

B”H

# Chai Tots Preschool Early Childhood Program

License #071200072

480 Brook Ave. Passaic, NJ 07055

Phone: 973-246-5251

Website: [www.passaicchaitots.com](http://www.passaicchaitots.com) E-mail: [passaicchaitots@gmail.com](mailto:passaicchaitots@gmail.com)



## EXPULSION POLICY

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

### **IMMEDIATE CAUSES FOR EXPULSION**

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

### **PARENTAL ACTIONS FOR CHILD’S EXPULSION**

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child’s immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.

### **CHILD’S ACTIONS FOR EXPULSION**

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/ angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.

### **SCHEDULE OF EXPULSION**

- If after the remedial actions above have not worked, the child’s parent/guardian will be advised verbally and in writing about the child’s or parent’s behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/ guardian may work on the child’s behavior or to come to an agreement with the center.
- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
- The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks notice depending on risk to other children’s welfare or safety).
- Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

**NAME OF CHILD:** \_\_\_\_\_

**SIGNATURE OF PARENT:** \_\_\_\_\_

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## PERMISSION TO GIVE MEDICATION IN CHILD CARE (Please use one form per medication.)

*The following information is to be completed by the child’s health care provider:*

Child’s name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Weight: \_\_\_\_\_

Medication: \_\_\_\_\_ Allergies: \_\_\_\_\_

*Include food and/or medication allergies*

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Time of day medication is to be given: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

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

Possible side effects: \_\_\_\_\_

Start date: \_\_\_\_\_ End date \_\_\_\_\_

\_\_\_\_\_  
*Signature of Health Care Provider*

\_\_\_\_\_  
*Phone number*

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

*The following is to be completed by the parent or guardian:*

I hereby give permission for my child, \_\_\_\_\_, to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the Child Care Director designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child’s full name. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine. I authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Director or the Director’s Designee to contact the health care provider regarding my child’s health, if necessary.

- I usually do the following to make giving medication to my child easier:

Amount of medication brought to Child Care: \_\_\_\_\_

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

\_\_\_\_\_  
*Signature of Parent or Guardian*

Date & amount of medication returned to Parent: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Director/Director Designee*

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

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## POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

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

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

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

## TABLE OF EXCLUDABLE COMMUNICABLE DISEASES

A child who contracts any of the following diseases 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:

### Respiratory Illnesses

- Chicken Pox\*\*
- German Measles\*
- Hemophilus Influenzae\*
- Measles\*
- Meningococcus\*
- Mumps\*
- Strep Throat
- Tuberculosis\*
- Whooping Cough\*

### Gastrointestinal Illnesses

- Campylobacter\*
- Escherichia coli\*
- Giardia Lamblia\*
- Hepatitis A\*
- Salmonella\*
- Shigella\*

### Contact Illnesses

- Impetigo
- Lice
- Scabies
- Shingles

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

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

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

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## 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 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 Human Services (DHS). In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

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

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements and others. Our center must have on the 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 secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: State of New Jersey, Department of Human Services, Licensing Publication Fees, PO Box 34399, Newark, New Jersey 07189-4399.

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

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 disease. Please talk to us about these policies so we can work together to keep our children healthy.

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

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

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

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

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

Our center must offer parents of enrolled children ample opportunity to 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 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 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. 101336 (42U.S.C. 12101 et seq.). Anyone who believes the center is not compliance with these laws may contact the Division of Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by an adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry and Child Abuse Hotline, toll-free at 1-(877) NJ Abuse (652-2873). Such reports may be made anonymously.

Parents may secure information about child abuse and neglect by contacting: Community Education Office, Division of Youth and Family Services, PO Box 717, Trenton, New Jersey 08625-0717.

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I have read and received a copy of the Information to Parents document prepared by the Office of Licensing,  
Child Care & Youth Residential Licensing in the Department of Human Services.

Date \_\_\_\_\_

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

Parents Signature \_\_\_\_\_

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## APPLICATION FOR CHILD'S ENROLLMENT

		Date of Enrollment:
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C H I L D	Name of Child	
	Date of Birth	
	Home Address	

P A R E N T	PARENT 1		PARENT 2	
	Name		Name	
	Home Phone	( )	Home Phone	( )
	Home Address		Home Address	

W O R K	PARENT 1 WORK		PARENT 2 WORK	
	Name of Business		Name of Business	
	Business Phone	( )	Business Phone	( )
	Business Address		Business Address	

Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.

E M E R G E N C Y	Name of Contact #1		Name of Contact #2	
	Phone	( )	Phone	( )
	Relationship		Relationship	
	Address		Address	

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D O C T O R	Child's Doctor	
	Telephone	(   )
	Address	

C U S T O D I A N	Name of person PROHIBITED from picking up your child: _____ If a non-custodial parent is <u>not</u> included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court order.
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E M E R G E N C Y	I have completed the medical emergency permission form which authorizes the center to seek emergency medical care for my child as deemed necessary by the Director or the director's designee.  Parent's signature: _____ Date: _____
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W A L K I N G	___ I give my permission for my child to participate in walking trips within the center's neighborhood. ___ I do not give my permission for my child to participate in walking trips within the center's neighborhood.  Parent's signature: _____ Date: _____
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P O L I C Y	I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information for my (our) home records:
	1. Information to Parents Document _____ Yes _____ No
	2. Policy on the Release of Children _____ Yes _____ No
	3. Policy on Discipline _____ Yes _____ No
	4. Policy on the Expulsion of Children from Enrollment _____ Yes _____ No
	5. Policy on the Management of Illnesses/Communicable Diseases _____ Yes _____ No
	_____ Date _____
	Parent's signature

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## 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.

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

You can use positive discipline by planning ahead:

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

You can use positive discipline by intervening when necessary:

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

You can use positive discipline by showing love and encouragement:

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

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

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I have read and received a copy of the Discipline Policy

Parents Signature \_\_\_\_\_ Date: \_\_\_\_\_



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## PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

**CHILD'S NAME** \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

**PARENT(S) NAME** \_\_\_\_\_

Parent(s) Address \_\_\_\_\_

### CHILD'S MEDICAL INFORMATION

Medical Problems \_\_\_\_\_

Allergies \_\_\_\_\_

Medicine(s) Child is Taking \_\_\_\_\_

Medicine(s) Child is Allergic to \_\_\_\_\_

Name of Child's Health care provider \_\_\_\_\_ Telephone \_\_\_\_\_

### CHILD'S INSURANCE

Company/HMO \_\_\_\_\_

Group Number \_\_\_\_\_ Identification # \_\_\_\_\_

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

#### The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's health care provider will be contacted.
3. We will attempt to contact you through all of the emergency persons listed on the child's application form.
4. If we cannot contact you or your child's health care provider, we will do any or all of the following.
  - (a) Call for emergency first aid assistance/transportation.
  - (b) Call another health care provider.
  - (c) Have the child transported to an emergency hospital in the company of a staff member.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_