Downe Township Elementary School
Kids' Center

A CompleteCare Health Network School-Based Youth Services Program

220 Main Street . Newport, NJ 08345 . Phone: 856-447-4673 extension 5

Counseling . Recreation/Enrichment. Academic Support . Community Resources . Prevention

CONSENT FORM

The goal of Kids' Center, a School-Based Youth Service Program funded by grants from the New Jersey Department of Children & Families (DCF) and under the direction of CompleteCare Health Network (CCHN), is to help young people navigate their adolescent years, finish their education, obtain skills leading to employment or continuing education, and graduate happy, healthy, and drug/alcohol free. With this purpose in mind, Kids' Center provides a comprehensive set of services to students and families within the Downe Township Elementary School community. Any student attending this school is eligible to receive services with parental consent. Services include:

- Individual, Group, and Family Support Counseling
- After-School Recreation & Enrichment Opportunities
- Alcohol, Drug, and Violence Prevention Programs & Health Education
- Healthy Youth Development & Life Skills
- Academic Support, Tutoring, Mentorship, and Post-Graduation Planning, Linkage to Community Resources
-

I, _____ (Parent/Guardian PRINT) consent to have

_____. (Student Name PRINT)

To participate voluntary services provided by the Kids' Center, CCHN, SBYSP at Downe Township Elementary School, except:

_____

_____

I consent to the Kids' Center School-Based Program obtaining appropriate school records and collaborating with DTE staff. I understand important information about my child will not be released without proper consent. I also consent to allow my child to be photographed in group settings for media publications and social media posts about the school program and to participate in School-Based Program surveys to determine the effectiveness of our services.

_____ (Initial Here) I understand that CompleteCare Health Network abides by all state/federal HIPAA laws and that a copy of the "Notice of Privacy Practices" & "Patients' Rights" can be found online at www.downeschool.org, at our office within the school, or at any CompleteCare Health Network site within southern New Jersey area. Please be advised that NO personal information will be released unless appropriate permission is given by the student and/or guardian according to NJ law.

☐Please check here if you want a hard copy of the "Notice of Privacy Practices" & "Patients' Rights" sent to your home address.

PARENT/GUARDIAN SIGNATURE _____ Date _____

Registration Form

220 Main Street . Newport, NJ 08345 . Phone: 856-447-4673 extension 5

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Please complete the form below. Should you have questions or concerns, do not hesitate to contact our office at 856-447-4673, extension 5. Thank you!

1. STUDENT NAME: _____ STUDENT ID NUMBER: _____
2. ADDRESS: _____
3. PHONE NUMBER: _____ 4. DATE OF BIRTH: _____
5. GENDER: _____ 6. GRADE: _____
7. RACE/ETHNICITY: Black White Hispanic/Latino Asian Multi-Racial Other _____
8. WHO CAN WE THANK FOR REFERRING YOU TO KIDS' CENTER?

Self Friend Parent Nurse Guidance/CST Teacher Principal Other _____

WHAT ADULTS LIVE IN YOUR HOME?

Mother/Father Grandmother/Grandfather Stepmother/Stepfather None/Other_____

9. WHAT TYPE OF MEDICAL INSURANCE DO YOU HAVE? (SBYSP does not bill insurance for any service.)

Medicaid NJ Family Care Private Do not know Other _____

11. PARENT/GUARIDAN CONTACT INFORMATION:

Name:	**Name:**
Home Phone:	**Home Phone:**
Work Phone:	**Work Phone:**
Cell Phone:	**Cell Phone:**
Relationship to student:	**Relationship to student:**

PLEASE ANSWER THE FOLLOWING QUESTIONS:

The following questions will assist us in linking your family with appropriate community resources:

Is your child currently a patient at CompleteCare Health Network?	YES	NO
Are you currently receiving state services, like NJ Family Care, TANF, or WIC?	YES	NO
Do you have a primary care provider?	YES	NO

Would you like information on? ____ Medical Insurance ____ Dental Care ____ Eye Care ____Behavioral Health

EXPULSION POLICY

NAME OF CENTER: Kids Center Student: Date:

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.
- Other (explain):

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.
- Other (explain):

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 and 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.

A CHILD WILL NOT BE EXPELLED IF A PARENT/GUARDIAN:

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION:

- Try to redirect child from negative behavior.
- Reassess classroom environment, appropriateness of activities, supervision.
- Always use positive methods and language while disciplining children.
- Praise appropriate behaviors.
- Consistently apply consequences for rules.
- Give the child verbal warnings.
- Give the child time to regain control.
- Document the child's disruptive behavior and maintain confidentiality.
- Give the parent/guardian written copies of the disruptive behavior that might lead to expulsion.
- Schedule a conference including the director, classroom staff, and parent/guardian to discuss how to promote positive behaviors.
- Give the parent literature of other resources regarding methods of improving behavior.
- Recommend an evaluation by professional consultation on premises.
- Recommend an evaluation by local school district study team.

Kids' Center

Dear Parents,

In keeping with New Jersey's Child Care Licensing requirements, we are obliged to provide you, as the parent of a child enrolled in our center, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission ; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Division of Youth and family Services (DYFS).

Please read this statement carefully and, if you have questions, please feel free to contact me at:

856-447-4673 option #5

Sincerely,

Eric DeJong

Site Coordinator

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

Name of Child: _____

Name of Parent\Guardian: _____

I have read and received a copy of the Information to Parents statement prepared by the Bureau of Licensing in the Division of Youth and Family Services.

Signature: _____ Date: _____

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. 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/.

Community Health Care, Inc.
School Based Programs
KIDS' CENTER
School Age Child Care
REGISTRATION FORM

Student Name: _____ PHONE #: _____

Birth Date : _____ Grade: _____ Homeroom Teacher: _____

Home Address: _____

Please circle all days you wish your child to attend the Kids' Center AFTERNOON School Age Child Care Program:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

or

AS NEEDED

* Please Note: Children signed up for Kids' Centers SACC on an "AS NEEDED" basis MUST have a note sent to school by the parent or guardian the day you wish your child to attend. If the child does not have a written note, they will not be able to attend.

Persons Authorized To Pick Child\Children From Kids' Center and act in my behalf in the event of an Emergency: (Other than PARENT)

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

Mother's Name: _____ Home Phone: _____ Cell: _____

Mother's Employer: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____ Cell: _____

Father's Employer: _____ Work Phone : _____

**Custodial Information:
If a non-custodial parent is not included among those persons authorized by the custodian parent to pick up the child, please explain below and attach a copy of the appropriate documents.

*****If there is a CUSTODY arrangement we MUST have a copy.

(Please complete the reverse side of this form and complete all signature sections)

BY MY SIGNATURE, I ATTEST TO THE FOLLOWING:

1. That the information listed on the reverse side of this form is true and correct.

2. That in the event of a medical emergency, I authorize the Kids' Center to seek emergency medical care for my child as deemed necessary by the Director.

3. That I have received the "Information to Parents Document".

4. That I have received the Kids' Center Handbook.

5. I consider my child, _____, in good health is physically fit and is able to participate in all Kids' Center School Age Child Care activities.

6. I give permission for my child/children to be photographed for program use only.

7. I give permission for my child/children to leave the PM SACC Program and help teachers or support staff. YES NO

_____ _____
Parent/Guardian Signature* Date

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

_____

MEDICAL INFORMATION

CHILD'S PHYSICIAN'S NAME: _____ Office Phone: _____

Physician's Address: _____

Does your child have any allergies or medical conditions? If so please list:

Is your child allergic to bee stings or have any food allergies? NO YES*
*If yes, please describe the allergy and what should be done:

Does your child take any medications? NO YES*
*If yes, please list:

Is there any information you can share with us that will be helpful for us to know about your child? If so, please list:

**Should there be any changes Please contact the Kids' Center Office immediately.

(856) 447-4673 Option #5

COMPLETE CARE, INC.

POLICY AND PROCEDURE MANUAL

Subject: TV/Video Game Viewing/Playing Policy PAGE: 01 OF 01

EFFECTIVE DATE: 1-1-2016

Department: School Based - SACC DATED: 1-1 2016

Distribution: Kids' Center Staff, Complete Care Director

Policy:

1. Kids' Center Staff will ensure use of TV/computer/video is educational/instructional and age/developmentally appropriate, and not used as a substitute for planned activities for passive viewing.

2. For Special Needs students, Kids' Center staff will comply with student's Individualized Education Plan.

Responsibility

A. Director
B. SACC Staff

1. Procedure

A. All SACC Staff will monitor TV/computer/video viewing by students during Kids' Center PM SACC Program.

B. Staff Director will be responsible for reviewing IEP for special needs students and communicated pertinent recommendations to staff.

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.

Quick Reference

Reporting Requirements for Communicable Diseases and Work-Related Conditions

(see New Jersey Administrative Code Title 8, Chapters 57 and 58)

Communicable Disease Service
Disease Reporting Requirements and Regulations can be viewed at:
http://nj.gov/health/cd/reporting.shtml

Health care providers required to report: physicians, advanced practice nurses, physician assistants, and certified nurse midwives.

Administrators required to report: persons having control or supervision over a health care facility, correctional facility, school, youth camp, child care center, preschool, or institution of higher education.

Laboratory directors: For specific reporting guidelines, see NJAC 8:57-1.7.

CONFIRMED or SUSPECT CASES TELEPHONE IMMEDIATELY to the LOCAL HEALTH DEPARTMENT

- Anthrax
- Botulism
- Brucellosis
- Diphtheria
- Foodborne intoxications (including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning)
- , invasive disease
- Hantavirus pulmonary syndrome
- Hepatitis A, acute
- Influenza, novel strains only
- Measles
- Meningococcal invasive disease
- Outbreak or suspected outbreak of illness, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism
- Pertussis
- Plague
- Poliomyelitis
- Rabies (human illness)
- Rubella
- SARS-CoV disease (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fevers (including, but not limited to, Ebola, Lassa, and Marburg viruses)

Cases should be reported to the local health department where the patient resides. If patient residence is unknown, report to your own local health department. Contact information is available at: localhealth.nj.gov.

If the individual does not live in New Jersey, report the case to the New Jersey Department of Health at: 609-826-5964.

In cases of immediately reportable diseases and other emergencies - if the local health department cannot be reached - the New Jersey Department of Health maintains an emergency after hours phone number: 609-392-2020.

July 2013
www.nj.gov/health/cd

REPORTABLE WITHIN 24 HOURS OF DIAGNOSIS to the LOCAL HEALTH DEPARTMENT

- Amoebiasis
- Animal bites treated for rabies
- Arboviral diseases
- Babesiosis
- Campylobacteriosis
- Cholera
- Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Cyclosporiasis
- Diarrheal disease (child in a day care center or a foodhandler)
- Ehrlichiosis
- , shiga toxin producing strains (STEC) only
- Giardiasis
- Hansen's disease
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis B, including newly diagnosed acute, perinatal and chronic infections, and pregnant women who have tested positive for Hep B surface antigen
- Influenza-associated pediatric mortality
- Legionellosis
- Listeriosis
- Lyme disease
- Malaria
- Mumps
- Psittacosis
- Q fever
- Rocky Mountain spotted fever
- Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- , with intermediate-level resistance (VISA) or high-level-resistance (VRSA) to vancomycin only
- Streptococcal disease, invasive group A
- Streptococcal disease, invasive group B, neonatal
- Streptococcal toxic shock syndrome
- , invasive disease
- Tetanus
- Toxic shock syndrome (other than Streptococcal)
- Trichinellosis
- Typhoid fever
- Varicella (chickenpox)
- Vibriosis
- Viral encephalitis
- Yellow fever
- Yersiniosis

REPORTABLE DIRECTLY to the NEW JERSEY DEPARTMENT OF HEALTH

Hepatitis C, acute and chronic, newly diagnosed cases only
Written report within 24 hours

HIV/AIDS
609-984-5940 or 973-648-7500
Written report within 24 hours

- AIDS
- HIV infection
- Child exposed to HIV perinatally

Sexually Transmitted Diseases
609-826-4869
Report within 24 hours

- Chancroid
- Chlamydia, including neonatal conjunctivitis
- Gonorrhea
- Granuloma inguinale
- Lymphogranuloma venereum
- Syphilis, all stages and congenital

Tuberculosis (confirmed or suspect cases)
609-826-4878
Written report within 24 hours

Occupational and Environmental Diseases, Injuries, and Poisonings
609-826-4920
Report within 30 days after diagnosis or treatment

- Work-related asthma (possible, probable, and confirmed)
- Silicosis
- Asbestosis
- Pneumoconiosis, other and unspecified
- Extrinsic allergic alveolitis
- Lead, mercury, cadmium, arsenic toxicity in adults
- Work-related injury in children (< age 18)
- Work-related fatal injury
- Occupational dermatitis
- Poisoning caused by known or suspected occupational exposure
- Pesticide toxicity
- Work-related carpal tunnel syndrome
- Other occupational disease

HS697

Disciplinary Policy

Methods of guidance and discipline used at Kids' Center SACC will be positive, consistent and appropriate for the child's age and developmental capabilities.

Verbal Warning -Students engaging in behaviors that are in violation of the rules of conduct or deemed inappropriate will receive a verbal warning. Staff will identify and discuss with students the infraction and reinforce behavioral expectations.

Written Warning - Parents will receive written documentation of the incident. Kids' Center staff will discuss the nature of the infraction with parent when they are presented with the written warning. This will give the parent an opportunity to speak with the child and review the Kids' Center rules of conduct.

Second Written Warning - Parents will again receive written documentation of the incident. Kids' Center staff will discuss the nature of the infraction with parent when they are presented with the written warning. Parents will be advised that further infractions may lead to a suspension from the program.

Continued infractions, inappropriate behavior may result in suspension from the Kids' Center program. Suspensions may range from one day to one week based on the nature of the infraction. It will be required that a suspended child attend a conference with a parent and the Kids' Center Coordinator prior to returning to the program

Additionally, Kids' Center reserves the right to expel a student for an indefinite period of time for ongoing conduct issues or inappropriate behaviors that create an unsafe or inhospitable environment for our students.

PARENT
RECEIPT OF INFORMATION:

☐ Information to Parents Document

☐ Policy on the Release of Children

☐ Policy on Methods of Parental Notification
(Applicable only if a method other than a phone call is used to notify parents of an injury to a child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention.)

☐ Policy on Communicable Disease Management

☐ Expulsion Policy

☐ Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name: _____

Parent/Guardian's Name: _____

_____ _____

Signature Date