Dear Parents and Guardians,

We welcome you and your child to Little PALs Preschool. We believe that you will find our program offers not only an educational experience but also a fun and nurturing environment. Our safe and secure classrooms allow your child to explore and discover with guidance from our trained and certified teachers. For your convenience, there are cameras in all of the classrooms that you may access from your desktops, laptops, tablets and smart phones. For additional safety and security all visitors, including preschool parents and guardians, are only allowed access to our location after utilizing our entry door access buzzer system and identifying themselves and the purpose of the visit. Once granted access, all visitors will be greeted by the PAL certified security officer and will be required to sign in the visitor log.

All preschool teachers are experienced and certified teachers that are well equipped to introduce your children to the Tools of the Mind curriculum. Tools of the Mind, used in the Howell Township School District, is a self-regulation curriculum that encourages every child’s social-emotional and cognitive growth, enabling children to be fully prepared for the next step in their education. Our introductory program to Tools of the Mind helps young children to build social skills, oral language development, writing skills, letter sounds and recognition, cognitive skills, discovering cause and effect, critical thinking skills, gross and fine motor skills, and health and safety skills. For more information on Tools of the Mind please visit their website at www.toolsofthemind.org

In order for our teachers to continue to grow professionally and provide your children with the latest research-based techniques, they are required to enhance their teaching skills through various professional development courses. These courses focus on guidance and discipline, growth and development, and health and safety. In addition, every staff member is CPR and first aid certified.

Little Pals Preschool has an open door policy and would like you to feel comfortable talking to us about any concerns or comments you may have concerning your child or our program. We welcome and encourage open communication and involvement with your child and all of our staff as we work cooperatively during this wonderful learning and maturing process.

Thank you.

Sgt. Christopher Hill, Pal Executive Director
Cpl. Harold Foley, PAL Program Director
Jasmin Colon, PAL Main Office
Joanne Mandracchia, PAL Main Office
Julie Kerr, Preschool Coordinator
Pal Contact List

PAL Main Office at Southard School:
Telephone: 732-919-2825
Fax: 732-919-1212

Mailing Address
115 Kent Road
PO Box 713
Howell, NJ 07731
Website: www.howellpal.org

Emails
All general questions and requests for information should be directed to info@howellpal.org

Jasmin Colon, Main Office
jcolon@howellpal.org

Joanne Mandracchia, Main Office
jmandracchia@howellpal.org

Corporal Harold Foley, Howell PAL Program Director
hfoley@howellpal.org

Sergeant Christopher Hill, Howell PAL Executive Director
chill@howellpal.org

Julie Kerr, Preschool Coordinator
jkerr@howellpal.org
Welcome to Little PALs Preschool!

This checklist will help to make sure you are ready to start at Little PALs! Your registration form and parent signature page will need to be handed in to the front office the day before your start date and your child’s immunization records and universal health record must be received within the first week of attendance.

These items will insure a smooth transition when they begin school:

- Lunch daily (please label their lunchboxes and any food that needs to go in the refrigerator)
- 3 Snacks (morning, lunch, and afternoon)
- Drinks (enough for daily schedule)
- Full set of extra clothes in a labeled bag (accidents happen. i.e.: toileting, spills, injuries)
- Diapers, Wipes, Formula, and Cream (if applicable)
- Infants/Transition: Crib sheet only that is sent home weekly (naptime 12:00-2:00)
- Toddlers/Preschool/Pre-K: Crib sheet and blanket (if desired); they are sent home weekly to be washed (naptime 12/12:30-2:00)
- Any necessary medical supplies such as an epi-pen or inhaler (form required)

Thank you!
Every age group has a slightly different schedule. The following is a sample schedule of what a day at Little PALs Preschool looks like.

**Sample Schedule**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30-9:00</td>
<td>Before Care</td>
</tr>
<tr>
<td>9:00-9:30</td>
<td>Outdoor Play (weather permitting)</td>
</tr>
<tr>
<td>9:30-9:45</td>
<td>Snack</td>
</tr>
<tr>
<td>9:45-10:00</td>
<td>Circle Time (Calendar, Weather, Theme, Letter of the Week &amp; Book Sharing, Tools of the Mind games/ activities)</td>
</tr>
<tr>
<td>10:00-10:30</td>
<td>Literacy Activity</td>
</tr>
<tr>
<td>10:30-11:00</td>
<td>Math/Science Activity</td>
</tr>
<tr>
<td>11:00-11:30</td>
<td>Centers</td>
</tr>
<tr>
<td>11:30-12:00</td>
<td>Lunch Time</td>
</tr>
<tr>
<td>12:00-12:30</td>
<td>Story time/ Story Discussion</td>
</tr>
<tr>
<td>12:30-2:00</td>
<td>Rest/Nap Time</td>
</tr>
<tr>
<td>2:00-2:15</td>
<td>Snack</td>
</tr>
<tr>
<td>2:15-3:00</td>
<td>Free Choice Centers / Project or Activity</td>
</tr>
<tr>
<td>3:00-6:00</td>
<td>After Care Games and Activities</td>
</tr>
</tbody>
</table>

Please see your child’s classroom teacher for a more specific schedule.
Little PALs Preschool Calendar

After July 1, 2018, Little PALs Preschool will be open throughout the year, 5 days a week, except on the following dates:

- Wednesday, July 4, 2018
- Friday, August 31, 2018
- Monday, September 3, 2018
- Thursday, November 22, 2018
- Friday, November 23, 2018
- Monday, December 24, 2018
- Tuesday, December 25, 2018
- Monday, December 31, 2018
- Tuesday, January 1, 2019
- Friday, April 19, 2019
- Monday, May 27, 2019

For those remaining here for the summer of 2019:

- Thursday, July 4, 2019
- Friday, August 30, 2019

Please note the following:

- Thursday, August 30, 2018 will be the last day for Pre K students to attend Little PALs Preschool. If child care is needed after that date for children entering Kindergarten for the 2018/2019 school year, a transition into our PAL Day Off Program will occur.
- Howell PAL has the right to change/add to the above dates as deemed necessary.
- Please be aware that Little PALs may close last minute for snow storms or other emergencies as safety is our number one priority. Remember to sign up for Remind 101 so you receive notification if this should occur.
Medication Administration and Health Care Procedures

The center will provide reasonable accommodations for administration of medication or health care procedures but reserves the right to decline admission or exclusion of a child that has an extensive medical condition requiring trained medical personnel to provide necessary medical procedures that ensure the child’s safety. If the child has a chronic health condition requiring the administration of prescription or non-prescription medication or health care procedure associated with a child’s health condition, such as the use of a nebulizer or single dose epinephrine via a pre-filed auto-injector, the preschool director, shall ensure that all staff members who administer the medication and/or the procedure are taught to do so by the child’s parent/guardian. Medication and health care procedures shall be administered only after receipt of written approval from the child’s parent(s)/guardian(s) and a health care professional:

1. The center shall designate staff members who are authorized to administer medication or health care procedures.
2. All medication and health care equipment shall be kept either in a locked cabinet or in an area that is inaccessible to children. All medication shall be kept in its original container.
3. All prescription medication for a child shall be in the name of the specific child and stored in prescription container, which has been labeled with the child’s name.
4. The center shall limit the dispensing of non-prescription or over-the-counter medications.
5. The center shall inform the child’s parent/guardian immediately if a child exhibits any adverse effect of the medication.
Parents

Please be sure to sign up for Remind. It is an app in which you will receive alerts for delayed openings, school closings, or other important information.

If you haven’t registered for the Remind app with our school, it is important that you do so. If you have already signed up for Remind app with our school, there is no need to do it again.
Howell Pal would like you to join Little Pals!

To receive messages via text, text @littlepals to 81010. You can opt-out of messages at anytime by replying, 'unsubscribe @littlepals'.

Trouble using 81010? Try texting @littlepals to (424) 269-7033 instead.

*Standard text message rates apply.

Or to receive messages via email, send an email to littlepals@mail.remind.com. To unsubscribe, reply with 'unsubscribe' in the subject line.

WHAT IS REMIND AND WHY IS IT SAFE?
Remind is a free, safe, and simple messaging tool that helps teachers share important updates and reminders with students & parents. Subscribe by text, email or using the Remind app. All personal information is kept private. Teachers will never see your phone number, nor will you see theirs.

Visit remind.com to learn more.
Little PALS Medication Policy

All medication, including over the counter and prescription medication must have a doctor’s note to be administered by any Little PALS employee.

Attached is a form for your convenience that you may want to keep in a safe place should you need it during a visit to your child’s health care provider. If a request is made for Little PALS to administer medication, that medication must be in its original container and the attached form/s must be submitted with a physician’s signature. Additionally, any new medication (over the counter or prescription) must be administered at least once prior to any administration at Little PALS.

Additional forms will need to be completed by your child’s health care provider for asthma and allergies. Please see your child’s teacher should this apply to you. As always, our number one concern at Little PALS is keeping your child safe. Thank you for your cooperation with this policy. Should you have any questions, please don’t hesitate to ask.
Dear Parent/Guardian:

Should it be necessary for your child to receive medication during preschool hours, you must present this form or an order form from your personal physician, stating medication, dosage, time of administration, and the length of time your child will be on medication. This includes Tylenol, Motrin, cough drops, and all over-the-counter medications. Any changes in these directions must be verified by a call to the PAL administrator, as well as a note from the physician.

Any dangerous condition being experienced by a child on medication should be spelled out in detail with procedures to follow should a reaction occur. **Medicine must be properly labeled and in the original container, with the child's name, dosage, etc., on the pharmacist's label. The parent/guardian must transport all medication to and from the preschool.**

Sincerely,
Harold Foley
Program Director

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**Request for Administration of Medication**

Student______________________  Teacher______________________  Date______________________

Diagnosis________________________

Name of Medication_________________  Diagnosis_________________  Time of Administration________

Daily or PRN__________________________

To Begin On______________________  and Concluded on______________________

Possible Side Effects to be Observed________________________

Special Instructions________________________

Reason Medication is Needed during Preschool Hours________________________

Is Child on any other Medication________________________

Physician’s Signature________________________

***I hereby give permission for the center/preschool to administer medication as prescribed above. I also give permission for the teacher/director to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects. I hereby agree to indemnify and hold harmless the Howell Township PAL Little PALs Preschool administration and staff from any and all losses, claims, injuries, damages, or expenses arising from administration of medication.***

________________________
Parent/Guardian Name (PRINT)

________________________
Parent/Guardian Signature

________________________
Home Phone Number

________________________
Cell Phone Number

________________________
Work Phone Number
In order to safeguard the school community from the spread of certain communicable diseases and in recognition that prevention is a means of combating the spread of disease, Little PALS Preschool requires the immunization of pupils against certain diseases in accordance with State statute and rules of the New Jersey Department of Health and Senior Services, per N.J.A.C. 8:57-4.

A child shall not knowingly be admitted or retained in preschool if the parent(s) or legal guardian(s) has not submitted acceptable evidence of the child’s immunization.

Medical or religious exemptions to immunizations shall be in accordance with the requirements as outlined in N.J.A.C. 8:57-4.3 and 4.4. A child may be admitted to preschool on a provisional basis.

Furthermore, each child not enrolled in a public or private school shall have had a health examination performed by a health care provider, documented on the Universal Child Health Record or its equivalent, updated annually, and a special care plan, if applicable. A copy will be kept on file at the center. This health examination must follow specific time frames:

1. Must be completed within six months prior to admission for children who are 2 ½ years of age or younger; or
2. Must be completed one year prior to admission for children who are 2 ½ years of age or older.

Those children with immunization exemptions may be excluded from the preschool by the Department of Health and Senior Services during a vaccine preventable disease outbreak or threatened outbreak.

If there are two or more cases of any communicable disease

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

The Howell Township Police Athletic League Little PALs Preschool recognizes that control of the spread of illness and communicable disease is essential to the well-being of the preschool community. This is accomplished through a comprehensive program of immunizations, screening and referral, education and exclusion, if necessary.

The Little PALs Preschool is bound by New Jersey statutes and rules set forth in Chapter 52, Manual of Requirements For Child Care Centers, specifically (N.J.A.C.3A:52.7.1). The Little PAL’s Preschool shall comply with regulations of the New Jersey Department of Health and the Monmouth County Department of Health governing the prevention, control, and reporting of communicable disease.

The director/lead teacher may exclude any pupil who appears to be ill or has been exposed to a communicable disease. The staff member will document any situations where illnesses are reported by parent or become evident while a child or staff member is at the center. Parents/guardians will be notified in writing when illness presents on a case per case basis.

State regulation mandate that a center serving well children shall not permit a child who has any of the illnesses or symptoms of illness specified below to attend.

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperate 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.

The center shall not permit a child or staff member with an excludable communicable disease, as specified in the Department of Health’s Reporting Requirements for Communicable Diseases and Work Related Conditions (July 2013). Parent/guardian notification of NJ State excludable communicable diseases will be prompt and in writing.

Little PALs has the right to exclude a child with lice found in their hair. In a circumstance in which this may occur, the child will need to be picked up. As a precaution, all belongings will be sent home to be washed for all classrooms that the child is in throughout the day. Upon return, the child must be accompanied by a parent/guardian, and the child will be rescreened to ensure that the treatment was successful. If treatment was not successful, the parent must take the child home until treatment is successful.

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.
Discipline Policy

We are committed to providing each and every child with a safe and secure environment to learn and grow. We expect full cooperation from the child as well as the parents in regards to this matter. If your child has been involved in unacceptable behavior he/she will be removed from the situation immediately. No physical restraint or corporal punishment is ever acceptable in any way, so during this time your child will not be mistreated or mishandled. He/she will be placed in a short “time out” or the “thinking spot” to think about their action if age maturity permits. Repeated occurrences with no change in behavior will require, but not limited to, an incident report and/or a parent teacher conference to discuss appropriate behavior modification strategies and a cooperative action plan. The parents will be informed of this at pick up unless a phone call home is necessary. The following strategies will be used to reinforce the discipline policy.

- Some behaviors are produced by a child in order to receive attention and in this case will be ignored as long as they are not a danger to themselves or other children.
- Children will be encouraged to use their words to settle disagreements with peers in order to teach the children to share compromise and work together.
- Redirecting the child to a new activity or toward a different child within the group will often seize the undesirable behavior.
- Verbal intervention and direction from the teacher will help the child understand why the behavior is inappropriate.
- If the behaviors continue the child will be removed from the group and put into a short “time out” or the “thinking spot” to relax, cool down and think about their behavior.
- The teacher will speak to the child about their behavior and what should be done to change the behavior.
- If the behaviors are consistent and all of the above does not work to change the undesirable behaviors a conference with the parents and the lead teacher will be necessary.
- If the child has become a danger or major disruption to the whole group we may need to remove the child from the program temporarily or permanently. Suspensions and or terminations (expulsions) are at the discretion of the PAL Director.
EXPULSION POLICY

NAME OF CENTER: ____________________________

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.
Child Abuse and Neglect Policy

As a licensed childcare provider it is our responsibility to advise parents/guardians that if any PAL employee or staff member has a reasonable cause to believe that a child has been, or is being, subjected to any form of hitting, corporal punishment, abusive language, ridicule, or harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect or exploitation by any adult, that PAL employee or staff member is required by State Law to report such allegations to the Division’s Office of Child Abuse Control or any District office IMMEDIATELY.

New Jersey Chapter 52 Manual of Requirements for Child Care Centers, 2017.

Furthermore, that PAL employee or staff member will communicate any and all discovered information to the PAL Director who will determine if any additional action is necessary.

Injury To A Child While In Our Care

Little PALs will immediately notify the parent verbally while the child is in our care if the following should occur:

1. A child is bitten and the skin is broken
2. A child sustains a head or facial injury including when a child bumps his or her head
3. A child falls from a height greater than the height of the child
4. A child has a nose bleed
5. An injury requiring professional medical care occurs

If contact is not made verbally by phone, a voice mail and/or text message shall be sent to notify a parent of the injury. If confirmation is not made by a parent that the message was received, an alternate emergency contact will be notified.
Supervision and Protection of Children

The PAL will ensure that all children are always under direct supervision of a trained adult staff member. The PAL will maintain the state regulated ratios at all times (10:1 student teacher ratio in the preschool room, 6:1 student ratio is the toddler room and 4:1 student ratio in the nursery). Proper identification is required to sign out your child at the conclusion of the care provided. Authorized adults on the approved pick-up list provided to us must also produce proper identification. Children will not be released to any person(s) not previously approved. Changes and/or additions to the approved pick-up list must be made in writing at the PAL Main Office.

Release Policy

- Each child may be released 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 the child by a court order, Little Pal’s Preschool shall secure documentation to this effect, maintain a copy on file, and comply with the terms of the court order.

- If the parent(s) or person(s) authorized to pick up fails to pick up a child at the time of the center’s daily closing the child will be supervised at all times; a staff member will attempt to contact the parent(s) or person(s) authorized; and an hour or more after closing time, and provided that other arrangements for releasing the child have failed and the staff member cannot continue to supervise the child at the center, the staff member shall call the Division of Youth and Families 24–hour Child Abuse Hotline.

- If the parent(s) or person(s) authorized by the parent(s) appear to be physically and/or emotionally impaired and the child would be placed at risk of harm if released to such an individual; the child shall not be released to such impaired individual; the staff members attempt to contact the child’s other parent or an alternative person(s) authorized; if Little Pal’s Preschool is unable to make alternative arrangements a staff member shall call the Division of Youth and Families 24–hour Child Abuse Hotline.
Little PALs Sleep Requirements

1. Children are required to keep their shoes on during nap time for safety purposes.
2. Children under 12 months of age must be initially placed in a face up sleeping position.
3. It is NJ state mandated that the following is prohibited:
   * swaddling a child
   * use of pacifiers with straps or other types of attachment devices (at any time while in our care)
4. All cribs for children 12 months of age and younger must be free of pillows, soft bedding, bumper pads and blankets.
   * Although our rooms are typically warm during the cold months, Little PALs understands the potential parent concern that your child is comfortable during their rest time. Our suggestion is to provide a fleece onesie big enough to fit over your child’s clothing. See picture below. Please note: sleep sacks are prohibited.

![Recommended](image)

5. Children 12 months and older:
   * a crib sheet must be provided for naptime mats
   * blankets and/or small pillows are permitted, if desired
6. Bottles and pacifiers will be removed from an infant’s crib immediately after the child falls asleep.

**Pacifiers**

It is NJ State mandated that pacifiers must be removed from the child’s mouth when the child is crawling and walking.
Hygiene Requirements (handwashing, diapering, clothing)

Personal hygiene requirements

(a) Handwashing requirements are as follows:

1. The center shall ensure that children three months of age and older wash their hands with soap and running water:
   
   i. Before intake of food;
   
   ii. Immediately after using the toilet or having diapers changed;
   
   iii. Immediately after coming into contact with blood, fecal matter, urine, vomit, nasal secretions, or other body fluids or secretions;
   
   iv. Immediately after coming in contact with an animal's body secretions; and
   
   v. Immediately after outdoor play.

2. For children under three months of age or for those children three months of age and older wherein hand washing with soap and running water may not be developmentally appropriate, the center may use an alternate means for hand washing, including but not limited to disposable baby wipes.

3. When cloth towels are used by children, the towels shall be designated solely for the individual child's use.

4. Staff members shall wash their hands with soap and running water immediately:

   i. Before preparing or serving food;
   
   ii. After toileting;
   
   iii. After assisting a child in toileting;
   
   iv. After caring for a child who appears to be sick;
   
   v. After coming in contact with an animal's body secretions; and
   
   vi. After coming into contact with blood, fecal matter, urine, vomit, nasal secretions, or other body fluids or secretions.

(b) Staff members shall use disposable rubber gloves, which shall be discarded after each use, when coming into contact with blood or vomit.
(c) Centers that encourage children to brush their teeth while at the center shall individually store toothbrushes in a manner that prevents the toothbrushes from touching each other during storage.

(d) For early childhood programs, the following shall apply:

1. Diapering requirements for centers serving children who are not toilet trained are as follows:

   i. Staff members shall ensure that:

   (1) Each child's diaper is changed when wet or soiled;

   (2) Each child's bottom is washed and dried during each diaper change with an individual disposable wash cloth, paper towel, or disposable diaper wipes; and

   (3) The staff members' hands are washed after changing each diaper.

   ii. Diapering area and surface requirements are as follows:

   (1) Diapering shall not take place in an area or on a surface used for food preparation, service, or eating.

   (2) The diapering area shall be within 15 feet of a sink that is not used for food preparation.

   (3) The diapering surface shall be flat, smooth, clean, dry, non-absorbent, and in good repair.

   iii. Diapering supply requirements are as follows:

   (1) A supply of clean diapers shall always be available.

   (2) Diapering supplies, including diapers, shall be stored in an area out of the children's reach but easily accessible to staff members during a diaper change.

   (3) Equipment used for cleaning the diapering surface shall be restricted for use in this area only and shall be disposable or laundered in hot soapy water.

   (4) Staff members who use disposable gloves during a diaper change shall dispose of these gloves after each use and shall wash their hands.

   iv. Soiled diapers shall be disposed of as follows:

   (1) Soiled disposable diapers shall be placed in a closed container that is lined with a leak-proof or impervious lining. Such diapers shall be removed from the center daily and placed in a closed garbage receptacle outside the building.
(2) Soiled non-disposable diapers shall be placed in a sealed plastic container that has been labeled with the child's name. Such diapers shall be returned to the child's parent at the end of that day.

2. Clothing requirements are as follows:

   i. A child’s clothing shall be changed when wet or soiled.

   ii. The center shall ensure that a change of clothing is provided for each child.

   iii. Soiled clothes shall be:

       (1) Placed in a sealed plastic container that has been labeled with the child's name and returned to the child's parent at the end of that day for laundering; or

       (2) Laundered at the center in a washing machine.

   iv. For clothing soiled with fecal matter, the stool shall be emptied into the toilet.
Little PALs Food Policy

As many of you are aware, food allergies are more common than in years past. It may not even be a thought in your mind if you do not have a food allergy yourself or have a child with a food allergy. It is something, however, that can be life threatening to those that suffer from food allergies. As always, our number one priority at Little PALs is keeping your child safe. The following are guidelines we ask that you read and understand to help keep ALL children safe.

1. **All of the children that attend Little PALs should not be sent in with any food that has not been tried at home first.**
2. We love to help celebrate birthday parties with every child. If you are planning on sending a food item in with your child to celebrate, please give your child’s teacher a few days’ notice. In doing so, we can notify parents who have children with an allergy to make alternate arrangements so they feel included. We would like all children to be able to participate in celebrating.
3. If your child has special medication due to the severity of an allergy, please make sure all necessary medical forms are completed by a doctor before your child’s start date. All forms and medication must be handed in to the teacher before your child’s start date.

Other food safety requirements NJ State mandated/Little PALs requirements

1. No milk, formula, breast milk shall be warmed in a microwave oven.
2. Formula/Breast milk that is served but not completely consumed or refrigerated, must be discarded
3. All eating/drinking activity must be done while sitting in an appropriate high chair/chair.
4. Infants shall not carry sippy cups or regular cups while crawling or walking.
5. Food left uneaten in child’s dish shall be discarded.
6. All lunch boxes/sippy cups/bottles MUST be labeled with the child’s name.
Little PALS Policy on Technology

Use of Email/Text Messages

Little PALS has an open line of communication between staff and parents. Occasionally, you may receive an email/text from a staff member to share something with you about your child’s day. If you’d rather not receive these emails/text, please send your request to the following email:

info@howellpal.org

Social Media

Occasionally, your child’s picture/video may be taken to post on school bulletin boards, in newsletters, on our Little PALS Facebook page, etc. On your registration form, you have permitted/prohibited us from photographing your child. If, at any time, your desire changes in allowing your child to be photographed and placed on social media, please send your request to the following email:

info@howellpal.org
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 this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). In keeping with this requirement, the center must secure every parent’s signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of 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 Office of Licensing’s Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Office’s Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them or you can view them online at https://data.nj.gov/childcare_explorer.

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 Office for the children’s use. Please talk to us if you have any questions about the center’s space.

Our center must offer parents of enrolled children ample opportunity to 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 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 1 (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/.
Individual Infant Schedule

Baby’s Name____________________  Date__________

Parents/Guardians, please complete this form to help us adjust to your child’s schedule. We understand every baby is on their own schedule however we would like to try and form consistency among all babies in our classroom. Please return ASAP to your child’s teacher. Thanks!

**Feeding (please include the ounces for bottles and what foods your baby is eating)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Bottle, Milk, Food, Etc.</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Please note allergies here as well:</td>
</tr>
</tbody>
</table>

**Napping**

<table>
<thead>
<tr>
<th>Time</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Diapering**

<table>
<thead>
<tr>
<th>Please note any additional information necessary to properly care for your child. For example (when to use creams if any)</th>
<th>Comments</th>
</tr>
</thead>
</table>

If at any point your child’s schedule changes, please notify us to update this form.

Signature ______________________________

### UNIVERSAL CHILD HEALTH RECORD

**SECTION I - TO BE COMPLETED BY PARENT(S)**

<table>
<thead>
<tr>
<th>Child’s Name (Last)</th>
<th>(First)</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>/ /</td>
</tr>
</tbody>
</table>

**Does Child Have Health Insurance?**
- [ ] Yes
- [ ] 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?
- [ ] Yes
- [ ] 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:
  - [ ] None
  - [ ] Special Care Plan Attached
  - [ ] Comments

**Medications/Treatments**
- List medications/treatments:
  - [ ] None
  - [ ] Special Care Plan Attached
  - [ ] Comments

**Limitations to Physical Activity**
- List limitations/special considerations:
  - [ ] None
  - [ ] Special Care Plan Attached
  - [ ] Comments

**Special Equipment Needs**
- List items necessary for daily activities:
  - [ ] None
  - [ ] Special Care Plan Attached
  - [ ] Comments

**Allergies/Sensitivities**
- List allergies:
  - [ ] None
  - [ ] Special Care Plan Attached
  - [ ] Comments

**Special Diet/Vitamin & Mineral Supplements**
- List dietary specifications:
  - [ ] None
  - [ ] Special Care Plan Attached
  - [ ] Comments

**Behavioral Issues/Mental Health Diagnosis**
- List behavioral/mental health issues/concerns:
  - [ ] None
  - [ ] Special Care Plan Attached
  - [ ] Comments

**Emergency Plans**
- List emergency plan that might be needed and the signs/symptoms to watch for:
  - [ ] None
  - [ ] Special Care Plan Attached
  - [ ] Comments

### PREVENTIVE HEALTH SCREENINGS

<table>
<thead>
<tr>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Record Value</th>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Note If Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hgb/Hct</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead</td>
<td>[ ] Capillary</td>
<td></td>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Venous</td>
<td></td>
<td>Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB (mm of Induration)</td>
<td></td>
<td></td>
<td>Developmental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>Scoliosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] 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**

---

**CH-14 SEP 08**

Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider
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.).
   a. 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.
   b. 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.
   c. Head Circumference - Only enter if the child is less than 2 years.
   d. 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-8) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-888-7512.
   a. The Immunization record must be attached for the form to be valid.
   b. "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. Medical Conditions - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.
   a. Note any significant medical conditions or major surgical history. If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow. A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
   b. Medications - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

   PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

   Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

   c. Limitations to physical activity - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

   d. Special Equipment - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

   e. Allergies/Sensitivities - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-867-9340.

   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.
   a. For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   b. For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   c. 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).
   a. Print the health care provider's name.
   b. Stamp with health care site's name, address and phone number.
<table>
<thead>
<tr>
<th>Vaccine (VAR)</th>
<th>(P&amp;V)</th>
<th>(R)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose 1</td>
<td>Dose 2</td>
<td>Dose 3</td>
</tr>
<tr>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
</tr>
<tr>
<td>Before birth</td>
<td>After birth</td>
<td>At least 8 weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunization Schedule</th>
<th>Vaccine Prepreventable Disease Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have received the following:</td>
<td>NJ Department of Health</td>
</tr>
<tr>
<td>1st dose</td>
<td>2 months</td>
</tr>
<tr>
<td>2nd dose</td>
<td>6 months</td>
</tr>
<tr>
<td>3rd dose</td>
<td>12 months</td>
</tr>
</tbody>
</table>

**New Jersey Minimum Immunization Requirements for Child Care/Preschool Attendance**

<table>
<thead>
<tr>
<th>Requirements for Child Care/Preschool Immunization</th>
<th>NJ Department of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine</td>
<td>Health</td>
</tr>
<tr>
<td>Prepreventable Disease Program</td>
<td></td>
</tr>
</tbody>
</table>

*Signature Page*
Dear Parent, Guardian,

This handbook contains important information regarding Little PALs’ policies and procedures, parent/guardian rights and obligations, and ensuring the safety and security to your child while in our care.
Please accept and carefully read all information in this handbook. If you have any questions or concerns, you may contact the preschool coordinators or main office at your convenience.

I, ____________________________, have received, read and understand the handbook and documentation requirements of Little PALs Preschool including the following:

Medication Administration & Health Care Procedures/Little PALs Medication Policy

Immunization and Health Policy

Illness/Communicable Disease Policy

Discipline Policy

Expulsion Policy

Child Abuse and Neglect Policy/Injury to a Child

Supervision & Protection of Children

Release Policy

Sleep Requirements

Hygiene Requirements

Food Policy/Other Food Safety Requirements

Technology Policy

Information to Parents

Universal Health Record/ Immunization Information

**Child’s Name** ____________________________ Date __________________________

**Parent Signature** ____________________________