
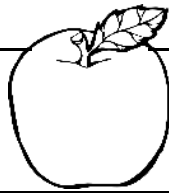


| | | |
|--|---|---------------------------|
| Today's Date: |  | Start Date: |
| Child's Name: | | Class Name: Birthdate: |
| Address: | | Home Phone: |
| Parent / Guardian Name: | | Cell Phone: |
| Address: | | |
| Work Name & Address: | | Work Phone: |
| Email: | | ID Code (last 4 of ss#): |
| Parent / Guardian Name: | | Cell Phone: |
| Address: | | |
| Work Name & Address: | | Work Phone: |
| Email: | | ID Code (last 4 of ss#): |
| OTHER PEOPLE TO NOTIFY IN CASE OF EMERGENCY (Please list in order) | | |
| Name: | Address: | Phone Numbers: |
| Relationship: | | Home / Work: |
| | | Cell: |
| Name: | Address: | Phone Numbers: |
| Relationship: | | Home / Work: |
| | | Cell: |
| PHYSICIAN'S INFORMATION | | |
| Doctor's Name: | Doctor's Address: | Doctor's Phone Numbers: |
| | | Office: |
| | | Fax: |
| Allergies: | Current Meds: | Other Information: |
| In the event that a medical emergency occurs, I authorize Mother Goose Learning Center to seek emergency care for my child as deemed necessary by staff and the director. SIGN: _____ DATE: _____ | | |
| Mother Goose HAS DOES NOT HAVE my permission to photograph my child & use the pictures on social media including the Mother Goose website, Facebook, & Instagram. SIGN: _____ DATE: _____ | | |

PLEASE USE BLACK INK AND COMPLETE BOTH SIDES OF FORM. THANK YOU!

Today's Date:



**MOTHER
GOOSE**
LEARNING CENTER



Start Date:

Child's Name:

Class Name:

Birthdate:

CUSTODIAL INFORMATION

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please attach explanation and a copy of appropriate documents (Court Order).

COMMUNICABLE DISEASE POLICY & INFORMATION TO PARENTS STATEMENT

I have received a copy of the Communicable Disease Policy and the Information to Parents Statement.

Signature:

Date:

REGISTRATION FEE & ENROLLMENT AGREEMENT

I understand there is a \$75.00 non-refundable registration fee, as well as a deposit equivalent to my child's weekly tuition.

I have received a copy of the ENROLLMENT AGREEMENT and I understand and accept each condition.

Signature:

Date:

MY CHILD'S SCHEDULE

My child's schedule will be as follows: _____

Date of enrollment: _____

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____



All About ME

The following information will be helpful to us in caring for your child.
Thank you for taking the time to answer the questions.

Child's Name: _____ DOB: _____ Gender: M F

1. What would you like us to call your child? _____
2. Please list names and ages of siblings: _____
3. Has your child had experience in play with other children: _____
4. Has your child had previous group care experience: _____
5. Does your child know any other children in this center: _____
6. How does your child react to new situations: _____

7. How would you describe your child's personality: _____

8. Does your child have any special fears (animals, storms, etc.): _____

9. Is your child left or right handed: _____
10. Does your child have a tensional outlet (thumb sucking, nail biting, etc.): _____

11. How does your child show his/her feelings: _____
12. Does your child have any speech problems: _____
13. Can your child dress him/herself: _____
14. Anything we should know about your child medically: _____

15. What are your expectations of our program: _____

16. Do you have any special hobbies or talents you would like to share with the class:

EATING

1. What are our your child's general eating habits: _____
2. Any allergies: _____
3. Dietary needs: _____

SLEEPING

4. What time does your child go to bed at night: _____
5. Does your child sleep in his/her own bed (room): _____
6. Any special bedtime habits: _____
7. Does your child nap: _____
8. Does your child wear diapers to bed: _____

TOILET HABITS

9. Can your child be relied on to indicate his/her bathroom needs: _____
10. Does your child go more frequently for his/her age: _____
11. Any special word for bathroom terms: _____
12. Does your child have accidents (more than usual for the age:) _____

We are pleased to be able to share in this important developmental period in your child's life. We are here for sharing information. Please feel free to speak to your child's teacher at drop off, pick up, or a call during the day.

ANY ADDITIONAL INFORMATION THAT WE MAY FIND USEFUL:



POLICY AND PROCEDURES

Name of child _____

Date of enrollment _____

1. Tuition payment

Tuition will be processed weekly on Friday for the upcoming week. Mother Goose Learning Center will withdrawal funds from your bank account via *Tuition Express*.

Mother Goose Learning Center requires two weeks notice in writing informing us of your child's last day; otherwise initial deposit will not be refunded.

If Tuition is not paid the Friday before the upcoming week, a late fee of \$10 daily will be billed until the tuition is paid in full

***If the tuition is overdue by one week, withdrawal of the child will be required until tuition is paid in full.**

2. Absent days

Each student is entitled to one (1) free week per year. A week is defined as the number of days the child attends school each week. The "free" week **MUST** be used in one block. If your child is ill or away on vacation you may use the free week; however, if your child is absent again that calendar year, full tuition is expected once the free week has been used.

3. Returned check policy

I agree to pay a \$30.00 processing fee for any check that is returned from the bank for insufficient funds.

4. Late pick-up

I understand that if my child remains at the Center past the designated closing time, I will be charged \$20 after 6:00 PM and \$1.00 for each (1) minute late after 6:15 PM. If a child is left one hour beyond closing, the Center is required by law to notify the New Jersey Department of Youth and Family Services.

5. Registration fee

The registration fee is due at the time of enrollment and is not refundable. A new registration fee is due each September your child remains at Mother Goose Learning Center. A deposit equals to one week's tuition is due at time of enrollment and may be used for the last week's tuition.

6. Holidays

I understand that Mother Goose Learning Center will observe the following legal holidays:

| | |
|------------------|------------------------|
| New Year's Day | Memorial Day |
| Independence Day | Labor Day |
| Thanksgiving | Day after Thanksgiving |
| Christmas | Day after Christmas |

7. Hours of Operation

6:30 a.m. to 6:00 p.m.

8. Multi-child Discount

10% off second child's tuition when both children attend full time

*Full time is defined as any time over six (6) hours per day Monday through Friday. Any other arrangement is considered part time.

9. Arrival/Departure Procedure

Parent or guardian must log his/her child(ren) in and out on the touch screen monitor in the lobby each day.

10. Emergency School Closing

In the event that Mother Goose Learning Center must close, weather related or otherwise, please call the school (5 AM or later) @ 227-0012 to listen for recorded message stating status of school closing.

If an early dismissal is necessary in the event of any emergency closing, such as inclement weather, etc., parents will be contacted at least two to three hours ahead of time.

Parent's signature _____ Date _____



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

| | |
|----------------------|-----------------|
| Cardholder Name | Phone # |
| Cardholder Address | City State Zip |
| Account Number | Expiration Date |
| Cardholder Signature | Date |

SECTION B (Bank Account)

| | | | | |
|---|-----------------------------------|-----------------------------------|----------------------------------|-----|
| Your Name | Phone # | | | |
| Address | City State Zip | | | |
| Bank or Credit Union Name | Bank or Credit Union Address | City | State | Zip |
| Routing Transit Number (see sample below) | Account Number (see sample below) | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | |

Authorized Signature _____ Date _____

For Official Use Only

Date Received

Employee Signature

| | | |
|---|----------------------------------|--------------|
| John Sample Mary Sample 123 Nice Street Anytown, USA | BANK OF THE WEST 555-555-5555 | 00226 |
| Pay to the order of: _____ | Attach Voided Check Here | \$ |
| Deposit slips not accepted | | Dollars |
| 123456789012 | 18003388 | 0226 |
| Routing Number | Account Number | Check Number |

A service of



Back of Tuition Express

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 | |
| I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form. | | | | | |
| 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 | | <input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: | | | |
| MEDICAL CONDITIONS | | | | | |
| Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns: | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| Medications/Treatments • List medications/treatments: | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| Limitations to Physical Activity • List limitations/special considerations: | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| Special Equipment Needs • List items necessary for daily activities | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| Allergies/Sensitivities • List allergies: | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| Special Diet/Vitamin & Mineral Supplements • List dietary specifications: | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns: | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for: | | <input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached | | Comments | |
| PREVENTIVE HEALTH SCREENINGS | | | | | |
| Type Screening | Date Performed | Record Value | Type Screening | Date Performed | Note if Abnormal |
| Hgb/Hct | | | Hearing | | |
| Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous | | | Vision | | |
| TB (mm of Induration) | | | Dental | | |
| Other: | | | Developmental | | |
| Other: | | | Scoliosis | | |
| <input type="checkbox"/> 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 and Senior Services, Immunization Program at 609-588-7512.

- 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.state.nj.us/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 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.



IMPORTANT VACCINE INFORMATION

Please note: As of September 2008, ALL children enrolled in a child care or pre-school program in New Jersey **MUST** receive the following vaccines:

1. Pneumococcal conjugate vaccine

- a) Every child two months through 11 months of age shall receive a minimum of two age-appropriate doses of pneumococcal conjugate vaccine (PCV), or fewer as medically appropriate for the child's age according to the ACIP recommendations.
- b) Every child 12 months through 59 months of age shall have received at least one dose of PCV on or after their first birthday.

2. Influenza vaccine

Children six months through 59 months of age shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of EACH YEAR.

Updated shot records **MUST be received at time of enrollment.**

Thank you!

Child's Name: _____

Parent's Signature: _____

Back of Vaccine Info

PARENT

RECEIPT OF INFORMATION:

☐ Information to Parents Document

☐ Policy on the Release of Children

☐ **N/A** 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

Back of Parent Receipt of Information

Department of Children and Families
Office of Licensing
INFORMATION TO PARENTS

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

* * * * *

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at www.cpsc.gov/cpsc.gov/cpscpub/prerel/prerel.html. 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/ and select Publications.



POLICY ON THE RELEASE OF CHILDREN

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

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

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

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

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

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

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

Policy on the Management of Communicable Diseases

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

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

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

EXCLUDABLE COMMUNICABLE DISEASES

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

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

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

COMMUNICABLE DISEASE REPORTING GUIDELINES

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

http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf.



EXPULSION POLICY

1. CIRCUMSTANCES

- a. Uncontrolled behavior
- b. Disruptive behavior
- c. Harmful to self and others (example: biting)

2. METHODS OF NOTIFICATION

- a. Letter home to parent
- b. Call home to parent
- c. Parent / Teacher conference
- d. Parent / Director conference

3. TIME LIMIT

- e. Two weeks from a call home to parent (see above: Methods of Notification) for parents to find alternate care for child.

4. CIRCUMSTANCES FOR IMMEDIATE EXPULSION

- f. Causing harm to children or staff

5. Mother Goose Learning Center shall not expel any child for a parent complaining to the Bureau of Licensing regarding alleged violations of the licensing regulations or questioning a center directly regarding policies and procedures.

6. Mother Goose Learning Center will give a copy of this policy to each parent enrolling their child.

7. Mother Goose Learning Center will keep this policy in each child's file.

8. Mother Goose Learning Center has the right to expel a child, we will keep a file on record of the circumstances, parental notification and corrective action taken.

Use of Technology and Social Media Policy

1. Our center uses the following social media/networking and/or other websites listed below:

- a. The center website www.mothergooselc.com
- b. Facebook
- c. Remind app

2. Our center follows the guidelines for conduct or center social networking and/or other websites listed below:

Parents

- a. Parents shall promptly report any breaches of the center's Policy on the Use of Technology and Social Media to the Director.
- b. Parents are welcome to share, post, tag and/or comment on any posts.
- c. Posting photographs and/or private or sensitive information about other children currently enrolled or previously enrolled is prohibited.

Staff

- a. Posting of photographs or videos of children with written permission from the parent to do so on file is permitted.
- b. General center information/updates may be posted with prior approval from the Director.
- c. Staff/parent communication is limited to center sites and personal sites with the center director's permission.
- d. Use of social media/ networking and/or other websites is permitted, but shall not prevent staff from adequately supervising children.
- e. Vulgar or abusive language, disparaging remarks and/or references of a disparaging manner, personal attacks of any kind, or offensive terms targeting individuals or groups is prohibited.

3. Methods used to communicate with staff and parents are listed below:

- a. E-mail
- b. Text messages
- c. Center Website
- d. Other App - Remind app (Designated Staff)

4. Devices used by center staff to communicate with parents are listed below:

- a. Center tablet
- b. Center Computer
- c. Personal Cell Phone (Designated Staff)

5. Information that Mother Goose may communicate electronically to parents are listed below:

- a. Requests for Records/Supplies
- b. Child's Daily Updates
- c. Emergency Closures
- d. Photographs