

Creative Starts Academic Learning Center

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Enrollment \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Persons Authorized To Assume Responsibility For The Child If Parent Is Not Available.

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

CHILD'S DOCTOR \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

SPECIAL REQUESTS:

By My Signature, I Attest To The Following:

- \* That the above information is correct.
- \* That in the event of a medical emergency, I authorize Creative Starts Academic Learning Center, LLC to seek emergency medical care for my child as deemed necessary by the Director.
- \* That I have received the Information To Parents Document.

\_\_\_\_\_  
Parent Signature

CUSTODIAL INFORMATION:

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

\_\_\_\_\_

Creative Starts Academic Learning Center

CHILD'S NAME \_\_\_\_\_ DATE \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ Preferred Start Date \_\_\_\_\_

CHILD LIVES WITH ( ) MOTHER ( ) FATHER ( ) BOTH PARENTS  
( ) OTHER \_\_\_\_\_

MOM'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMPLOYER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

DAD'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMPLOYER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

AUTHORIZED OTHERS (People Permitted To Pick Up Child):

NAME & ADDRESS	RELATIONSHIP	PHONE
1. _____ _____	_____	_____
2. _____ _____	_____	_____

AUTHORIZED OTHERS TO SIGN FOR EMERGENCY TREATMENT:

NAME	HOME PHONE	WORK PHONE
1. _____	_____	_____
2. _____	_____	_____

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_

Does child have any physical or mental handicaps or limitations? (i.e allergies) \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_

The staff of Creative Starts Academic Learning Center LLC will take responsible measures to supervise the daily activities of the children. In the course of a day, children may become injured. The Center will notify the parent immediately. In cases of extreme emergency, children will be taken to Immediate Medical Care (1989 Route 88 East, Brick, NJ) or Brick hospital.

I authorize my child to be taken to Immediate Medical Care or Brick hospital for emergency medical care. I understand that the Center is not financially responsible for services rendered by Immediate Medical Care or Brick hospital.

Medical Carrier Number: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Creative Starts Academic Learning Center**  
Tuition Information and Agreement

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

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

OFFICE TELEPHONE (MOM) \_\_\_\_\_

OFFICE TELEPHONE (DAD) \_\_\_\_\_

CELL TELEPHONE (MOM) \_\_\_\_\_

CELL TELEPHONE (DAD) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

OCCUPATION (MOTHER) \_\_\_\_\_

OCCUPATION (FATHER) \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?: \_\_\_\_\_

	<i>General Information</i>
REGISTRATION FEE:	\$75.00 For Each Child
MAT FEE:	\$21.00 For Each Child
ANNUAL MATERIALS FEE:	\$20.00 For Each Child

**CHILD'S SCHEDULE**

MONDAY: \_\_\_\_\_ TO \_\_\_\_\_

TUESDAY: \_\_\_\_\_ TO \_\_\_\_\_

WEDNESDAY: \_\_\_\_\_ TO \_\_\_\_\_

THURSDAY: \_\_\_\_\_ TO \_\_\_\_\_

FRIDAY: \_\_\_\_\_ TO \_\_\_\_\_

EFFECTIVE DATE FROM \_\_\_\_\_ TO \_\_\_\_\_

## TUITION AGREEMENT CONDITIONS

1. I agree to pay Creative Starts Academic Learning Center LLC a registration fee at the time of enrollment. I understand that this fee is non-refundable.
2. An annual non-refundable materials fee of \$20.00 is billed each September payable upon registration or renewal of contract.
3. I agree to pay a \$20.00 processing fee for each time any check is returned from the bank due to insufficient funds.
4. I understand that if my child remains at the Center past the designated closing time, I will be charged and agree to pay \$1.00 per minute past the designated closing time of the Center.
5. During the course of the contract, I understand that a maximum of 1 week vacation is permitted for the September - August contract period, provided my child is enrolled for the full twelve months. (If my child will not be attendance for the summer, the vacation week is forfeited.) The number of days that equal the 1 week are based on the child's regularly scheduled hours. I understand that my 1 week vacation is equal to 5 days. The Center must be informed, in writing, two weeks in advance. In the event that I wish to take more than the 1 week off, 5 days, I may guarantee a space for more than the allotted 1 week by paying the regular tuition during the period of absence.
6. I agree to give two (2) weeks written notice before withdrawing my child from the Child Care Center or before changing my permanent schedule.
7. Should I not need child care during the summer months, I agree to notify the director in writing no later than April 30<sup>th</sup>.

8. I agree to submit Health and Immunization records at time of enrollment (prior to my child's first day) and updates every six months. All other enrollment forms must be completed and returned.
9. I have received a copy of the DYFS Information to Parents.
10. Creative Starts Academic Learning Center reserves the right to suspend/terminate services when the home/school partnership is creating a negative effect on either the child or the Child Care Center. The decision will be at the discretion of the director.
11. \_\_\_\_\_ has my permission to be involved in day trips.  
(Son/Daughter)  
I understand that I will be notified in advance. Special excursions will be planned in advance.
12. The undersign hereby authorizes an interview and/or photographs by Creative Starts Academic Learning Center LLC child care staff or Public Relations. The purpose for the interview and/or photographs is promotion of Creative Starts Academic Learning Center LLC.  
  
The consent is intended to release all personnel of Creative Starts Academic Learning Center from any claim arising out of the use of such interview and/or photographs.
13. I authorize the director or any of the teachers to call an emergency ambulance or the local police in case of an accident or acute illness, and allow for possible emergency medical care in case I am not immediately available.
14. Tuition is to be paid weekly. Tuition fees are due every Monday, at the time of drop-off, of the week in which your child is enrolled. However, arrangements may be made if you wish to pay bi-weekly or monthly, in advance. Creative Starts DOES NOT charge a security deposit.

15. I understand that Creative Starts Academic Learning Center will be closed in observance of the following holidays and can close at any time with or without notice. The holidays are as follows: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. I understand that Creative Starts Academic Learning Center will close at 3:00p on Christmas Eve and New Year's Eve. All fees are prorated. I am responsible for paying the Center's fees on holidays, early closings, sick days, personal days, snow days, or days the Center is closed due to other acts of God.

School closings will be announced on the radio on 92.7 (WOBM) and 94.3 (The Point). You may also check the web: wobm.com or 943thepoint.com.

16. Should I require additional child care hours (beyond contracted hours as indicated in the attached child's schedule) and they are approved, I agree to pay the additional amount at the most current rate.
17. If anyone other than the parent/guardian is to take my child from Creative Starts Academic Learning Center, LLC, I will contact the director or teachers accordingly.
18. A \$2.00 fee, per day, will be charged for failure to sign your child in or out.
19. For any questions, comments, etc., you may contact us by phone or e-mail:

**creativestarts@verizon.net**

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Parent's signature

Date

Director

Creative Starts Academic Learning Center

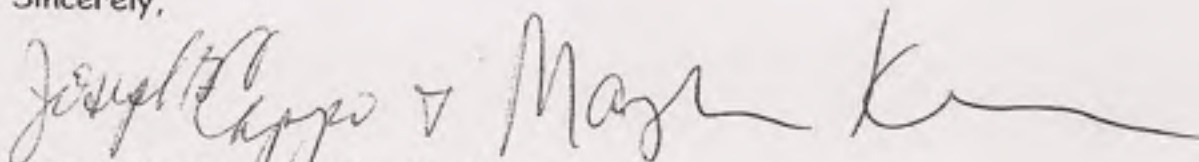
Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled in our Center, with this information 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 any questions, feel free to contact us at: (732) 458-3737.

Sincerely,



Joseph Capezio and Margherita Kearns  
Owners/Directors

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Please complete and return this portion to the Center. (Please print.)

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

Name of Parents: \_\_\_\_\_

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

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

## Creative Starts Academic Learning Center

### 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 Bureau of Licensing in the Division of Youth and Family Services (DYFS). In keeping with 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 Bureau of Licensing in the New Jersey Division of Youth and Family Services. 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 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 \$5.00 made payable to the "Treasurer, State of New Jersey", and mailing it to: Bureau of Licensing, Division of Youth and Family Services, Licensing Publication Fees, PO Box 18500, Newark, New Jersey 07191.

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 Bureau of Licensing at: (609) 292-1021 or (609) 292-9220. 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 parent(s) 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 dispensing medicine and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.



Parents are entitled to review the Center's copy of the Bureau of Licensing's Inspection/Violation Reports on the Center, which are issued after every State licensing inspection at our Center. If there is a licensing complaint investigation, you are also entitled to review the Bureau'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 DYFS inspections/investigations. DYFS 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 Bureau 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 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.

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 Division of Youth and Family Services' Office of Child Abuse Control, Toll-Free at: 1 (800) 792-8610 or to any DYFS District Office. 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.

# 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.

Yes  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

Immunization Record Attached  
 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 signs/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		

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 setting.
  - a. **If the child has a complex medical condition, a special care plan should be completed and attached.** Note any significant medical conditions or major surgical history.
  - 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 likely require separate permissions slips for prescription and OTC medications.*
  - c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
  - d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
  - e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at [www.pacnj.org](http://www.pacnj.org) or by phone at 908-687-9340.
  - f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
  - g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
  - h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. **Screening** - This section is required for school, WIC, Head Start and some other programs. This section may be optional for routine child care settings but 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.
  - 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.
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.

# Creative Starts Academic Learning Center

## Expulsion Policy

**Purpose:** To ensure the safety of the children and the Child Care Center staff

**Policy:** Child Care Center staff will use the interventions listed below to provide appropriate behavior management in the classroom. If a child continues to display unsafe/inappropriate behavior that puts the other children and/or the Child Care staff at risk, the Child Care Center director(s) in conjunction with the child's teacher will evaluate the appropriateness of the child's placement in the program. The Child Care Center reserves the right to dismiss a child from the program when safety concerns remain unresolved. The Center will provide the child's parent/guardian a two-week (ten day) notification whenever possible to allow for other child care arrangements.

**Procedure:** The Child Care Center staff is trained to provide the following intervention to manage behavior in the classroom. The Child Care staff will inform the director(s) of any behavior that becomes unsafe and/or is a threat to other children or Child Care staff.

1. Collaborate with parents to meet each child's individual needs. Inform the parents of problems in a child's behavior as they arise.
2. Give the child choices and praise positive behavior
3. Use distraction and redirection with the child ("Have you tried ...")
4. Model cheerful, cooperative, and appropriate behavior
5. Ignore behavior that may be annoying, but is ultimately harmless
6. Use "when-then" statements (more effective than "if you don't \_\_\_\_, then you can't \_\_\_\_")
7. Hold a brief and quiet conversation with the child to address the behavior using a calm tone of voice.
8. Separate children when necessary
9. Remove the child from the situation or the area (this may or may not be inclusive and age appropriate "time-out").

Unsafe/Inappropriate behavior includes, but is not limited to the following:

1. Excessive biting of other children
2. Repeated aggressive acts toward other children or staff
3. Threatening and/or taunting peers or staff
4. Sexual touching of other children and/or a focus on sexual matters

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

## Creative Starts Academic Learning Center

### Policy On The Release Of Children

The Center shall maintain on file and follow a written policy on the release of children, which shall include:

1. The provision that each child may be released only to the child parent(s) or person(s) authorized by the parent(s), as specified in N.J.A.C. 10:122-6.8(a)3, to take the child from the Center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached;
2. The provision that, if a particular non-custodial parent has been denied access, or granted limited access, to the child by a court order, the Center shall secure documentation to this effect, maintain a copy on file and comply with the terms of the court order;
3. Written procedures to be followed by staff member(s) if the parent(s) or person(s) authorized by the parent(s), as specified in 1 above, fails to pick up a child at the time of the Center's daily closing. The procedure shall require that:
  - a. The child is supervised at all times;
  - b. Staff members attempt to contact the parent(s) or person(s) authorized by the parents; and
  - c. An hour or more after closing time, and provided that other arrangements for releasing the child to his or her parent(s) or authorized person(s) have failed and the staff members cannot continue to supervise the child at the Center, that staff member shall call the Division's 24 -hour Child Abuse Hotline 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; and
4. Written procedures to be followed by a staff member(s) if the parent(s) or person(s) authorized by the parent(s), as specified in 1 above, appear 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 procedures shall require that:
  - a. The child shall not be released to such impaired individual;
  - b. Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and
  - c. If the Center is unable to make alternative arrangements, as noted in 3b above, a staff member shall call the Division's 24 hour Child Abuse Hotline to seek assistance in caring for the child.

For school-age child care programs, the following shall apply:

1. No child shall be released from the program unsupervised except upon written instruction from the child's parent.

## Creative Starts Academic Learning Center

### Criteria For Exclusion Of Ill Children

1. No child will be admitted to the Center or permitted to remain in the Center if any of the following symptoms are present
  - a. Severe pain or discomfort.
  - b. Acute diarrhea, characterized as twice the child's usual frequency of bowel movements with a change to a looser consistency within a period of 24 hours, or bloody diarrhea.
  - c. Two or more episodes of acute vomiting within a period of 24 hours.
  - d. Elevated oral temperature of 101.5 degrees Fahrenheit or over or axillary temperature of 100.5 degrees Fahrenheit or over in conjunction with behavior change.
  - e. Sore throat or severe coughing.
  - f. Yellow eyes or jaundiced skin.
  - g. Red eyes with discharge.
  - h. Infected, untreated skin patches.
  - i. Difficult rapid breathing.
  - j. Skin rashes in conjunction with fever or behavior changes.
  - k. Weeping or bleeding skin lesions that have not been treated by a physician or nurse.
  - l. Mouth sores or drooling
  - m. Stiff neck.
  - n. Blood in urine.
  - o. Excludable communicable diseases. (For further details, please refer to this specific DYFS policy).
2. If any of the above symptoms are present on a given day, but the parent has a medical diagnosis from a physician indicating that the child poses no serious health risk to themselves or others, then the child will be admitted.
3. If a parent chooses to keep a child home for any reason, it is their responsibility to notify the Center as soon as possible and state the reasons for not attending.

### Criteria For Readmittance

Once a child is symptom-free for 24 hours, or a licensed physician indicates in writing (with signature and stamp) that the child poses no serious health risk to themselves or to other children, they may return to the Center.

Creative Starts Academic Learning Center

Table Of Excludable Communicable Diseases

Respiratory Illnesses

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

Gastro-Intestinal Illnesses

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

Contact Illnesses

Impetigo  
Lice  
Scabies

\*Reportable diseases, as required by N.J.A.C. 10:122-7.10(a)