

Prospect Cooperative Preschool
646 Prospect Street, Maplewood NJ 07040
(973) 763-8955 ProspectPreschool.org

Admission Information

Review, complete and return the following forms. **Please initial beside each item** indicating you have received, read & completed the information. **Return this cover sheet with your completed forms.**

Read & keep for your reference

- _____ Parent's Handbook
- _____ Department of Children & Families, Office of Licensing,
Information to Parents & Policy on the Release of Children
- _____ What's Happening at Prospect? Info sheet

Read, complete & return

- _____ Family Information
- _____ Child Care Emergency Contact Information
- _____ Child's Developmental History
- _____ Publicity Release
- _____ Expulsion & Discipline Policy
- _____ Walking Permission Slip & Media Usage Policy
- _____ Communicable Disease Policy
- _____ Medication Administering Policy
- _____ Universal Health Record (completed by child's physician once per school year;
your child cannot attend class without this form submitted)

Child's Name: _____

Parent 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. 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.

OOL8/22/14

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).

What's Happening at Prospect?

This is a little "cheat sheet" to allow you to reference with a quick glance the monthly traditional events happening at Prospect.

September – Welcome Back

- Orientation (Social Committee donates snacks for Orientation)
- Monthly Maintenance
- Outdoor Committee spreads new mulch, puts sand in sandbox, cleans up and weeds the garden
- Return all forms prior to first day of school
- Sign up for parent helping days
- Sign up for 1 monthly maintenance day for the year (Saturday mornings) when you clean the classrooms with other parents.

October - Halloween is big here!

- Monthly Maintenance
- Halloween Parade, (Parents are invited to the parade during class time)
- Halloween Party for kids. (Parents may be asked to donate food items)
- Come and enjoy the Pumpkin Patch Party and bring your friends! Tickets will be sold prior to the event. (School Fundraiser)

November – We are Thankful and Very Busy

- Monthly Maintenance
- Election Day Bake Sale (Each family is asked to donate to this event)
- Picture Day
- Conferences for all classes
- Thanksgiving Celebrations (Parents may be asked to donate food items)

December – Happy Holidays

- Monthly Maintenance
- Registration for next year begins
- Holiday parties in all the classes, parents are invited. (Parents may be asked to donate refreshments, paper goods.)

January – Winter is Here

- Monthly Maintenance

February – We Love Prospect!

- Monthly Maintenance
- Registration Deposit is Due
- Valentines Day class party. – Children can bring in valentines for their friends.

March – In like a lion and out with a fun event

- Monthly Maintenance
- Spring Event: Silent Auction – Parents may be asked to donate an item, service or event of their choice. Tickets are sold for the event, and it is a fantastic night!

April – Spring is here

- Monthly Maintenance
- Parents may be asked to spread mulch, sand or to clean up the garden

May – Things are growing!

- Monthly Maintenance
- Teacher Appreciation Week, parents may be asked to voluntarily provide refreshments for teachers.
- Conferences for all classes

June - Wrapping up a great year!

- Monthly Maintenance
- End of year picnics for the 2 and 3 year old classes.
- Graduation for the 4's

We would love for you to come into the classroom and share your talents, skills, and culture! Please feel free to approach the teachers with any ideas you may have.

Family Information

Child's Name _____

Gender: Male Female Birthdate: ____/____/____

Address: _____

First Parent's Name _____

Occupation _____

Business Address _____

Best phone number to reach you _(_____)_____

Email _____

Second Parent's Name _____

Occupation _____

Business Address _____

Best phone number to reach you _(_____)_____

Email _____

Caregiver/nanny Name _____

Best phone number to reach you _(_____)_____

Parents, initial that you authorize Prospect Cooperative Nursery School to release your child to this caregiver: _____

Name of parent/caregiver who will be working in the classroom most often

Have either parents or caregiver ever been convicted of a crime? _____

We ask this as parent involvement in the classroom is a requirement as a co-op preschool.

List names & ages of other children in the home:

Child Care Emergency Contact Information

Child's Name: _____ Birthdate: ___/___/___

Parent/Guardian #1 Name _____

Phone Number: Cell _(____)_____ Work _(____)_____

Email _____

Parent/Guardian #2 Name _____

Phone Number: Cell _(____)_____ Work _(____)_____

Email _____

Emergency contacts to whom your child may be released if parent/guardian is unavailable:

(1) Name & relationship _____

Cell phone number _(____)_____ Other Phone _(____)_____

(2) Name & relationship _____

Cell phone number _(____)_____ Other Phone _(____)_____

Child's Health Care provider: Name _____

Address _____ Phone _(____)_____

Child's Health Insurance

Name of Insurance Plan _____ ID # _____

Subscriber's name on insurance card _____

List any special conditions, disabilities, allergies or medical information for emergency situations:

List preference for transport arrangement in an emergency situation

(Parents/guardians are responsible for all emergency transportation charges)

Hospital Preference: 1st choice _____ 2nd choice _____

Parent / Guardian Consent & Agreement for Emergencies

As parent/guardian, I give consent to have my child, _____, receive first aid by the child care staff, and, if necessary, be transported to receive emergency care. I also authorize the Director or Director Designee to contact my child's health care provider to alert him/her to my child's situation. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above **to act on my behalf** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months. In the event of accidental poisoning, I agree that my child may receive Syrup of Ipecac if, and as, directed by the Poison Control Center.

Parent/Guardian #1 Signature _____ Date ___/___/___

Parent/Guardian #2 Signature _____ Date ___/___/___

This document was adopted from a document of the same name in "Model Child Care Policies - 3rd Edition", prepared by ECELS staff.

Developmental History

Tell us a little more about your child before school begins.

Child's Name _____ Birthdate: ____/____/____

Social Relationships

Favorite toys and activities at home _____

Does your child enjoy _____ Books _____ Music _____ Art _____ Movement

Can your child climb on gym equipment? _____

Which hand do you think is dominant for your child at this time? _____ L _____ R

Does your child have experiences with _____ Scissors _____ Blocks _____ Computers
_____ Finger-painting _____ Easel painting

Does your child have experiences in playing with other children? _____

Do you consider your child _____ Friendly _____ Aggressive _____ Shy

Does your child know any other children in the school? _____

Is this your child's first school experience? _____

Do you think your child will separate easily? _____

Please list any of your child's fears that we should know about:

How does your child respond to conflict? _____

What do you think is the best way of handling your child? _____

Personal History

Type of birth: _____ Normal _____ Premature Any complications? _____

Can your child be relied upon to indicate bathroom needs? _____

Does your child have any special words to describe toilet functions? _____

Does your child have any difficulties expressing his/her needs? _____

Does your child speak any other languages? _____ Language: _____

Does your child have any allergies? _____

Describe your child briefly (personality, abilities, disposition and temperament). Please use the back of this form to let us know of any particular ways we might help your child this year.

**Prospect Cooperative Preschool
Publicity Permission Form**

At Prospect Cooperative Nursery School, we welcome the opportunity to celebrate our students' achievements and activities. The Information Age has provided additional mediums to publish these accomplishments, offering us new opportunities to showcase our programs and strengthen two-way communication.

In order for Prospect to include a student, staff member or community member in printed publications, multi-media, social media or on the Internet, permission is needed. Our goal is to help promote the school and foster a sense of community, but we are sensitive to security concerns - children will not be tagged, nor will their images be used in paid advertising. We will also promptly remove any image if requested.

The following is provided for your review and signature.

I give permission for my child's image, and/or student work products to be utilized in various media forms including: newsletters, Prospect Cooperative web site and associated social media sites (images only), Prospect Cooperative print and digital production, print media (local newspapers and magazines), and future types of media.

Please indicate whether you approve or disapprove by signing below.

Student's Name (printed) _____

Approve _____ Signature of parent/guardian

Disapprove _____ Signature of parent/guardian

Date _____

This form is applicable for the duration of your child's attendance at this school and will remain permanently in the student's file. You may review and update this form at any time.

Prospect Preschool

EXPULSION & DISCIPLINE POLICY

Name of Child _____

Signature of Parent _____

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 actions that would create a dangerous situation or put children or staff in harm.

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 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 the risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

A CHILD WILL NOT BE EXPELLED

If a child's parent(s)/guardian(s):

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

DISCIPLINE POLICY

- Staff will try to redirect the child from negative behavior.
- Staff will reassess classroom environment, appropriateness of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behavior.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation on premises.
- Recommendation of evaluation by local school district child study team.

Prospect Cooperative Preschool

Walking Field Trip Permission Slip

I, _____, give permission for my child, _____, to accompany his/her class on walking field trips which do not require any form of transportation whenever the teacher plans them. No further notification will be given.

Parent Signature: _____

Date: _____

This form will be kept on file in the office.

MEDIA USAGE AT PROSPECT PRESCHOOL

Prospect preschool does not use media during anytime of the day. On the rare occasion we may use a short 3-4 minute video to enhance a lesson.

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 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. These diseases include respiratory, gastrointestinal, and contact illnesses such as Impetigo, Lice, Scabies, and Shingles.

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 parents is required stating either that at least six days have lapsed 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.

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

Prospect Cooperative Preschool Administering Medication Policy

It is Prospect Preschool's policy that staff will not administer any kind of over-the-counter medication. If your child requires a life sustaining medication, such as an EpiPen, please see the director for the proper paperwork.

You will need to provide the school with a medication action plan from your physician, the medication itself and pharmacy instructions, along with a picture of your child.

Please be sure to inform your teacher and the director of any of the above.

UNIVERSAL CHILD HEALTH RECORD

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

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, 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 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.