\*\*Please include your child's name & school on the money order.\*\*** Cash will not be accepted.
- Be aware that, if necessary, the Child Care Program will pursue through whatever legal means available, full restitution for services provided. Parents/guardians must understand the Child Care Office reserves the right to request prepayment of services.

### **Receipt of Payment**

- The District's standardized accounting procedures will be followed to control the monies. If paying with a money order, you will receive a written receipt indicating name, address, the amount of the money collected and the money order number. When using PAYFORIT.NET, a receipt can be issued through this service.
- All receipts issued to parents for these services should be maintained by the parents. The Child Care Office will not provide any further record of payment.

# SCHOOL AGE CHILD CARE PROGRAM

## 2016-17 SACC MONTHLY TUITION CHART GRADES K-5

### Cayuga, Chippewa, Grundy, Hiawatha, Lynwood, Tamarac, Waverly and Wenonah

	1 day/week	2 days/week	3 days/week	4 days/week	5 days/week
<b>AM 7:00 am-9:15 am</b>	<b>Monthly Fee</b>	<b>Monthly Fee</b>	<b>Monthly Fee</b>	<b>Monthly Fee</b>	<b>Monthly Fee</b>
1st Child	\$24	\$48	\$72	\$96	\$120
Sibling	\$21	\$42	\$63	\$84	\$105
<b>PM 3:15 pm-6:00 pm</b>					
1st Child	\$48	\$96	\$144	\$192	\$240
Sibling	\$39	\$78	\$117	\$156	\$195

### Nokomis and Merrimac

	1 day/week	2 days/week	3 days/week	4 days/week	5 days/week
<b>AM 7:00 am-8:30 am</b>	<b>Monthly Fee</b>	<b>Monthly Fee</b>	<b>Monthly Fee</b>	<b>Monthly Fee</b>	<b>Monthly Fee</b>
1st Child	\$21	\$42	\$63	\$84	\$105
Sibling	\$17	\$34	\$51	\$68	\$85
<b>PM 2:30 pm-6:00 pm</b>					
1st Child	\$51	\$102	\$153	\$204	\$255
Sibling	\$43	\$86	\$129	\$172	\$215

*The SACC program closes promptly at 6:00 pm, therefore a \$6.00/child late fee will be incurred for each 15 minute increment after 6:00 pm. Repeated violations (3 times) of this policy will result in withdrawal from the program.*

**\*\* Payments can be made online at PayForIt.net. September 2016 tuition is due by August 29, 2016 in order for your child to begin the program. All monthly payments are due on the 1<sup>st</sup> of every month beginning October 1, 2016.\*\***

**\*\*\*Please note – if you must pay at the Child Care Site, cash will not be accepted. Only money orders will be accepted. Please be sure to include your child’s name, id # and school on the money order. Money orders should be made payable to Sachem Child Care.\*\*\***

**For tax purposes, please make note of the following:**

U.S. Tax information: **“Tax-Exempt”**

NYS Tax information: **“Taxexempt”**

## SCHOOL AGE CHILD CARE PROGRAM

### **Alternative Option B:**

Should the monthly fixed fee structure not be conducive to your work schedule, the Sachem Child Care program is offering a pre-paid session pack to be used "as needed".

10 AM session pack = \$70

10 PM session pack = \$150

The above packs may be purchased and used as needed. The packs must be pre-paid. Additional packs of 10 sessions may be purchased should your initial pack run out. These sessions can be used for emergencies or days that child care is needed unexpectedly. These sessions can also be used for families who do not have the need to utilize child care on a weekly basis but may need to use the program sporadically. The group leader must be notified as soon as possible when using a session under this option so we can prepare for the additional attendance. The above packs do not expire and can be carried over from month to month.

## *Sachem Central School District*

# SCHOOL AGE CHILD CARE PROGRAM

*Tuition is to be paid on a monthly basis. When you register your child, you will need to commit to the days you will be utilizing the child care program on a monthly basis. For example: Tuesdays and Thursdays would equate to the fee listed under 2 days/week monthly rate. This schedule will be set for the entire school year, unless you notify our office of changes as stated below.*

Please note –The monthly fixed fee structure takes into account scheduled days off including holidays, recesses, half days and snow days. Therefore – there is no charge in the schedule for these days. A refund will not be given for a child who is absent on his/her scheduled day.

### **FAQS:**

#### **Schedule Changes:**

Based on your registration paperwork, we have reserved specific days for your child to attend the SACC program. The selected days of the week will remain the same throughout the school year regardless of holidays and school closures. To withdraw your child from the program or for any changes to the schedule, written notification must be received no later than the 15<sup>th</sup> of each month to take effect on the 1<sup>st</sup> day of the following month. However, any changes that need to be made for September 2016 must be received by the Child Care office no later than August 15, 2016. Written notification (via email or fax) must include the date, name of school, child/children's names, change to the current schedule and last day of attendance should you be withdrawing your child completely. Please note, we will allow flexibility should you need to change the day your child is attending for a specific week. For example, if you register your child for Tuesday/Thursday and you need to utilize the program the following week on Monday/Wednesday, please let the group leader know as soon as possible and you can change the schedule for that particular week.

#### **Payment Policy:**

This is a self-sustaining program. In order to remain self-sustaining, it is **imperative** that tuition is paid on time every month. **September 2016 tuition is due by August 29, 2016 in order for your child to begin the program. All monthly payments are due on the 1<sup>st</sup> of every month beginning October 1, 2016.**

*ALL accounts must be **PAID IN FULL** in order to register for the 2016-17 school year. Should we receive registration paperwork for a child with an outstanding balance it will not be processed until payment for the 2015-16 school year is made in full.*



For your information:

## **LOW INCOME CHILD CARE ASSISTANCE**

You **may** be eligible for assistance for your child care needs.

**The requirements are based on your total combined family income.**

For example: A family of two **may** receive **some** assistance if your earnings are below \$23,265.00.

A family of three **may** receive **some** assistance if your earnings are below \$29,295.00.

A family of four **may** receive **some** assistance if your earnings are below \$35,325.00.

A family of five **may** receive **some** assistance if your earnings are below \$41,355.00.

A family of six **may** receive **some** assistance if your earnings are below \$47,385.00.

**If you are transitioning from Social Services to Work, or have Special Needs the Income Eligibility Standards are higher.**

Family of 2 **may** receive **some** assistance if your earnings are below \$31,020.

Family of 3 **may** receive **some** assistance if your earnings are below \$39,060.

Family of 4 **may** receive **some** assistance if your earnings are below \$47,100.

Family of 5 **may** receive **some** assistance if your earnings are below \$55,140.

Family of 6 **may** receive **some** assistance if your earnings are below \$63,180.

The application process takes approximately 6-8 weeks but, if approved, your assistance can be retroactive from the date of your first application.

To determine whether you are eligible to obtain assistance or would like an application package, please call:

**Dept. of Social Services 631-854-3349 OR 631-854-9321**

They will provide a phone screening and direct you to the proper department.

**Your eligibility will be determined by the Department of Social Services Not The Sachem School Age Child Care Program. Any questions you may have must be directed to the above number.**

\* Rates are subject to change by the Dept. of Social Services 7/13



## SCHEDULE

Attempts will be made to group participants by age - kindergarten through second graders and third through fifth graders. The student to staff ratios will be 10 to 1. Although the sequence of events may vary at each child care program, a typical activity schedule on any given day will include the following:

	NOKOMIS & MERRIMAC	CAYUGA, CHIPPEWA, GRUNDY, HIAWATHA, LYNWOOD, TAMARAC, WAVERLY & WENONAH
HOMEWORK 45 MIN-1 HR	2:30-3:15	3:15-4:00
SNACK TIME 30 MINUTES	3:15-3:45	4:00-4:30
ARTS & CRAFTS/QUIET GAMES; GYM/OUTDOOR ACTIVITIES	3:45-5:45	4:30-5:45
ORGANIZING FOR PICK UP	5:45-6:00	5:45-6:00

Quiet time will be set aside each day to give students the opportunity to work on, or complete homework assignments and to study. Please be aware that the Child Care staff may assist your child with his/her homework however, the program is **not** designed to provide 1:1 homework help. It is the responsibility of the parent to review the homework assignments with their child.

A light snack will be provided each day for every student in attendance at child care in all pm programs. Snack will consist of a snack and drink. Parents must notify the staff of any dietary considerations and allergies. \*\*\*Students wishing to participate in the breakfast program may do so on a daily basis. Child Care participants will be given time each morning to have breakfast. The cost of the breakfast will be separate from the cost of the Child Care. Parents may prepay for breakfast using the online payment service at **payforit.net**.\*\*\*

There will be quiet and active games, both indoors and outside. It is expected that all activities will be age appropriate, enjoyable and safe. Arts and crafts, board games, card games, reading activities and construction projects will be offered to child care students.

## **DISCIPLINARY ACTIONS**

All discipline will be aligned with the Sachem School District code of conduct and progressive discipline practice. Please print out and refer to the Child Care Code of Conduct Booklet on the Sachem Child Care website. If you are unable to print the booklet, you will be given a copy the first day of 2016-17 Child Care. Any consequences will correlate to the student's actions and be handled without prolonged delay on the part of the staff. Corporal punishment is prohibited. The Group Leader will fully document all actions taken and the reasons for taking such action. Whenever possible, a conference between the Group Leader and the parent/guardian will be held. The program staff must forward documentation to the Child Care Office and written communication will be mailed to the parent.

## **INCLEMENT WEATHER POLICY**

- Be aware that in the event of inclement weather or other emergencies, when there is a delayed opening or early dismissal, **Child Care will be canceled. You must follow your school's early dismissal emergency closing plan.**
- Please be sure your contact information is current with Sachem School District. This will ensure you receive all up-to-date information pertaining to school closings, delays, early dismissals and specifically child care operations during these times.
- The following means of communication are in place to update you in case of inclement weather:
  - **www.sachem .edu**
  - **97.5 Walk FM**
  - **News 12 LI**
  - **Cancellations.com**
- ***Please note – the child care staff will not make individual phone calls regarding changes in the school day due to inclement weather.***

## **HEALTH CARE AND GUIDELINES**



The SACC program is a well-child program and follows the health and wellness protocol of the Sachem School District. Should your child become ill during program hours, the child care nurse will be notified to assess the situation. At that time, the parent will be notified and the child will be removed from the group and made as comfortable as possible until the parent arrives. No medication of any type including, but not limited to, any prescription drugs, cough drops, inhalers, vitamins, aspirins or ear drops, will be administered by the Child Care staff except upon the written consent of the parent(s) or guardian.

If medication is required during the child care hours, the child care nurse may administer the medication. Medication must be in its original container, must be labeled with the child's name and accompanied by a copy of the doctor's medication order form. The Parent and Prescriber Authorization for Administration of Medication in School Form and the Self-Directed Medication Release Forms are attached (2 forms). All medication will be returned to the parent or guardian when no longer needed, and must be returned by the end of each school year.

**\*\*Should you have any questions regarding health services in the Child Care Program, please contact the District Child Care Nurses:**

-- Janet Abbondanza and Victoria Petersen at extension x1144 after any elementary school main number or 471-1300 x1144.

***Sachem Central School District***

**Requirements for Students to Self-Administer/Self Carry Medication  
During Child Care**

Dear Parent/Guardian:

Date: \_\_\_\_\_

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

If the Child Care nursing personnel receive a request from a parent/guardian and licensed prescriber to permit a student to carry and self-administer their own prescribed medications, such decisions will be made on an individual basis and in accordance with the following criteria:

- The health care problems are severe enough to self-carry (particularly asthmatic or allergic conditions)
- The **licensed prescriber** has provided an order directing that the student be allowed to carry their medication and self-administer
- The **parent/guardian** has requested permission for the student to self-carry, self-administer
- The **parent/guardian** assume responsibility regarding the monitoring of the student on an ongoing/daily basis to ensure that the student is carrying and taking the medication as ordered
- The **student** demonstrates compliance in consistently and responsibly taking their own medication
- The **student** assumes the responsibility for carrying properly labeled medication in original container on his/her person or at child care.
- The **Child Care Nurse** has completed a nursing assessment which documents the student’s competence in self-carry, self-administration. Sample criteria attached – see page 2

**This privilege may be reassessed or revoked if the student cannot consistently and responsibly take their own medication.**

Thank you in advance for your cooperation,

Child Care Nurse: \_\_\_\_\_ School: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

# ***Sachem Central School District***

## **Determination of Self- Directed Students**

### **Criteria for Consistently and Responsibly Taking Medication**

The student:

- Recognizes his/her medication
- Knows how much medication he/she takes
- Know what time his/her medication is needed during the day
- Knows why he/she takes this medication
- Knows what happens when he/she does not take their medication
- Knows when to refuse to take his/her medication when appropriate
- Knows how to self-administer medication from original labeled pharmacy container or original OTC container (or is able to direct staff member to assist)

*Sachem Central School District*

**SELF-MEDICATION RELEASE FORM**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ has been instructed in the proper  
use of the following medication procedures: \_\_\_\_\_

\_\_\_\_\_

We, (Physician's signature) \_\_\_\_\_

And (Parent or Guardian's \_\_\_\_\_

Request that (Student's Name) \_\_\_\_\_ be permitted to carry  
the medication on his/her person or to keep same in his/her backpack or at Child Care as we consider  
him/her responsible. He/she has been instructed in and understands the purpose and appropriate  
method and frequency of use.

NOTE: This form must be completed in addition to routine district medication form for those  
students who request permission to carry their own medication on campus or keep this  
medication in a P.E. Locker.

# *Sachem Central School District*

## PARENT AND PRESCRIBER'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

### *Authorization for Administration of Medication*

#### **A. To be completed by the parent or guardian:**

I request that my child \_\_\_\_\_ grade \_\_\_\_\_ receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the school nurse will administer the medication or an adult will supervise my child taking his/her own medication.

Signature (Parent or Guardian): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Date: \_\_\_\_\_

#### **B. To be completed by the licensed health care prescriber:**

I request that my patient, as listed below, receive the following medication:

Name of student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescribed Dosage, Frequency and Route of Administration: \_\_\_\_\_

\_\_\_\_\_

Time to be Taken During School Hours: \_\_\_\_\_

Duration of Treatment: \_\_\_\_\_

Possible Side Effects and Adverse Reactions (if any): \_\_\_\_\_

\_\_\_\_\_

Other Recommendation: \_\_\_\_\_

Name of Licensed Prescriber and Title (please print): \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_