

# St. Anne's Center Enrollment Application

Name Of Child:	Birthdate:	Enrollment Date:
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PARENT/GUARDIAN INFORMATION	<i>Please check the box ( <input type="checkbox"/> ) to indicate the primary residence of the child listed above.</i>			
	<input type="checkbox"/> PARENT/GUARDIAN # 1		<input type="checkbox"/> 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:		

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.	

PERMISSIONS	<input type="checkbox"/> 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.	<input type="checkbox"/> 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.
	<input type="checkbox"/> 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.	<input type="checkbox"/> 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.

# 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.

# 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					

## PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

Name Of Child:	Birthdate:	Enrollment Date:
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<b>PARENT/GUARDIAN INFORMATION</b>	<input type="checkbox"/> PARENT/GUARDIAN # 1	<input type="checkbox"/> 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:	

<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:	Contact Name #3:			
	Relationship:	Relationship:	Relationship:			
	Cell Phone:	Cell Phone:	Cell Phone:			
	Home Phone:	Home Phone:	Home Phone:			
Employer 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>MEDICAL INFORMATION</b>	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:	

<b>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</b>	
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:
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# Medication Administration in Child Care Policy and Procedures

**PURPOSE:** *This policy was written to encourage communication between the parent, the child's health care provider and the child care provider to assure maximum safety in the giving of medication to the child who requires medication to be provided during the time the child is in child care.*

**INTENT:** *Assuring the health and safety of all children in our Center is a team effort by the child care provider, family, and health care provider. This is particularly true when medication is necessary to the child's participation in child care. Therefore, an understanding of each of our responsibilities, policies and procedures concerning medication administration is critical to meeting that goal.*

## **GUIDING PRINCIPLES and PROCEDURES:**

1. When ever possible, it is best that medication be given at home. Dosing of medication can frequently be done so that the child receives medication prior to going to child care, and again when returning home and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.
2. The first dose of any medication should always be given at home and with sufficient time before the child returns to child care to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medication as treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to child care. This is for the protection of the child who is ill as well as the other children in child care.
3. Medication will only be given when ordered by the child's health care provider and with written consent of the child's parent/legal guardian. A "Permission to Give Medication in Child Care" form is attached to this policy and will hereafter be referred to as Permission Form. All information on the Permission Form must be completed before the medication can be given. Copies of this form can be duplicated or requested from the child care provider.
4. "As needed" medications may be given only when the child's health care provider completes a Permission Form that lists specific reasons and times when such medication can be given.
5. Medications given in the Center will be administered by a staff member designated by the Center Director and will have been informed of the child's health needs related to the medication and will have had training in the safe administration of medication.
6. Any prescription or over-the-counter medication brought to the child care center must be specific to the child who is to receive the medication, in its original container, have a child-resistant safety cap, and be labeled with the appropriate information as follows:
  - ✓ Prescription medication must have the original pharmacist label that includes the pharmacist's phone number, the child's full name, name of the health care provider prescribing the medication, name and expiration date of the medication, the date it was prescribed or updated, and dosage, route, frequency, and any special instructions for its administration and/or storage. It is suggested that the parent/guardian ask the pharmacist to provide the medication in two containers, one for home and one for use in child care.
  - ✓ Over-the-counter (OTC) medication must have the child's full name on the container, and the manufacturer's original label with dosage, route, frequency, and any special instructions for administration and storage, and expiration date must be clearly visible.
  - ✓ Any OTC without instructions for administration specific to the age of the child receiving the medication must have a completed Permission Form from the health care provider prior to being given in the child care center.
7. Examples of over-the-counter medications that may be given include:
  - ✓ Antihistamines
  - ✓ Decongestants
  - ✓ Non-aspirin fever reducers/pain relievers
  - ✓ Cough suppressants
  - ✓ Topical ointments, such as diaper cream or sunscreen
8. All medications will be stored:
  - ✓ Inaccessible to children
  - ✓ Separate from staff or household medications
  - ✓ Under proper temperature control
  - ✓ A small lock box will be used in the refrigerator to hold medications requiring refrigeration.

New Jersey Department of Health and Senior Services  
STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD

NAME OF CHILD (Last, First, MI)					DATE OF BIRTH (Mo./Day/Yr.)		SEX <input type="checkbox"/> M <input type="checkbox"/> F		
NAME OF PARENT/GUARDIAN					TELEPHONE NUMBER(S)				
ADDRESS									
ADDRESS					IMMUNIZATION REGISTRY NUMBER				
VACCINE TYPE	1ST DOSE MO/DAY/YR	2ND DOSE MO/DAY/YR	3RD DOSE MO/DAY/YR	4TH DOSE MO/DAY/YR	5TH DOSE MO/DAY/YR	LEAD SCREENING (Not Required)			
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (if Td or DT <sup>(1)</sup> Indicate in corner box)						TEST DATE	RESULT		
POLIO-INACTIVATED POLIO VACCINE (IPV) (if oral vaccine, indicate OPV in corner box)									
MEASLES, MUMPS, RUBELLA (MMR)						(5) Document below single antigen vaccine receipt, serology titers, or Varicella disease history			
HAEMOPHILUS B (HIB) <sup>(2)</sup>									
HEPATITIS B <sup>(3)</sup>					Hepatitis B	DATE:	TITER:		
VARICELLA <sup>(4)</sup>					Varicella	DATE:	TITER:		
PNEUMOCOCCAL CONJUGATE <sup>(2)</sup>					Measles	DATE:	TITER:		
INFLUENZA <sup>(6)</sup>					Mumps	DATE:	TITER:		
OTHER, SPECIFY:					Rubella	DATE:	TITER:		
<input type="checkbox"/> Provisional Admission Attached - Date Granted: _____ <input type="checkbox"/> Medical Exemption Attached <input type="checkbox"/> Religious Exemption Attached									
IMM-8 OCT 08	(1) REQUIRES MEDICAL EXEMPTION (2) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (2 Months - 5th Birthday Only) (3) REQUIRED FOR K-GRADE 1 (whichever is first). GRADE 6 BEGINNING 9-1-01, AND GRADES 9-12, EFFECTIVE 9-1-04 (4) REQUIRED FOR DAY/CHILD CARE ENROLLED (19 Months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04 (5) MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR. (6) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months - 59 Months)								

# 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: _____	

**Feedings:**

No  Yes Does your child take a bottle? (Note: Bottles are required to be labeled with child's name and the current date.)

No  Yes Is the bottle warmed<sup>2</sup>?  
 No  Yes Does your child hold their bottle?  
 No  Yes Can the child feed his or herself?  
 No  Yes Are there any special instructions for bottle feeding your child?  
 If "yes," please explain:  
 \_\_\_\_\_

No  Yes Is your child using a sippy cup? (Note: Sippy cups must be labeled with the child's name.)

No  Yes Does your child have any problems with feeding, such as choking or spitting up?  
 If "yes," please explain:  
 \_\_\_\_\_

No  Yes Are there any special instructions concerning feeding your child?  
 If "yes," please explain:  
 \_\_\_\_\_

<b>Foods and Feeding Schedule:</b>				
<b>Liquids</b> <small>(formula, breastmilk, 100% fruit juice in a cup)</small>	<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> <small>(infant cereal, strained fruits and/or vegetables)</small>	<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> <small>(mashed, soft, diced fruit and /or vegetables, strained meat or poultry, pieces of soft bread)</small>	<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>(small pieces of soft/cooked table food, chopped food)</small>	<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:

**Other:**

No  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.

**Additional Information:**

<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.



## 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 jaundice 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, 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.

These diseases include respiratory, gastrointestinal, and contact illnesses such as Impetigo, Lice, Scabies, and Shingles.

Note: If a child has chicken pox, a health care provider's note is not required for re-admitting the child to the center. A note from the parent is required stating either that at least six days has elapsed since the onset of the rash, or that all sores have dried and crusted. 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) .





## St Anne's Center Policy on the use of Television, and Technology Equipment

As instructed by the New Jersey Office of Licensing and in keeping with State of New Jersey Department of Children and Families (DCF) Manual of Requirements for Child Care Centers

: In keeping with our play-based, experiential philosophy of early childhood education, screens (television, computer and other video equipment) are utilized only for educational and/or instructional purposes

The use of iPads and smart boards by children in the classrooms is limited in time to no longer than 10 minute intervals for age and developmentally appropriate apps only, always with teacher supervision and instruction.

Teachers will track each child's use of the iPads and smart boards. They will never be used for passive viewing or as a substitute for planned activities. If a child with special needs in our program would benefit from the educational or instructional use of a television, computer, or other video equipment, a specific written plan would be developed for their use on an individual basis.



## EXPULSION POLICY for St Anne's Center

Unfortunately, there are sometimes reasons we may 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. The parent/guardian will be informed about 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.

CHILD WILL NOT BE EXPELLED If a child's parent(s):

- ◆ 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

Staff will try to redirect child from negative behavior.

Staff will reassess classroom environment, appropriate of activities, supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behaviors. Staff will consistently apply consequences for rules.

Child will be given verbal warnings.

Child will be given time to regain control. Child's disruptive behavior will be documented and maintained in confidentiality.

Parent/guardian will be notified verbally.

Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.

The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.

The parent will be given literature or other resources regarding methods of improving behavior.

Recommendation of evaluation by professional consultation on premises. Recommendation of evaluation by local school district child study team.



## **BLANKET PERMISSION FOR WALKING TRIPS**

St Anne's Center

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

I hereby give permission for my child to participate in walking trips in the neighborhood around the center. I understand that the walking route is within the center's neighborhood, includes no known safety hazards, and that the walks will not involve entrance into any other facility

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



## **Department of Children and Families 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 Child Abuse Hotline 1-877-NJ-ABUSE (1-877-753-2873) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parents(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 Child Abuse Hotline 1- 877-NJ-ABUSE (1-877-753-2873) 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).



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

It is very important to St Anne's Center to 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/calendar and more

If parents need to contact the Nursery School director/staff member any/all of the above methods of communication are acceptable.

- Telephones
- Written
- E-mails
- Parent – Teacher Conferences
- Parent – Director Meeting

Director and Teachers will use the following methods to share news, updates and other general communication.

- St Anne's Center Facebook (closed group)
- Class Dojo (app)

# PARENT

## RECEIPT OF INFORMATION:

Information to Parents Document

Policy on the Release of Children

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.)

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.*

Child(ren)'s Name:

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Parent/Guardian's Name:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date