

**Hilltop Kids  
Learning Center  
&**

**KidZ Landing  
School Age  
Programs**

**Parent Handbook  
2020**

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## **Ministry Purpose, Goal & Services**



*The **PURPOSE** of Hilltop Kids and KidZ Landing is to support and be an extension of Christ Community Lutheran Church.*



*It is our **MISSION** to stimulate the love of learning in children in a safe, caring, and fun environment that instills Christian values and encourages positive development.*



*It is our **GOAL** to provide a Christ centered, quality early childhood program where each child is recognized as a child of God and is affirmed for her / his uniqueness.*

**One of our core beliefs about the early childhood classroom** is that the learning that takes place should be child-centered and age appropriate. Teachers will be involved in the child's play/work with a variety of activities for children to be engaged in.

**One of our core beliefs about the way children learn** is that it needs to be hands on and fun. Here at Hilltop Kids Learning Center and KidZ Landing School Age Programs we strive to keep each child engaged and interested in the day's play/work, and in return the child will learn much more.

## **Ownership / Operation**

Hilltop Kids Learning Center and KidZ Landing School Age Programs are owned and operated by Christ Community Lutheran Church, located at #1 Christchurch Way, Columbia, IL 62236. Finances and budgeting are under the direction of the congregation, church council, and the Learning Center Board. This team of parents, educators and church representatives oversees policies, curriculum and program planning. The center director provides immediate supervision to all staff and curriculum development. All classes are under the direction of state qualified teachers and teacher assistants. The pastor, as approved in the constitution, has ultimate responsibility for all school and programs of the church.

Director:

Phone: 618 281-4646 ext 102  
# 1 Christchurch Way  
P O Box 234  
Columbia, IL 62236

Pastor:

Jared Parker  
Phone: 618 281-4646 ext 101  
[jparker@christclc.org](mailto:jparker@christclc.org)  
# 1 Christchurch Way  
P O Box 234  
Columbia, IL 62236

Hearing Impaired: The Learning Center will utilize the Illinois Relay Center for the Hearing Impaired. Voice: 1-800-826-0867 TTY: 1-800-526-0844. Furniture and equipment shall be adapted, when necessary, for individual children's use.

## **Licensure**

Hilltop Kids Learning Center and KidZ Landing School Age Program is licensed through the Illinois Department of Children and Family Services.

## **Hours / Days of Operation**

Hilltop Kids Learning Center is open from 6:30 a.m. to 6:00 p.m., Monday - Friday.

KidZ Landing is open Monday-Friday during the following times...

- Before School: 6:30-bus pick up.
- After School: bus drop off-6:00 p.m.
- Full Days: 6:30-6:00 p.m. including snow days.

The Center will be closed on the following holidays:

Labor Day, Independence Day, Memorial Day, Thanksgiving, the day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Day, Good Friday, & Presidents' Day. Parents will be notified of additional closing days.

\*Should one of these holidays fall on a Saturday the holiday will be observed on the Friday prior. Should one of these holidays fall on a Sunday the holiday will be observed on the following Monday.

Parents will be notified by email, Facebook and News Channel 5 (KSDK) if it is necessary to close because of severe weather. We are typically open even when public schools have been cancelled. There will be no tuition refunds made for such closures.

\*KidZ Landing School Program follows the Columbia School District schedule of early dismissals and days off. The After School Program will be open on those days.

## **Ages Served**

Hilltop enrollment is offered to children 6 weeks through 6 years of age. KidZ Landing school age programs include children in Kindergarten to 12 years of age.

## **Registration /Enrollment**

**Enrollment Fees:** A non-refundable registration fee of \$30 is due upon enrollment.

**Materials Fee:** An annual fee for materials of \$35 per year is due upon initial registration and every fall thereafter.

**Enrollment Forms:** The following forms MUST be completed before admission:

- 1) Enrollment Form
- 2) Fee Contract
- 3) Consent for Day Care Providers Agreement Form
- 4) Emergency Medical Form
- 5) Child Release Information
- 6) Parent Handbook Form
- 7) Confidentiality Release
- 8) Photo Release
- 9) Sun Block Release
- 10) Late Departure Form
- 11) Discipline Policy-Signed by Parent/s
- 12) Verification Slip- Standards- Signed by Parent/s
- 13) Health Certificate (less than 2 years old and including)
  - a) TB and Lead test assessments completed by a physician.
  - b) Complete list of Immunizations.
  - c) All signatures and dates on the required form filed out.

## **Arrival, Departure, and Pick-Up Policy**

**Arrival:** The Center opens at 6:30 a.m., Monday through Friday. It is important that your child be present by 9:00 a.m. for the beginning of the center's daily schedule. This assures your child will receive the greatest benefit from the program, and other children and staff will not be interrupted by their late arrival. We ask that you accompany your child into his/her room after signing him/her in.

For safety and liability reasons, **unattended vehicles are not to be left running nor are children to be left in unattended vehicles in our parking lot.**

The covered entry court is used during inclement weather. Parents should use the main parking lot for normal drop off and pick-up. The first row is reserved for Handicapped Parking ONLY.

**Absences:** It is important to inform the program of a child's absence. Please notify the center no later than 8:00 a.m. stating the reason for the absence.

**Departure:** The Center closes at 6:00 p.m. Monday through Friday. Parents should notify the center immediately if they are going to be late. If the parent is late more than 15 minutes, a late fee of \$10.00 will be expected at the time of pick-up. After 15 minutes a fee of \$1.00 per minute will be added to the \$10.00 late fee. Parents will be called after the first 15 minutes the child is not picked up. If the parent is not reached, then emergency contacts listed on the enrollment form will be called in order, until someone is notified. In accordance with State Law, authorities will be called if the parent or emergency contact has not been reached after one hour.

**Pick Up Policy:** We will not allow your child to leave with anyone who is **NOT** on your pick up list. For this reason, a pick up list must be filled out, listing all persons approved to pick up your child. Please advise your child's teacher of any changes in pick up. The person picking up must have a valid form of identification.

**Contacting Staff and Children:** You may call the Center at any time concerning your child. The use of voice mail is encouraged so that the teaching staff's attention is not drawn from your child or other children. If it is necessary to directly contact the room, please make this request of the receptionist.

Room Numbers:	Caterpillars	103
	Dragonflies	104
	Butterflies	105
	Bumblebees	106
	Ladybugs	107
	KidZ Landing	114

## **Tuition / Fees**

Tuition is due by Friday in advance. If tuition is not paid by Monday, an automatic late fee of \$15 will be added to your current balance. Full tuition is due weekly regardless of holidays or absences. If balance is unpaid for 3 weeks, a payment plan will be instituted by the Director to get the account to a current status. The amount due weekly must be equal to the current tuition and a portion of the outstanding balance. Families will be given up to 8 weeks to pay the overdue balance amount. Failure to maintain the payment plan will result in an additional \$15 late fee charge and will require full payment of the complete balance within 14 days or child care services for the family will be terminated. If the full balance is paid and the family remains at the Center, parent/s will need to maintain weekly payments from that time and moving forward for the timeframe they remain at the Center or services will be terminated 14 days from the first non-payment.

**Vacation week:** Each child is eligible to receive a one week vacation period per calendar year that tuition will not be charged if your child is not in attendance. Vacation weeks must be used for a full week not for individual days. We cannot for any reason, reimburse your tuition for times that your child is not present. A vacation request must be submitted in writing to the director prior to the week that they will not be in attendance.

**NOTE: Tuition & Fees are on page 11**

## **Insurance**

Hilltop Kids and Christ Community carry liability insurance in accordance with Illinois DCFS Licensing Standards. Primary insurance is the responsibility of the parents.

## **Transportation**

The Center has no provisions for daily transportation for children attending the Learning Center. Parents of such children are responsible for daily arrival and departures.

Columbia School District provides bus service for the children to be transported to and from KidZ Landing before and after school. Parents are responsible for daily pick-up. During KidZ Landing Summer Program and on snow days parents are responsible for daily arrival and departures.

Field trip transportation is provided by Illinois Central School Bus.

## **Health/Illness/Medication Policy**

Your child's health is important to us. Upon enrollment, you must file a health form signed by a physician that includes an up to date immunization record.

If your child becomes ill while at the Center, you will be notified immediately. In order to protect your child and other children, no child will be admitted to the Center with one or more of the following conditions:

1. Must be 24 hour symptom free of the following:
  - a. Fever of 100 degrees or greater (under the arm)
  - b. Vomiting
  - c. Diarrhea
  - d. Conjunctivitis
2. Unexplained Rash

Please keep your child at home for 24 hours until the symptoms have improved. A back-up plan will be needed in case of an illness.

**Medications:** Both prescription and non-prescription medications must be in the original container labeled with the child's name.

The director will give medications at 12:00 pm; however, arrangements can be made to give other dosages. Staff will not be responsible for missed dosages.

Parents will be required to fill out a medication form before medication will be given. The form must be signed and dated by the parent.

## **Accidents**

In the event your child has a minor accident while at the Center, the staff will fill out an accident report. The form must be signed by the parent, the teacher, and the director. Provisions will be made to prevent recurring accidents.

## **Emergency Procedures**

An emergency form is maintained for each child. This form enables the staff to reach you in the event of an emergency. It is your responsibility to keep the staff informed of changes in telephone numbers and addresses. Please list cell numbers and any additional telephone numbers where you might be reached if you cannot be reached at the primary number.

In the event of an emergency, the family physician and/or ambulance service will be called. The director will accompany the ambulance to the hospital as stated on the enrollment form, unless otherwise directed by the emergency personnel. The parent will be notified immediately of the course of action taken.



## **Learning Center Program**

Our program is geared towards helping children develop habits of observation, question and listening. This approach gives them an awareness of their own feelings and their right to express those feelings by channeling them into other means of expression. Children are free to make choices within the limits of consideration of people and things. Our programs prepare children to use their intellectual and creative abilities in future learning tasks. "Play" is an important role in a child's early development.

### **Daily Program:**

- ✓ Curriculum-based centers where each child chooses his/her own activities with developmental growth support from teachers.
- ✓ Daily "talks with Jesus"
  - ❖ Bible-center curriculum
  - ❖ Prayer before meals & snacks
  - ❖ Weekly chapel
- ✓ A structured group time of instruction focuses on language development
- ✓ Music period.
- ✓ Outdoor/indoor playtime to develop large motor skills
- ✓ Rest period/quiet time
- ✓ Nutritious meals, including a morning snack, hot lunch, and late afternoon snack

**Outside Food:** All food consumed by the children in the Center shall be provided by the Center, except as follows: Upon agreement of the staff, commercially prepared foods may be brought in occasionally by parents as part of holiday or birthday celebrations. Food brought in for this purpose must arrive unopened as packaged by the bakery or manufacturer, or it shall not be accepted. Food for dietary restrictions is permitted with a doctor's order.

**Breakfast:** The Center offers breakfast from 7:30 a.m. until 8:30 a.m. If your child arrives after 8:30 a.m., you must provide breakfast before arriving at the Center. No food is to be brought into the Center.

**\*\*\*On school days the school age children will be provided breakfast from 6:30 until the bus arrives.**

**Snacks:** The Center has two scheduled snack times, a mid-morning snack and a late afternoon snack. These snacks are based on the four food groups.

**Lunch:** The Center serves a catered lunch by a licensed food service caterer. All meals and snacks are served family style. A prayer is said before each snack and meal.

**Treats:** Treats are allowed for birthdays. They must be store bought and in the package. Please inform the teacher in advance, when you will be bringing in treats. Please avoid bringing foods with peanut or tree nut ingredients in them.

**Field Trips:** Field trips are taken according to the curriculum being used at the Center. A signed permission form is required for each trip.

**\*\*\* Summer Camp children take fieldtrips to support learning and social development. Transportation is provided by Illinois Central School Bus.**

**Summer Activities:** A variety of fun learning activities are planned. Themes change weekly, and exciting daily activities are added, such as drama/theater, cooking, science projects, arts and crafts, active games and exercise, water play and special story time.

**Personal Belongings:** Each child has a space for personal belongings. Toys, candy and videos are not allowed. If your child arrives with any of these items, the items will be placed in his/her cubby until it is time to leave. The center is not responsible for missing or damaged or broken personal items including toys and technology. \*Technology only refers to the school age children.

Please bring in a full change of clothes for your child. If your child is in diapers or is toilet training, please bring in additional clothing. Parents are responsible for maintaining supplies needed for day-to-day routines. The staff will remind you of supplies needed.

The laundering of all personal belongings is the responsibility of the parents. Soiled items will be sent home at the time of pick-up. Children must wear footwear with backs that fit securely. Flip-flop style footwear is NOT to be worn at anytime.

Please dress your child appropriately. Outdoor play is important in the daily routine. Please include weather appropriate clothing.

### **Communication:**

The following modes of communication with parents are provided.

Phone Calls, E-mail, Texts, Classroom Bulletin Boards, Teachers Bulletin Boards, Teacher's Newsletter, Director's Newsletters, Notes Home, Face to Face, Parent/ Teacher Conferences, Parent Satisfaction Surveys and Dojo.

**Sanitation:** Classrooms are cleaned after snack, lunch, and at the end of the day. Toys, cots, and sheets are sanitized weekly. Infant/ toddler toys are sanitized daily, as are any toys that are mouthed by children.

## **Release of Personal Information**

Only the Director or Office Administrator will have access to all personal information that is given at the time of enrollment. If parents deny the release of this information then it will not be shared. The confidentiality policy is found on the child's forms and kept in the files.

## **Parent/Teacher Conferences**

Parent/staff conferences will be held in the fall and spring to inform parents of their child's development. Conferences may be requested by the parent or staff as needed.

This information is confidential and will not be released without parental consent. All information about your child's daily welfare will be limited to the staff, teacher, director, pastor directly involved with your child.

## **Guidance and Discipline Policy**

The staff of Hilltop Kids Learning Center will use disciplinary procedures which are designed and carried out in such a way to help the children develop self-control, assume responsibility for their own actions and learn alternative choices.

For a more specific description of this Policy please refer to the discipline policy which is enclosed in your enrollment packet.

## **Discharge Policy**

The policy at Hilltop Kids Learning Center is that children enrolling be able to function in a group setting. If a child is having or causing disruptive behavior, a conference will be held with the parents.

Suggestions and various discipline procedures will be discussed with the parents and the staff. After one month, another conference will be held to re-evaluate the situation and if all parties involved feel the situation has improved, the plan of action will continue. If the situation has not improved, the parents will be asked to remove their child from the Center. Hilltop Kids reserves the right to dismiss immediately any child exhibiting the intent of harming other children or teachers or displaying destructive, damaging behavior to property of the Center. The Center will identify resources and alternatives for the child/family involved.

***Rates after January 1, 2020.***

## **Hilltop Kids Learning Center/KidZ Landing Tuition Guide**

### ***Hilltop Kids Learning Center- Weekly Rates***

*Bumble Bees and Caterpillars (Infant/Toddler) Tuition- \$231*

*Butterflies (Discovery Pre-K)- \$202*

*Dragonflies and Ladybugs (Pre-K)- \$170*

### ***KidZ Landing Before/After School – Weekly Rates***

*Before/After School - \$85*

*After School only- \$72*

### ***KidZ Landing Summer Camp***

*Full summer Rate- \$1750*

*Full Week- \$163*

## **Transition**

Toddlers transition to a new classroom when they turn 15 months. Typically, children 2-5 advance to an age appropriate classroom in August following the school year. Children may transition to an older classroom on their birthday should there be availability in that classroom and both teacher and parent agree.

The Director will issue a letter notifying parents and teachers about transition. The letter will list the new teacher's names, classroom name, transition timeframe, date of transition, drop off and pick up instructions as well as tuition change. The transition timeframe will vary between 2 months-2 weeks depending on the teacher and parent choice. Parents are welcome to discuss the transition with their child's teacher or the director at any time. New welcome packets will be provided to the family from the new classroom teachers including the creative curriculum transition tool. It is encouraged for the new teacher and parent to complete the transition tool together for best transition results.

In the spring, the Columbia and Waterloo School Districts share their Kindergarten screening dates with us. Parent/Teacher Conferences with the soon-to-be Kindergarten families occur in February in order to provide useful information at the Kindergarten screening. Upon request the Director is available to schedule and participate in school meetings.

We hope to see the Hilltop children continue to be part of our week day children's programs and join us in our KidZ Landing School Age Programs.

## **Family Resources**

- We accept Child Care Support. The Director will support families in completing the Child Care Support application and Redetermination.
- We host two Parent/Teacher Conferences per year and additional if needed.
- There is a community event bulletin board located at the entrance of the center.
- Documents such as our Parent Handbook, IDCFS Child Care Laws, Child Care Support applications and other necessary documentation are freely accessible at the entrance of the center.
- We communicate in a variety of ways including phone calls, email, texting, face-to-face, classroom newsletters, Director's newsletters, bulletin boards, daily notes and classroom folders.
- We host several family nights throughout the year including Trunk-or-treat, Thanksgiving Feast, Christmas Program, Gardening Night, Muffins with Mommy, Donuts with Daddy, Open House with a Scholastic Book Fair and Parents Night out.
- One free week if you make a referral that results in over 6 months of attendance.
- Referrals to outside resources if necessary or requested.
- Visiting Nurse.



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

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

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

**\*\*Completed by Office\*\***

Hilltop Kids Learning Center  
Christ Community Church, ELCA  
Enrollment Form

Name of Child: \_\_\_\_\_  
(First) (Middle) (Last)

Birth date (Due Date): \_\_\_\_\_ Sex: M F

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

Anticipated Start Date: \_\_\_\_\_

Days per week: M T W Th F Hours of Care: \_\_\_\_\_

Church/temple/synagogue membership/in which active: \_\_\_\_\_

Are there any Christian holy days that you wish your child not to observe?

## Parent Information

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Home address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Business Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Working Hours: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Home address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Business Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Working Hours: \_\_\_\_\_

## Physician to call if child becomes ill or injured

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

Phone Number: \_\_\_\_\_ Hospital or Clinic: \_\_\_\_\_

## Additional emergency contacts to be phoned; three names are required.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Program

If the child has any of the following, please explain:

Restrictions for play- outdoors \_\_\_\_\_

\_\_\_\_\_

Restrictions for play - indoors \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Fears \_\_\_\_\_

\_\_\_\_\_

Does the child regularly take medication? \_\_\_\_\_ If so, what kind and directions \_\_\_\_\_

\_\_\_\_\_

Other information/comments that will help in caring for your child

\_\_\_\_\_

\_\_\_\_\_



# Hilltop Kids Learning Center

## Basic Rates and Payment Policies

All fees are to be paid by **Friday in advance**. Weekly fees are to be paid regardless of the number of days attended or holidays during the week. We cannot for any reason, reimburse your tuition for times that your child is not present. If balance is unpaid for 3 weeks, a payment plan will be instituted by the Director to get the account to a current status. The amount due weekly must be equal to the current tuition and a portion of the outstanding balance. Families will be given up to 8 weeks to pay the overdue balance amount. Failure to maintain the payment plan will result in an additional \$15 late fee charge and will require full payment of the complete balance within 14 days or child care services for the family will be terminated. If the full balance is paid and the family remains at the Center, parent/s will need to maintain weekly payments from that time and moving forward for the timeframe they remain at the Center or services will be terminated 14 days from the first non-payment.

### *Rates as of January 6, 2020.*

- |   |          |
|---|----------|
| <input type="checkbox"/> <i>Bumble Bees and Caterpillars (Infant/Toddler)</i> | \$231.00 |
| <input type="checkbox"/> <i>Butterflies (Discovery Pre-K)</i>                 | \$202.00 |
| <input type="checkbox"/> <i>Dragonflies and Ladybugs (Pre-K)</i>              | \$170.00 |
- **Late fees and Returned Check fee:** If the weekly fee is not paid by Monday, there will be a **\$15.00** late payment fee. An additional **\$15.00** per week late fee will continue to accrue until the amount is paid in full, in addition to any court or collection costs incurred by the center. There will be a **\$25.00** charge for any returned check.
  - **Other Charges:** There will be a one-time registration fee of (\$30.00) and an annual (\$35.00) material fee.
  - **Vacation:** Each child is eligible to receive a one week vacation period per calendar year that tuition will not be charged if your child is **not** in attendance. Vacation must be used for a full week not for individual days. A vacation request must be submitted in writing to the director prior to the week that they will not be in attendance.
  - **Our operating hours** are 6:30-6:00 Monday through Friday. We will be closed on **Labor Day, Independence Day, Memorial Day, Thanksgiving, the day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Day, Good Friday, & Presidents' Day** Parents will be notified of additional closing days.

**Termination Procedures:** Either parent or provider may terminate this contract by *giving 2 weeks written notice in advance of the ending date. The provider may terminate the contract without any notice if the parent does not make payments when due.*

By signing this contract, parent(s) agree to abide by the written policies of the provider. The provider may amend the policies by giving the parent(s) a copy of the new or changed policies at least 2 weeks before they go into effect.

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Hilltop Kids Learning Center

### Late Departure Policy

#### Departure:

The Center closes at 6:00 p.m. Monday through Friday. Parents should notify the center immediately if they are going to be late. If the parent is late more than 15 minutes, a late fee of \$10.00 will be expected at the time of pick-up. After 15 minutes a fee of \$1.00 per minute will be added to the \$10.00 late fee. Parents will be called after the first 15 minutes the child is not picked up. If the parent is not reached, then emergency contacts listed on the enrollment form will be called in order, until someone is notified. In accordance with State Law, authorities will be called if the parent or emergency contact has not been reached after one hour.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Hilltop Kids Learning Center

## Discipline Policy

The staff of Hilltop Kid's Learning Center will use disciplinary procedures which are designed and carried out in such a way to help the children develop self-control and to assume responsibility for their own actions.

The discipline will be directly related to the act, and the child shall be made aware of the relationship between the act and the consequences. Children will always be warned and given the chance to correct their behavior prior to a staff member taking action. When a child's behavior is inappropriate, the staff will use encouragement and positive redirection to help the child gain control over his or her actions.

No corporal punishment will be used at any time or for any reason. A safe calming space away from other children will be provided in each classroom if the child would need a break to calm themselves down should the need arise. Firm positive statements and redirection shall be used.

We believe that it is important that children enrolling be able to function in a group setting if the child is having, or causing disturbing behavior to him/her or the rest of the class, a conference will be held with the teacher/director and the parents. Suggestions and various discipline procedures will be discussed with the parents and staff. After a pre-agreed upon time, another conference will be held to evaluate the situation and if all parties involved feel the situation has improved, the plan of action will continue. If the situation has not improved, the parents will be requested to remove their child from the center.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Hilltop Kids Learning Center

## Pest Management Policy

### **Policy Statement:**

The management of Hilltop Kids Learning Center and KidZ Landing is committed to providing a safe environment for the children in our care. We seek to prevent children from being exposed to pests and pesticides, and therefore we have adopted the Integrated Pest Management (IPM) approach to pest control. The IPM approach minimizes the exposure of the children and staff to pesticides, and includes a variety of nonchemical and chemical methods to prevent and eradicate pests. While pesticides may be used to remediate infestations of pest (such as insects, weeds, and rodents) that may be found in the facility and its surrounding ground, only the least toxic products will be considered and combined with nonchemical methods.

### **Definition of Integrated Pest Management:**

“An ecologically based management strategy that provides long term solutions to pest problems with minimum impact on human health and the environment. Programs are heavily reliant upon pest prevention through good sanitation and mechanical means such as pest proofing buildings.”

### **Commitment:**

Our center takes the responsibility to notify students’ parents or guardians and the school staff of upcoming pesticide treatments. Notices will be posted in designated areas at school and sent home with students.

### **Record-keeping:**

Records of pesticide uses shall be maintained on site to meet the requirements of the state regulatory agency and School Board. Records must be current and accurate if IPM is to work. Additionally, pest surveillance data sheets, which record the number of pests or other indicators of pest populations, are to be maintained to verify the need for treatments.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Hilltop Kids Learning Center

### Photography Release

I give permission for the staff of Hilltop Kids Learning Center to have my child photographed for PR purposes in their program. For example, bulletin boards, newsletters, newspaper articles, webpage, facebook, etc.

Child(ren): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

\*\*\*\*\*

\_\_\_\_\_ I do not consent to my child's photograph being used for the above.

Parent Signature: \_\_\_\_\_

\*\*\*\*\*

## Hilltop Kids Learning Center

### Parents Handbook

I, \_\_\_\_\_ have been given a copy of the Hilltop Kids Learning Center handbook and I have read and gone over the hand book with my child/children and understand that if I do have any questions that the Director of Hilltop Kids Learning Center is happy to answer any and all questions that I may have.

Child(ren): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

\*\*\*\*\*

# Hilltop Kids Learning Center

## Confidentiality Release

DCFS Licensing Standards state that no information will be released about the student enrolled or the student's family without written consent. Our church needs to keep statistics about our enrollment and we request your permission to do so.

I, \_\_\_\_\_ give permission for the following information  
about my child/family \_\_\_\_\_

To be released to Christ Community Church/Evangelical Lutheran Church in America.

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Hilltop Kids Learning Center

## Physical Form Requirements

### To know before your go....

- ❖ Please make sure your doctor fills out the lead assessment and signs it.
- ❖ The TB Skin Test portion of the attached physical.
- ❖ It is also necessary that the physician signs both sides of the physical.
- ❖ It is the parent's responsibility to fill out the health history and sign and date.
- ❖ Be sure that the shot records is filled out or is attached.

## Other Documents Needed

- ❖ Certified Birth Certificate (We will make a copy and return the original)

**These things must be completely filled out before the forms are returned.**

## CHILDREN'S RECORD

(FILE IN THIS ORDER)

- ☐ Child Enrollment Form
- ☐ Fee Contract
- ☐ Consent Agreement Form
- ☐ Emergency Medical Form (With Addresses)
- ☐ Child Release Information (With Addresses)
- ☐ Parent Hand Book
- ☐ Confidentiality Release
- ☐ Photo Release
- ☐ Late Departure
- ☐ Discipline Policy-Signed by Parent
- ☐ Birth Certificate
- ☐ Pest Policy
- ☐ Verification Slips-Standards-Signed by Parent
- ☐ Health Certificate (Date) \_\_\_\_\_
  - ☐ TB Test (Date) \_\_\_\_\_
  - ☐ Lead Screen/Test (Date) \_\_\_\_\_
  - ☐ Immunizations
  - ☐ Health professional signature



## Hilltop Kids Learning Center

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Things the kids should bring:

**All Children:**

1. Tennis Shoes or closed toe shoes.
2. Comfortable clothes to be active in.
3. Coats, Gloves, etc. to go outside
4. Change of Clothes

**Infants- 6 weeks through 15 months-** in addition to the items above:

1. Bag
2. Bottles
3. Diapers and Ointment
4. Wipes
5. Formula or breast milk
6. Baby Food

**Toddlers- 16 Months through 23 months-** in addition to the items above

1. Bag
2. Blanket
3. Diapers and Ointment
4. Wipes

**Two-Six Year olds-** in addition to the items above:

1. Bag with blanket and sleeping item

**Please make sure your child's name is on ALL items brought from home**

**Hilltop is not responsible for missing, broken or damaged items.**

State of Illinois  
Department of Children and Family Services

**CONSENTS TO DAY CARE PROVIDERS**

NAME OF CHILD \_\_\_\_\_

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

**EMERGENCY MEDICAL CARE**

This authorizes \_\_\_\_\_  
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will  
be responsible for the emergency medical charges upon receipt of the statement. \_\_\_\_\_  
is the preferred doctor/clinic/hospital.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

**ADMINISTER PRESCRIPTION MEDICINE**

I/we authorize \_\_\_\_\_ to administer prescribed medicine to my/our child as  
specified in the prescription's directions for administration.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

**ADMINISTER OVER-THE-COUNTER MEDICINE**  
(Administer only in accord with the appropriate standards for licensure)

I/we authorize \_\_\_\_\_ to administer over-the-counter medicine to my/our  
child as specified in written instructions.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

## CHILD PICKUP

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize \_\_\_\_\_  
Name Address Phone  
and/or \_\_\_\_\_  
Name Address Phone  
and/or \_\_\_\_\_  
Name Address Phone

to pick up my/our child when I am/we are unavailable.

Date \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Date \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_  
Relationship to child \_\_\_\_\_

## TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize \_\_\_\_\_ to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Date \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_  
Relationship to child \_\_\_\_\_

## SWIMMING

I/we consent to my/our child using the swimming pool of \_\_\_\_\_  
Name of Provider  
at \_\_\_\_\_  
Address  
Date \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Date \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_  
Relationship to child \_\_\_\_\_

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SUMMARY OF  
LICENSING  
STANDARDS  
FOR  
DAY CARE  
CENTERS

Illinois Department of  
**DCFS**  
Children & Family Services

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## **Introduction**

The Department of Children and Family Services (DCFS) is responsible for licensing day care centers. When a day care center is licensed, it means that a DCFS licensing representative has inspected the facility and the facility was found to meet the minimum licensing requirements. A license is valid for three years. The day care center's license must be posted. It will indicate the maximum number of children allowed in the facility and the areas where children may receive care.

Licensed day care facilities are inspected annually by DCFS licensing staff. If a complaint has been received regarding a violation of the licensing standards of a day care center, a licensing representative will conduct a licensing complaint investigation to determine if the alleged violation should be substantiated or unsubstantiated. Individuals may contact the Day Care Information Line to learn of substantiated violations.

## **Day Care Information Line**      **1-877-746-0829**

This statewide toll-free information line provides information to the public on the history and record, including substantiated violations, of licensed day care homes, day care centers, and group day care homes. This number operates Monday through Friday from 8:30 a.m. to 5:00 p.m.

## **Summary of Licensing Standards for Day Care Centers**

The following is a summary of the licensing standards for day care centers. It has been prepared so that you may monitor the care provided to your child. This is a brief summary and does not include all of the licensing standards for day care centers. State licensing standards are minimum standards, while some municipalities may impose stricter standards on day care centers operating within their jurisdictions. If you observe a violation of any of these standards, you are encouraged to discuss your concerns with the day care center operator. In most cases, parents and day care operators are able to resolve the parents' concerns and issues. If you believe the day care operator is not responding to your concerns, and may not be meeting state licensing standards, you may make a complaint to the local DCFS Licensing Office or by calling the Child Abuse Hotline at 1-800-252-2873 and stating that you want to make a licensing complaint. A DCFS licensing

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representative will investigate your complaint and report the results back to you. The day care center is required to provide a copy of its own written policies regarding the operation of the facility to each staff person and to parents of enrolled children.

### **Staffing**

- The day care center must have a qualified child care director on site at all times. The director must be at least 21 years old, have completed two years of college or have equivalent experience and credentials.
  - Early childhood teachers must be at least 19 years old, have two years of college or have equivalent experience and credentials.
  - School-age workers must be at least 19 years old. They must have completed one year of college or have the equivalent experience and credentials.
  - Early childhood assistants and school-age assistants must have a high school diploma or the equivalent and must work under direct supervision of an early childhood teacher or a school-age worker.
  - Student and youth aides must be at least 14 years of age, at least five years older than the oldest child in their care, and must work under direct supervision of an early childhood teacher or a school-age worker.
  - Student and youth aides are not generally counted for purposes of maintaining staff/child ratios.
  - The director and all child care staff must have 15 hours of in-service training annually.
  - All staff must have current medical reports on file and are subject to background checks for any record of criminal conviction or child abuse and neglect.
  - A person certified in first aid, including CPR and the Heimlich maneuver, must be present at all times.
  - All child care staff in a facility licensed to care for newborns and infants must have training on the nature of Sudden Unexpected Infant Death (SUID), SIDS and the safe sleep recommendations of the American Academy of Pediatrics.
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### **Group Size and Staff Requirements:**

<b>AGE OF CHILDREN</b>	<b>STAFF/CHILD RATIO</b>	<b>MAXIMUM GROUP SIZE</b>
Infants (6 weeks through 14 months)	1 to 4	12
Toddlers (15 through 23 months)	1 to 5	15
Two years	1 to 8	16
Three years	1 to 10	20
Four years	1 to 10	20
Five years (preschool)	1 to 20	20
School-age: Kindergartners present	1 to 20	30

- Exception: One early childhood teacher and an assistant may supervise a group of up to 30 children if all of the children are at least five years of age.
- Whenever children of different ages are combined, the staff/child ratio and maximum group size must be based on the age of the youngest child in the group.

### **General Program Requirements**

- Parents must be allowed to visit the center without an appointment any time during normal hours of operation.
  - Staff must demonstrate respect for each child enrolled regardless of differences in gender, ability, culture, ethnicity, or religion.
  - There must be a balance of active and quiet activity. Children of all ages shall be encouraged to participate daily in at least 2 occasions of age-appropriate outdoor time, with active movement or play for mobile children.
  - In pre-school programs where children receive care for less than three hours per day, outdoor activity is not required.
  - Children will be limited in the amount of daily passive screen viewing.
  - Children may not be left unattended at any time.
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### **Infants and Toddlers**

- Infants and toddlers must be in separate space away from older children.
- A refrigerator and sink must be easily accessible.
- Toys and indoor equipment must be cleaned and disinfected daily. Safe, durable equipment and play materials must be provided.
- Either the day care center or the parent may provide food for infants not consuming table food. Feeding times and amounts consumed must be documented in writing.
- No food other than formula, milk, breast milk or water may be placed in a bottle for infant feeding. Microwaves are not to be used for bottle warming.
- Infants must be placed on their backs to sleep.
- The facility must have a clearly defined diaper changing area with the procedures for changing diapers clearly posted. A hand-washing sink must be accessible.
- Staff changing diapers must wash their hands and the child's hands with soap and running water after diapering.
- Information about feeding, elimination and other important information must be recorded in writing and made available to parents when the child is picked up at the end of the day.
- Only new cribs manufactured on or after June 28, 2011 can be utilized.

### **School-Age Children**

- The facility must have a designated area for school-age children so they do not interfere with the care of younger children.
  - Clear definitions of responsibility and procedures are to be established among parent, day care center and school when children move to and from school.
  - A variety of developmentally appropriate activities and materials must be available for children. Opportunities must be provided to do homework, if requested.
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### **Evening, Night and Weekend Care**

- Family-like groups of mixed ages are allowed.
- Staff must be awake at all times and in the sleeping area whenever children are sleeping.
- Dependent on age, each child must have an individual cot, bed or crib.
- An evening meal and a bedtime snack must be served.
- Breakfast must be served to all children who have been at the facility throughout the night and are present between 6:30 a.m. and 8:30 a.m.

### **Enrollment and Discharge**

- Parents must be provided the names, business address and telephone number of persons legally responsible for the program.
- Parents must be provided the following in writing: Information on the program, fees, arrival and departure policies explaining to the parents and guardians what actions the caregiver will take if children are not picked up at the agreed upon time, as well as policies related to guidance and discipline.
- Parents must complete an initial enrollment application, which includes a certified copy of their child's birth certificate (which will be copied by the center and returned to the parent), emergency numbers, and persons authorized to pick up their child.
- A child may only be released to a parent or other responsible person designated by the parent in writing.
- Daily arrival and departure logs must be kept by the center.

### **Guidance and Discipline**

- Parents must be given a copy of the guidance and discipline policy.
  - The following are prohibited:
    - corporal punishment
    - threatened or actual withdrawal of food, rest or use of the bathroom
    - abusive or profane language
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- public or private humiliation
  - emotional abuse, including shaming, rejecting, terrorizing or isolating a child
  - “Time-out” is to be limited to one minute per year of the child’s age.
  - “Time-out” may not be used for children less than two years of age.

### **Transportation**

- The driver must be 21 years of age and hold a driver’s license that has been continuously valid for three years.
- Children must not be allowed to stand or sit on the floor of the vehicle.
- Age appropriate safety restraints must be used when transporting children in vehicles other than school buses.
- Any vehicle used to transport children must have liability insurance coverage in an amount required by statute.
- The driver must make sure that a responsible person is present to take charge of a child when delivered to his or her destination.

### **Health Requirements for Children**

- Parents or guardians of infants, toddlers and preschool children enrolling in day care for the first time must provide a medical report dated fewer than 6 months prior to enrollment; children transferring from another licensed day care center may use their current medical report, if it is less than one year old.
  - Parents or guardians of school-age children may submit a copy of the most recent regularly scheduled school physical (even if it is more than 6 months old) or the day care center may require a more recent medical report by its own enrollment policy.
  - A medical report indicating that the child has been appropriately immunized must be on file for each child. Parents are encouraged to be informed about childhood immunizations by going to the following Web site:<http://www.idph.state.il.us/about/pgci.htm> . A tuberculin skin test is to be included in the initial exam unless waived by a physician.
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- The medical report is valid for two years for infants and preschool children. Exams for school-age children are required consistent with the requirements of the public schools.
  - The center must comply with the Illinois Department of Public Health's Hearing and Vision Screening Codes and the Illinois Child Vision and Hearing Test Act.
  - Children aged one to six years must have either a lead risk assessment or a lead screening.
  - Water must be freely available to all children.
  - Children's hands must be washed with soap and water upon arrival at the center, before and after meals or using the toilet, after wiping or blowing their noses, after outdoor play and after coming into contact with any soiled objects.
  - Prescription and non-prescription medication may be accepted only in its original container. The center must maintain a record of the dates, times administered, dosages, prescription number (if applicable) and the name of the person administering the medication.
  - Medication must be kept in locked cabinets or other containers that are inaccessible to children.

### **Nutrition and Meals**

- Menus must be posted.
- Meals and snacks must meet nutritional guidelines and shall be prepared so as to moderate fat and sodium content.
- Children in care two to five hours must be served a snack. Children in care five to 10 hours must be served a meal and two snacks or two meals and one snack. Children in care more than 10 hours must be served two meals and two snacks or one meal and three snacks.

### **Napping and Sleeping**

- Children under six years of age who remain five or more hours must have the opportunity to rest or nap.
  - Infants must sleep in safe, sturdy, freestanding cribs or portable cribs.
  - Toddlers may use either stacking cots or full-size cribs.
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- A cot or bed must be provided for each toddler or preschool child in attendance five or more hours. Each cot, bed or crib must be labeled with the name of the child.

### **Physical Space**

- Infants and toddlers must be housed and cared for at ground level unless special approval has been granted from the Department.
  - Indoor space must provide a safe, comfortable environment for the children. Floors and floor coverings must be washable and free from drafts and dampness.
  - Toilets and lavatories must be readily accessible to the children.
  - Hot and cold running water must be provided.
  - Hazardous items must be inaccessible to children.
  - Parents must be notified before pesticides are applied.
  - Lead paint or asbestos removal must be in accordance with public health standards and statute.
  - Exits must be unlocked and clear of equipment and debris.
  - Drills for fire and tornado must be conducted. A floor plan must be posted in every room indicating the areas providing the most safety in the case of a tornado and the primary and secondary exit routes in case of fire.
  - Smoking or the use of tobacco products in any form is prohibited in the child care center or in the presence of children while on the playground or on trips away from the center.
  - The facility must test for radon at least every 3 years and post the results in an area visible to parents, along with an informative notice about the effects of radon.
  - Play materials must be durable and free from hazardous characteristics.
  - The facility may not use or have on the premises any unsafe children's product as described in the Children's Product Safety Act. Lists of unsafe children's products and recalls from 1989 forward are available at: <http://srs.dph.illinois.gov/webapp/SRSApp/pages/>.
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- The facility must be cleaned daily and kept in sanitary condition at all times.
  - First-aid kits must be maintained and readily available for use.

### **Outdoor Play Area**

- Play space must be fenced or otherwise enclosed or protected from traffic and other hazards. There must be a shaded area in summer to protect children from excessive sun exposure.
- All areas of the outdoor play space must be visible to staff at all times.
- Equipment must be free of sharp points or corners, splinters, protruding nails or bolts, loose or rusty parts, the potential for entrapment and/or other hazards.
- Protective surfaces must be provided under equipment from which a child might fall.
- All swimming pools must be fenced or otherwise inaccessible to children.
- During hours of operation and at all times that children are present there must be a means for parents of enrolled children to have direct telephone contact with a center staff person.

*This summary has been developed to assist parents in monitoring the care provided by the day care center: Licensing Standards for Day Care Centers may be accessed through the DCFS website: [www.DCFS.Illinois.gov](http://www.DCFS.Illinois.gov). You may also contact your nearest DCFS office for assistance. Locations of DCFS offices are also available on the DCFS website. Locations of DCFS offices are available on the DCFS website.*

State of Illinois  
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, \_\_\_\_\_ Please Print Name(s)

parent(s) of \_\_\_\_\_, hereby certify that I/we have  
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.

\_\_\_\_\_

\_\_\_\_\_

## Hilltop Kids Learning Center Physical Form Requirements

To know before you go...

- ❖ Please make sure your doctor fills out the lead assessment and signs it.
- ❖ The TB Skin Test portion of the attached physical.
- ❖ It is also necessary that the physician signs both sides of the physical.
- ❖ It is the parent's responsibility to fill out the health history and sign and date.
- ❖ Be sure that the Shot records is filled out or is attached.

These things must be completed in it's entirety before the forms are returned.





State of Illinois  
Certificate of Child Health Examination

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES  
CFS 600  
Rev 12/2011



Student's Name				Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#	
Last		First		Middle		Month/Day/Year		
Address		Street		City		Zip Code		
Parent/Guardian		Telephone # Home		Work				
<b>IMMUNIZATIONS:</b> To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given <i>after</i> the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.								
Vaccine / Dose	1 MO DA YR		2 MO DA YR		3 MO DA YR		4 MO DA YR	
DTP or DTaP								
Tdap; Td or Pediatric DT (Check specific type)		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b								
Hepatitis B (HB)								
Varicella (Chickenpox)						COMMENTS:		
MMR Combined Measles Mumps Rubella								
Single Antigen Vaccines		Measles		Rubella				
Pneumococcal Conjugate								
Other/Specify Meningococcal, Hepatitis A, IPV, Influenza								
Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)								
Signature				Title		Date		
Signature				Title		Date		
<b>ALTERNATIVE PROOF OF IMMUNITY</b>								
1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)								
*MEASLES (Rubella) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature								
2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.								
Date of Disease		Signature		Title		Date		
3. Laboratory confirmation (check one) <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Varicella								
Lab Results		Date MO DA YR		(Attach copy of lab result)				

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN													
Date													Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts
Age/Grade													
	R	L	R	L	R	L	R	L	R	L	R	L	
Vision													
Hearing													

<b>Student's Name</b>			<b>Birth Date</b>		<b>Sex</b>	<b>School</b>	<b>Grade Level/ID #</b>
Last	First	Middle	Month/Day/ Year				

**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

<b>ALLERGIES</b> (Food, drug, insect, other)			<b>MEDICATION</b> (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during the night	Yes	No	Hospitalizations? When? What for?	Yes	No
Birth defects?	Yes	No	Surgery? (List all.) When? What for?	Yes	No
Developmental delay?	Yes	No	Serious injury or illness?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	TB skin test positive (past/present)?	Yes*	No
Diabetes?	Yes	No	TB disease (past or present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No	Tobacco use (type, frequency)?	Yes	No
Seizures? What are they like?	Yes	No	Alcohol/Drug use?	Yes	No
Heart problem/Shortness of breath?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No
Heart murmur/High blood pressure?	Yes	No	Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Dizziness or chest pain with exercise?	Yes	No	Information may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor	Parent/Guardian Signature _____ Date _____				
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)					
Ear/Hearing problems?	Yes	No			
Bone/Joint problem/injury/scoliosis?	Yes	No			

**PHYSICAL EXAMINATION REQUIREMENTS** Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE	HEIGHT	WEIGHT	BMI	B/P
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**DIABETES SCREENING** (NOT REQUIRED FOR DAY CARE) BMI > 85% age/sex Yes ☐ No ☐ And any two of the following: Family History Yes ☐ No ☐  
Ethnic Minority Yes ☐ No ☐ Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes ☐ No ☐ At Risk Yes ☐ No ☐

**LEAD RISK QUESTIONNAIRE** Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten.  
Questionnaire Administered? Yes ☐ No ☐ Blood Test Indicated? Yes ☐ No ☐ Blood Test Date \_\_\_\_\_ (Blood test required if resides in Chicago.)

**TB SKIN OR BLOOD TEST** Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. No test needed ☐ Test performed ☐  
Skin Test: Date Read / / Result: Positive ☐ Negative ☐ mm \_\_\_\_\_  
Blood Test: Date Reported / / Result: Positive ☐ Negative ☐ Value \_\_\_\_\_

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Antagonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

**NEEDS/MODIFICATIONS** required in the school setting \_\_\_\_\_ **DIETARY** Needs/Restrictions \_\_\_\_\_

**SPECIAL INSTRUCTIONS/DEVICES** e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup \_\_\_\_\_

**MENTAL HEALTH/OTHER** Is there anything else the school should know about this student? \_\_\_\_\_

If you would like to discuss this student's health with school or school health personnel, check title: ☐ Nurse ☐ Teacher ☐ Counselor ☐ Principal

**EMERGENCY ACTION** needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?  
Yes ☐ No ☐ If yes, please describe: \_\_\_\_\_ (If No or Modified, please attach explanation.)

On the basis of the examination on this day, I approve this child's participation in \_\_\_\_\_

**PHYSICAL EDUCATION** Yes ☐ No ☐ Modified ☐ **INTERSCHOLASTIC SPORTS** (for one year) Yes ☐ No ☐ Limited ☐

Print Name _____	(MD, DO, APN, PA) Signature _____	Date _____
Address _____		Phone _____

(Complete both sides)

Illinois Department of Public Health  
**Childhood Lead Risk Assessment Questionnaire**

ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE MUST BE ASSESSED FOR LEAD POISONING  
(410 ILCS 45/6.2)

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ ZIP Code \_\_\_\_\_

Respond to the following questions by circling the appropriate answer.	R E S P O N S E
--	-----------------

- |   |                   |
|---|-------------------|
| 1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC?   | Yes No Don't Know |
| 2. Does this child have a sibling with a blood lead level of 10 mcg/dL or higher?   | Yes No Don't Know |
| 3. Does this child live in or regularly visit a home built before 1978?   | Yes No Don't Know |
| 4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?  | Yes No Don't Know |
| 5. Is this child a refugee or an adoptee from any foreign country?  | Yes No Don't Know |
| 6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)?  | Yes No Don't Know |
| 7. Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)? | Yes No Don't Know |
| 8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?  | Yes No Don't Know |
| 9. Does this child reside in a high-risk ZIP code area?   | Yes No Don't Know |

**A blood lead test should be performed on children:**

- with any "Yes" or "Don't Know" response
- living in a high-risk ZIP code area

All Medicaid-eligible children should have a blood lead test at 12 months of age and at 24 months of age. If a Medicaid-eligible child between 36 months and 72 months of age has not been previously tested, a blood lead test should be performed.

If there is any "Yes" or "Don't Know" response; and

- there has been no change in the child's living conditions; and
- the child has proof of two consecutive blood lead test results (documented below) that are each less than 10 mcg/dL (with one test at age 2 or older), a blood lead test is not needed at this time.

Test 1: Blood Lead Result \_\_\_\_\_ mcg/dL Date \_\_\_\_\_ Test 2: Blood Lead Result \_\_\_\_\_ mcg/dL Date \_\_\_\_\_

If responses to all the questions are "NO," re-evaluate at every well child visit or more often if deemed necessary.

\_\_\_\_\_  
Signature of Doctor/Nurse

\_\_\_\_\_  
Date

Illinois Lead Program  
866-909-3572 or 217-782-3517  
TTY (hearing impaired use only) 800-547-0466

**Illinois Department of Public Health  
Guidelines for Blood Lead Screening and Lead Risk Assessment**

- **Blood lead screening** is defined as obtaining a blood lead test. **Lead risk assessment** is defined as evaluation of potential for exposures to lead based on questionnaire responses.
- It is always appropriate to obtain a diagnostic blood lead test when a child is symptomatic or potential exposure to lead has been identified, regardless of child's age.
- Illinois has defined ZIP code areas at high risk and low risk for lead exposure based on housing age and poverty rates. Review the list of ZIP codes and determine status of ZIP codes in your area.
- In Illinois, all children from **low-income families** (i.e., Medicaid-eligible children) should receive a blood lead test at ages 12 and 24 months, even if they live in a low-risk ZIP code area. If the child is 3 through 6 years old and has not been tested, a blood lead test is required.

**Childhood Lead Risk Assessment Questionnaire**

- Complete the Childhood Lead Risk Assessment Questionnaire during a health care visit at ages 12 and 24 months.
  - If responses to all the questions are "NO," re-evaluate at every well child visit or more often if deemed necessary.
  - If any response is "YES" or "DON'T KNOW," obtain a blood lead test
- Consider evaluating children before 12 months of age, depending on the area.
- If the child is age 3-6 years *and*
  - 1) there is any "YES" or "DON'T KNOW" *and*
  - 2) has had two successive blood lead test results that were each less than < 10 mcg/dL with one of these tests at age 2 years or older *and*
  - 3) risks of exposure to lead have not changed, **further blood lead tests are not necessary.**
- If the child is 1) 3-6 years, *and* 2) all answers to the Childhood Lead Risk Assessment Questionnaire are "NO," *and* 3) risks of exposure to lead have not changed, a blood lead test is not necessary.
- If the child is 3-6 years of age and risks of exposures to lead have increased, obtain a blood lead test.
- Continue to use the Childhood Lead Risk Assessment Questionnaire through age 6.

**For children living in Chicago:**

- A blood lead test for children age 3 and younger should be obtained at 6, 12, 18, 24 and 36 months **OR** at 9, 15, 24 and 36 months.
- Children 4 through 6 years of age with prior blood lead levels <10 mcg/dL should have an annual risk assessment. A blood lead test should be performed if risk increases or if the child exhibits persistent oral behaviors.

# High-Risk ZIP Codes for Pediatric Blood Lead Poisoning

Adams	62567	Effingham	62367	Knox	62526	61466	62976	60942
62301	62570	None	62373	61401	62537	61476	62992	60960
62320	Clark	Fayette	62379	61410	62551	61486	Putnam	60963
62324	62420	62458	62380	61414	Macoupin	Monroe	61336	61810
62339	62442	62880	Hardin	61436	62009	None	61340	61831
62346	62474	62885	62919	61439	62033	Montgomery	61363	61832
62348	62477	Ford	62982	61458	62069	62015	Randolph	61833
62349	62478	60919	Henderson	61467	62085	62019	62217	61844
62365	Clay	60933	61418	61474	62088	62032	62242	61848
Alexander	62824	60936	61425	61485	62093	62049	62272	61857
62914	62879	60946	61454	61489	62626	62051	Richland	61865
62988	Clinton	60952	61460	61572	62630	62056	62419	61870
Bond	62219	60957	61469	Lake	62640	62075	62425	61876
62273	Coles	60959	61471	60040	62649	62077	Rock Island	61883
Boone	61931	60962	61480	LaSalle	62672	62089	61201	Wabash
61038	61938	61773	Henry	60470	62674	62091	61236	62410
Brown	61943	Franklin	61234	60518	62685	62094	61239	62852
62353	62469	62812	61235	60531	62686	62538	61259	62863
62375	Cook	62819	61238	61301	62690	Morgan	61265	Warren
62378	All Chicago	62822	61274	61316	Madison	62601	61279	61412
Bureau	ZIP Codes	62825	61413	61321	62002	62628	St. Clair	61417
61312	60043	62874	61419	61325	62048	62631	62201	61423
61314	60104	62884	61434	61332	62058	62692	62203	61435
61315	60153	62891	61443	61334	62060	62695	62204	61447
61322	60201	62896	61468	61342	62084	Moultrie	62205	61453
61323	60202	62983	61490	61348	62090	61937	62220	61462
61328	60301	62999	Iroquois	61354	62095	Ogle	62289	61473
61329	60302	Fulton	60911	61358	Marion	61007	Salline	61478
61330	60304	61415	60912	61364	None	61030	62930	Washington
61337	60305	61427	60924	61370	Marshall	61047	62946	62214
61338	60402	61431	60926	61372	61369	61049	Sangamon	62803
61344	60406	61432	60930	Lawrence	61377	61054	62625	Wayne
61345	60456	61441	60931	62439	61424	61064	62689	62446
61346	60501	61477	60938	62460	61537	61091	62703	62823
61349	60513	61482	60945	62466	61541	Peoria	Schuyler	62843
61359	60534	61484	60951	Lee	Mason	61451	61452	62886
61361	60546	61501	60953	60553	62617	61529	62319	White
61362	60804	61519	60955	61006	62633	61539	62344	62820
61368	Crawford	61520	60966	61031	62644	61552	62624	62821
61374	62433	61524	60967	61042	62655	61602	62639	62835
61376	62449	61531	60968	61310	62664	61603	Scott	62844
61379	62451	61542	60973	61318	62682	61604	62621	62887
Calhoun	Cumberland	61543	Jackson	61324	Massac	61605	62663	Whiteside
62006	62428	61544	62927	61331	62953	61606	62694	61037
62013	DeWitt	61563	62940	61353	McDonough	Perry	Shelby	61243
62036	61727	Gallatin	62950	61378	61411	62832	62438	61251
62070	61735	62934	Jasper	Livingston	61416	62997	62534	61261
Carroll	61749	Greene	62432	60420	61420	Platt	62553	61270
61014	61750	62016	62434	60460	61422	61813	62553	61277
61051	61777	62027	62459	60920	61438	61830	61421	61283
61053	61778	62044	62475	60921	61440	61839	61426	Will
61074	61882	62050	62480	60929	61470	61855	61449	60432
61078	DeKalb	62054	Jefferson	60934	61475	61929	61479	60433
Cass	60111	62078	62883	61311	62374	61936	61483	60436
62611	60129	62081	Jersey	61313	McHenry	Pike	61491	Williamson
62618	60146	62082	62030	61333	60034	62312	Stephenson	62921
62627	60550	62092	62063	61740	McLean	62314	61018	62948
62691	Douglas	Grundy	Jo Daviess	61741	61701	62323	61032	62949
Champaign	61930	60437	61028	61743	61720	62340	61039	62951
61815	61941	60474	61075	61769	61722	62343	61044	Winnebago
61816	61942	Hamilton	61085	61775	61724	62345	61050	61077
61845	DuPage	62817	61087	Logan	61728	62352	61060	61101
61849	60519	62828	Johnson	62512	61730	62355	61062	61102
61851	Edgar	62829	62908	62518	61731	62356	61067	61103
61852	61917	62859	62923	62519	61737	62357	61089	61104
61862	61924	Hancock	Kane	62548	61770	62361	Tazewell	Woodford
61872	61932	61450	60120	62543	Menard	62362	61564	61516
Christian	61933	62311	60505	62635	62642	62363	61721	61545
62083	61940	62313	Kankakee	62643	62673	62366	61734	61570
62510	61944	62316	60901	62666	62688	62370	Union	61760
62517	61949	62318	60910	62671	Mercer	Pope	62905	61771
62540	Edwards	62321	60917	Macon	61231	None	62906	
62546	62476	62330	60954	62514	61260	Pulaski	62020	
62555	62806	62334	60969	62521	61263	62956	62926	
62556	62815	62336	Kendall	62522	61276	62963	Vermilion	
62557	62818	62354	None	62523	61465	62964	60932	