



Dear Parent (s) & Guardian (s):

Welcome to TEACH Academy and Thank you for trusting our family with your family!

We believe in creating a nurturing and stimulating environment where scholars can grow, learn, and explore. Our dedicated team of educators is committed to fostering a love for learning and providing a solid foundation for your scholar's educational journey.

Early childhood education is a crucial stage of development, and we understand the significance of this period in shaping your scholar's future. Our curriculum is designed to cater to the unique needs of young scholar's, encouraging them to develop their cognitive, social, emotional, and physical skills through a variety of engaging activities.

Throughout the year, your scholar will have the opportunity to participate in a range of hands-on experiences that promote creativity, critical thinking, and problem-solving. They will engage in imaginative play, develop their communication skills, and explore the wonders of the world around them. Our classrooms are vibrant spaces where curiosity is nurtured, and each scholar's individuality is celebrated.

We believe that effective communication between parents and educators is vital for your scholar's success. We encourage you to actively participate in your scholar's education journey. We will keep you informed about the topics covered in our curriculum, upcoming events, and any important updates through emails, and parent-teacher meetings. We also welcome your input, suggestions, and feedback to ensure that we provide the best possible learning environment for your scholar.

Our school places a strong emphasis on creating a safe and inclusive environment for all scholars. We promote kindness, respect, and empathy, and we encourage our students to embrace diversity and appreciate the unique qualities of everyone. We believe that by fostering a sense of belonging and acceptance, we can create a positive atmosphere where every scholar can thrive.

We understand that starting a new school year can be exciting and challenging for both scholars and parents. Please know that our dedicated staff is here to support you and your scholar every step of the way. We will work together to create a partnership that nurtures your scholar's growth and development.

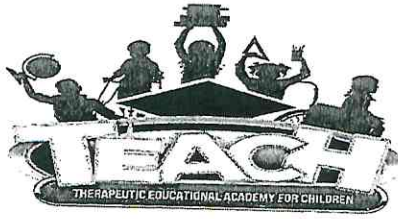
We are thrilled to embark on this educational journey with your scholar and look forward to a year filled with discovery, growth, and joyful moments. Thank you for entrusting us with your scholar's early education. If you have any questions or concerns, please do not hesitate to reach out to us.

Here's to an amazing school year!

Warm Regards,

Octavia Bradley

Executive Director of TEACH Academy



## Enrollment Application Check List

Check	Items	Staff Initial	Date
	Registration Fee \$100 receipt		
	Completed Application with Signature		
	Copy of Birth Certificate		
	Universal Health Record		
	Immunization Record		
	Updated Physical with Dr. Signature		
	Emergency Medical Authorization Form		
	Copy of Parent/Guardian Photo ID		
	<b>**Custody Documents if Applicable**</b>		
	Supply List Signature page		
	Copy of Health insurance		
	Copy of IEP or EIP		
	List of Medication		
	Written proof of additional services needed on premises (occupational, speech therapy etc)		
	Household Income for (Meal Program)		



## Starting Supplies:

\*Please note all supplies should be replenished every two weeks or as noted by staff\*.

Infants 6 weeks-4 months.

- 4 bottles labeled.
- 4 bibs per day
- Pacifier
- Burp clothes.
- 1 powder or ready to feed formula or 2-day supply breast milk.
- 1 package of pampers.
- 2 changes of clothing labeled.
- Sweater/blanket
- 1 box of wipes.
- 1 tube of ointment
- 2 Crib sheet and labeled.

Infants 4-12months

- Same as infants 0-4 months
- 2 spoons
- 1 bowl

Toddlers 12-24 months

- 1 package of pampers or pullups.
- 1 box of wipes
- 2 changes of clothing labeled.
- 2 Crib Sheet and Blankets labeled.
- 1 tub of diaper ointment and lotion
- 2 sippy cups



Children 24-36 months

- 1 pack of pull ups or 2 changes of underwear.
- 1 box of wipes
- 2 Crib Sheet and Blankets labeled.
- 1 lotion
- 2 changes of clothing labeled.

Children 36 months and older

- 2 changes of underwear.
- 1 box of wipes
- 2 Crib Sheet and Blankets labeled.
- 1 lotion

**\* If your child takes medication, please label it with dosage amount and how often it's given.**

**\* All Medication would be verified by doctor before dispensing medication to children.**

Signature of Parent/Guardian \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_



## Enrollment Application

Today's Date: \_\_\_\_\_

### Scholar's Information

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

Age: \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Nickname \_\_\_\_\_

Address: Street \_\_\_\_\_ apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Who resides in the home:

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

Are there pets in the home? \_\_\_\_\_ if so pet's name:

\_\_\_\_\_

### Parent/Guardian Information

Mother: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

\*Is it the same as above? Yes or No Can we use this as a mailing address? Yes or No

Address: Street \_\_\_\_\_ apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact # \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work)

Email: \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_



## Parent/Guardian Information

Father: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

\*Is it the same as above? Yes or No Can we use this as a mailing address? Yes or No

Address: Street \_\_\_\_\_ apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact # \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work)

Email: \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

## Emergency Contact Information

Name and Phone number of at least two contacts if parent/guardian cannot be reached.

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

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

**Individuals who may pick up your child (ren) other than parents/guardians.**

**\*(Must be at least 16 y/o and have ID)\***

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

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

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

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

## Medical Information

Name of primary care physician: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ NJ \_\_\_\_\_

Contact number: \_\_\_\_\_ Email \_\_\_\_\_



List ALL Allergies \_\_\_\_\_

List all Medications \_\_\_\_\_

Food your child may not have \_\_\_\_\_

Special Needs or Diagnosis \_\_\_\_\_

List any concerns you would like to address.

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### Hours of Childcare

Monday	Tuesday	Wednesday	Thursday	Friday

### Policy Agreement

In case of an Emergency, I \_\_\_\_\_ give permission to take my child to the nearest hospital and to perform CPR or First Aid treatment if necessary.

In applying to reserve childcare services, I agree to abide by the policies and procedures of TEACH Academy as set firmly in the Parent Handbook. If I should desire to withdraw my child from TEACH Academy, I agree to give written notice to the Director 2 weeks in advance to the last day of my child's attendance.

**TEACH Academy DO NOT ALLOW CORPORAL PUNISHMENT INCLUDING SPANKING, SLAPPING, BITING, PINCHING, JERKING, YELLING OR ANY SIMILAR BEHAVIOR ON PREMISES BY STAFF, PARENTS OR GUARDIANS.**

Print Parent/Guardian Name \_\_\_\_\_

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

Print Parent/Guardian Name \_\_\_\_\_

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

**Executive Director Signature \_\_\_\_\_ Date \_\_\_\_\_**

**\*Teach Academy does not discriminate on race, color, gender, relation, or nationality\***



2115 Millburn Avenue suite Lower Level, Maplewood, NJ 07040

Phone: (973)850-9554 Email: [Youmatter@teachme2day.org](mailto:Youmatter@teachme2day.org)

## Medical Consent

In the event of a Medical Emergency, I \_\_\_\_\_ (parent/guardian) and I \_\_\_\_\_ (parent/guardian), authorize TEACH Academy staff to seek emergency medical care for my child as deemed necessary by staff members of TEACH Academy.

Initial \_\_\_\_\_ Initial \_\_\_\_\_

I/we give permission for my/our child \_\_\_\_\_ to be given first aid, CPR and or emergency treatment by TEACH Academy staff.

Initial \_\_\_\_\_ Initial \_\_\_\_\_

I/we further acknowledge that no guarantees of treatment have been made to me as to the result of such treatment administered or performed by TEACH Academy staff.

Initial \_\_\_\_\_ Initial \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_

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

Executive Director Signature \_\_\_\_\_ Date \_\_\_\_\_





## MEDICATION Consent Form

Child's Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Child Condition for Administering Medication

- Injury
- Common Cold
- Teething
- Sore Throat
- Rash
- Allergies
- Other

Name of Medication and Dosage \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

How often to administer? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Name of Doctor who prescribed Medication \_\_\_\_\_

Contact number \_\_\_\_\_

Refrigeration of Medication Yes \_\_\_\_\_ or No \_\_\_\_\_ Did child start on Medication at home? \_\_\_\_\_

Dates Medication should be given from \_\_\_\_\_ through \_\_\_\_\_ Any reaction to Meds? \_\_\_\_\_

I/we \_\_\_\_\_ authorize TEACH Academy staff to administer this medication during childcare hours or if necessary.

Name of Medication	Time & Date (s) Administered	Dosage amount	Adverse Reactions	Staff Initials

Executive Director Signature \_\_\_\_\_ Date \_\_\_\_\_



## MEDIA/PHOTOGRAPHY Consent

TEACH Academy staff would like permission to take and use Photographs and/or videotapes of my child for the following purposes:

Publicizing TEACH Academy, including but not limited to newsletters, and the center's websites and social media platform, news media an television network or cable for educational purposes only.

I/we further understand that by giving my signed permission that the full name of the child and family would not be identified in the videotapes or still photographs other than by the first name of the child only.

The photographs and videotapes will not be used for commercial purposes, but only for educational purposes related to the operations of TEACH Academy.

- I/we have read and understand the above information and do hereby **AGREE** to give permission for my child to be photographed and or videotaped for the purposes expressed above.
- I/we have read and understand the above information and do hereby **DO NOT AGREE** to give permission for my child to be photographed and or videotaped for the purposes expressed above.

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

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Executive Director Signature \_\_\_\_\_

Date \_\_\_\_\_

***TEACH Academy Childcare Center***  
**PERMISSION FOR CHILD TO WALK HOME**  
**FROM SCHOOL-AGE CHILD CARE**

I hereby grant permission for my child, \_\_\_\_\_ to leave  
the premises of (center) \_\_\_\_\_ in  
order to walk home. I understand that my child will be walking home  
unsupervised.

Date(s) child may walk home: \_\_\_\_\_

Time child may leave the program to walk home: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**TEACH Academy Childcare Center**  
**MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE**  
 (AND/OR FOR CHILDREN ENROLLED IN PUBLIC OR PRIVATE SCHOOL)

<b>CHILD'S NAME:</b>	<b>DATE OF BIRTH:</b>	<b>GRADE IN SEPTEMBER:</b>

<b>HEALTH STATEMENT (CHECK ONE)</b>
<input type="checkbox"/> My child is in good health and can participate in the normal activities of the program and has no conditions or special needs that require special accommodations.
<input type="checkbox"/> My child can participate in the normal activities of the program but has conditions or special needs that require special accommodations as indicated below.

<b>SCHOOL-AGE CHILD'S SPECIAL CONDITIONS OR NEEDS REQUIRING SPECIAL ACCOMMODATIONS</b>
Please list any allergies, medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc.

<b>PARENT/GUARDIAN SIGNATURE:</b>	<b>DATE:</b>

## TEACH Academy Childcare Center

# 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.

9. For the child who receives a particular medication on a long-term daily basis, the staff will advise the parent/guardian one week prior to the medication needing to be refilled so that needed doses of medication are not missed.
10. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or be able to be used by the child.
11. Records of all medication given to a child are completed in ink and are signed by the staff designated to give the medication. These records are maintained in the Center. Samples of the forms used are attached to this policy and include:
  - ✓ Permission to Give Medication in Child Care
  - ✓ Universal Child Health Record
  - ✓ Emergency Contact Sheet
  - ✓ Medication Administration Log
  - ✓ Medication Incident/Error Report
12. Information exchange between the parent/guardian and child care provider about medication that a child is receiving should be shared when the child is brought to and pick-up from the Center. Parents/guardians should share with the staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with the staff from the center to the parent/guardian.
13. Confidentiality related to medications and their administration will be safeguarded by the Center Director and staff. Parents/guardians may request to see/review their child's medication records maintained at the Center at any time.
14. Parent/guardian will sign all necessary medication related forms that require their signature, and particularly in the case of the emergency contact form, will update the information as necessary to safeguard the health and safety of their child.
15. Parent/guardian will authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about the medication the child is receiving, and will also authorize the health care provider to speak with the Director or Director's designee in the event that a situation arises that requires immediate attention to the child's health and safety particularly if the parent/guardian cannot be reached.
16. Parent/guardian will read and have an opportunity to discuss the content of this policy with the Director or Director's designee. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of their child. Parent/guardian will receive a copy of the signed policy including single copies of the records referenced in this policy.

17. The Medication Administration in Child Care Policy will be reviewed annually by the following:

18.
  - Child Care Director \_\_\_\_\_
  - Licensing Consultant \_\_\_\_\_
  - Child Care Health Consultant \_\_\_\_\_
  - Parent/guardian \_\_\_\_\_
  - Other(specify) \_\_\_\_\_
  - Other(specify) \_\_\_\_\_

EFFECTIVE DATE OF THIS POLICY:	PARENT SIGNATURE:	DATE:
	PARENT SIGNATURE:	DATE:
	CENTER DIRECTOR/DESIGNEE SIGNATURE:	DATE:

REFERENCES: Information for the Medication Administration in Child Care Policy was derived from the current *Manual of Requirements for Child Care Centers in New Jersey and Caring For Our Children—The National Health and Safety Performance Standards for Out-of-Home Child Care Programs*, second edition.

## The 5 Rights to Giving Medications to Children in Child Care

The 5 Rights	
<p><b>CHILD</b></p> <p><b>“Is this the right child— even though you think you know—you must check?”</b></p>	<ul style="list-style-type: none"> <li>• Do you know the child’s first and last name?</li> <li>• Is this the same child whose full name appears on the:               <ul style="list-style-type: none"> <li>✓ Health care provider form</li> <li>✓ Parental permission form</li> <li>✓ Medication container label</li> </ul> </li> <li>• When unsure as to the identity of the child:               <ul style="list-style-type: none"> <li>✓ Photo record of child to verify identity with the Director of the child care agency, or designee who knows the child to confirm the identity of the child</li> </ul> </li> </ul>
<p><b>MEDICINE</b></p> <p><b>“Is this the correct Medicine?”</b></p>	<ul style="list-style-type: none"> <li>• Does the label on the medication container match the name of the medication as it appears on the Permission to Administer Medication form?               <ul style="list-style-type: none"> <li>✓ The health care provider communication section</li> <li>✓ The parental permission section</li> </ul> </li> <li>• What is the expiration date on the medication container label? Has the medication expired?</li> </ul>
<p><b>DOSE</b></p> <p><b>“Are you giving the exact amount of medicine?”</b></p>	<ul style="list-style-type: none"> <li>• Does the dose follow the directions on the permission form and the medication container label?               <ul style="list-style-type: none"> <li>✓ The health care provider communication section</li> <li>✓ The parental permission section</li> <li>✓ The medication container</li> </ul> </li> <li>• Is the dose clearly stated?</li> <li>• Do you have the correct measuring device to give the medication?</li> </ul>
<p><b>ROUTE</b></p> <p><b>“Are you using the proper method to give the medicine?”</b></p>	<ul style="list-style-type: none"> <li>• How is this medication to be given? (By mouth, ear, eye, nose or applied to the skin)</li> <li>• Does the route of administration match in all the appropriate places?               <ul style="list-style-type: none"> <li>✓ The health care provider communication form</li> <li>✓ The parental permission form</li> <li>✓ The medication container</li> </ul> </li> </ul>
<p><b>TIME</b></p> <p><b>“Is it the correct time to give the medicine?”</b></p>	<ul style="list-style-type: none"> <li>• When was the last time the medicine was reported to have been given by the parent?</li> <li>• When was the last time the medicine was given as recorded on the Medication Administration Record?</li> <li>• Does the time match the instructions in all the appropriate places?               <ul style="list-style-type: none"> <li>✓ The health care provider communication form</li> <li>✓ The parental permission form</li> <li>✓ The medication container</li> </ul> </li> <li>• Are there specific instructions as to when or how the medication is to be given? Such as with food, on an empty stomach, or before/after eating.</li> <li>• If the medicine is to be given “as needed”, does the child have symptoms that match the directions on the health care provider communication and parental permission forms?</li> </ul>

**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)

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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:

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**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.

# CHILD CARE AND CHILDREN WITH SPECIAL NEEDS ALMOST EVERYTHING YOU WANTED TO KNOW BUT WERE AFRAID TO ASK!

## 1. Are child care centers covered by the Americans with Disabilities Act (ADA)?

Yes. Almost all privately-run child care centers (including small, home-based centers, even those that are not licensed by the state) and all child care services provided by government agencies (like Head Start, summer programs, and extended school day programs) must comply with the ADA. Even private child care centers that are operating *on the premises* of a religious organization are covered by ADA. Only centers that are controlled or operated by a religious organization do not have to comply with ADA. Even those centers may have to comply if they have agreed to comply through contract with a federal, state, regional, or local government agency.

## 2. What are the basic requirements of the ADA for child care centers?

Child care providers may not discriminate against persons with disabilities. They must provide children and parents with disabilities with an *equal opportunity* to participate in their programs and services.

Centers and providers cannot exclude children with disabilities from their programs unless their presence would pose a *direct threat* to the health or safety of others or require a *fundamental alteration* of their program.

Centers and providers must make *reasonable modifications* to their policies and practices to include children, parents, and guardians with disabilities in their programs unless doing so would be a *fundamental alteration* of their program.

Centers and providers must provide appropriate auxiliary aids and services needed *for effective communication* with children or adults with disabilities, unless doing so would be an *undue burden* (significant difficulty or expense, relative to the child care provider's resources or the resources of the "parent" company.)

Centers and providers must make their facilities *accessible* to people with disabilities. Existing facilities must remove any *readily achievable* barriers, while newly constructed facilities and any altered portions of existing facilities must be *fully accessible*. If existing barriers can be easily removed without much difficulty or expense, child care providers must remove those barriers now even if there are no children or adults with disabilities using the program. Installing offset hinges to widen a door opening, installing grab bars in toilet stalls, or rearranging tables, chairs or other furniture are all examples of readily achievable barrier removal. Centers run by government agencies must insure that their programs are accessible unless making changes would impose an undue burden; this will sometimes include changes to facilities.

In order to demonstrate "reasonable efforts," child care providers must attempt to access available resources outside of their programs. For example, resources to support the inclusion of a child with a disability may be provided by the New Jersey Early Intervention System-New Jersey Department of Health and Senior Services, or by a local school district through its special education program. Other resources may be available through the Special Needs Child Care project of the New Jersey State Department of Human Services and the local county Child Care Resource and Referral Center. These agencies offer free information and assistance to child care providers.

## 3. How do I decide whether my center can meet the needs of a child with a disability?

Child care providers must make *individualized assessments* about whether they can meet the particular needs of each child with a disability who seeks services from their program, without *fundamentally altering* their program. In each case, the provider must talk with the parents or guardians and other professionals who work with the child. Providers are often surprised at how simple it is to include children with special needs in their programs. Child care providers are not required to accept children who would pose a *direct threat* or whose presence or necessary care would *fundamentally alter* the nature of their program.

## 4. What are some reasons that are *not* acceptable for rejecting children with disabilities?

*Higher insurance rates* are not a valid reason for excluding children with disabilities. If any extra cost is incurred, it should be treated as overhead and divided equally among all paying families.

The need of a child with a disability for *individualized attention* is not a valid reason for excluding that child, unless the extent of the child's need for individualized attention would *fundamentally alter* the child care program or the cost of providing the individualized attention would be an *undue burden* on the program.

The need for a child with a disability to bring a *service animal*, such as a seeing-eye dog, to the center, is not a valid reason for excluding that child, even if the center has a “no pets” policy. Service animals are not “pets.” The need for a child with a disability to *receive medication* while at the child care program is not a valid reason for excluding that child. As long as reasonable care is used in following the written instructions about administering medication, centers are generally not liable for any resulting problems.

The fact that a child has *allergies*, even severe, life-threatening allergies to bee stings or certain foods is not a valid reason for excluding that child. Child care providers need to be prepared to take appropriate steps in the event of an allergic reaction, such as administering a medicine called “epinephrine” that will be provided in advance by the child’s parents or guardians. New Jersey state law has recently changed to allow non-medical personnel to administer these “epi-pens.”

*Delayed speech or developmental delays* are not valid reasons for rejecting children with disabilities. Under most circumstances, children with disabilities must be placed in age-appropriate classrooms.

*Mobility impairments* are not valid reasons for rejecting children with disabilities. Some children with mobility impairments may need assistance in taking off and putting on leg or foot braces during the day. As long as doing so would not be so time-consuming that other children would have to be left unattended, or so complicated that it can only be done by licensed health care professionals, it would be a reasonable modification to provide such assistance.

*The need for toileting* is not a valid reason for rejecting children with disabilities, even if the provider has a general rule about excluding children over a certain age unless they are toilet-trained. Under state regulations, the child care provider must have an approved toileting area if toileting services are provided for any child, regardless of age. This is not grounds for refusing to accept a child who requires these services. Of course, universal precautions, such as wearing latex gloves, should be used whenever caregivers come into contact with children’s blood or bodily fluids, such as when they are providing toileting services.

#### **5. What are some reasons that *are* acceptable for not accepting children with disabilities?**

Children who pose a *direct threat* - a substantial risk of serious harm to the health and safety of others - do not have to be admitted into a program. This determination may not be made on generalizations or stereotypes; it must be based on an *individualized assessment* that considers the particular activity and the actual abilities and disabilities of the child.

Child care providers may ask all applicants whether a child has any diseases that are communicable through the types of incidental contact expected to occur in child care settings or specific conditions, like active infectious tuberculosis, that in fact pose a direct threat. Providers may not inquire about conditions such as AIDS or HIV infection that have not been demonstrated to pose a direct threat.

#### **6. What are some reasons that *are* acceptable for removing a child with disabilities from a child care program after he or she has been admitted?**

If a child care provider has made *reasonable efforts* to meet the needs of a child with disabilities already in their program, but the child’s needs cannot be met, or the child continues to pose a *direct threat* to the health or safety of others, the child may be removed from the program. However, this decision must be made on an *individual basis*.

#### **7. How does a child care provider cover the costs of providing special services to a child with a disability?**

Child care providers may NOT charge parents of children with special needs additional fees to provide services required by the ADA. For example, if a center is asked to do simple procedures that are required by the ADA, like finger-prick blood glucose tests for children with diabetes, it cannot charge the child’s parents extra. (Of course, the parents must provide all appropriate testing equipment, training and special food necessary for the child). Instead, the provider must spread the cost across all families participating in the program. If the child care provider is providing services beyond those required by ADA, like hiring licensed medical personnel to conduct complicated medical procedures, it may charge the child’s family.

To help offset the cost of actions or services that are required by the ADA, such as architectural barrier removal, providing sign language interpreters, or purchasing adaptive equipment, some tax credits and deductions may be available. Contact the ADA Information Line, 1-800-514-0301, for more details. Contact the Special Needs Child Care project at 609-984-5321 for more information or for the Resource and Referral agency nearest you. Source: Statewide Parent Advocacy Network, 35 Halsey Street, 4<sup>th</sup> Floor, Newark, NJ 07102, (973) 642-8100.



## 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 minimize 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.**

# TEACH Academy Childcare Center

## INDIVIDUAL PERMISSION FOR MEDICATION OR HEALTH CARE PROCEDURE

Name of Child: \_\_\_\_\_

Child's condition for administering medication:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Cold         | <input type="checkbox"/> Sore Throat   |
| <input type="checkbox"/> Teething     | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Rash         | <input type="checkbox"/> Injury        |
| <input type="checkbox"/> Other: _____ |  |

Name of medication/procedure: \_\_\_\_\_

- Prescription:  
 Non-prescription:  
 Doctor's approval required:

Amount to be administered: \_\_\_\_\_

Times to be administered: \_\_\_\_\_

Dates to be administered: \_\_\_\_\_ to \_\_\_\_\_

Refrigeration necessary:  Yes  No

Special instructions: \_\_\_\_\_

Possible adverse reactions: \_\_\_\_\_

***I authorize the administration of medication to my child.***

Signature of Parent/Guardian: \_\_\_\_\_

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

### FOR CENTER USE:

- Is all of the above information complete?
- Has the medication been made inaccessible to children?
- Is the medication in the original container with the prescription label on it?
- Is the child's name on the container?
- Is the date of the prescription current?
- Is the name of the drug/procedure, dose, and schedule on the label the same instructions given by the parent?

Date(s) Administered:	Time(s) Administered:	Adverse Reactions Observed:	Staff Initials:

## INFORMATION TO PARENTS

Under provisions of the *Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)*, 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 and staff 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 and staff member'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 <http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> 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 available soon 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 or you can view them online at <https://childcareexplorer.njccis.com/portal/>.

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 <https://www.cpsc.gov/Recalls>. 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/).

# UNIVERSAL CHILD HEALTH RECORD

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

<b>SECTION I - TO BE COMPLETED BY PARENT(S)</b>					
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	
<b>SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER</b>					
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: _____		
<b>MEDICAL CONDITIONS</b>					
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	
<b>PREVENTIVE HEALTH SCREENINGS</b>					
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"/> 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 _____					

## 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.

# 2023-2024 SUMMER FOOD SERVICE PROGRAM

## LETTER TO PARENTS

Dear Parent or Guardian:

The Summer Food Service Program, a federal program of the United States Department of Agriculture (USDA), provides nutritious meals to preschool and school age children during the summer months. In this program, all meals are served free. The opportunity for your child to receive nutritious meals and snacks from the Summer Food Service Program should not be missed. Sound nutrition plays an important role in a child's physical and educational development.

**Eligibility:** Your cooperation is vital to qualify your child for this program. Public Law 97-35 requires documentation of eligibility of children in certain types of Summer Food Service Programs. In order to be eligible for this funding, our program must maintain a record of family size and income of all participants. The Income Eligibility Scale for free and reduced-price meals is included in this letter for your information. If your income is less than or equal to the free or reduced-price standards, your child is eligible for free meals from the Summer Food Service Program which means increased reimbursement for our program and increased nutritional benefits for your child.

**July 1, 2023, to June 30, 2024**  
**FAMILY SIZE AND INCOME SCALE**  
**FOR FREE AND REDUCED-PRICE MEALS**  
(As announced by the United States Department of Agriculture)

SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

HOUSEHOLD SIZE	FREE MEALS			REDUCED PRICE MEALS		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	18,954	1,580	365	26,973	2,248	519
2	25,636	2,137	493	36,482	3,041	702
3	32,318	2,694	622	45,991	3,833	885
4	39,000	3,250	750	55,500	4,625	1,068
5	45,682	3,807	879	65,009	5,418	1,251
6	52,364	4,364	1,007	74,518	6,210	1,434
7	59,046	4,921	1,136	84,027	7,003	1,616
8	65,728	5,478	1,264	93,536	7,795	1,799
Each Additional Family Member	+6,682	+557	+129	+9,509	+793	+183

A FOSTER CHILD who is the legal responsibility of the welfare agency or court may receive free Summer Food Service Program meals regardless of your household income. A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

1. Funds received from a welfare agency which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Write "0" if the FOSTER CHILD has no PERSONAL USE INCOME.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis race, color, national origin, sex (including gender identify and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Compliant-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

# 2023-2024 SUMMER FOOD SERVICE PROGRAM ELIGIBILITY APPLICATION

PROGRAM NAME: \_\_\_\_\_

To apply for free meals for your child, parents must carefully complete, sign, and return this application to the program office by \_\_\_\_\_ . An application should be returned for each child enrolled regardless of household income. If you need help with this form, please call this telephone number: \_\_\_\_\_ .

**1** **ENROLLMENT INFORMATION**  
 Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_  
Last Name First Name

**2** **FOSTER CHILD: Complete this part and sign the application in Part 4. DO NOT complete Part 3A and 3B.**  
 If this is a foster child, check this box  Write the child's monthly personal use income. Write "0" if the child has no income \$ \_\_\_\_\_ .

**3A** **HOUSEHOLDS NOW GETTING SNAP OR TANF BENEFITS FOR THEIR CHILDREN, Complete this part and sign the application in Part 4 – DO NOT complete Part 3B.**  
 SNAP Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_

**3B** **ALL OTHER HOUSEHOLDS – If you did not write a SNAP/TANF case number or checked Foster Child, complete this part and sign the application in Part 4.**

NAMES		MONTHLY INCOME				
List the Names of Everyone in Your Household	No Income	MONTHLY Gross Earnings from Work (Before Deductions)		MONTHLY Welfare, Child Support, Alimony, Unemployment Benefits	MONTHLY Payments from Pensions, Retirement, Social Security	MONTHLY Any Other Income
		Job 1.	Job 2.			
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$
6.		\$	\$	\$	\$	\$
7.		\$	\$	\$	\$	\$
8.		\$	\$	\$	\$	\$
9.		\$	\$	\$	\$	\$

**4** **SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved.**

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

**SIGNATURE:** \_\_\_\_\_ **HOME ADDRESS** \_\_\_\_\_  
SIGNATURE OF ADULT HOUSEHOLD MEMBER HOME ADDRESS  
 \_\_\_\_\_ **TOWN/CITY** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_  
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER\* TOWN/CITY ZIP CODE  
 \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_ **HOME TELEPHONE** \_\_\_\_\_ **WORK TELEPHONE** \_\_\_\_\_  
PRINTED NAME OF ADULT SIGNING APPLICATION DATE SIGNED HOME TELEPHONE WORK TELEPHONE

I do not have a Social Security Number

**5** **Participant's ethnic and racial identities (optional)**  
 Mark one ethnic identity:  Hispanic or Latino  
 Mark one or more racial identities:  Asian  American Indian or Alaska Native