

**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			
ADDRESS					NAME OF DOCTOR			
ADDRESS					DOCTOR'S TELEPHONE NO.			

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	MO/DAY/YR	MO/DAY/YR
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (If Td or DT <sup>(1)</sup> , indicate in corner box)							
POLIO-INACTIVATED POLIO VACCINE (IPV) (If oral vaccine, indicate OPV in corner box)							
MEASLES, MUMPS, RUBELLA (MMR)						<sup>(5)</sup> 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 (not required)						Measles	DATE: TITER:
OTHER, SPECIFY:						Mumps	DATE: TITER:
LEAD SCREENING (not required)	TEST DATE:	RESULT:				Rubella	DATE: TITER:

☐ Provisional Admission Attached - Date Granted: \_\_\_\_\_
 ☐ Medical Exemption Attached
 ☐ Religious Exemption Attached

<sup>(1)</sup> REQUIRES MEDICAL EXEMPTION.

<sup>(2)</sup> REQUIRED FOR DAY/CHILD CARE ENROLLEES (2 Months - 5th Birthday Only)

<sup>(3)</sup> REQUIRED FOR K-GRADE 1 (whichever is first). GRADE 6 BEGINNING 9-1-01, AND GRADES 9-12, EFFECTIVE 9-1-04.

<sup>(4)</sup> REQUIRED FOR DAY/CHILD CARE ENROLLEES (19 months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04.

<sup>(5)</sup> MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR.

G9445

# UNIVERSAL CHILD HEALTH RECORD

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

## 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 give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</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)

### IMMUNIZATIONS

- ☐ Immunization Record Attached  
☐ 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		

☐ 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.

Name of Health Care Provider (Print)

Health Care Provider Stamp:

Signature/Date

## Child / Family Personal History

The purpose in securing this information about your child is to help the Child care staff better understand your child and help you know what to expect from the childcare center. Your child's care during the day is a Responsibility we share. All information is kept confidential and requires your written permission if it is to be shared. Please use the back sides of this Form if you wish to elaborate more on a question. Some questions may not be applicable to your child at this time. Please leave them blank.

### Family and Social History

Telephone \_\_\_\_\_

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother(or guardian) \_\_\_\_\_ Age \_\_\_\_\_

Father(or guardian) \_\_\_\_\_ Age \_\_\_\_\_

Marital Status of Parents:

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single Parent \_\_\_\_\_  
(How long?) (How long?)

Remarks \_\_\_\_\_

Custody/Visiting Arrangements \_\_\_\_\_

Siblings:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Other members of the household (include relationship and age):

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

Do you speak a language at home other than English? \_\_\_\_\_

Are there any special works that would help us communicate with your child? \_\_\_\_\_  
\_\_\_\_\_

## Personal History

Does He/she have any speech problems? \_\_\_\_\_  
Special works to describe His/her needs \_\_\_\_\_  
\_\_\_\_\_

## Sleeping

Does he/she take naps? (From when to when?) \_\_\_\_\_

## Social Relationships

Has he/she had experiences in playing with other children? \_\_\_\_\_  
By nature is he/she friendly? \_\_\_\_\_ aggressive? \_\_\_\_\_  
Shy? \_\_\_\_\_ withdrawn? \_\_\_\_\_  
Will he/she know any children in the center? \_\_\_\_\_

Do you feel he/she will adjust easily to the childcare situation? \_\_\_\_\_  
\_\_\_\_\_

What method of behavior control is used in your home? \_\_\_\_\_  
\_\_\_\_\_

What is child's usual reaction? \_\_\_\_\_

Is he/she frightened by any of the following: animals \_\_\_\_\_

Tall people \_\_\_\_\_ rough children \_\_\_\_\_ loud noises \_\_\_\_\_

Dark \_\_\_\_\_ Storms \_\_\_\_\_ anything else \_\_\_\_\_  
\_\_\_\_\_

Does he/she like to be read to? \_\_\_\_\_ listen to music? \_\_\_\_\_

Does your child have any other problems that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

## Eating

What are his/her favorite foods? \_\_\_\_\_

What foods are refused? \_\_\_\_\_

Any food allergies? \_\_\_\_\_

Other dietary restrictions? \_\_\_\_\_

### Health History of Child

What past illnesses has he/she had? At what age?

Chickenpox		Scarlet fever		Diabetes	
Malaria		HIV		AIDS	
Measles		Hepatitis A		Hepatitis B	
Mumps		Other			

Has your child had any serious accidents? \_\_\_\_\_

Explain \_\_\_\_\_

Does your child have any of the following conditions?

Asthma		Hay Fever		Hives		Vision Impairment	
Hearing Impairment		Speech Problems					

Has your child ever been tested for a learning disability or developmental delay?

Do you know what his/her allergy is caused by? \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ What for? \_\_\_\_\_

Has your child ever been to a dentist? \_\_\_\_\_

Has he/she had vision tested? \_\_\_\_\_

Hearing tested? \_\_\_\_\_ Does he/she wear corrective shoes? \_\_\_\_\_

Does your child have any handicaps? \_\_\_\_\_ Describe \_\_\_\_\_

Please give a statement of your evaluation of your child's overall health \_\_\_\_\_

### Toilet Habits

Can the child be relied upon to indicate his/her toileting wishes? \_\_\_\_\_

What word is used for urination? \_\_\_\_\_ For bowel movement? \_\_\_\_\_

Does the child need to go more frequently than usual for his age? \_\_\_\_\_

Does he/she have accidents? \_\_\_\_\_ How does he/she react to them? \_\_\_\_\_

Does child need help with toileting? \_\_\_\_\_

What are your expectations for your child at the center? In what particular way can we help your child? \_\_\_\_\_

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

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Birth Date: \_\_\_\_\_

## Emergency Authorization Form

Child Name \_\_\_\_\_

Childs Address \_\_\_\_\_

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

Mother's Address (if different from child's) \_\_\_\_\_

Mothers Place of Employment \_\_\_\_\_

Mothers work phone number \_\_\_\_\_

Phone where Mother can be contacted when child is in the program \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's address (if different from child's) \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Father's Work phone number \_\_\_\_\_

Phone where Father can be contacted when child is in the program \_\_\_\_\_

Who will be dropping your child off in the morning?

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

Who will be picking your child up in the afternoon?

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

Who else has your permission to take your child from the program?

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

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

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

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

Who does not have your permission to take your child from the program?

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

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

PLEASE NOTE: A copy of the court decision must be on file in order for the program to NOT release a child to his/her non-custodial parent.

Who should the program contact in case of an emergency?

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

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

Physician's Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_

Clinic / Hospital \_ \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_

Last DPT \_\_\_\_\_ Allergies \_\_\_\_\_  
Medications \_\_\_\_\_

I hereby grant permission for the Director or staff person to take whatever steps may be necessary to obtain emergency medical care if warranted.  
These steps may include, but are not limited to, the following

1. Attempt to contact a parent or guardian;
2. Attempt to contact the child's physician;
3. Attempt to contact a parent through any of the persons listed on this emergency authorization form
4. If we cannot contact you or your child's physician, we will do any or all of the following: (a) contact another physician or paramedics; (b) call an ambulance; (c) have the child taken to an emergency hospital in the company or a staff member;
5. Any expenses under 4 above, will be borne by the child's family.

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				
<b>ROUTINE CARE</b>				
<b>Medication To Be Given at Child Care</b>	<b>Schedule/Dose (When and How Much?)</b>	<b>Route (How?)</b>	<b>Reason Prescribed</b>	<b>Possible Side Effects</b>
List medications given at home:				
<b>NEEDED ACCOMMODATION(S)</b>				
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**

<b>SPECIAL EQUIPMENT / MEDICAL SUPPLIES</b>	
1.	<hr/>
2.	<hr/>
3.	<hr/>
<b>EMERGENCY CARE</b>	
<b>CALL PARENTS/GUARDIANS</b> if the following symptoms are present:  <hr/> <hr/>	
<b>CALL 911 (EMERGENCY MEDICAL SERVICES)</b> if the following symptoms are present, as well as contacting the parents/guardians:  <hr/> <hr/>	
<b>TAKE THESE MEASURES</b> while waiting for parents or medical help to arrive:  <hr/> <hr/> <hr/>	
<b>SUGGESTED SPECIAL TRAINING FOR STAFF</b>	
 <hr/> <hr/> <hr/>	
Health Care Provider Signature	Date

<b>PARENT NOTES (OPTIONAL)</b>	
 <hr/> <hr/> <hr/>	
<i>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.</i>	
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.*

## Toilet Training Policy

In the toddler cases, we bring the entire class to the bathroom about 3-4 times a day. (after snack approx 9:50. Before nap, approx 12:20, after nap approx 2:30, and again in the afternoon). The children are encouraged to “try” whether or not they feel they need to go. Because the whole class goes and it is a part of our day, any fear of the bathroom is avoided.

Parents decide when they want their child to change from diapers to pull-ups or underpants. During these transitions, we pay special attention and ask in between normal bathroom times if the child feels the need to go.

A great deal of praise is given when the children first wear underpants and the first time they go on the toilet. Thereafter stickers and notes of praise go home and all the teachers come in and praise the child.

The whole process is very positive and at no time is a child disciplined for having an accident. We just guide and encourage them through this stage in the development.

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Parent's Signature

Date

**Tiny Treasures Learning Academy  
200 Emerald Avenue  
Westmont, NJ 08108**

**Permission Form**

I grant permission for TINY TREASURES to use my child's work and photo for publicity purposes, such as but not limited to bulletin boards, school projects, brochures, school website, etc.

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Childs Name

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Parent/Guardian Signature

Date

**Please pick a four digit Access code for the front door. To get in the front door you will need to input your four digit code plus push the star key.**

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

**New Access Code**\_\_\_\_\_

# Tiny Treasures Learning Academy

(856) 858-2300

## Behavior Guidance

Children are not expected to immediately understand or fully comply with all of the rules; rather, they are to be gently taught, reminded and when necessary, redirected. The staff has the responsibility to set up the environment to encourage cooperation and sharing, rather than promoting aggressive behaviors.

There are times when children, because they are “testing the limits”, may actually endanger themselves or others by their actions. Due to these actions, specific behavior guidance steps have been set up and will be followed by the staff. These are:

### Logical Consequences

A child who damages a toy, for instance, may be prohibited from the use of that toy for the play period in question. A child who intentionally spills or throws food will be required to assist in the cleanup of the spill.

### Redirection/Modeling Behavior

Often it is necessary to redirect the child’s attention and / or model behavior. For example. Let’s try it this way... Why don’t we play with this instead.... Let’s all sit nicely like....

### Verbal Reprimand

These are brief verbal behavioral guidance measures consisting of a statement of the problem behavior, the fact that it is unacceptable, and the statement of the acceptable alternative.

### Rest Period

At times a child may require time to himself to calm down and redirect his/her thinking. When a rest time is given, the child remains within sight of the staff and the rest is no longer than necessary, and no than the age of the child in minutes.(I.e. for a 4 year old it wouldn’t be longer than 4 minutes). We will notify the parent if the child has three or more rest periods in one day, or five times or more in one week .

Tiny Treasures Learning Academy complies with all federal, state and other relevant laws, which prohibit corporal punishment in child care settings. Additionally, staff is expressly prohibited from using unproductive or shaming methods of punishment.

Tiny Treasures Learning Academy believes that parents and childcare staff must work together to address persistent behavioral issues such as biting, unusual or dangerous aggression, or other issues. Parents will be contacted for a conference when a child appears to be unusually stressed anxious or otherwise motivated to engage in negative behaviors.

**I have read and understand this document**

---

Parent/Guardian Signature

Date

## National / Local Emergency Disaster Plan

Should a national emergency or local disaster occur we would follow the following as our plan of action.

At Tiny Treasures, our main focus would be the safety of the children. Based on the situation at hand, we would focus on containment; i.e. Getting everyone in one location. If damage or weather threatens the safety of our building we would relocate to the basement, lunchroom area of the church. This is an area without windows and is attached to our school, however it is not a part of our school. Many of our employees carry cellular phones; hopefully we would be able to communicate with the outside world. We will have a radio to listen to local news.

If we are in a lockdown situation we will remain in a safe area of our school and all doors will be locked allowing no entry or exit from the building until a safe time. We would all gather in purple rooms A and B until notified to lift the lockdown. We will contact parents and make them aware of the lockdown.

If evacuation for any reason is necessary we will relocate to the community activities office located in the old library on Reeves Avenue next to the Municipal Building.

Please complete the attached Emergency Form with an emergency person and phone number. This person should be in relative proximity to the center. Have access to a vehicle (not have to rely on public transportation or crossing a bridge to get here), and be available in the event of an emergency to pick up your child if you are unable.

This emergency information will be kept in a special binder, which will enable us easy access to speed our communication with you and/or your emergency contact.

You will be updated with any additional information or changes as we become aware of them. Please feel free to contact me with any questions.

Thank you  
Andrea Grainger  
Owner

**I have read and received a copy of the National / Local Emergency Disaster Plan.**

Name of child: \_\_\_\_\_

Parent's name: \_\_\_\_\_

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

## Expulsion Policy

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

### **PARENTAL ACTIONS FOR THE 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
- Physical or verbal abuse to the staff

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

- Failure of the child to adjust after reasonable amount of time
- Uncontrollable tantrums / angry outburst
- Ongoing physical or verbal abuse to children or staff
- Excessive biting

### **PROACTIVE ACTIONS WHAT WILL 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
- A brief resting period will be given so that the child can 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 to discuss how to promote positive behaviors
- The parent will be given literature or other resources regarding methods of improving behavior

#### SCHEDULE OF EXPULSION

If after the remedial actions above have not worked, the child's parent will be advised verbally and in writing about the child's or parent's behavior warranting the expulsion. An expulsion action is meant to be a period of time so that the parent may work on the child's behavior or to come to an agreement with the center.

- The parent will be informed regarding the length of the expulsion period.
- The parent will be informed about the expected behavioral changes required in order for the child / parent to return
- The parent will be given a specific expulsion date that allow the parent an adequate amount of time to seek alternative child care (approximately one to two weeks notice depending on risk to other children's welfare or safety)
- Failure of the child / parent to satisfy the terms of the plan may result in permanent expulsion from the center.

#### A CHILD WILL NOT BE EXPELLED

If a child's parent:

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements (877-677-9845)
- Reports abuse or neglect occurring at the center (800-215-6853) or (800-792-8610 after 5pm)
- Questioning the center regarding policies and procedures
- Without giving the parent an adequate amount of time (2 weeks) to make other arrangements.

**I understand and accept to adhere by Tiny Treasures Learning Academy's Expulsion Policy:**

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Parent / Guardian Signature

Date



10: 122-7.11

## Policy on the management of communicable diseases

If a child exhibits any of the following symptoms, he / she should not attend the center. If such symptoms occur at the center, the child will be removed from the group and the parent/ guardian will be called to take him/her home.

- Severe pain or discomfort
- Acute diarrhea
- Episode of acute vomiting
- Elevated oral temperature of 101.5 Fahrenheit
- Sore throat or severe coughing
- Yellow eyes or jaundice skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin lesions that are weeping or bleeding
- Skin rashes lasting longer than 24 hours
- Swollen joints
- Visibly enlarged lymph nodes
- Stiff neck
- Blood in urine

Once the child is symptom-free, or has a doctor's note stating that he/she no longer poses a serious health risk to others he/she may return to the center.

## Table of Excludable Communicable Diseases

A child who contracts any of the following diseases may not return to the center without a physician's note stating that the child presents no risk to himself or others:

<b>Respiratory Illness</b>	<b>Gastrointestinal Illnesses</b>	<b>Contact Illnesses</b>
Chicken pox **	Giardia Lamblia *	Impetigo
German Measles	Hepatitis A	Lice
Hemophilus Influenzae *	Salmonella *	Scabies
Measles *	Shigella *	
Meningococcus *		
Mumps *		
Strep Throat		
Tuberculosis *		
Whooping Cough *		

\* Reportable diseases that will be reported to the health department by the center.

\*\* Note: If your child has chicken pox. A doctor'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 have elapsed since the onset of the rash, or that all sores have dried and crusted.

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

## POLICY ON COMMUNICABLE DISEASES

Our goal is to help keep students and staff in school by keeping them healthy. One way we can do that is to follow the guidelines below when it comes to contagious illnesses.

### WHEN TO KEEP YOUR CHILD HOME:

- FEVER: Your child should be fever free for 24 hours before they return
- UPSET STOMACH: If it is accompanied by a temperature or vomiting, stay home. Your child must be vomit free for 24 hours before returning
- COLDS: If there is a fever present, if the child is miserable and lethargic, or if there is a frequent coughing, sneezing or excess mucous, stay home.
- DIARRHEA: STAY HOME – This is very contagious. Your child should be free of diarrhea for 24 hours prior to returning
- PINK EYE: Highly contagious. STAY HOME. Seek medical treatment and administer treatment for 24 hours prior to returning

A doctor's note may be obtained and should be obtained to confirm treatment for pinkeye. While we abide by the state policy, which is attached, our own policies are listed above with specific reference to fever, stomach virus, colds diarrhea, and pink eye. Children should be out of the center for a 24 hour period. They should be "symptom free" before they are brought back into the center. If an employee observes that a child still exhibits symptoms, they will not permit the child into the center until such a time that the symptoms are alleviated. We reserve the right to make this decision.

The continual habit of bringing a sick child into the center may be considered a violation of our "disruption of daily operation to the center" clause as stated in our expulsion policy. While we understand that life and work go on even when illness occurs, the best interest of your child and the children at the center are paramount.

We recommend that a copy of our illness policy be made available to your employer so that he may understand that we are bound by our strict policy that prohibits sick children from being dropped off at the center.

**I have read and received a copy of the Policy on the management of communicable diseases contained in the packet.**

Name of child: \_\_\_\_\_

Parent's name: \_\_\_\_\_

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

## **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 to take the child from the center and to assume responsibility for the child in an emergency if the parents 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 centers 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
3. An hour or more after closing time and provided that other arrangements for releasing the child to his/her parent or authorized person, have failed and the staff members cannot continue to supervise the child at the center, the staff member shall call the division's 24 hour Child Abuse Hotline(1-800-792-8610) to seek assistance in caring for the child until the parent or authorized person is able to pick up the child

If the parent or authorized person appears to be physically and/or emotionally impaired to the extent that, in the judgment of the director or staff member, the child would be placed at risk of harm if release 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 other authorized person.
3. If the center is unable to make alternative arrangements, staff member shall call the division's 24 hour Child Abuse Hotline(1-800-792-8610) to seek assistance in caring for the child

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

**I have read and received a copy of the Policy on the Release of Children contained in this packet.**

Name of child: \_\_\_\_\_

Parent's name: \_\_\_\_\_

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

10:122-68

## **BLANKET PERMISSION FOR WALKING TRIPS**

I hereby give permission for my child (name)

\_\_\_\_\_

To participate in walking trips in the neighborhood around Tiny Treasures Learning Academy.

I understand that the walking route includes no safety hazards and that the walks will not involve entrance into any facility other than the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

## COVER LETTER FOR DYFS INFORMATION TO PARENTS DOCUMENT

Dear Parents:

In keeping with New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with this informational statement. The statement highlights, among other things: Your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the state's Division of Youth and Family Services (DYFS)

Please read this statement carefully and, if you have any questions, feel free to contact me at 856-858-2300

Sincerely,  
Andrea Grainger

Owner

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Please complete and return this portion to the center (Please Print)

Name of Child:

---

Name of Parent(S):

---

I have read and received a copy of the information to parent's document prepared by the bureau of Licensing in the Division of Youth and Family Services.

---

Signature

Date

## **INFORMATION TO PARENT/GUARDIAN(S)**

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 may 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 Human Services (DHS). 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 of Child Care Center Licensing law to be licensed by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Human Services (DHS). 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 premise 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 secure a copy of the Manual of Requirements by sending a check or money order for \$5.00 made payable to "Treasurer, State of New Jersey", and mailing it to: State of New Jersey, Department of Human Services, Licensing Publication Fees, P.O. Box 34399, Newark, New Jersey 07189-4399.

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 standards, 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 the parent(s) 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 Office of Licensing'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 Office'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 DHS inspections/investigations. DHS 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 Office 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 either the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required 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).

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 an adult, whether working at the center or not; is required by State law to report the concern immediately to the State Central Registry and Child Abuse Hotline, toll - free at 1- (877) NJ ABUSE (652-2873). Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: Community Education Office, Division of Youth and Family Services, PO Box 717, Trenton, New Jersey 08625-0717.

## **Policy on Administering Medication**

Effective immediately, Tiny Treasures Learning Academy will only administer medication when a physician has signed the Medication Permission slip. This includes over-the-counter medication. In the event medication is to be administered after the Medication Permission Slip is completed and signed by the physician, Tiny Treasures Learning Academy will only administer said medication for a period of two weeks. After that time period a new Medication Permission Slip will need to be completed by the child's physician. Thank you for your cooperation in complying with our policy. Please feel free to contact me with any questions.

## **Payment assistance information**

Camden County Division of Children's Services will provide assistance to eligible families through a voucher system.

If you think that you may qualify for assistance in paying for childcare, you can call Lynn at 856-401-2432. She will be glad to answer questions and can send you the application and paperwork necessary to apply for this service.

We, at Tiny Treasures Learning Academy, DO accept the vouchers for payment and would be glad to work with you and the County in regards to this program; however, you must initiate the process.

Thank you



## **The Importance of a Pre-School Education**

Learning the basics is very important in a child's development. Today, more than ever our children are expected to achieve high standards by the time they enter Kindergarten. The earlier a child experiences the basics and has a broad exposure the better off the child will be.

Experience and exposure to many new and fun experiences will stay with a child throughout their education journey.

Learning is and should be a fun and lasting experience for a child

A quality pre-school program will introduce children to letters, numbers, phonics, colors, and shapes, just to name a few and reinforce the learning with repetition through music, art, books, and hands on experiments. I believe learning should be taken in little steps with big achievements. Pre-school allows children to participate in creative activities, which promoted their social, physical and cognitive development.

Socialization is also extremely important and is best when the child is young.

At Tiny Treasures Learning Academy we provide children a warm, safe, loving, and relaxed environment to learn, have fun and grow. I welcome the opportunity to answer any questions you may have about a quality preschool education. Please feel free to call Tiny Treasures Learning Academy anytime for more information.

**856-858-2300**

**Tiny Treasures Learning Academy  
200 Emerald Avenue  
Westmont, NJ 08108  
(856) 858-2300**

**This list is designed to make your child's time at Tiny Treasures more comfortable. All items may not be needed for your child. Please feel free to ask if you are unsure what items are needed.**

- \* Please supply a standard size crib sheet and a small blanket in a plastic bag or regular shoe box for napping. Please label the box and the items in the box. We must limit nap items to what fits in a shoe box. A small pillow or stuffed friend can be sent to school as a comfort item for napping and should be placed in your child's cubby and should be labeled. Nap items should be taken home the last day of the week for washing and returned the following week.**
- \* Please supply a complete weather appropriate change of clothing including socks and underpants. These items should be labeled and placed in a zip lock bag or a shoe box. These items will stay in your child's classroom until needed and you will be notified if your child uses the items and need to be replaced.**
- \* Lunch boxes should be clearly labeled on the outside to avoid confusion. Ice packs or frozen juice boxes are a great idea to keep lunches cold, as we are very limited on refrigerator space. We start setting up lunches around 11:30am so an ice pack generally keeps things cool.**
- \* All items sent to school such as back packs, jackets, sweaters, cups, utensils, or containers should be clearly labeled for a safe return home.**
- \* We have a lost and found for lost items and always check the sink in the purple room for cups if you cannot locate your child's cup.**
- \* A bag of diapers/pull-ups and wipes should be supplied. Please label the bag it will be stored for your child's use. A note will be sent home when your supply is getting low and you need to restock.**
- \* Please discourage children from bringing toys to school. It is very hard to keep track of these items. Personal toys can be sent on days we have show and share. Stuffed friends or comfort items are the exception.**

**Your help and cooperation are greatly appreciated. Thanks so much!!**

# 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: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Policy on the use of Technology and Social Media

As instructed by the New Jersey Office of Licensing and in keeping with State of New Jersey Department of Children and Families Manual of Requirements for Child Care Centers we are providing you, as the Parent/Guardian of a child enrolled in Tiny Treasures Learning Academy with the following statement:

In keeping with our play-based, experiential philosophy of early childhood education, screens (televisions, computer and other video equipment) are rarely used with the children at Tiny Treasures. When they are utilized, it is for educational and/or instructional purposes only. 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 or video equipment, a specific written plan would be developed for their use on an individual basis. Tablets are not used at Tiny Treasures.

This social media policy applies to parents and members of the staff at Tiny Treasures Learning Academy. This policy includes (but is not limited to) the following technologies:

- Social Networking sites (Facebook, Instagram, Snap Chat, Shutterfly, Remini)
- Blogs
- Discussion Forums
- Media Sharing Service (You Tube)
- Micro-Blogging (Twitter)
- Electronic Forms of communication such as email and text messaging

As part of our duty to safeguard children, it is essential to maintain the privacy and security of all our families. We therefore require that:

- No photographs taken within the Pre-School setting or at Pre-school special events and outings with the children are to be posted for public viewing, except those of your own child. Parents are advised that they do not have a right to photograph anyone else's child or to upload photos of anyone else's children. This excludes pictures taken by staff for which we have a signed release.
- No public discussions are to be held or comments made on social media sites regarding the Pre-school's reputation or that would offend any member of staff or parent using the Pre-School.

### Social Media

- Staff are advised to manage their personal security settings to ensure that their information is only available to people they choose to share information with.
- In the event that a staff member or pre-school family name the organization or workplace in any social media they do so in a way that is not detrimental to the organization or its service users.
- Staff observe confidentiality and refrain from discussing any issues relating to work
- Staff should not share information they would not want children, parents or colleagues to view.
- Staff or Parents should report any concerns or breaches to the Director.

Any member of staff or parent found to be posting remarks or comments that breach of confidentiality, bring Pre-School into disrepute, are deemed to be a detrimental nature to the Pre-School or other employees, or posting/publishing photographs of the setting, children or staff without expressed written permission may face disciplinary action in with the Pre-School disciplinary/expulsion procedures.

Any comment deemed to be inappropriate is to be reported to the Director, and any action taken will be at their discretion.



## Tiny Treasures Learning Academy

September to June

### Daily Schedule

9:00 – 9:30	Circle Time
9:30 – 10:00	Snack
10:00 – 11:15	Math, Writing, Science
11:15 – 11:30	Story Time
11:30 – 12:30	Lunch
12:30 – 2:30	Nap
2:30 - 3:00	Snack
3:00 – 3:30	Theme Enrichment Activity
3:30 – 4:00	Creative Learning
4:00 – 6:00	Free Play and Outdoor Play