



Leaders of Tomorrow  
Early Learning Academy Inc.

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1017 South Spring Road  
Vineland, New Jersey 08361  
(856) 692-3400  
leadersoftominfo@gmail.com  
www.leadersoftomorrowela.org

Dear Parents/Guardians:

Welcome to Leaders of Tomorrow Early Learning Academy Inc., (LOTELA). We are excited to welcome your family to ours. Attached is our enrollment application. Please complete the application in its entirety and return to our main office. Should you have any questions, please feel free to contact us accordingly.

Sincerely,

Office Management  
Leaders of Tomorrow Early Learning Academy Inc.



### Student Enrollment Information

*Please Fill Out All Information Completely Including All Addresses*

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

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

#### Child Information

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Legal Guardian(s):  Both Parents  Mother  Father  Other \_\_\_\_\_

If your child is under 5, are they  Potty Trained  In Pull-ups (if over 2)  In Diapers (if under 2)

If your child is over 5 and attends school, please specify school name \_\_\_\_\_

#### Parent Information

Mother  Father  Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### Parent Information (2)

Mother  Father  Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Emergency Information

### Family Doctor

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

Phone: \_\_\_\_\_ Office Hours: \_\_\_\_\_

### Family Dentist

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

Phone: \_\_\_\_\_ Office Hours: \_\_\_\_\_

### Emergency Contacts Not Including Parents

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

### Authorized Pick-Ups (Include Parents)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Name of person(s) PROHIBITED from picking up my child: \_\_\_\_\_

If a non-custodial parent is not included among those people authorized to pick-up the child, please explain below and attach a copy of court order:

\_\_\_\_\_



### Medical Information

Does your child have any physical limitations, mental health disorders, mental retardation, developmental disabilities, or behavior disorders which could limit or challenge the child's participation in the center's programs and activities?  Yes (specify)  No

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Are there any special instructions in caring for your child?  Yes (specify)  No

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Does your child have allergies?  Yes (specify)  No

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Food:	Reaction:

Does your child have an EpiPen?  Yes  No

Are there any other special instructions in caring for your child specifically when it comes to allergies?

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Your child's health, welfare, and safety are a primary concern to us at Leaders of Tomorrow Early Learning Academy. The requested information is very important in ensuring that your child receives the best possible care.



## Leaders of Tomorrow Early Learning Academy Vehicle Emergency Information

We realize that the information requested below has been given on previous pages, however, it is important that you complete this form in its entirety. This form is to be removed and given to paramedics in the unlikely event of a medical emergency.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of an emergency, if parents cannot be reached, contact:

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

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

Child's Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Special Needs/Conditions: \_\_\_\_\_

In the event of an emergency involving my child, if Leaders of Tomorrow Early Learning Academy, Inc. is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

I (we) agree to keep the facility informed of any incidents requiring professional medical attention involving my child.

Parent/Legal Guardian Name (print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

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



### Parental Agreements with Leaders of Tomorrow Early Learning Academy, Inc.

My child is normally in attendance at the facility between the hours of \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm on the following days (circle all that apply):

Monday

Tuesday

Wednesday

Thursday

Friday

My child will normally receive the following meals while in care (circle all that apply):

Breakfast

Lunch

PM Snack

1. Leaders of Tomorrow Early Learning Academy, Inc. agrees to provide child care for \_\_\_\_\_ (Child's Name) on Monday through Friday, 7:00am to 6:30pm. My child will be allowed to participate in the following meal plans: Breakfast (served until 8:00am), Lunch (served until 12:00pm), and Afternoon Snack (2:30pm).
2. Before any medication is dispensed to my child, I will provide written authorization, which includes date, name of child, name of medication, prescription number, if any, dosage, and date and time medication is to be given. Medication will be in original container with my child's name marked on it.
3. My child will not be allowed to enter or exit the facility without being escorted by myself, the parent, person authorized by the parent, or facility personnel.
4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, (telephone numbers, work location, emergency contacts, health status, feeding plans, immunization records, etc.)
5. The facility agrees to keep me informed of any incidents, including illnesses, any injury, adverse reaction to medications, etc. that involve my child.
6. The facility agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than 2 feet deep.
7. I acknowledge that it is my responsibility to follow all policies and procedures. I acknowledge that Leaders of Tomorrow Early Learning Academy, Inc. has the right to terminate my child care contract at any time, for any reason, including but not limited to: the parent regularly breaks the rules, the parent is disruptive or difficult to deal with, the child is disruptive or difficult to manage (Leaders of Tomorrow Early Learning Academy, Inc. does not discriminate against the parent's or child's race, sex religion, ethnic background, national origin or disability).
8. I have received a copy, read, and agree to abide by the policies and procedures for Leaders of Tomorrow Early Learning Academy, Inc.

Parent/Legal Guardian Name (print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

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



**Leaders of Tomorrow Early Learning Academy**  
**Authorization to Dispense External Preparations**

590-1-.20(1)

Parental Authorization: Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of child; name of the medication; prescription number; if any; dosage; dates to be given; the time of day to be dispensed; and signature of parent.

I give \_\_\_\_\_ permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- \_\_\_\_\_ Baby Wipes
- \_\_\_\_\_ Band-aids
- \_\_\_\_\_ Neosporin or similar ointment
- \_\_\_\_\_ Bactine or similar first-aid spray
- \_\_\_\_\_ Sunscreen
- \_\_\_\_\_ Insect Repellent
- \_\_\_\_\_ Non-prescription ointment/cream (A&D, Desitin, Vaseline etc.)
- \_\_\_\_\_ Baby Powder
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

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

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

**IMMEDIATE CAUSES FOR EXPULSION:**

- . The child is at risk of causing serious injury to other children or himself/herself
- . Parent threatens physical or intimidating actions toward staff members
- . Parent exhibits verbal abuse to staff in front of enrolled children

**PARENTAL ACTIONS FOR CHILD'S EXPULSION:**

- . Failure to pay/habitual lateness in payments
- . Failure to complete required forms including the child's immunization records
- . Habitual tardiness when picking up your child
- . Verbal abuse to staff

**CHILD'S ACTIONS FOR EXPULSION:**

- . Failure of child to adjust after a reasonable amount of time
- . Uncontrollable tantrums/ angry outbursts
- . Ongoing physical or verbal abuse to staff or other children
- . Excessive biting

**SCHEDULE OF EXPULSION:**

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/ guardian may work on the child's behavior or to come to an agreement with the center. The parent/guardian will be informed regarding the length of the expulsion period and the expected behavioral changes required in order for the child or parent to return to the center. The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks notice depending on risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

**A CHILD WILL NOT BE EXPELLED IF A PARENT/GUARDIAN:**

- . Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- . Reported abuse or neglect occurring at the center.
- . Questioned the center regarding policies and procedures.
- . Without giving the parent sufficient time to make other child care arrangements.

**PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION:**

- . Try to redirect child from negative behavior.
- . Reassess classroom environment, appropriateness of activities, supervision.
- . Always use positive methods and language while disciplining children.
- . Praise appropriate behaviors.
- . Consistently apply consequences for rules.
- . Give the child verbal warnings.
- . Give the child time to regain control.
- . Document the child's disruptive behavior and maintain confidentiality.
- . Give the parent/guardian written copies of the disruptive behavior that might lead to expulsion.
- . Schedule a conference including the director, classroom staff, and parent/guardian to discuss how to promote positive behaviors.
- . Give the parent literature of other resources regarding methods of improving behavior.
- . Recommend an evaluation by professional consultation on premises.
- . Recommend an evaluation by local school district study team.

Child's Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

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



**Leaders of Tomorrow Early Learning Academy, Inc.**  
Technology in the Classroom

Dear Parents and Guardians:

Technology is an important part of today's society. In order to better prepare our students for life, technology will be utilized in our classroom this year. The technology your students will encounter may include, but is not limited to:

- . Laptop, Chromebooks and iPad tablets
- . Headphones
- . Cameras and other recording equipment

An email account will be created for each student, to be used solely for the purpose of accessing, creating and sharing classroom projects and assignments.

As these devices and accounts are property of Leaders of Tomorrow Early Learning Academy, Inc. we are asking that you please review our classroom technology policies with your child.

#### Technology Policies

1. Access to technology is a privilege and requires students to demonstrate responsibility. Students must demonstrate good behavior online, Students are not allowed to use obscene, profane, threatening, bullying or disrespectful language. students shall notify the teacher of anything inappropriate.
2. Students shall not share account information including usernames, passwords or security questions with anyone other than family or staff'.
3. Students must handle all equipment with care; including carrying equipment with two hands, walking when technology is in hand, storing technology properly, etc.

By signing below, I am aware of the expectations held for me with technology. I am also aware that if I chose not to follow the policies listed above that it may result in a loss of privileges or other consequences my teacher considers necessary.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, I am acknowledging that I discussed the technology policies listed above with my child. If my child chooses not to follow the policies listed above, I am aware of the consequences that may occur and will support the teacher.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Leaders of Tomorrow Early Learning Academy, Inc.**  
Photo Release Form

I, \_\_\_\_\_, the parent/guardian of a child/children at \_\_\_\_\_

(Hereinafter known as the "Leaders Of Tomorrow Early Academy, Inc."), agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the school during normal school hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

The child(ren) are known as: \_\_\_\_\_

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the school's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Leaders of Tomorrow Early Learning Academy, Inc.**

### **COVID-19 Child Care Policy**

Our center will follow the state's licensing department and governor's guidance on operations. As the center remains open, the center will follow the state's licensing guidelines and the CDC's recommended guidelines to prevent the spread of illnesses. To prevent the spread of COVID-19, the following policies have been implemented in addition to our existing policies and are in effect until further notice.

- . All families and visitors will only have access to the front door of the facility or entry area.
- . Only children and staff who are required for daily operations and ratio will be allowed inside the building and classrooms.
- . All sign-in/sign-out procedures will be modified. Parents will sign children in and out of the facility.
- . Daily temperature checks and health screenings will be performed on all staff and children upon arrival and throughout the day.
- . Anyone including all visitors, staff, and children that have a fever above 100.4 degrees fahrenheit or exhibit respiratory symptoms, including cough or shortness of breath will not be allowed to enter and/or stay.
- . No fever reducing medication (Tylenol, Ibuprofen, Motrin, etc.) shall be given 8 hours prior to care or while at the center,
- . Children or staff sent home with excessive coughing, nausea, vomiting, or diarrhea will be restricted from returning until 24 hours after symptoms have subsided. Children can only return when feeling completely well; able to play, sleep, eat, and drink as normal.
- . Children and staff with a fever above 100.4 will be allowed to return 24 hours after the fever has subsided without the use of fever reducing medication and no other symptoms. A doctor's note may be required based on the discretion of administration.
- . Masks will be required of staff and students should he/she begin to exhibit Covid-19 symptoms such as coughing, etc.
- . All unnecessary child transportation will be halted.
- . All parent tours will only be made when there is an opening to fill and by appointment only after hours. All touring parents will be required to wash their hands and wear a mask.
- . Only 2 parents at time will be allowed in the entry way when dropping off and picking up. All other parents need to wait outside the center or in their cars until someone has left.
- . Staff will walk children to their classroom and walk them back to their parents or cars at the end of the day.
- . There will be no outside toys and stuffed animals allowed. Parents should only bring necessary items from home such as extra clothes, diapers, pull-ups, prepared bottles, and a blanket for nap.
- . Hand hygiene stations will be set up at the entrance of the facility, so that staff and children can clean their hands before they enter.
- . All efforts will be made to reduce the number of children in each classroom and playground.
- . All efforts will be made to keep the same groups of children together for the entire day and not mix the children.

. All adults and children will follow proper hand hygiene guidance, washing hands frequently with soap and water for at least 20 seconds. Hand washing will be performed as follows:

- upon arrival in the morning
- when changing classrooms
- before and after eating meals and snacks
- after blowing noses, coughing, or sneezing or when in contact with body fluids
- after toileting or changing diapers
- after returning from outside play

. All surfaces and objects that are frequently touched such as tables, doorknobs, counters, desks, phones, keyboards, faucets, toilets, sinks, light switches, will be routinely cleaned, sanitized, and disinfected.

. All toys and surfaces will be cleaned and sanitized at the end of the day.

. Children who develop signs/symptoms of COVID-19 or any other contagious illness while at the center will be separated from others and parents will be called immediately to come pick up.

. Please do not enter the facility if you or your child is waiting for test results or has any of the following symptoms:

- Fever Above 100.4
- Cough
- Shortness of Breath
- Difficulty Breathing
- Respiratory Symptoms
- Chills
- Muscle Pain
- Headache/Sore Throat

. Any parent, child, or staff member who has tested positive for COVID-19 or has come in contact with someone who has tested positive for COVID-19 will be required to notify the center immediately. The family and/or staff member that tested positive and/or exposed to someone who has tested positive will not be allowed at the center for at least 5 days. On day 6, a negative test must be produced and shared with administration before the child or staff member can return to school. The length can be extended by the administration if necessary.

. Any family or staff member who knowingly has COVID-19 symptoms and hides or masks the information will be subject to termination.

. In the event of a positive case of COVID-19, all staff and parents will be notified immediately.

Remember to use extra precautions. Attending large gatherings and traveling increases the risks of contracting and/or spreading the disease. Please know that our center's number one priority is the safety of our children, staff, and parents. We have the right to ask anyone we choose to stay home for 14 days if we feel it is necessary. Although, we will take all the necessary precautions to keep everyone healthy and safe, there is always a chance that any child, staff, or family member could contract COVID-19 or any other illness. This is a chance we are all taking by leaving our homes. Please know that although we greatly care for each and every child, staff member, and family, we cannot be held responsible in the event that you or your child become ill.

Sign and date acknowledging receipt and acceptance of this policy:

Parent/Legal Guardian Name (print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

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





### Medication Authorization

*Form must be completed in its entirety and a letter received from the child's doctor before the center can dispense any medication. Medication has to be in its original packaging when dropped off at the school.*

Child's Full Name: \_\_\_\_\_

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

Prescription Number: \_\_\_\_\_  
*(specify if medication is over the counter)*

Time of Dosage: \_\_\_\_\_  
*(medication will not be given on an "as needed" basis)*

Dosage: \_\_\_\_\_

Dates to be Given: \_\_\_\_\_  
*(cannot exceed two weeks without physician's statement)*

Parent/Legal Guardian Signature: \_\_\_\_\_

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

#### FOR DAYCARE/CENTER USE

(Reminder: document the reasons why medications are not given as parent requested i.e., Child in late, child absent, medication not brought, child sleeping etc.)

Date	Time	Amount	Given By

Please list any noticeable adverse reactions to medication and what action was taken:

\_\_\_\_\_  
\_\_\_\_\_



**Leaders of Tomorrow Early Learning Academy**  
**Parent Receipt of Information**

- Expulsion Policy
- Policy on the Release of Children
- Policy on Communicable Disease Management
- Policy on the Use of Technology and Social Media
- Information to Parents Document
- Policy on Methods of Parental Notification  
*Applicable only if a method other than a phone call is used to notify parents of an injury to a child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention*

I have read and received a copy of the information and policies listed above.

Child/Children Names: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

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



## **Leaders of Tomorrow Early Learning Academy**

### **Policy on Release of Children**

Each child may be released only to the child's parent(s) or person(s) authorized by the parent(s) to take the child from the center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached.

If a non-custodial parent has been denied access, or granted limited access, to a child by a court order, the center shall secure documentation to that effect, maintain a copy on file, and comply with the terms of the court order.

If the parent(s) or person(s) authorized by the parent(s) fails to pick up the child at the time of the center's daily closing, the center shall ensure that:

1. The child is supervised at all times
2. Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s)
3. An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the 24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick up the child.

If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, the center shall ensure that:

1. The child may not be released to such an impaired individual
2. Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s)
3. If the center is unable to make alternative arrangements, a staff member shall call the 24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873) to seek assistance in caring for the child.

For school-age child care programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).



## **Leaders of Tomorrow Early Learning Academy**

### **Policy on Methods of Parental Notification**

It is very important at Leaders of Tomorrow Early Learning Academy, Inc. that we have open communication with all our parents and staff members.

We use many forms of communication to notify parents and staff members of new, reminders, updates, emergencies, changes to programs/calendars, etc.

#### **We use the following social media/networking and/or websites:**

Website: [www.leadersoftomorrowela.org](http://www.leadersoftomorrowela.org)

Facebook: <https://www.facebook.com/profile.php?id=100083816948281>

Instagram: [https://www.instagram.com/leaders\\_of\\_tomorrow\\_e.l.a.\\_inc/](https://www.instagram.com/leaders_of_tomorrow_e.l.a._inc/)

Class Dojo: [teach.classdojo.com](http://teach.classdojo.com) (able to access only via invite from school)

#### **Lines of communication include the following:**

Telephones (Landline-Home)

Cell Phones

Work Phones

Written ““hard copies” Given Out

E-mails

Class Dojo

Monthly Board Meetings

Parent Teacher Conferences

Parent Director Meeting

**If parents need to contact the director/staff members at the school, they may do so at the following:**

**Address: 1017 South Spring Road, Vineland, New Jersey 08361**

**Phone: (856) 692-3400**

**E-mail: [leadersoftom@gmail.com](mailto:leadersoftom@gmail.com)**





## Leaders of Tomorrow Early Learning Academy

### Policy on the Management of Communicable Diseases

If a child exhibits any of the following symptoms, the Child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavioral changes
- Skin lesions that are weeping or bleeding
- Mouth sores with drooling
- Stiff neck

Once the child is symptom free, or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center unless contraindicated by local health department or Department of Health.

#### **Excludable Communicable Diseases**

A child or staff member who contracts an excludable communicable disease may not return to the center without a health care provider's note stating that the individual presents no risk to himself/herself or others.

Note: If a child has chicken pox, a note from the parent stating that all soars have dried and crusted is required.

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

#### **Communicable Disease Reporting Guidelines**

Some excludable communicable diseases must be reported to the health department by the center. The Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable disease, can be found at:

[http://www.nj.gov/health/cd/documents/reportable\\_disease\\_management.pdf](http://www.nj.gov/health/cd/documents/reportable_disease_management.pdf).