



# Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland

**Director:** Linda Brownlee

School: 973-874-0493

**Pastor:** Rev. Jennifer Lovallo

Church: 973-697-2877

## Welcome to Bright Beginnings

Below is a list of things your child will need at our school. Please make sure to **label everything** you leave at school with your child's first and last name.

- Paperwork:
  - Enrollment Application
  - Universal Health Record (filled out by you and your child's pediatrician)
  - Medical Conditions
  - *For students with health needs only, Care Plan for Children with Special Health Needs*
  - *For our elementary aged students only, Medical Declaration Statement*
  - *For infants and waddlers only, Infant/Waddler Feeding Plan*
  - Media Release
  - Camera Notification
  - Lotion Permission
  - Policies Agreement
- Sheets and a blanket for rest, clearly labeled
- Two changes of clothes, including socks, underwear, and shoes if you have an extra set
- Diapers and wipes
- Lunch, snacks, and drinks

*Specifically for infants/waddlers:*

- Formula/breast milk
- Bottles (enough for the day-we cannot reuse bottles)
- Feeding Utensils (bowls, spoons, forks)
- Cereals, baby food, solids (as listed on Feeding Plan)
- Bibs
- Pacifier
- Diaper Cream



65 LaRue Rd. P.O. Box 288 Newfoundland, NJ 07435

Email: [learnatbrightbeginnings@gmail.com](mailto:learnatbrightbeginnings@gmail.com)

Website: [www.learnatbrightbeginnings.com](http://www.learnatbrightbeginnings.com)

# ENROLLMENT APPLICATION

Name Of Child:	Birthdate:	Enrollment Date:
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<b>PARENT/GUARDIAN INFORMATION</b>	<i>Please check the box (<input type="checkbox"/>) to indicate the primary residence of the child listed above.</i>			
	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:	
	Employer Address:		Employer Address:	
E-Mail Address:		E-Mail Address:		

<b>EMERGENCY CONTACTS</b>	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:	
	Relationship:		Relationship:	
	Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:	
	Employer Phone:		Employer Phone:	

<b>CUSTODY</b>	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.	

<b>PERMISSIONS</b>	I give permission for my child to participate in <b><u>WALKING TRIPS</u></b> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.	I <b><u>DO NOT</u></b> permission for my child to participate in <b><u>WALKING TRIPS</u></b> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.
	I give permission for my child to be <b><u>PHOTOGRAPHED</u></b> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.	I <b><u>DO NOT</u></b> give permission for my child to be <b><u>PHOTOGRAPHED</u></b> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.

RECEIPT OF POLICIES	<p>I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information:</p> <ul style="list-style-type: none"> <li>Center Policies and Procedures</li> <li>Information to Parents Document</li> <li>Policy on the Expulsion of Children from Enrollment</li> <li>Policy On The Use Of Technology And Social Media</li> <li>Policy On The Management Of Illnesses/Communicable Diseases</li> <li>Policy On The Release Of Children</li> <li>Policy on the Methods of Parental Notification of Injuries (if applicable)</li> <li>Other:</li>   <li>Other:</li> </ul>
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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:		

HEALTH STATEMENT	<p>As the parent/guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs.</p> <p style="text-align: right;">Parent/Guardian Initials:</p>
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EMERGENCY TREATMENT	<p>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.</p> <p style="text-align: right;">Parent/Guardian Initials:</p>
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Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:
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# Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland

## Registration Contract

CHILD'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

### MOTHER'S INFORMATION

NAME \_\_\_\_\_

CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_

### FATHER'S INFORMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MOTHER'S EMPLOYER

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

### FATHER'S EMPLOYER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PLEASE INDICATE FOR WHICH CLASS OR PROGRAM YOU ARE ENROLLING:

INFANTS \_\_\_\_\_ WADDLER \_\_\_\_\_ TODDLER \_\_\_\_\_ PRESCHOOL \_\_\_\_\_ PRE-K \_\_\_\_\_

FULL DAY (6+ HOURS) \_\_\_\_\_ HALF DAY (6 HOURS) \_\_\_\_\_ PRESCHOOL ONLY \_\_\_\_\_  
(9-12:30)

SCHOOL AGE (KINDERGARTEN- 6<sup>TH</sup> GRADE) A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

### PLEASE INDICATE WHICH DAYS OF THE WEEK YOU ARE ENROLLING FOR AND THE START DATE:

MON. \_\_\_\_\_ TUES. \_\_\_\_\_ WED. \_\_\_\_\_ THURS. \_\_\_\_\_ FRI. \_\_\_\_\_ START DATE \_\_\_\_\_

ARRIVAL TIME \_\_\_\_\_ PICK UP TIME \_\_\_\_\_

I AGREE TO PAY \$ \_\_\_\_\_ MONTHLY (TUITION IS DUE ON THE 1<sup>ST</sup> OF EACH MONTH)

\*\*A 50% OF A MONTH'S TUITION FOR DEPOSIT OF IS DUE PRIOR TO ENROLLMENT.\*\*

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ DIRECTOR \_\_\_\_\_



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# Bright Beginnings Learning Center & Daycare

## 2023-2024 Calendar

September 4 – Labor Day – **CENTER CLOSED**

September 5 – First Day of School for Bright Beginnings (Infant through Pre-K)

September 7 - First Day of School for West Milford School District (Before/Aftercare Begins)

September 12 – Back to School Night 7-8pm

September 25 – WM Schools Closed for Yom Kippur – Bright Beginnings Open

October 9 - Columbus Day - WM Schools Early Dismissal – Bright Beginnings Open

October 31 – Halloween Activities

November 9 - Teacher's Convention- WM Schools Closed – Bright Beginnings Open

November 10 - Teacher's Convention- WM Schools Closed **Bright Beginnings 1:30 Closing - Professional Development**

November 20 & 21- WM Early Dismissal – Bright Beginnings Open

November 22 - Day before Thanksgiving - WM Early Dismissal/**Bright Beginnings – 1:30pm Closing**

November 24 & 25 - Thanksgiving Break - **CENTER CLOSED**

December 22 - WM Early Dismissal - **Bright Beginnings – 1:30pm Closing**

December 25 – January 1 – Christmas Break - **CENTER CLOSED**

January 15 - Martin Luther King Day - WM Schools Closed – Bright Beginnings Open

January 16 – WM Schools Early Dismissal – Bright Beginnings Open

February 19 - President's Day - WM Schools Closed – Bright Beginnings Open

February 20 - WM Schools Closed – **Bright Beginnings 1:30 Closing - Professional Development**

March 18 - WM Schools Early Dismissal – Bright Beginnings Open

March 29 – Good Friday - **CENTER CLOSED**

April 1 – Easter Monday – WM Schools Closed – Bright Beginnings Open

April 22-26 – WM Schools Closed for Spring Break – Bright Beginnings Open

May 27 - Memorial Day- **CENTER CLOSED**

June 21 - **BRIGHT BEGINNINGS GRADUATION**

June 21,24,25 - WM Early Dismissal - Bright Beginnings Open

June 25 - Last Day of Before/Aftercare

July 4<sup>th</sup>(possibly 5<sup>th</sup>) - Fourth of July - **CENTER CLOSED**

August – **CENTER CLOSED FOR CLEANING AND REPAIRS - TBD**



**Hours of Operation**

6:30am- 6:30pm  
Monday-Friday

**2023-2024  
Tuition Rates**

**BRIGHT BEGINNINGS LEARNING  
CENTER AND DAYCARE**

<b>6 WEEKS - 2 YEARS</b>		<b>5 DAYS</b>	<b>4 DAYS</b>	<b>3 DAYS</b>
<b>FULL DAY HALF DAY DROP IN</b>	<b>INFANTS/ WADDLERS</b>	\$ 2,015.00	\$ 1,620.00	\$ 1,230.00
	6 HOURS	\$ 1,375.00	\$ 1,105.00	\$ 835.00
		\$105 A DAY	Due at the time of drop in	
<b>2 YEARS - 3 YEARS</b>		<b>5 DAYS</b>	<b>4 DAYS</b>	<b>3 DAYS</b>
<b>FULL DAY HALF DAY DROP IN</b>	<b>TODDLERS</b>	\$ 1,915.00	\$ 1,540.00	\$ 1,160.00
	6 HOURS	\$ 1,410.00	\$ 1,145.00	\$ 855.00
		\$100 A DAY	Due at the time of drop in	
<b>3 YEARS - 4 YEARS</b>		<b>5 DAYS</b>	<b>4 DAYS</b>	<b>3 DAYS</b>
<b>FULL DAY HALF DAY PART TIME DROP IN</b>	<b>PRESCHOOL</b>	\$ 1,800.00	\$ 1,440.00	\$ 1,080.00
	6 HOURS	\$ 1,320.00	\$ 1,065.00	\$ 800.00
	9:00am-12:30pm	\$ 915.00	\$ 800.00	\$ 735.00
		\$100 A DAY	Due at the time of drop in	
<b>4 YEARS - 5 YEARS</b>		<b>5 DAYS</b>	<b>4 DAYS</b>	<b>3 DAYS</b>
<b>FULL DAY HALF DAY DROP IN</b>	<b>PRE-K</b>	\$ 1,680.00	\$ 1,350.00	\$ 1,020.00
	9:00am-3:00pm	\$ 1,245.00	\$ 990.00	\$ 795.00
		\$100 A DAY	Due at the time of drop in	
<b>BEFORE/AFTER CARE</b>				
AGES 5 - 12				
<b>BEFORE CARE</b>		\$ 365.00	MONTHLY	
<b>AFTER CARE</b>		\$ 560.00	MONTHLY	
<b>BOTH</b>		\$ 790.00	MONTHLY	

Electronic Payment via the app is preferred.  
Tuition is due on the first of the month. Tuition received after the 5th will incur a 5% late fee.  
We offer a 10% Sibling discount off the less expensive tuition.

\*Class placement is based on both age and developmental level, along with public school cut off date of October 1\*

# UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name			Home Telephone Number		Work Telephone/Cell Phone Number
Parent/Guardian Name			Home Telephone Number		Work Telephone/Cell Phone Number
<b><i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i></b>					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:			Weight (must be taken within 30 days for WIC)		
			Height (must be taken within 30 days for WIC)		
			Head Circumference (if <2 Years)		
			Blood Pressure (if ≥3 Years)		
<b>IMMUNIZATIONS</b>			<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:		
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> <b><i>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</i></b>					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

# Instructions for Completing the Universal Child Health Record (CH-14)

## Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

## Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860.

- The Immunization record must be attached for the form to be valid.
- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

- a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at [www.nj.gov/health/forms/ch-15.dot](http://www.nj.gov/health/forms/ch-15.dot) or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
- b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

*Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at [www.pacnj.org](http://www.pacnj.org) or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
- Print the health care provider's name.
  - Stamp with health care site's name, address and phone number.





## MEDICAL CONDITIONS

Does your child have any medical conditions of which Bright Beginnings Learning Center and Daycare needs to be aware? (i.e., allergies, asthma, diabetes, etc.)

YES \_\_\_\_\_

NO \_\_\_\_\_

If yes, what? \_\_\_\_\_

Special Instructions:

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PARENT SIGNATURE

DATE

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**MEDICAL DECLARATION FOR SCHOOL-AGED CHILDREN**

**Kindergarten – 6<sup>th</sup> Grade Only**

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

Date of Birth: \_\_\_\_\_ Grade in September \_\_\_\_\_

Is your child under any medical/physical restrictions? (Circle One) Y / N

If yes, please check all that apply:

Asthma                       Hearing Loss                       Diabetes

Convulsions                       Other: \_\_\_\_\_

Is your child taking any medications? (Circle One) Y / N

If yes, please list:

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

Has your child been under a doctor's care or hospitalized within the last three years? (Circle One) Y / N

If yes, please explain:

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

Is your child allergic to any medications/food/insect stings? (Circle One) Y / N

If yes, please list:

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

Family Healthcare Provider : \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, and may participate in all of the activities at Bright Beginnings Learning Center and Daycare, except as noted above**

**Parent/Guardian Signature:** \_\_\_\_\_

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

# CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

*-To be completed by a Health Care Provider-*

	Today's Date
Child's Full Name	Date of Birth
Parent's/Guardian's Name	Telephone No. (     )
Primary Health Care Provider	Telephone No. (     )
Specialty Provider	Telephone No. (     )
Specialty Provider	Telephone No. (     )
Diagnosis(es)	
Allergies	

### ROUTINE CARE

Medication To Be Given at Child Care	Schedule/Dose (When and How Much?)	Route (How?)	Reason Prescribed	Possible Side Effects

List medications given at home:

### NEEDED ACCOMMODATION(S)

Describe any needed accommodation(s) the child needs in daily activities and why:

- Diet or Feeding: \_\_\_\_\_
- Classroom Activities: \_\_\_\_\_
- Naptime/Sleeping: \_\_\_\_\_
- Toileting: \_\_\_\_\_
- Outdoor or Field Trips: \_\_\_\_\_
- Transportation: \_\_\_\_\_
- Other: \_\_\_\_\_
- Additional comments: \_\_\_\_\_
- \_\_\_\_\_

**CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS**  
**Continued**

**SPECIAL EQUIPMENT / MEDICAL SUPPLIES**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EMERGENCY CARE**

**CALL PARENTS/GUARDIANS** if the following symptoms are present:

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

**CALL 911 (EMERGENCY MEDICAL SERVICES)** if the following symptoms are present, as well as contacting the parents/guardians:

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

**TAKE THESE MEASURES** while waiting for parents or medical help to arrive:

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

**SUGGESTED SPECIAL TRAINING FOR STAFF**

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

Health Care Provider Signature

Date

**PARENT NOTES (OPTIONAL)**

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

*I hereby give consent for my child's health care provider or specialist to communicate with my child's child care provider or school nurse to discuss any of the information contained in this care plan.*

Parent/Guardian Signature

Date

**Important:** *In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child's special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child's special health needs.*

## **Instructions for Completing the Care Plan for Children with Special Health Needs (CH-15)**

This Care Plan template is designed to supplement the Universal Child Health Record (UCHR, CH-14). It should be used for children with special health needs (CSHN). The UCHR is designed to be concise and does not provide sufficient space for detailed instructions that a CSHN might need. Use this Care Plan when your instructions for the child's care cannot be fit on to the UCHR. This Care Plan should be utilized as a template that can be adapted as needed. Not all parts need to be completed for some children, but other children may require extra pages to be attached to fully explain the instructions for the child's care.

In order to facilitate communication between the health care provider and the parent, it may be best to complete this form with the parent/guardian present. Parents often have practical knowledge that is important to incorporate into the plan, such as techniques to get the child to cooperate with treatments and specifics about the child care site/school like the hours attended and the resources/limitations of the out-of-home care provider. There is room at the end for optional parent notes and signature that will give permission for communication between the health care provider and the child care provider or school nurse.

### **Specific Instructions:**

1. Complete the Universal Child Health Record (UCHR, CH-14).
2. Attach a copy of immunization record.
3. As appropriate check off the box labeled "Special Care Plan Attached."
4. Complete the Care Plan for Children with Special Health Needs
  - Complete the demographic information.
  - The Primary Health Care Provider is the medical home where the child's complete health records are maintained.
  - Specialty providers and their contact information should be included if the specialists play a major role in the child's health care such as adjusting medication doses.
  - Diagnosis – Include major diagnoses (preferably using lay terminology as necessary).
  - Allergies – Include medication allergies and other significant environmental allergies.
  - Routine Care – Complete the medication information. Include important side effects that child care providers should be watching for both with medications administered at home as well as those given at child care.
  - Describe any Needed Accommodations to particular activities.
    - Describe special diets or feeding techniques which may be needed such as feeding pureed foods, maintaining upright positioning during feeds, following a restrictive diet, etc.
    - Classroom activities – List any modifications needed to allow the child to participate such as extra rest breaks, use of adaptive equipment, etc.
    - Outdoor Activities/Field Trips- List any special precautions needed for class trips such as emergency kits, mobile phones, special vehicles, etc.
  - Special Equipment/ Medical Supplies
    - List special equipment that may be needed such as nebulizers, peak flow meters, glucometers, braces, hearing aids, wheelchairs, apnea monitors, etc.
  - Emergency Care
    - Help the child care providers to understand which signs/symptoms merit calling the parents and which are more serious and indicate that EMS should be activated.
    - Describe interim measures that should be taken while waiting for parent or EMS arrival such as administering an asthma nebulizer treatment or an Epi-Pen.
  - Special Staff Training
    - Are there special trainings that staff should attend in order to care for the child such as medication administration training, first aid/CPR, etc.? Include who might be available to provide such training.

# Infant Feeding Plan

A written plan shall be maintained on file and available for the caregiver of any child less than 12 months of age.

<b>Child's Name:</b>		<b>Date:</b>	<b>Birthdate:</b>	
<b>Formula:</b>		<b>Breast Feeding/Breastmilk</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes Is your child fed formula <sup>1</sup> ? <input type="checkbox"/> No <input type="checkbox"/> Yes Will formula be prepared (mixed) at home? <input type="checkbox"/> No <input type="checkbox"/> Yes Will formula be prepared by the caregiver? If the caregiver will be preparing the formula, please indicate any special instructions: _____		<input type="checkbox"/> No <input type="checkbox"/> Yes Is your child breast fed? <input type="checkbox"/> No <input type="checkbox"/> Yes I will nurse my child at the center at these times: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes I will provide breast milk <sup>1</sup> . If breast milk is unavailable for a feeding, the center should: _____		
<b>Feedings:</b>				
<input type="checkbox"/> No <input type="checkbox"/> Yes Does your child take a bottle? (Note: Bottles are required to be labeled with child's name and the current date.) <input type="checkbox"/> No <input type="checkbox"/> Yes Is the bottle warmed <sup>2</sup> ? <input type="checkbox"/> No <input type="checkbox"/> Yes Does your child hold their bottle? <input type="checkbox"/> No <input type="checkbox"/> Yes Can the child feed his or herself? <input type="checkbox"/> No <input type="checkbox"/> Yes Are there any special instructions for bottle feeding your child? If "yes," please explain: _____				
<input type="checkbox"/> No <input type="checkbox"/> Yes Is your child using a sippy cup? (Note: Sippy cups must be labeled with the child's name.) <input type="checkbox"/> No <input type="checkbox"/> Yes Does your child have any problems with feeding, such as choking or spitting up? If "yes," please explain: _____				
<input type="checkbox"/> No <input type="checkbox"/> Yes Are there any special instructions concerning feeding your child? If "yes," please explain: _____				
<b>Foods and Feeding Schedule:</b>				
<b>Liquids</b> (formula, breastmilk, 100% fruit juice in a cup)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Breast Feeding <input type="checkbox"/> by bottle <input type="checkbox"/> by breast	<input type="checkbox"/> Bottle Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	<input type="checkbox"/> Cup Feeding <input type="checkbox"/> with help <input type="checkbox"/> independently Amounts:
<b>Semisolid Foods</b> (infant cereal, strained fruits and/or vegetables)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Spoon Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	Kinds of Food:	Amounts:
<b>Modified Table Foods</b> (mashed, soft, diced fruit and /or vegetables, strained meat or poultry, pieces of soft bread)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Spoon Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	Kinds of Food:	Amounts:
<b>Finger Foods</b> (small pieces of soft/cooked table food, chopped food)	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Spoon Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	Kinds of Food:	Amounts:
<b>Other:</b>				
<input type="checkbox"/> No <input type="checkbox"/> Yes Does your child take a pacifier? Note: Pacifiers with straps or other types of attachment devices are not permitted. Pacifiers must be removed when the child is crawling or walking.				
<b>Additional Information:</b>				
<b>I will promptly provide any updates to my child's feeding plan as needed.</b>	<b>PARENT'S SIGNATURE:</b>		<b>DATE:</b>	

<sup>1</sup>Breast milk shall be gently mixed but not be shaken. Refrigerated breast milk shall be used within 24 hours. Formula or breast milk that is served, but not completely consumed or refrigerated, shall be discarded. <sup>2</sup> No milk, formula, or breast milk shall be warmed in a microwave oven.



# Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland

**Director:** Linda Brownlee

School: 973-874-0493

**Pastor:** Rev. Jennifer Lovallo

Church: 973-697-2877

## Media Release Form

Dear Parent/ Guardian,

During the school day, staff of Bright Beginnings Learning Center & Daycare along with media representatives may want to photograph or videotape your child for use in publications. The pictures may be with groups of students or individuals. Please check the box below if you grant permission for your child to take part.

Thank you for your cooperation in helping us highlight the good work and efforts of our staff and students.

- I give permission for my child/children to be photographed for use inside school/church only (bulletin boards, slideshow)
- I give permission for my child/children to be photographed for public use (website, pamphlet)
- I do NOT give permission for my child/children to be photographed for any reason

Child/Children's Name:

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Parent/Guardian Signature:

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Printed Name:

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Date:

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65 LaRue Rd. P.O. Box 288 Newfoundland, NJ 07435

Email: [learnatbrightbeginnings@gmail.com](mailto:learnatbrightbeginnings@gmail.com)

Website: [www.learnatbrightbeginnings.com](http://www.learnatbrightbeginnings.com)



## Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland

**Director:** Linda Brownlee  
School: 973-874-0493  
**Pastor:** Rev. Jennifer Lovallo  
Church: 973-697-2877

At Bright Beginnings our goal is to create a fun, safe, and secure learning environment for all of our students. To ensure the safety and security of the students and staff, we have implemented a system of security cameras throughout the building.

The cameras are located near the following locations: the front and back entrances, the playground, the doors leading to the church, the office lockbox, and in each classroom. The cameras are triggered by movement, and once triggered will record in a continuous loop.

As the Director, I am the only person with access to the video footage. We have the ability to retain and review a portion of the recorded content for documentation purposes, should the need arise.

We ask that you please sign your name below, confirming your receipt of this notification letter.

As always, if you have any questions or concerns, please feel free to contact me.

Sincerely,

Linda Brownlee  
Director

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I \_\_\_\_\_ have received notification regarding the usage of security cameras at Bright Beginnings Learning Center & Daycare and have no objections.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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Email: [learnatbrightbeginnings@gmail.com](mailto:learnatbrightbeginnings@gmail.com)  
Website: [www.learnatbrightbeginnings.com](http://www.learnatbrightbeginnings.com)





Dear Parents,

Please complete the following permission slip for the application of creams, lotions, and sprays for your child at our center. It will be kept on file. Please include anything such as diaper cream, bug spray, sunscreen, chapstick, and anything else you might send in to be applied to your child's skin or face that does **not** require a prescription.

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

Product	Signature	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**Department of Children and Families**  
**Office of Licensing**  
**INFORMATION TO PARENTS**

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

\* \* \* \* \*

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at [www.state.nj.us/dcf/providers/licensing/laws/index.html](http://www.state.nj.us/dcf/providers/licensing/laws/index.html) or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at [www.cpsc.gov/cpsc.gov/cpscpub/prerel/prerel.html](http://www.cpsc.gov/cpsc.gov/cpscpub/prerel/prerel.html). Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE/ (877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to [www.state.nj.us/dcf/](http://www.state.nj.us/dcf/) and select Publications.

OOL8/22/14

## **POLICY ON THE 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 a 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); and
- 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); and
- 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).

## *Bright Beginnings Learning Center and Daycare*

### **GUIDELINES FOR POSITIVE DISCIPLINE**

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group, and the adult. Methods of positive discipline shall be consistent with the age and developmental needs of the children, and lead to the ability to develop and maintain self-control.

Positive discipline is different from punishment. Punishment tells children what they should not do; positive discipline tells children what they should do. Punishment teaches fear; positive discipline teaches self-esteem.

You can use positive discipline by planning ahead:

- Anticipate and eliminate potential problems.
- Have a few consistent, clear rules that are explained to children and understood by adults.
- Have a well-planned daily schedule.
- Plan for ample elements of fun and humor.
- Include some group decision-making.
- Provide time and space for each child to be alone.
- Make it possible for each child to feel he/she has had some positive impact on the group.
- Provide the structure and support children need to resolve their differences.
- Share ownership and responsibility with the children. Talk about our room, our toys.

You can use positive discipline by intervening when necessary:

- Re-direct to a new activity to change the focus of a child's behavior.
- Provide individualized attention to help the child deal with a particular situation.
- Use time-out -- by removing a child for a few minutes from the area or activity so that he/she may gain self-control. (One minute for each year of the child's age is a good rule of thumb).
- Divert the child and remove from the area of conflict.
- Provide alternative activities and acceptable ways to release feelings.
- Point out natural or logical consequences of children's behavior.
- Offer a choice only if there are two acceptable options.
- Criticize the behavior, not the child. Don't say "bad boy" or "bad girl." Instead you might say "That is not allowed here."

You can use positive discipline by showing love and encouragement:

- Catch the child being good. Respond to and reinforce positive behavior; acknowledge or praise to let the child know you approve of what he/she is doing.
- Provide positive reinforcement through rewards for good behavior.
- Use encouragement rather than competition, comparison or criticism.
- Overlook small annoyances, and deliberately ignore provocations.
- Give hugs and caring to every child every day.
- Appreciate the child's point of view.
- Be loving, but don't confuse loving with license.

Positive discipline is NOT:

- Disciplining a child for failing to eat or sleep or for soiling themselves
- Hitting, shaking, or any other form of corporal punishment
- Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children
- Engaging in or inflicting any form of child abuse and/or neglect
- Withholding food, emotional responses, stimulation, or opportunities for rest or sleep
- Requiring a child to remain silent or inactive for an inappropriately long period of time

Positive discipline takes time, patience, repetition and the willingness to change the way you deal with children. But it's worth it, because positive discipline works.



# Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland

**Director:** Linda Brownlee

School: 973-874-0493

**Pastor:** Rev. Jennifer Lovallo

Church: 973-697-2877

## Policy on Parental Notification

It is very important at Bright Beginnings that we have open communication with all our parents and staff members.

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

Ways we contact parents can include:

- Telephones
- Cell Phones
- Work Phones
- E-mails
- Website: [www.learnatbrightbeginnings.com](http://www.learnatbrightbeginnings.com)
- Facebook page – Bright Beginnings Learning Center and Daycare
- Daily report communication app

To contact the school's director or a staff member during the day, parents should call the school, reach out via the communication app, or email the director.



65 LaRue Rd. P.O. Box 288 Newfoundland, NJ 07435

Email: [learnatbrightbeginnings@gmail.com](mailto:learnatbrightbeginnings@gmail.com)

Website: [www.learnatbrightbeginnings.com](http://www.learnatbrightbeginnings.com)

# **Bright Beginnings Learning Center and Daycare 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
- Diarrhea (2 times)
- Vomiting
- Temperature of 100.5
- 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 behavior changes
- Skin lesions that are weeping or bleeding
- Mouth sores with drooling
- Stiff neck

Once the child is symptom-free for 24 hours, 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 child presents no risk to himself/herself or others.

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 diseases, can be found at:

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



## **Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland**

### **Social Media Policy**

Every employee has the responsibility to maintain and enhance the public image of Bright Beginnings and to use the Internet in a responsible manner.

Employees must maintain professionalism at all times in all communications (in-person, written, or online) with the Bright Beginnings community. Additionally, all staff must be aware of the possibility of online content being shared with extended family, coworkers, and parents and staff from other classrooms within Bright Beginnings. Therefore, all information circulated will be consistent with the professional standards of Bright Beginnings as expressed within this Social Media Policy. Employees may be held responsible for any online behavior or content that connects them to Bright Beginnings or implicates Bright Beginnings in that behavior.

The publication of photos, images, or artwork of students at Bright Beginnings, whether online or otherwise, is generally prohibited without prior approval from the Director. Some families at Bright Beginnings have chosen to restrict photograph permissions of their child(ren), and it is expected that all employees will be aware of, and abide, by those restrictions.

Employees must consider and respect the privacy of the students, faculty, staff, and administrators of Bright Beginnings in all online activity. The posting of confidential and/or identifying information about the children, parents, or staff at Bright Beginnings on social media (including but not limited to Facebook, Twitter, Instagram, and so forth) is strictly prohibited. In no way does Bright Beginnings wish to abridge the rights of its employees to engage in critical commentary and observations that may relate to Bright Beginnings and its operations; however, when such commentary and observations occur within a public forum and contain confidential information, it may result in disciplinary action for the employee.

The posting of non-confidential information (promotional materials and the like) shall be restricted to official channels of communication (Bright Beginnings website/Facebook page, etc.) unless prior written approval from the Director has been obtained.







## Bright Beginnings Learning Center & Daycare at The United Methodist Church at Newfoundland

**Director:** Linda Brownlee  
School: 973-874-0493  
**Pastor:** Eunkyong Kim  
Church: 973-697-2877

### COVID Health Policy

At Bright Beginnings, the health and wellness of our students and staff is one of our highest priorities.

To keep the introduction and transmission of germs as low as possible, we will continue student drop-off and pick-up at the front door of the school. We will be screening all staff and students with symptom and temperature checks prior to being admitted into the building and recording it on the daily log provided to us by the New Jersey Department of Children and Families.

Please be aware that this policy may be updated based on changes from NJDCF at any time. We will continue to relay any updates to families as they occur.



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Website: [www.learnatbrightbeginnings.com](http://www.learnatbrightbeginnings.com)

# **Bright Beginnings Learning Center and Daycare**

## **Expulsion Policy**

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 the 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
- 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 all medical forms
- Habitual tardiness when picking up 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 inappropriate behavior warranting an expulsion. An expulsion is meant to be a period of time so that the parent/guardian may work on the child's behavior or come to an agreement with the school. 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. The parent/guardian will be given approximately one to two weeks notice, depending on the risk to the welfare of the other children or staff, to attempt to seek alternate child care. Failure to satisfy the terms of the plan may result in permanent expulsion.

### **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 time to attempt 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 environment, activities, supervision |
| *Use positive methods and language                                     | *Praise appropriate behaviors                  |
| *Be consistent with consequences                                       | *Give the child verbal warnings                |
| *Give the child time to gain control                                   | *Document the child's behavior                 |
| *Share behaviors in writing to parents                                 | *Schedule a conference with parents            |
| *Share resources for improving behavior with parents                   |  |
| *Recommend an evaluation by professionals                              |  |
| *Recommend an evaluation by the local school district child study team |  |

# PARENT

## RECEIPT OF INFORMATION:

- Information to Parents Document
- Policy on the Release of Children
- Positive Guidance and Discipline Policy
- Policy on Methods of Parental Notification
- Policy on Communicable Disease Management
- Expulsion Policy
- Policy on the Use of Technology and Social Media

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

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Child(ren)'s Name

---

Parent/Guardian's Name

---

Signature

---

Date