



SOAR Learning Center Social Media/Technology Use Policy

The SOAR Learning Center (SLC) recognizes the value of online social media and other technology tools for connecting with members, staff, and volunteers and providing additional educational needs for all students including those with special needs. Our web presence and technology use should project a positive image that is reflective of our overall brand and is consistent with our mission.

DEFINITIONS

Social media, for the purpose of this policy, should be understood to include any website or forum that allows for open communication on the Internet including but not limited to: blogs, wikis, micro-blogging sites, social networking sites, virtual worlds, video and photo sharing websites and content published online by SLC employees.

Technology for the purpose of this policy, should be understood as indicated by the U.S department of education as classroom fundamental structural changes that can be integral to achieving significant improvements in productivity. Used to support both teaching and learning, technology infuses classrooms with digital learning tools, such as computers and hand held devices increases student engagement and motivation; and accelerates learning. "Technology also has the power to transform teaching by ushering in a new model of connected teaching. This model links teachers to their students and to professional content, resources, and systems to help them improve their own instruction and personalize learning" <https://www.ed.gov/oii-news/use-technology-teaching-and-learning>.

SLC Social Media Policies

If you choose to post a personal website or to participate in social media, (i.e. Facebook, Twitter, YouTube, Live Streaming) chat rooms, or blogs, the following guidelines must be followed:

1. The Soar Learning Center (SLC) Code of Conduct requires that the staff do not initiate outside contact with members or program participants. Under no circumstances should an employee encourage access or provide access information to his/her personal website or blog to a teen member or program participant under the age of (18) eighteen.
2. The use of photos, logos, or images of the SLC or its programs is prohibited.
3. All staff members of the SLC must uphold the SLC's value of respect for the individual and avoid making defamatory statements about the SLC supervisors, employees, members, participants, clients, partners, affiliates, and others including competitors.
4. Any personal website, blog, or social network interactions should not contain commentary and/or links that violate the SLC's policies on harassment or discrimination.



5. Any reference to the SLC must include a disclaimer stating that the views expressed are yours alone and they do not necessarily reflect views of the SLC.
6. SLC staff are asked to promote the core values of caring, honesty, respect, and responsibility in their speech and behavior at the SLC, with the community, and in any public forum.
7. Facebook page – The SLC maintains a Fan Page on Facebook that is administered and maintained by SLC Director
8. The only approved website is www.-----.org,net,com; no other website is endorsed by the SLC
9. Posting SLC information and pictures on your personal social media page is prohibited
10. Parents/Guardians are prohibited from posting photographs or videos (from the SLC program) of any child other than their own.
11. The SLC requires that all staff members use good judgment and discretion when posting on social media sites and abide by the internal SLC Social Media Policy.

SCL Technology Use Policies

1. Television use is seldom and in accordance to state licensing regulations which includes requirements for children in our care for less than 4 hours and children in our care for more than four hours.
2. Children who attend SLC for a half day or less than four hours a day will not be allowed more than 15-20 min of screen time on any device unless otherwise indicated on a special needs care plan where the use of technology is a daily part of the child's life and communication needs.
3. Children attending for more than four hours or full day students shall not be permitted more than 20-30 min of screen time on any device unless otherwise indicated on a special needs care plan where communication by technology is a daily part of the child's day.
4. Exceptions to both will be considered only during class or school parties (ex. A movie day) and when it is not a disruption to the child's learning and films are educational and a part of the teachers curriculum.

*Parent/Guardian signature of receipt

_____ /

Date _____



| | | | | | | |
|-----------------------------|---|-----------------|------------------|---------------------|------------------|--|
| Name Of Child: | | Birthdate: | | Enrollment Date: | | |
| PARENT/GUARDIAN INFORMATION | PARENT/GUARDIAN # 1 | | | PARENT/GUARDIAN # 2 | | |
| | Name: | | Name: | | | |
| | Relationship: | | Relationship: | | | |
| | Cell Phone: | | Cell Phone: | | | |
| | Home Phone: | | Home Phone: | | | |
| | Home Address: | | Home Address : | | | |
| | Employer Name: | | Employer Name: | | | |
| | Employer Phone: | | Employer Phone: | | | |
| E-Mail Address: | | E-Mail Address: | | | | |
| EMERGENCY CONTACTS | Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child. | | | | | |
| | Contact Name #1: | | Contact Name #2: | | Contact Name #3: | |
| | Relationship: | | Relationship: | | Relationship: | |
| | Cell Phone: | | Cell Phone: | | Cell Phone: | |
| | Home Phone: | | Home Phone: | | Home Phone: | |
| | Employer Phone: | | Employer Phone: | | Employer Phone: | |



| | | | |
|---|--|-------------------------------|-------|
| CUSTODY | Name of person PROHIBITED from picking up your child: | | |
| | If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order. | | |
| MEDICAL INFORMATION | Child's Health Care Provider: | | |
| | Health Care Provider Phone: | | |
| | Health Care Provider Address: | | |
| | Name Of Insurance Company/Hmo: | | |
| | Group #: | | |
| | Identification #: | | |
| | Subscriber's Name On Insurance Card: | | |
| | Known Allergies (including medication): | | |
| | Medication My Child Is Taking: | | |
| | List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information For Emergency Situations: | | |
| AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT | | | |
| As the parent(s)/ legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified. | | | |
| Parent/Guardian Signature #1: | Date: | Parent/Guardian Signature #2: | Date: |