



NEW JERSEY DEPARTMENT OF
CHILDREN AND FAMILIES

OFFICE OF LICENSING

UNDERSTANDING LICENSING REGULATIONS

Navigating the Manual of Requirements for Child Care Centers

FORMS PACKET

The forms reviewed in Understanding Licensing Regulations are included in this packet. These forms and more can be found at:

<https://www.nj.gov/dcf/providers/licensing/>.

Center's *Administrative Records Checklist* to Assist in Preparing for Inspection by the Office of Licensing (OOL) for Compliance with the Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)
Center staff must cooperate with DCF inspections and investigations and allow prompt access to center records as required.

Records To Be Prominently Posted:	Location:
Center License <i>(in each building)</i>	
Fire Certificate <i>(per NJUFC)</i>	
Health Certificate <i>(current per N.J.A.C. 8:24, for centers that prepare meals or have a swimming pool)</i>	
Radon Testing <i>(completed every 5 years, posted in each building)</i>	
Discipline Policy	
Diagram <i>(depicting OOL approved areas, room identifications, how the center is to be evacuated during an emergency from each classroom and the outdoor play area)</i>	
Life/Hazard Use Registration <i>(applicable to licensed capacity/ages served)</i>	
Individualized Written Diets and Feeding Schedules <i>(if submitted by the child's parent or health care provider, are posted in a location that is accessible to staff members caring for the children, and are followed)</i>	
General Records:	Location:
Manual Of Requirements For Child Care Centers (N.J.A.C. 3A:52)	
Current Comprehensive General Liability Insurance	
Table of Organization <i>(current, including lines of authority, responsibility, and job description)</i>	
Staff Substitute System	
DCF Renewal Attestation Form <i>(completed at each renewal, including required documents)</i>	
Certificate of Occupancy/Certificate of Continued Occupancy	
Letter of Prior Use	
Water Supply Certification [indicating public community water system (i.e. water bill) or NJDEP, Bureau of Safe Drinking Water Certification of Acceptable Drinking Water Quality (i.e. private well or non-public water system)]	
DCF Drinking Water Checklist and Statement of Assurance (for centers with a public community water system)	
NJ Department of Health Safe Building Interior Certification <i>(If applicable, or other approval issued by DOH, contact DOH prior to taking action to confirm what is needed for your center. Call DOH at (609) 826-4923 or email using the link at www.state.nj.us/health/ceohs/environmental-occupational/child-care-edu)</i>	
Lead Paint Inspection Report and Certificate <i>(for buildings built prior to 1978)</i>	
Current Lead Paint Risk Assessment <i>(required for renewal if "Lead Safe" or "Lead Hazard Free")</i>	
Documentation of Asbestos Inspection and Follow-Up Action, If Needed <i>(if applicable)</i>	
A No Further Action Letter (NFA) or Child Care/Educational Facility Approval Letter from Department of Environmental Protection (DEP), or Response Action Outcome Letter (RAO) from a Licensed Site Remediation Professional (LSRP) indicating that no further action is needed for the site.	
Playground Equipment ASTM F-1487 Documentation of Compliance	
Record of Parent Involvement <i>(may include a governing board, advisory committee, an annual meeting, or an annual open house)</i>	
Record of Parent/Staff Conferences <i>(held semi-annually and upon request)</i>	
Emergency Plan <i>(includes evacuation, disaster, and lockdown procedures, alternate location)</i>	
Field Trip Permission Slips <i>(including the type vehicle(s) used, driver(s) name, and the name and phone number of the transportation company being used, if applicable)</i>	
Record of Extermination Services <i>(if applicable)</i>	
Pet Documentation Including Acceptable Vaccinations <i>(if applicable)</i>	
Notification to Parents of Pets at the Center <i>(if applicable)</i>	
Toilet Training Policy <i>(if applicable)</i>	
Center Policies, Procedures, and Information <i>(including center schedule, a direct on-site center phone number)</i>	
Primary Caregiver List <i>(for groups of 4 infants and/or 6 toddlers, if applicable)</i>	

Policy on the Use of Technology and Social Media <i>(including the use and type of social networking and other web sites; use of e-mail, text messages, and other electronic means of communication with staff and parents; methods and devices used to communicate with parents; and guidelines for appropriate conduct by staff members and parents)</i>	
Policy on the Release of Children <i>(indicating procedures to follow if a parent is late picking up a child, or appears to be impaired state)</i>	
Policy on Methods Parental Notification Form <i>(if methods, other than a phone call, of notifying parents when a child bumps his or her head, bites that break the skin, or falls from a greater than their own, or injuries requiring professional medical attention)</i>	
Expulsion Policy <i>(indicating circumstances, methods to notify parents, sufficient time limits, and reasons for immediate expulsion)</i>	
TV/Computer/Video Policy	
Outline of Daily Activities	
Record of Consulting Head Teacher Visits <i>[staff development needs, dates (at least 2 per month) and times of program observations, evaluations of staff, and ensuring implementation and appropriateness of the program, if applicable]</i>	
Communicable Disease Management Policy	
Medication Policy <i>[administering prescription and non-prescription medication, securing parental authorization for giving medication or health care procedures, treatment of unused medication (disposed of/returned to parent), storage of medication (secured and in the original prescription container), medication records required, authorized staff to administer medication or supervise the self-administration of medication for older children whose parents authorize it)</i>	
Accident/Injury Reports <i>(including name of child; date; time; location; description of accident/injury; witnesses; type of first aid used; treatment/consultation by doctor; type and time of notification to parent)</i>	
Illness Logs <i>(child's name; date; symptoms of illness observed; center's actions, date child returned to the center)</i>	
Log of Monthly Fire and Bi-annual Lockdown Drills	
Staff Records:	Location:
Staff Daily Time Sheets <i>(Arrival and Departure Time of ALL staff)</i>	
Staff Records Checklist <i>(OOL Form)</i>	
Staff Employment Application <i>(Name, Address, Phone Number, Emergency Contacts)</i>	
Criminal Disclosure Statement	
Staff References <i>(at least 2, written or verbal)</i>	
Staff Credentials <i>(Education/Training and Work Experience)</i>	
Record of Receipt of: <ul style="list-style-type: none"> • OOL Information to Parents (2017) • Policy on the Release of Children • Policy on the Use of Technology and Social Media • Policy on Method of Parental Notification Form <i>(if applicable)</i> 	
Record of Mantoux (TB) Results	
Record of Medical Exam <i>(based on a physical exam completed within 6 months start date)</i>	
Documentation Orientation <i>(within 2 weeks of hire and annually, MUST include topics listed below)</i> <ol style="list-style-type: none"> 1. Supervision and tracking all children; 2. Understanding center operations, policies, and procedures; 3. Implementing group size limits and primary caregiver responsibilities (as applicable); 4. Recognizing and reporting child abuse or neglect; 5. Evacuating the center and using the fire alarms; 6. Implementing the center's release policy; 7. Implementing the center's discipline policy; 8. Implementing health practices, including medication administration and responding to symptoms of illness; 9. Implementing safe sleep practices to prevent Sudden Infant Death Syndrome (if applicable); 10. Preventing Shaken Baby Syndrome and Abusive Head Trauma (if applicable); 11. Recognizing and responding to injuries and emergencies, including the allergic prevention of and response to emergencies due to food-related allergies and other reactions; 12. Including children with special needs in the center's program. 	
Documentation of Staff Development <i>(12 hours for regular staff, 20 hours for credentialed staff/ designee(s))</i>	
OOL Understanding Licensing Regulations Certificate <i>(required for new directors and designees within 90 days the start of their position)</i>	

Documentation of Infant/Toddler Staff Development (<i>specific to staff working with children under 2 ½ years; initiated within 90 days of hire and completed within one year</i>)	
CPR/First Aid Certification (<i>2 staff on site when enrolled children are present</i>)	
Documentation of Designated Staff Trained to Administer Medication (<i>at least two staff and shall include training in use of blood of glucose monitors, nebulizers, epi-pens if needed</i>)	
Child Abuse Record Information (CARI) Checks (<i>completed within 2 weeks of hire and at renewal, for staff age 14 years and above</i>)	
Criminal History Record Information (CHRI) Checks (<i>completed within 2 weeks of hire, for staff age 18 years and above, results retrieved online effective 8/1/16</i>)	
Children's Records:	Location:
Children's Daily Time Sheets (<i>Arrival and Departure Times</i>)	
Children's Records Checklist (<i>OOL Form</i>)	
Enrollment Application (<i>including Name, Address, Birthdate, Phone Number, Emergency Contacts</i>)	
Custody Document (<i>if applicable</i>)	
Universal Health Record (<i>for EC children not enrolled in public or private school, completed prior to admission unless eligible for a 30 day grace period, updated annually per the date of the child's physical</i>)	
Immunization Records (<i>for EC children not enrolled in public or private school</i>)	
Authorization for Emergency Medical Treatment	
Care Plan for Children with Special Health Needs (<i>if applicable</i>)	
Medical Declaration Statement (<i>for SA children enrolled in public or private school</i>)	
Record of Receipt of <ul style="list-style-type: none"> • OOL Information to Parents Document • Policy on the Release of Children • Expulsion Policy • Policy on the Use of Technology and Social Media • Communicable Disease Management Policy • Policy on Methods of Parental Notification Form (<i>if applicable</i>) 	
Written Permission from Parents for Walks (<i>if applicable</i>)	
Written Instructions/Permission from Parents Allowing Their Child(ren) to Leave the Program Unsupervised (<i>if applicable</i>)	
Medication Administration Records (<i>child's name; parental authorization; name of medication; illness being treated; dosage, frequency and other instructions; time and by whom medication was administered; any adverse effects</i>)	
Infant Feeding Plan (<i>feeding schedule, specific formula, breastfeeding arrangements and accommodations, and/or expressed breast milk, nutritional needs, and introduction of new food for each child. For children less than 12 months of age, the feeding plan shall be: documented in writing; maintained on file; made available to each staff member responsible for feeding each child</i>)	
Record of Illnesses or Injuries Reported by the Next Working Day to the OOL as Required (<i>includes an injury or illness that occurs while under the center's supervision that results in: a child visiting the emergency room or being admitted to the hospital; a call to 911; on-site medical care or transported emergency care or urgent care; or the death of a child. Documentation provided within one week</i>)	
Record/Report of Unusual Incidents	
Transportation Records: (if applicable)	Location:
Vehicle Record (<i>for each vehicle, including copy of driver's CDL, copy of registration, copy of insurance, name of assigned additional adult on vehicle and their address, names of each child transported</i>)	
Written Parental Authorization for Transporting School-Age Child	
Center Policies and Procedures for Ensuring the Safe Transportation of Children	
Record of Staff Development on the Center Policies and Procedures for Ensuring the Safe Transportation of Children for Driver(S) And Additional Adult(S)	
Record of Semi-Annual Emergency Evacuation Drills for Type I and Type II School Buses	
Maintenance and Inspection Records for Each Vehicle	

Center's Checklist to Assist in Preparing for Inspection by the Office of Licensing (OOL) for Compliance with the Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)

The Department of Children and Families is authorized to inspect and examine the physical plant or facilities, including, but not limited to, storage areas and additional floor levels, and program of a child care center without delay or an escort, and inspect all documents, records, files, or other data maintained pursuant to the Child Care Center Licensing Act, N.J.S.A. 30:5B-1 et seq., during the center's normal operating hours and without prior notice.

SA EC Physical Facility: Indoors

	Am I complying with licensed capacity in my facility and written conditions on my license?
	Am I complying with the licensed capacity of my room(s)?
	Do I only use space that the OOL has approved? Is unapproved space inaccessible to children?
	Are all approved spaces labeled (i.e. signs with room numbers or letters)?
	Am I complying with co-location requirements in multi-use buildings?
	Do we have a telephone on site?
	Is the structure of my building in secure and in good condition?
	Do windows and/or doors used for ventilation have screens in good repair?
	Is lighting and heating adequate throughout the center (i.e. 68 degrees minimum of heat)?
	Are walls, doors, and trim paint throughout the center in good condition (clean, not chipping)?
	Are my vents operable, clear, and clean?
	Are radiators, fans, steam and hot water pipes, and lally columns properly covered?
	Are the electrical outlets covered/tamper resistant for early childhood rooms/areas?
	Are window blinds clean and in good condition, with cords out of children's reach?
	Are my floor tiles, rugs, and carpets clean, secure, and in good condition?
	Are my ceiling tiles clean, secure, and in good condition?
	Have I removed all electric space heaters from the center?
	Is all shelving clean, secured, and not overloaded?
	Are appliances (televisions, computers, etc.) secured to a stable surface?
	Do I keep interior doors of rooms used by children unlocked?
	Do I have maintain a separation of groups of more than 12 children 0 to 18 months old; 20 children 18 months to 5 years old; 30 children 6 to 13 years old?
	Are all of my surfaces, furniture, supplies, and equipment clean and in good repair?
	Are toxic products like cleaners, air fresheners, hand sanitizers, etc. stored in locked cabinets and/or inaccessible to children?
	Do I have a designated area equipped with rest equipment where an ill child can be separated from other children? Is the equipment washed and disinfected after each use?
	Are garbage receptacles durable, leak-proofs, covered, and clean?
	Is my indoor equipment sturdy, safe, free of hazards, and used in accordance with manufacturer's instructions?
	Have I reviewed the website, www.cpsc.gov/recalls to ensure that items listed are not at the center?
	Do I need to remove excess storage and/or combustibles from the furnace room?
	Are my lighting covers secured and in good condition?
	Are pesticides applied after operating hours, and are toys removed first?
	Do I have a commercial disinfectant? Do I and my staff know how long it must sit wet to disinfect?
	Are toilets, toilet seats, sinks, sink faucets, and drinking fountains washed and disinfected daily?

		Are water table and water play equipment; and play tables washed and disinfected daily?
		Are smooth surfaced non-porous floors in areas used by children washed and disinfected daily?
SA	EC	<i>Physical Facility: Outdoors</i>
		Are outdoor play areas, route to the outdoor play area, walks, etc. safe, well lit, and free from hazards?
		Is my fence secured, in good condition (no protruding wires or splintering wood) and gate easily operable?
		Are there any tripping hazards, like exposed concrete footings, tree stumps, or rocks that need to be removed?
		Have I removed or remediated the cause of any stagnant water on the play area or equipment?
		Is my equipment sturdy, safe, in good condition, free of hazards, and used in accordance with manufacturer's instructions?
		Does my playground equipment meet public playground design standards (ASTM F-1487)? Do I have documentation on file?
		Does community playground equipment used comply with applicable Playground Safety Subcode?
		Do I need to replenish resilient surfacing (ASTM F-1292) under play equipment and use zones?
		Does any equipment need repairs like open "S" hooks, cracks, rusting, protruding or rusted bolt ends?
		Have I removed any debris or overgrown vegetation?
		Is sand in the outdoor play area asbestos-free and maintained in a sanitary manner?
		Are children taken outdoors daily?
		Do I have helmets for children riding bicycles?
		Is my equipment age and developmentally appropriate?
		Have I prohibited the use of wading pools?
		Do I limit the number of children using the outdoor play area to the maximum capacity?
SA	EC	<i>Emergency Preparedness</i>
		Do I have a first aid kit and first aid manual?
		Are there 2 staff members trained in First Aid and CPR in the center at all times?
		Do I have disposable gloves for staff to use when handling blood or vomit?
		Do I have a readily accessible, written emergency plan that includes plans for lockdowns, evacuations, and disasters?
		Have I shared our center's emergency plan with our county office of emergency management and or local enforcement agencies?
		Does my evacuation plan include an alternate location that operates during the same hours as my center? Do I have a written plan for transportation if we are unable to walk to the location?
		Do I have a log of our monthly fire drills, during each session provided, with all children evacuated in less than 3 minutes?
		Do I have a log of at least 2 lockdown drills per year?
		Do I have a diagram posted depicting: approved areas; room identifications; how the center is to be evacuated during emergencies from each classroom and the outdoor play area?
		Have I checked all of my fire safety equipment (exit signs, emergency lights, and extinguishers) is maintained/operable?
		Do I have locking devices used during lockdown procedures that do not pose a risk of harm to children and that staff are trained to use?
		Are all of my emergency exits easily operable and egress areas unobstructed?
		Are cribs and playpens arranged to provide access to an unobstructed 3-foot wide aisle that exits out?
SA	EC	<i>Staffing and Programming</i>
		Is my staff providing direct supervision of children at all times?
		Does my staff always know the number and ages of children when I ask, wherever they are?

	Do I utilize a minimum of 2 staff on trips even when ratio requirements are less?
	Do I have at least 2 staff in the facility and on walks even when ratios require 1 staff?
	Are the staff/child ratios correct for single and/or mixed age groups?
	Do I provide 2 staff in the facility when 6 or more children are present, even when ratios allow for 1 staff?
	Do I provide 2 staff on any field trip, outing, or special event away from the center regardless of transportation even when ratios allow for 1 staff?
	When using a minimum of 1 staff, is another staff member immediately accessible?
	Is staff below 18 years old are directly supervised by a staff member who is 18 years of age or older?
	Are staff that do not have a completed orientation, CARI check, and CHRI check supervised by another staff?
	Am I, the director, scheduled to work 50 % of the center's daily operating hours?
	Have I appointed a designee to carry out my responsibilities who does not have full time classroom responsibilities in my absence?
	Are my head teacher and/or group teacher scheduled to work at a least 75% of the center's daily operating hours, or at least 6 hours a day, whichever is less and have scheduled time in classrooms?
	Are staff implementing the center's discipline policy appropriately?
	Are my staff properly implementing the washing and disinfecting process?
	Are staff interacting with the children?
	Are the children presented with a variety of activities?
	Are the activities/time frames of activities age and developmentally appropriate for the children?
	Do the children have free choice of materials? Are materials accessible to children at all times?
	Is there a mixture of staff directed and child selected activities? Active and quiet experiences?
	Do I have a written outline of daily activities that staff follow?
	Do I ensure that children are not inactive for more than 30 minutes?
	Do I make daily unannounced visits to every group of children?
	Can parents visit at any time without prior approval?
	Do I have enough supplies, furniture and equipment for the required activities?
	Does our daily schedule include indoor and outdoor energetic physical activity that promotes coordination and movement skills as required?
	Is my staff properly implementing the center TV/Video/Computer Policy?
	Do I have at least 5 distinct areas of activities with at least 5 activities in each area in rooms for children ages 18 months to age 6? 4 distinct areas of activities with at least 4 activities in each area in rooms for children 0-18 months?
	Does infant room staff provide periodic activity or learning opportunities to stimulate the five senses of non-ambulatory children?
	Are infants provided with age-appropriate, supervised tummy time at least twice per day?
	Is use of infant equipment including, but not limited to swings, exersaucers, and bouncers to limited to no more than 30 minutes at a time?
	Are children under the age of 2 prohibited from use of TV/computer/video?
	Are infants/toddlers removed from their cribs when they are awake?
	Are toys mouthed by infants and toddlers washed and disinfected after each use?
	Do I have primary caregivers assigned for groups of 4 infants and 6 toddlers?
	Do the school age children participate in making rules or are they made aware of the discipline rules?
	Are the school age children given opportunities for involvement in activity planning?

		Is my program supervisor scheduled to work at a least 75% of the center's daily operating hours, or at least 6 hours a day, whichever is less?
		Do I provide 2 staff with more than 12 school-age children on walks?
		Are children taken outdoors daily?
		Is my staff carefully supervising children on the playground to make sure they're safe?
		Does my staff know how many children they have with them outside?
		Do children wear helmets when riding bicycles?
		Are children playing with equipment that is age-appropriate?
		Do children wash their hands with soap and water immediately after outdoor play?
SA	EC	<i>Feeding and Nutrition</i>
		Is a written plan for feeding schedules for children less than 12 months made available to the staff? Are there accommodations for breast feeding mothers?
		Do I ensure that bottles are not propped while infants are fed?
		Have I made sure that pacifiers do not have straps or any other attachments?
		Are tables washed and disinfected directly before each meal?
		Is uneaten food in a child's dish discarded: and unused food is stored appropriately and discarded after 24 hours if not consumed?
		Do I serve nutritious meals and/or snacks and beverages that comply with the manual and CACFP standards?
		Do I have age-appropriate seating for children who no longer need to be held for feeding?
		Is each child's bottle labeled with their name and the date and not propped when feeding?
		Are sippy cups labeled with the child's name?
		Do I make sure milk, formula, and/or breast milk is not warmed in a microwave oven?
		Is formula or breast milk that is served but not completely consumed discarded immediately or refrigerated and consumed within 24 hours?
		Are bottles, cups, and pacifiers removed when children are crawling or walking?
		Do I have/have access to a working refrigerator for perishable foods or medication?
		Do I maintain barrier to the kitchen area to prevent accidental access by children?
		Are microwaves/toaster ovens: out of children's reach; secured; not used when children in area?
		Do I ensure that staff are not withholding food as a means of discipline or discipline a child for failing to eat?
SA	EC	<i>Toileting and Diapering</i>
		Are platforms available for children who can't reach an adult toilet or a sink?
		Do I have a supply of soap/toilet tissue/individual or disposable towels?
		Do the children wash their hand with soap and water immediately after toileting?
		Does staff wash their hands after assisting in toileting?
		Are toilet training seats and potty chairs washed and disinfected after each use?
		Are toilets, sinks, plumbing fixtures, stalls, secured, clean, free of rust, and operable?
		Does my hot tap water does not exceed 110 degrees Fahrenheit (EC) or 120 degrees Fahrenheit (SA)?
		Is the staff/adult toilet facility identified? Is a lock provided for privacy?
		Are potty chairs located in areas separate from food?
		Are children afforded age and developmentally appropriate privacy when toileting?

		Do I ensure that children are not disciplined for soiling him or herself?
		Are children unable to lock themselves in bathrooms?
		Are diapers changed frequently?
		Is the diapering area not used for food preparation and within 15 feet of a sink not used for food preparation?
		Is the diapering surface flat, non-absorbent, in good repair, etc.?
		Do the children was their hands with soap and water after diaper changes?
		Is the changing area washed and disinfected after each use?
		Are soiled diapers placed in closed, lined containers, and removed daily?
		Does the staff wash their hands with soap and water after each diaper change?
		Are cleaners, creams, or other toxic substances and/or medications inaccessible to children?
		Are platforms available to assist staff in infant/toddler handwashing, if needed?
		Are fabric washcloths used for cleaning children washed and disinfected after each use?
SA	EC	<i>Rest and Sleep</i>
		Are naptime preparations completed before reducing to naptime ratios?
		Are all children under 12 months: asleep before reducing to naptime ratios; initially placed on their back to sleep, prohibited from using a blanket?
		When children rest, is there enough lighting to oversee the children properly?
		Do I meet staff/child ratios during nap time? Is additional staff readily accessible to go back to awake ratios?
		Do I utilize a staff member in each sleeping area and ensure children are directly supervised?
		Does sleeping equipment (cribs, cots, mats, etc.) meet CPSC standards?
		Are sheets and blankets: provided to each child over 12 months; labeled; stored separately; and washed and disinfected weekly?
		Do I have and provide extra sheets and/or blankets for children who have soiled them or forgotten them at home?
		Are children who don't sleep after 30 minutes of rest provided an alternate activity?
		Do I make sure that only one child uses a crib (or other sleeping equipment) at a time?
		Are the cribs/cots/mats spaced to leave a 3 foot unobstructed aisle?
		Do I keep pillows, soft bedding, bumpers, loosely fitted sheets, and other hazards out of cribs and playpens?
		Do I keep bedding from covering a child's face?
		Do I make sure that children are not swaddled?
		Are mats that are not stored separately washed and disinfected after each use?
		Do I provide daily rest/sleep for each child over the age of 18 months and under the age of 4 years who attends the center for 4 or more consecutive hours?
		Are cribs, cots, and mats labeled, in good condition, and washed and disinfected weekly?
		Do I provide infants/toddlers with opportunities to leave their sleeping equipment to crawl, walk, and play?
		Do I provide daily rest/sleep as needed for each child less than 18 months?
		Are bottles and cups removed when children have fallen asleep?
		Do I ensure that children are not disciplined for failing to sleep?

INFORMATION TO PARENTS

Under provisions of the **Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)**, every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

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

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at <http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

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

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

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

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint

investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at <https://childcareexplorer.njccis.com/portal/>.

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

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

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

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <https://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the *State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873*. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.state.nj.us/dcf/.

Staff/Child Ratios & Grouping of Children

Staff/Child Ratios	
Ages	Staff/Child Ratio
Under 18 months	1:4
18 months up to 2 ½ years	1:6
2 ½ years up to 4 years	1:10
4 years	1:12
5 years and older	1:15

Grouping of Children	
Ages	Maximum Group Size*
0 to 18 months	12
18 months to 4 years	20
5 years and older	30

*Except during meals, naptime, outdoor activities, specially scheduled events (for example, parties, community speakers, films, etc.), and daily information sharing sessions (for example, "circle time")

Staff/Child Ratios During Rest or Sleep		
Ages	Staff/Child Ratio	Required Criteria
Under 18 months	1:10	1. All children under 18 months shall be sleeping while all children over 18 months shall be resting or sleeping. 2. At least one staff member shall be physically present in the room or area in which children are napping and shall be able to summon other staff members without leaving the room or area 3. A sufficient number of staff members shall be in the facility and readily accessible to ensure compliance with staff/child ratios 4. Naptime preparations shall have been completed.
18 months up to 2 ½ years	1:12	
2 ½ years up to 4 years	1:20	

Mixed Ages Staff/Child Ratio Calculator

Ages:	0-18	18-2.5	2.5-3	4	5-13
Ratio:	1:4	1:6	1:10	1:12	1:15
1	0.25	0.17	0.10	0.08	0.07
2	0.50	0.33	0.20	0.17	0.13
3	0.75	0.50	0.30	0.25	0.20
4	1	0.67	0.40	0.33	0.27
5	1.25	0.83	0.50	0.42	0.33
6	1.50	1	0.60	0.50	0.40
7	1.75	1.17	0.70	0.58	0.47
8	2	1.33	0.80	0.67	0.53
9	2.25	1.50	0.90	0.75	0.60
10	2.50	1.67	1	0.83	0.67
11	2.75	1.83	1.10	0.92	0.73
12	3	2	1.20	1	0.80
13	3.25	2.17	1.30	1.08	0.87
14	3.50	2.33	1.40	1.17	0.93
15	3.75	2.50	1.50	1.25	1
16	4	2.67	1.60	1.33	1.06
17	4.25	2.83	1.70	1.42	1.13
18	4.5	3	1.80	1.50	1.20
19	4.75	3.16	1.90	1.67	1.33
20	5	3.33	2	1.75	1.40

Instructions:

- Select the number of children from the left column and the children's age from the top column.
- Follow the grid to where the two columns meet.
- The resulting value is the number of staff **required** for the given age and number of children within that group. Always round up to the next number, for example 3.2 would require 4 staff members.
- To calculate the staffing needs for a group of children larger than the chart you can add values together. Example: To determine the staff requirements for a group of 30 children age 4, add the values for a group of 10 (.8) plus one of 20 (.8 + 1.7) or 3 staff members (2.5 rounded up).
- For mixed age groups add the values together.
Example: A class of 15 children, made up of 8 children age 4 and 7 children ages 5 and 6. The ratio value for the 4-year-olds is .7 plus .5 for the 5 and 6-year-olds.

.7 + .5 = 1.2, or two staff members

TYPES OF CREDENTIALLED STAFF MEMBERS REQUIRED IN EARLY CHILDHOOD AND SCHOOL-AGE CHILD CARE PROGRAMS

TYPES OF STAFF MEMBERS REQUIRED IN EARLY CHILDHOOD PROGRAMS					
Licensed Capacity:	Head Teacher		Group Teacher		Consulting Head Teacher
6-15	1	or	1	or	1
16-30	1	or	(1	and	1)
31-60	1				
61-120	1	and	1		
121-180	1	and	2		
181-240	2	and	2		
241-300	2	and	3		
301-360	3	and	3		
361-420	3	and	4		
421-480	4	and	4		
481-540	4	and	5		

Staff that meets the head teacher qualifications may be utilized for a required group teacher.

TYPES OF STAFF MEMBERS REQUIRED IN SCHOOL AGE CHILD CARE PROGRAMS	
Licensed Capacity:	Program Supervisor
6-180	1
181-360	2
361-540	3

Programs operating at a capacity beyond 540 children shall have an additional program supervisor for each additional group of 100 children.

If any of the credentialed staff is **away from the center for 6 or more weeks**, the sponsor, sponsor representative, or director shall hire or designate a staff member(s) who possesses the applicable staff qualifications for the position.

STAFF ORIENTATION AND DEVELOPMENT RECORD

STAFF NAME:	POSITION:	YEAR/SCHOOL YEAR:	
<p>New Hire/Annual Orientation - <u>Required</u> Topics: Newly hired staff shall receive orientation training within 2 weeks of hire and before being left alone with children. <i>(up to 6 hours may be counted towards annual required training hours)</i></p>			
TOPIC	PROVIDED BY/DATE	TOPIC	PROVIDED BY/DATE
Supervising & Tracking Children		Implementing Center's Discipline Policy	
Center Operations, Policies, and Procedures		Health Practices Including Medication Administration, Responding to Symptoms of Illness	
Group Size Limits & Primary Caregiver Responsibilities		Safe Sleep Practices to Prevent SIDS <i>(if applicable)</i>	
Recognizing and Reporting Child Abuse or Neglect		Preventing Shaken Baby Syndrome and Abusive Head Trauma <i>(if applicable)</i>	
Evacuating the Center/Using Fire Alarms/Emergency Procedures & Lockdown		Recognizing and Responding to Injuries & Emergencies (Including the Prevention of and Response to Food-Related Allergies and Other Allergic Reactions)	
Implementing the Center's Release Policy		Including Children with Special Needs into the Center's Program	
Date Orientation Completed:		Staff Signature:	
# of Hours for Orientation:			
<p><i>Credentialed staff and designee(s) MUST complete a minimum of 20 hours of staff development per year. All other staff must complete a minimum of 12 hours of staff development per year. Hours can be logged below.</i></p> <p><u>RECOMMENDED TOPICS INCLUDE:</u> CHILD GROWTH & DEVELOPMENT, EDUCATIONAL & PHYSICAL ACTIVITY, SPECIAL NEEDS PROGRAMMING, SOCIAL-EMOTIONAL AND BEHAVIORAL DEVELOPMENT FOR YOUNG CHILDREN, ADA GUIDELINES, AND LEADERSHIP & ADVOCACY.</p> <p><i>INFANT/TODDLER TRAINING IS REQUIRED FOR ALL STAFF THAT WORK WITH CHILDREN UNDER 2.5 YEARS OF AGE.</i></p>			
NAME/DESCRIPTION	# OF HOURS	TRAINING DATE	TRAINING SOURCE/PRESENTER NAME <small>(Center; Conference; Outsource; etc.)</small>

UNUSUAL INCIDENT REPORT

Name of Child:	Date of Incident:	Time of Incident:
Name of Staff Writing Report:	Name of Staff That Notified the Parent:	
Name of Parent:	Date Parent Notified:	

Other Individuals Involved: (i.e. Other Staff/Adults, Witnesses, Children (Described as Child #1, Child #2, etc.))			
Name:	Relationship to Child:	Age:	Other Important Information:

Please Indicate, in as Much Detail as Possible, the Incident That Occurred: (Who, What, When, Where, Why, How)

The sponsor, sponsor representative, director, or any staff member shall verbally notify the *State Central Registry Hotline (1-877 NJ ABUSE/1-877-652-2873)* immediately whenever there is reasonable cause to believe that a child has been subjected to abuse or neglect by a staff member, or any other adult. Additionally, the parent(s) shall be notified on the same day of the occurrence of any unusual incident(s) that occurred at the center. Such incidents may include, but are not limited to, unusual sexual activity; violent or destructive behavior; withdrawal or passivity; or significant change(s) in the child's personality, behavior or habits. The center shall maintain on file a record of such incidents and documentation that parents have been informed of them.

Does the nature of this incident indicate abuse or neglect?

NO
 YES, the incident was immediately reported to the Child Abuse Hotline at 1-877-NJABUSE (1-877-652-2873)

Name/ID of NJ Abuse Hotline Screener:	Date of Call:	Comments:

Follow-Up Comments and/or Actions (if Needed):



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF LEGAL AFFAIRS
P.O. BOX 717
TRENTON, NEW JERSEY 08625-0717
1 (855)744-4913

CHRISTINE NORBUT BEYER, MSW
Commissioner

PHILIP MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

December 7, 2018

Dear Agency Administrator,

New Jersey law requires individuals in certain employment categories and volunteer capacities to undergo Child Abuse Record Information (CARI) background checks with the state Department of Children and Families (DCF). Beginning **February 1, 2019, DCF will launch an electronic system to allow programs to request, pay for, and receive results of CARI checks.** The Department will begin to phase out paper-based CARI applications after February 1, 2019.

This new system will be accessible through the *My New Jersey* portal, a secure website maintained by the State of New Jersey. All programs that are statutorily required to conduct CARI background checks of employees and prospective employees must create *My New Jersey* accounts at <https://my.state.nj.us/openam/UI/Login>. The website for the CARI application will be <https://www.njportal.com/dcf/cari>, but will not be accessible until February 1, 2019. When registering your facility, you will need to enter your Center Identification Number and your unique PIN: 725314 to create your program's account to submit electronic CARI requests.

The new system will allow participants to maintain an individual account, check the status of submitted applications, and store payment information. Through this system, employees will be able to complete the electronic CARI check application on-site, or through an emailed link that expires after two weeks. All completed CARI checks will be returned through the electronic system, as well.

The fee for CARI applications for specific programs will increase to \$15, inclusive of a processing fee, with the implementation of this electronic system, but it is expected that it will save time and resources. To help with this transition, the Department will be providing training, through webinars, in the coming weeks. Thank you for your continued partnership and for working with the Department to keep families safe, healthy and connected.

Respectfully,

Clinton Page, Esq.
Director of Legal Affairs
Department of Children and Families

www.nj.gov/DCF



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF LICENSING
CHILD CARE AND YOUTH RESIDENTIAL LICENSING
P.O. BOX 717
TRENTON, NEW JERSEY 08625-0717
1 (877) 667-9845

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

ALLISON BLAKE, PH.D., L.S.W.
Commissioner

July 29, 2016

Important Notice Criminal History Record Information (CHRI) Background Checks

Dear Child Care Center Director:

The Department of Human Services (DHS) Central Fingerprint Unit and Department of Children and Families are moving to an electronic notification system known as FARA (Fingerprint Approval Retrieval Application) **effective August 1, 2016**.

This electronic system will enable providers to access recent fingerprint approval information online and will be available, in most cases, within **10** business days after the fingerprint date and **retrievable up to 45 days**.

FARA can be accessed at <http://www.state.nj.us/humanservices/staff/opia/cfu/fara.html>
Select the FARA application under related links.

To access FARA you will need:

- The recent IdentoGo/MorphoTrust receipt
- The PCN found on the IdentoGo/MorphoTrust receipt
- The contributor case number beginning with **DC** found in box 7 on the IdentoGo/MorphoTrust fingerprint form
- The fingerprint date found on the IdentoGo/MorphoTrust receipt

Only **cleared** approval results will be displayed. For all other results, you will be notified by mail.

Approval results may not be successfully displayed if:

- The applicant is under 18 years of age
- The applicant was previously printed under a different name
- There was an invalid entry in one of the fields
- Additional information is needed

It is important that approval notifications from FARA are obtained within the **45** day timeframe. Results beyond **45** days **will not** be available in the FARA system. The DHS Central Fingerprint Unit **cannot be** responsible for providing substitute approval notifications beyond the **45** days.

Child care centers are responsible for retaining a copy of the Fingerprint Approval Notification to serve as confirmation for meeting the fingerprint requirement for licensing purposes.

The FARA system will be the **ONLY** notification for cleared state and FBI results.

For issues regarding FARA, please contact FARA Technical Support at 609-777-2777.

To contact the DHS Central Fingerprint Unit, please call 609-633-3761.

Sincerely,

Office of Licensing

Emergency Plan Checklist

Center Name:

License ID:

Prepare written emergency procedures delineating the following:

- Location of the first aid kit and additional first aid supplies
- Name, address and telephone number of the physician retained by the center or of the health facility used in emergencies
- Procedure for obtaining emergency transportation
- Hospital and or clinic to which injured or ill children will be taken
- Phone numbers for police, fire, ambulance and Poison Control (National Poison Emergency Hotline at 800-222-1222)
- Location of written authorization from parent(s) for emergency medical care for each child
- Diagram indicating how the center is to be evacuated in an emergency from each classroom and the outdoor play area
- Location of fire alarms and fire extinguishers
- Procedures for ensuring children's safety and communicating with parents in the event of evacuation, lockdown, natural or civil disaster and other emergencies
- Plan for informing parents of their children's whereabouts

The local law enforcement agency or emergency management office that has been notified of the center's identifying information as listed below:

- The center's name and location
- The number and ages of children enrolled
- The number of staff
- The need for emergency transportation; the location to which children will be evacuated
- The plan for a lockdown
- The plan for reuniting children with their parents

To Find Your County's Office of Emergency Management Coordinators, Visit:

<http://ready.nj.gov/about-us/county-coordinators.shtml>

Other:

- Ensure emergency plan is posted for reference or is readily accessible in a designated location in the center
- Maintain 1 evacuation crib per 4 enrolled non-ambulatory infant/toddler children (if applicable)
- Staff have been trained in procedures for operating locking devices used for lockdown procedures (if applicable)

Notes for Emergency Plan:

EMERGENCY PLAN PROCEDURES*

*Shall be readily accessible in designated location(s) within the center.

Police	911	
Fire	911	
Ambulance	911	
Poison Control	(800) 222-1222	

Center Information

Center Name:		Center Phone:
Center Address:		
# of Children	Describe below any special needs of staff or children enrolled:	
# of Staff		
# of Non-Ambulatory Children		

Locations of Emergency Information and Equipment

First aid kit and any additional first aid supplies:	
Emergency Manual (if applicable):	
Fire Extinguishers:	
Fire Alarms Pull Stations:	
Parental Authorization for Emergency Medical Treatment:	
Emergency Contact Information for Each Child:	
Other:	

Medical Care

Physician or Health Facility to be used in emergencies:	Hospital or Clinic where injured or ill children will be taken:
Name:	Name:
Address:	Address:
City:	City:
Phone:	Phone:

Emergency Transportation: Step By Step Procedures For Obtaining Transportation

FOR EMERGENCY MEDICAL ATTENTION	TO OFF-SITE (INDOOR) EVACUATION LOCATION

Evacuation and Relocation Procedures

If we need to evacuate our site and relocate to another site, the following procedures will be followed

EVACUATION ROUTES/EXITS

Center Diagram Attached (includes evacuation routes from each classroom and outdoor play area)

EVACUATING INFANTS/TODDLERS (if applicable)

Describe any special circumstances or procedures needed for evacuating infants and toddlers from the building.

EVACUATING CHILDREN WITH DISABILITIES OR CHRONIC MEDICAL CONDITIONS (if applicable)

Describe any special circumstances or procedures needed for evacuating children with disabilities or chronic medical conditions from the building including procedures for storing a child's medically necessary medicine.

Procedures for Evacuation

Notification

EMERGENCY RESPONDERS WILL BE NOTIFIED WHEN

PARENTS/GUARDIANS WILL BE NOTIFIED WHEN

Emergency Kit

LOCATION(S)

CONTENTS

Evacuation Locations

On-Site Evacuation Location (i.e. fire drills, very short time period of displacement)

ON-SITE LOCATION

ALTERNATE ON-SITE LOCATION

Off-Site (Indoor) Evacuation Location (i.e. gas leak, fire, any center displacement for an extended period of time)

OFF-SITE (INDOOR) EVACUATION LOCATION

ALTERNATE OFF-SITE (INDOOR) EVACUATION LOCATION

Building Name

Building Name

Street Address

City

Street Address

City

Phone Number

Contact Name

Phone Number

Contact Name

Other Details

Other Details

Operates during the same operating hours as the center.

Location is within safe walking distance.

Transportation required. See "Emergency Transportation" above.

Operates during the same operating hours as the center.

Location is within safe walking distance.

Transportation required. See "Emergency Transportation" above.

Shelter-In-Place/Lockdown* Procedures

If we need to stay in the building due to an emergency, the following procedures will be followed

LOCATION #1 IN CLASSROOMS/BUILDING	LOCATION #2 IN CLASSROOMS/BUILDING
------------------------------------	------------------------------------

Procedures for Shelter-In-Place/Lockdown

Notification

	EMERGENCY RESPONDERS WILL BE NOTIFIED WHEN
	PARENTS/GUARDIANS WILL BE NOTIFIED WHEN

Emergency Kit

LOCATION(S)	CONTENTS
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Parent/Guardian and Child Reunification Procedures

If we need to evacuate, shelter-in-place, or when parents/guardians/guardians are unable to get to children, the following procedures will be followed to reunite children with parents/guardians or designated contacts as soon as it is safe.

Notification

PARENTS/GUARDIANS WILL BE NOTIFIED WHEN

Release of Children

Children will only be released to parents/guardians or other individuals listed on the child's form (with proper ID)

OTHER DETAILS ABOUT REUNIFICATION

Local Enforcement Agency Notifications

Law Enforcement (Police)	Phone Number:	Contact Person:	Notes:
Emergency Management	Phone Number:	Contact Person:	Notes:
Fire Department	Phone Number:	Contact Person:	Notes:

Utility Information

Gas	Company Name:	24-Hour Number:	Shut-Off Location:
Electric	Company Name:	24-Hour Number:	Shut-Off Location:
Water	Company Name:	24-Hour Number:	Shut-Off Location:

DRINKING WATER TESTING CHECKLIST

Note: This form is for child care centers that are supplied water by a community water system.

•PROGRAMS IN OPERATING PUBLIC SCHOOLS ARE NOT REQUIRED TO COMPLETE THIS FORM•

CHILD CARE CENTER INFORMATION

Name of Child Care Center:		License ID:	
Site Address of Center:	Building # and Street:	Municipality:	County:
Sponsor/Sponsor Representative:		Phone Number:	Email:

CERTIFICATION OF COMPLIANCE WITH LEAD & COPPER SAMPLING AT THE ABOVE CHILD CARE CENTER

Sampling Date(s):	
1. <input type="checkbox"/> YES <input type="checkbox"/> NO	Does the center have a signed contract with a New Jersey Certified Drinking Water Laboratory for lead & copper analysis?
2. <input type="checkbox"/> YES <input type="checkbox"/> NO	Is there an onsite water outlet assessment in accordance with technical guidance?
3. <input type="checkbox"/> YES <input type="checkbox"/> NO	Is there a floor plan in accordance with technical guidance?
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Sample Date:	Were all the drinking water outlets in the center where a child or staff has or may have access (including food preparation and outside drinking water outlets) sampled?
5. <input type="checkbox"/> YES <input type="checkbox"/> NO Sample Date:	Were at least 50% of all indoor water faucets utilized by the center sampled?
6. <input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child care center have the chain of custody and analytical reports for all drinking water outlets sampled? Please attach copies.
7. <input type="checkbox"/> YES <input type="checkbox"/> NO	Was all the drinking water outlets sampled in the sequence determined by the floor plan beginning with the outlet closest to the point of entry?
8. <input type="checkbox"/> YES <input type="checkbox"/> NO	Were all samples taken after the water sat undisturbed in pipes for at least 8 hours but no more than 48 hours?
9. <input type="checkbox"/> YES <input type="checkbox"/> NO	Were samples collected in pre-cleaned high density polyethylene (HDPE) 250 ml wide mouth single use rigid sample containers?
10. <input type="checkbox"/> YES <input type="checkbox"/> NO	Were all existing aerators, screens, and filters left in place prior to and during the sampling event?
11. <input type="checkbox"/> YES <input type="checkbox"/> NO	Were only cold water samples collected?
12. <input type="checkbox"/> YES <input type="checkbox"/> NO	Did no pre-stagnant flushing take place unless the outlet deviated from normal use and documented on flushing log?
13. <input type="checkbox"/> YES <input type="checkbox"/> NO	Was all point of use treatment on outlets, such as filters, documented?
14. <input type="checkbox"/> YES <input type="checkbox"/> NO	Did any result exceed the action level for lead (15 µg/L) or copper (1300 µg/L)?
15. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) was use of all drinking water outlets immediately discontinued?
16. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) was bottled water provided for drinking and food preparation?
17. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) were signs posted to indicate that the outlets are not to be used for drinking or food preparation?

18. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Did all drinking water outlets with a result that exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) have a follow-up flush sample conducted?
19. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) was the local health office notified of results?
20. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If any of the results exceeded the action level for lead (15 µg/L) or copper (1300 µg/L), was notification, including results and remediation measures, provided to the parent(s) of all children attending the center, the staff, and NJDCF?
21. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Were any drinking water outlets or potable plumbing replaced or repaired as a remedy for an action level exceedance?
22. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Sample Date:	If any drinking water outlet or potable plumbing was replaced or repaired, were additional samples collected after installation?
23. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Was any chemical treatment unit or process installed to remedy an action level exceedance (e.g., corrosion control treatment)?
24. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Sample Date:	If a chemical treatment unit or process was installed to remedy an action level exceedance (e.g., corrosion control treatment), were additional samples collected after the installation?
25. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Was a mechanical process implemented to remedy an action level exceedance (e.g., flushing program)?
26. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If a mechanical process was implemented to remedy an action level exceedance (e.g., flushing program), were additional samples collected after the implementation?
27. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If no remedial action was taken, such as those indicated in 21 through 26 above, has the center implemented a written plan of action for use of bottled water for drinking and food preparation?

CERTIFICATION: By signing below, the Sponsor or Sponsor Representative certifies that all answers on this checklist are true and accurate:

Sponsor/Sponsor Representative: (PRINT)	
Signature:	
Signature Date:	

DRINKING WATER TESTING RESOURCES

Schools - Lead Sampling Information

<http://www.nj.gov/dep/watersupply/schools.htm>

Lead Sampling in Schools Technical Guidance FAQs

<http://www.nj.gov/dep/watersupply/pdf/leadfaq.pdf>

3Ts for Reducing Lead in Drinking Water: Testing

<https://www.epa.gov/dwreginfo/3ts-reducing-lead-drinking-water-testing>

Quick Reference Guide Sampling For Lead in Drinking Water in Schools:

<http://www.nj.gov/dep/watersupply/pdf/quickref.pdf>

List of NJ Certified Laboratories:

<https://www13.state.nj.us/DataMiner/Search/SearchByCategory?isExternal=y&getCategory=y&catName=Certified+Laboratories>

Drinking Water Outlet Inventory Form:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20C.docx

Sampling Water Use Certification:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20F.docx

Filter Inventory Form:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx

Results Letter Template:

<http://www.nj.gov/dep/watersupply/doc/resultsletter.doc>

State of New Jersey
Department of Children and Families
Office of Licensing

DRINKING WATER TESTING STATEMENT OF ASSURANCE

• PROGRAMS IN OPERATING PUBLIC SCHOOLS ARE NOT REQUIRED TO COMPLETE THIS FORM •

Name of Child Care Center:		License ID:
Site Address (<i>Building # and Street</i>):		
Municipality:	County:	
Sponsor/Sponsor Representative:		Phone #:
Sponsor/Sponsor Representative Email:		
Additional Contact Person:		Phone #:
Title:	Email:	

1. The center, as described above, has reviewed the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTERS requiring testing for lead and copper in drinking water and provides assurance that the development and implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)5i as evidenced by our completion of the attached Drinking Water Testing Checklist.
2. The center, as described above, provided all notifications of test results consistent with the requirements of this subchapter.
3. The center, as described above, will continue to fully implement the requirements of this subchapter, including the continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continue to provide bottled water and/or maintain any remedial measure or treatment unit).

CERTIFICATION: By signing below, the **Sponsor or Sponsor Representative** certifies that all statements above are true and accurate:

Sponsor/Sponsor Representative: (PRINT)	
Signature:	
Signature Date:	

Infant Feeding Plan

A written plan shall be maintained on file and available for the caregiver of any child less than 12 months of age.

Child's Name:	Date:	Birthdate:
Formula:	Breast Feeding/Breastmilk	
<input type="checkbox"/> No <input type="checkbox"/> Yes Is your child fed formula ¹ ? <input type="checkbox"/> No <input type="checkbox"/> Yes Will formula be prepared (mixed) at home? <input type="checkbox"/> No <input type="checkbox"/> Yes Will formula be prepared by the caregiver? If the caregiver will be preparing the formula, please indicate any special instructions: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Is your child breast fed? <input type="checkbox"/> No <input type="checkbox"/> Yes I will nurse my child at the center at these times: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes I will provide breast milk ¹ . If breast milk is unavailable for a feeding, the center should: _____	

Feedings:

No Yes Does your child take a bottle? (Note: Bottles are required to be labeled with child's name and the current date.)

No Yes Is the bottle warmed²?
 No Yes Does your child hold their bottle?
 No Yes Can the child feed his or herself?
 No Yes Are there any special instructions for bottle feeding your child?
 If "yes," please explain:

No Yes Is your child using a sippy cup? (Note: Sippy cups must be labeled with the child's name.)

No Yes Does your child have any problems with feeding, such as choking or spitting up?
 If "yes," please explain:

No Yes Are there any special instructions concerning feeding your child?
 If "yes," please explain:

Foods and Feeding Schedule:				
Liquids <small>(formula, breastmilk, 100% fruit juice in a cup)</small>	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Breast Feeding <input type="checkbox"/> by bottle <input type="checkbox"/> by breast	<input type="checkbox"/> Bottle Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	<input type="checkbox"/> Cup Feeding <input type="checkbox"/> with help <input type="checkbox"/> independently Amounts:
Semisolid Foods <small>(infant cereal, strained fruits and/or vegetables)</small>	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Spoon Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	Kinds of Food:	Amounts:
Modified Table Foods <small>(mashed, soft, diced fruit and /or vegetables, strained meat or poultry, pieces of soft bread)</small>	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Spoon Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	Kinds of Food:	Amounts:
Finger Foods <small>(small pieces of soft/cooked table food, chopped food)</small>	<input type="checkbox"/> N/A <input type="checkbox"/> Introducing <input type="checkbox"/> Familiar	<input type="checkbox"/> Spoon Feeding <input type="checkbox"/> by caregiver <input type="checkbox"/> with help <input type="checkbox"/> independently	Kinds of Food:	Amounts:

Other:

No Yes Does your child take a pacifier?
 Note: Pacifiers with straps or other types of attachment devices are not permitted. Pacifiers must be removed when the child is crawling or walking.

Additional Information:

I will promptly provide any updates to my child's feeding plan as needed.	PARENT'S SIGNATURE:	DATE:

¹Breast milk shall be gently mixed but not be shaken. Refrigerated breast milk shall be used within 24 hours. Formula or breast milk that is served, but not completely consumed or refrigerated, shall be discarded. ² No milk, formula, or breast milk shall be warmed in a microwave oven.

OOL/10.16.2017

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).

GUIDELINES FOR POSITIVE DISCIPLINE

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group, and the adult. Methods of positive discipline shall be consistent with the age and developmental needs of the children, and lead to the ability to develop and maintain self-control.

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

You can use positive discipline by planning ahead:

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

You can use positive discipline by intervening when necessary:

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

You can use positive discipline by showing love and encouragement:

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

Positive discipline is NOT:

- Disciplining a child for failing to eat or sleep or for soiling themselves
- Hitting, shaking, or any other form of corporal punishment
- Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children
- Engaging in or inflicting any form of child abuse and/or neglect
- Withholding food, emotional responses, stimulation, or opportunities for rest or sleep
- Requiring a child to remain silent or inactive for an inappropriately long period of time

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

BLANKET PERMISSION FOR WALKING TRIPS

Center Name: _____

Child's Name: _____

I hereby give permission for my child to participate in walking trips in the neighborhood around the center. I understand that the walking route is within the center's neighborhood, includes no known safety hazards, and that the walks will not involve entrance into any facility other than the following:

Signature of Parent/Guardian

Date

is planning a field trip!

To: _____

Cost: _____ Chaperones Needed: Yes No

Date: _____

Address: _____

Times: Leaving the center at approximately: _____ AM PM

Returning to the center at approximately: _____ AM PM

Transportation:

Vehicle(s): Approved Center Bus/Vehicle Walking Contracted Bus*

Driver(s): Center Staff Contracted Bus Company Staff

*Name of Bus Company Contracted: _____

*Bus Company Phone Number: _____

On the day of the trip, center staff can be reached at the phone number below:

Other Trip Information:

PLEASE COMPLETE INFORMATION BELOW THIS LINE AND RETURN TO THE CENTER.

Child's Name: _____

Parent's Name: _____

YES, I give permission for my child to attend the field trip described above.

NO, I do not wish for my child to participate in this field trip.

Parent/Guardian Signature: _____ Date: _____

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.

Use of Technology and Social Media Policy **BUILDING TOOL**

THIS IS NOT A POLICY AND WILL NOT BE ACCEPTED AS A CENTER POLICY.

This policy building tool may be used to help center’s develop their Policy on the Use of Technology and Social Media for parents and staff, as specified in **N.J.AC. 3A:52 – 6.8 (k)**. Centers must include all of the policy components required by the OOL (as indicated by *italicized text*). You are not limited or bound to the sites, guidelines, methods, and devices listed below. You may add or take away to build a policy that suits your center.

Use of Social Networking and/or other Websites:

Our center uses the following social media/networking and/or other websites (include site addresses in your policy):

None Center Website Facebook Twitter Instagram YouTube Other:

PARENTS	STAFF	<i>Guidelines for conduct on center social networking and/or other websites:</i>
		<p>Posting of photographs or videos of children, other than your own, including, but not limited to photographs or videos of children obtained through hand held devices, computers, video monitoring systems, child care monitoring apps, or any other electronic device or transmission.</p> <p>Any breaches of the center’s Policy on the Use of Technology and Social Media identified must be promptly reported to the Director.</p> <p>General center information/updates may be posted with prior approval from the director.</p> <p>Posting of private or sensitive company, staff or prior staff, and/or enrolled or previously children/family information is prohibited.</p> <p>Maintain professional boundaries in the use of electronic media. Social Networking/Media parent/staff relationships are limited to center sites and approved devices only.</p> <p>Staff/parent communication is limited to center sites only.</p> <p>Staff/parent communication is limited to center sites and personal sites, with center director’s permission. Use of social media/networking and/or other websites is prohibited when supervising children.</p> <p>Vulgar or abusive language, disparaging remarks and/or references of a disparaging manner, personal attacks of any kind, or offensive terms targeting individuals or groups is prohibited.</p> <p>Posts that may reveal the center’s current, off-site location are prohibited.</p> <p>Other:</p>
		<p>STAFF Actions Permitted: <input type="checkbox"/> Tagging <input type="checkbox"/> Sharing <input type="checkbox"/> Posting <input type="checkbox"/> Commenting <input type="checkbox"/> Live Streaming <input type="checkbox"/> Other:</p>
		<p>PARENT Actions Permitted: <input type="checkbox"/> Tagging <input type="checkbox"/> Sharing <input type="checkbox"/> Posting <input type="checkbox"/> Commenting <input type="checkbox"/> Live Streaming <input type="checkbox"/> Other:</p>
<p>Use this space to write notes and/or a rough draft of this component of your policy:</p>		

Methods Used to Communicate with Staff and Parents

Center/staff methods of electronic communication:

E-mail	Permitted	Prohibited	Designated Staff:
Text Messages	Permitted	Prohibited	Designated Staff:
Child Care App	Permitted	Prohibited	Designated Staff:
Center Website	Permitted	Prohibited	Designated Staff:
Center Social Media Site	Permitted	Prohibited	Designated Staff:
Other App:	Permitted	Prohibited	Designated Staff:
Other:	Permitted	Prohibited	Designated Staff:

Use this space to write notes and/or a rough draft of this component of your policy:

Devices used by center staff to communicate with parents:

Center Cell Phone	Permitted	Prohibited	Designated Staff/Notes:
Center Tablet	Permitted	Prohibited	Designated Staff/Notes:
Center Computer	Permitted	Prohibited	Designated Staff/Notes:
Personal Cell Phone	Permitted	Prohibited	Designated Staff/Notes:
Personal Tablet	Permitted	Prohibited	Designated Staff/Notes:
Personal Computer	Permitted	Prohibited	Designated Staff/Notes:
Other:	Permitted	Prohibited	Designated Staff/Notes:

Use this space to write notes and/or a rough draft of this component of your policy:

Staff guidelines for use of electronic devices:

Use of devices is prohibited when supervising children.

Use of devices is permitted, but shall not prevent staff from adequately supervising children.

Use of devices at any time requires permission from the director.

Use of devices is permitted only during the following times:

Use this space to write a rough draft of this component of your policy:

Information that the center may communicate electronically to parents:

Illness/Accidents/Injuries*

Emergency Closures

Requests for Records/Supplies

Photographs

Behavioral Concerns

Unusual Incidents

Child's Daily Updates

Other:

Community Information

Use this space to write notes and/or a rough draft of this component of your policy:

*If using a method other than a phone call to notify parents of a child's head injury/bump to their head, bite that breaks the skin, fall from a height greater than their own, or an injury that requires professional medical attention, ensure that parents have signed a "Policy on the Methods of Parental Notification."

Use this space to gather the information from each component of the policy to compose your final rough draft of the policy.

Your center's finished Policy on the Use of Technology and Social Media must be distributed to both parents and staff. A staff and parent signature of receipt for this policy is required to be maintained on file at the center.

Policy on the Management of Communicable Diseases

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

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

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

EXCLUDABLE COMMUNICABLE DISEASES

A child or staff member who contracts an excludable communicable disease may not return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others.

Note: If a child has chicken pox, a note from the parent stating that all sores have dried and crusted is required.

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

COMMUNICABLE DISEASE REPORTING GUIDELINES

Some excludable communicable diseases must be reported to the health department by the center. The Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable diseases, can be found at:

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

ILLNESS LOG

For the documentation of illnesses, symptoms of illness, or diseases that are exhibited by each child while in the center's care and the exclusion of children as a result of the COVID-19 daily health screening. This log may be used to document COVID-19 related staff exclusions.

NAME	<input type="checkbox"/> CHILD <input type="checkbox"/> STAFF	DATE	TIME	DATE REMOVED	DATE RETURNED
SYMPTOMS (CHECK ALL THAT APPLY) <input type="checkbox"/> Cough <input type="checkbox"/> Fever <input type="checkbox"/> COVID-19 Symptoms ² <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Pain/Discomfort <input type="checkbox"/> Eye Redness/Discharge <input type="checkbox"/> Rash/Ringworm <input type="checkbox"/> Other:		RESPONSE ACTIONS (CHECK ALL THAT APPLY) <input type="checkbox"/> Rested at Center <input type="checkbox"/> Emergency Medical Care Provided ¹ <input type="checkbox"/> Child Picked Up <input type="checkbox"/> Health Department Notified <input type="checkbox"/> Denied Entry ² <input type="checkbox"/> Called 911 ¹ <input type="checkbox"/> Other:		READMITTED BASED ON (CHECK ALL THAT APPLY) <input type="checkbox"/> Health Care Provider Note <input type="checkbox"/> Symptom-Free <input type="checkbox"/> Isolation/Quarantine Complete <input type="checkbox"/> COVID-19 Negative Result <input type="checkbox"/> Other:	

NAME	<input type="checkbox"/> CHILD <input type="checkbox"/> STAFF	DATE	TIME	DATE REMOVED	DATE RETURNED
SYMPTOMS (CHECK ALL THAT APPLY) <input type="checkbox"/> Cough <input type="checkbox"/> Fever <input type="checkbox"/> COVID-19 Symptoms ² <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Pain/Discomfort <input type="checkbox"/> Eye Redness/Discharge <input type="checkbox"/> Rash/Ringworm <input type="checkbox"/> Other:		RESPONSE ACTIONS (CHECK ALL THAT APPLY) <input type="checkbox"/> Rested at Center <input type="checkbox"/> Emergency Medical Care Provided ¹ <input type="checkbox"/> Child Picked Up <input type="checkbox"/> Health Department Notified <input type="checkbox"/> Denied Entry ² <input type="checkbox"/> Called 911 ¹ <input type="checkbox"/> Other:		READMITTED BASED ON (CHECK ALL THAT APPLY) <input type="checkbox"/> Health Care Provider Note <input type="checkbox"/> Symptom-Free <input type="checkbox"/> Isolation/Quarantine Complete <input type="checkbox"/> COVID-19 Negative Result <input type="checkbox"/> Other:	

NAME	<input type="checkbox"/> CHILD <input type="checkbox"/> STAFF	DATE	TIME	DATE REMOVED	DATE RETURNED
SYMPTOMS (CHECK ALL THAT APPLY) <input type="checkbox"/> Cough <input type="checkbox"/> Fever <input type="checkbox"/> COVID-19 Symptoms ² <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Pain/Discomfort <input type="checkbox"/> Eye Redness/Discharge <input type="checkbox"/> Rash/Ringworm <input type="checkbox"/> Other:		RESPONSE ACTIONS (CHECK ALL THAT APPLY) <input type="checkbox"/> Rested at Center <input type="checkbox"/> Emergency Medical Care Provided ¹ <input type="checkbox"/> Child Picked Up <input type="checkbox"/> Health Department Notified <input type="checkbox"/> Denied Entry ² <input type="checkbox"/> Called 911 ¹ <input type="checkbox"/> Other:		READMITTED BASED ON (CHECK ALL THAT APPLY) <input type="checkbox"/> Health Care Provider Note <input type="checkbox"/> Symptom-Free <input type="checkbox"/> Isolation/Quarantine Complete <input type="checkbox"/> COVID-19 Negative Result <input type="checkbox"/> Other:	

NAME	<input type="checkbox"/> CHILD <input type="checkbox"/> STAFF	DATE	TIME	DATE REMOVED	DATE RETURNED
SYMPTOMS (CHECK ALL THAT APPLY) <input type="checkbox"/> Cough <input type="checkbox"/> Fever <input type="checkbox"/> COVID-19 Symptoms ² <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Pain/Discomfort <input type="checkbox"/> Eye Redness/Discharge <input type="checkbox"/> Rash/Ringworm <input type="checkbox"/> Other:		RESPONSE ACTIONS (CHECK ALL THAT APPLY) <input type="checkbox"/> Rested at Center <input type="checkbox"/> Emergency Medical Care Provided ¹ <input type="checkbox"/> Child Picked Up <input type="checkbox"/> Health Department Notified <input type="checkbox"/> Denied Entry ² <input type="checkbox"/> Called 911 ¹ <input type="checkbox"/> Other:		READMITTED BASED ON (CHECK ALL THAT APPLY) <input type="checkbox"/> Health Care Provider Note <input type="checkbox"/> Symptom-Free <input type="checkbox"/> Isolation/Quarantine Complete <input type="checkbox"/> COVID-19 Negative Result <input type="checkbox"/> Other:	

NAME	<input type="checkbox"/> CHILD <input type="checkbox"/> STAFF	DATE	TIME	DATE REMOVED	DATE RETURNED
SYMPTOMS (CHECK ALL THAT APPLY) <input type="checkbox"/> Cough <input type="checkbox"/> Fever <input type="checkbox"/> COVID-19 Symptoms ² <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Pain/Discomfort <input type="checkbox"/> Eye Redness/Discharge <input type="checkbox"/> Rash/Ringworm <input type="checkbox"/> Other:		RESPONSE ACTIONS (CHECK ALL THAT APPLY) <input type="checkbox"/> Rested at Center <input type="checkbox"/> Emergency Medical Care Provided ¹ <input type="checkbox"/> Child Picked Up <input type="checkbox"/> Health Department Notified <input type="checkbox"/> Denied Entry ² <input type="checkbox"/> Called 911 ¹ <input type="checkbox"/> Other:		READMITTED BASED ON (CHECK ALL THAT APPLY) <input type="checkbox"/> Health Care Provider Note <input type="checkbox"/> Symptom-Free <input type="checkbox"/> Isolation/Quarantine Complete <input type="checkbox"/> COVID-19 Negative Result <input type="checkbox"/> Other:	

NAME	<input type="checkbox"/> CHILD <input type="checkbox"/> STAFF	DATE	TIME	DATE REMOVED	DATE RETURNED
SYMPTOMS (CHECK ALL THAT APPLY) <input type="checkbox"/> Cough <input type="checkbox"/> Fever <input type="checkbox"/> COVID-19 Symptoms ² <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Pain/Discomfort <input type="checkbox"/> Eye Redness/Discharge <input type="checkbox"/> Rash/Ringworm <input type="checkbox"/> Other:		RESPONSE ACTIONS (CHECK ALL THAT APPLY) <input type="checkbox"/> Rested at Center <input type="checkbox"/> Emergency Medical Care Provided ¹ <input type="checkbox"/> Child Picked Up <input type="checkbox"/> Health Department Notified <input type="checkbox"/> Denied Entry ² <input type="checkbox"/> Called 911 ¹ <input type="checkbox"/> Other:		READMITTED BASED ON (CHECK ALL THAT APPLY) <input type="checkbox"/> Health Care Provider Note <input type="checkbox"/> Symptom-Free <input type="checkbox"/> Isolation/Quarantine Complete <input type="checkbox"/> COVID-19 Negative Result <input type="checkbox"/> Other:	

¹Centers must report to the OOL by the next working day and submit documentation through NJCCIS within one week when an illness results in a call to 911, a child visiting the emergency room or being admitted to the hospital, or a child receiving on-site or transported emergency care/urgent care. Refer to Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference guide at http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf.

²Staff and/or children exhibiting COVID-19 symptoms must be denied entry/immediately excluded. Positive cases of COVID-19 must be immediately reported to the local health department and the OOL.

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: _____
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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.

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

-To be completed by a Health Care Provider-

	Today's Date
Child's Full Name	Date of Birth
Parent's/Guardian's Name	Telephone No. ()
Primary Health Care Provider	Telephone No. ()
Specialty Provider	Telephone No. ()
Specialty Provider	Telephone No. ()
Diagnosis(es)	
Allergies	

ROUTINE CARE

Medication To Be Given at Child Care	Schedule/Dose (When and How Much?)	Route (How?)	Reason Prescribed	Possible Side Effects

List medications given at home:

NEEDED ACCOMMODATION(S)

Describe any needed accommodation(s) the child needs in daily activities and why:

Diet or Feeding: _____

Classroom Activities: _____

Naptime/Sleeping: _____

Toileting: _____

Outdoor or Field Trips: _____

Transportation: _____

Other: _____

Additional comments: _____

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS
Continued

SPECIAL EQUIPMENT / MEDICAL SUPPLIES

1. _____
2. _____
3. _____

EMERGENCY CARE

CALL PARENTS/GUARDIANS if the following symptoms are present:

CALL 911 (EMERGENCY MEDICAL SERVICES) if the following symptoms are present, as well as contacting the parents/guardians:

TAKE THESE MEASURES while waiting for parents or medical help to arrive:

SUGGESTED SPECIAL TRAINING FOR STAFF

Health Care Provider Signature

Date

PARENT NOTES (OPTIONAL)

I hereby give consent for my child's health care provider or specialist to communicate with my child's child care provider or school nurse to discuss any of the information contained in this care plan.

Parent/Guardian Signature

Date

Important: *In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child's special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child's special health needs.*

Instructions for Completing the Care Plan for Children with Special Health Needs (CH-15)

This Care Plan template is designed to supplement the Universal Child Health Record (UCHR, CH-14). It should be used for children with special health needs (CSHN). The UCHR is designed to be concise and does not provide sufficient space for detailed instructions that a CSHN might need. Use this Care Plan when your instructions for the child's care cannot be fit on to the UCHR. This Care Plan should be utilized as a template that can be adapted as needed. Not all parts need to be completed for some children, but other children may require extra pages to be attached to fully explain the instructions for the child's care.

In order to facilitate communication between the health care provider and the parent, it may be best to complete this form with the parent/guardian present. Parents often have practical knowledge that is important to incorporate into the plan, such as techniques to get the child to cooperate with treatments and specifics about the child care site/school like the hours attended and the resources/limitations of the out-of-home care provider. There is room at the end for optional parent notes and signature that will give permission for communication between the health care provider and the child care provider or school nurse.

Specific Instructions:

1. Complete the Universal Child Health Record (UCHR, CH-14).
2. Attach a copy of immunization record.
3. As appropriate check off the box labeled "Special Care Plan Attached."
4. Complete the Care Plan for Children with Special Health Needs
 - Complete the demographic information.
 - The Primary Health Care Provider is the medical home where the child's complete health records are maintained.
 - Specialty providers and their contact information should be included if the specialists play a major role in the child's health care such as adjusting medication doses.
 - Diagnosis – Include major diagnoses (preferably using lay terminology as necessary).
 - Allergies – Include medication allergies and other significant environmental allergies.
 - Routine Care – Complete the medication information. Include important side effects that child care providers should be watching for both with medications administered at home as well as those given at child care.
 - Describe any Needed Accommodations to particular activities.
 - Describe special diets or feeding techniques which may be needed such as feeding pureed foods, maintaining upright positioning during feeds, following a restrictive diet, etc.
 - Classroom activities – List any modifications needed to allow the child to participate such as extra rest breaks, use of adaptive equipment, etc.
 - Outdoor Activities/Field Trips- List any special precautions needed for class trips such as emergency kits, mobile phones, special vehicles, etc.
 - Special Equipment/ Medical Supplies
 - List special equipment that may be needed such as nebulizers, peak flow meters, glucometers, braces, hearing aids, wheelchairs, apnea monitors, etc.
 - Emergency Care
 - Help the child care providers to understand which signs/symptoms merit calling the parents and which are more serious and indicate that EMS should be activated.
 - Describe interim measures that should be taken while waiting for parent or EMS arrival such as administering an asthma nebulizer treatment or an Epi-Pen.
 - Special Staff Training
 - Are there special trainings that staff should attend in order to care for the child such as medication administration training, first aid/CPR, etc.? Include who might be available to provide such training.

STAFF HEALTH EXAMINATION FORM

TO BE COMPLETED BY APPLICANT

PATIENT'S NAME:	BIRTHDATE:	
<p>I authorize (health care provider's name) _____ to release my medical information to (center) _____ in connection with my job application.</p> <p style="text-align: center;">I understand that the center will keep this information confidential.</p>		
PATIENT'S SIGNATURE:	DATE:	

TO BE COMPLETED BY HEALTH CARE PROVIDER

The above-named patient is applying for employment at our child care center. New Jersey State regulations require a health care provider's statement indicating that he or she is in good health and poses no health risk to persons at the center. Such statement shall be based on a medical examination within the six months immediately preceding such person's working at the center.

A Mantoux tuberculin skin test with five TU (tuberculin units) of PPD tuberculin, except that the staff member shall have a chest x-ray taken if he or she has had a previous positive Mantoux tuberculin test. The staff member shall submit to the center written documentation of the results of the test and x-ray.

If the Mantoux tuberculin test result is insignificant (zero to nine millimeters (mm) of induration), no further testing shall be required.

If the Mantoux tuberculin skin test result is significant (10 or more mm of induration), the individual shall have a chest x-ray taken. If the chest x-ray shows significant results, the staff member shall not come in contact with the children unless he or she submits to the center a written statement from a health care provider certifying that he or she poses no threat of tuberculosis contagion

DATE OF MANTOUX TEST:	RESULTS:	
DATE OF CHEST X-RAY (IF APPLICABLE):	RESULTS:	
DATE OF PHYSICAL EXAMINATION: <small>(must be within 6 months immediately preceding hire date)</small>	RESULTS:	

Is there any reason to preclude this patient from working with children?

NO

YES (please explain):

REMARKS:

I have examined the above-named patient and found him/her to be in good health and to pose no health risk to others at the child care center.

HEALTH CARE PROVIDER'S SIGNATURE:	DATE:	
HEALTH CARE PROVIDER'S NAME:		
HEALTH CARE PROVIDER'S OFFICE ADDRESS (PRINT OR STAMP):		

Medication Administration in Child Care Policy and Procedures

PURPOSE: *This policy was written to encourage communication between the parent, the child's health care provider and the child care provider to assure maximum safety in the giving of medication to the child who requires medication to be provided during the time the child is in child care.*

INTENT: *Assuring the health and safety of all children in our Center is a team effort by the child care provider, family, and health care provider. This is particularly true when medication is necessary to the child's participation in child care. Therefore, an understanding of each of our responsibilities, policies and procedures concerning medication administration is critical to meeting that goal.*

GUIDING PRINCIPLES and PROCEDURES:

1. When ever possible, it is best that medication be given at home. Dosing of medication can frequently be done so that the child receives medication prior to going to child care, and again when returning home and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.
2. The first dose of any medication should always be given at home and with sufficient time before the child returns to child care to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medication as treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to child care. This is for the protection of the child who is ill as well as the other children in child care.
3. Medication will only be given when ordered by the child's health care provider and with written consent of the child's parent/legal guardian. A "Permission to Give Medication in Child Care" form is attached to this policy and will hereafter be referred to as Permission Form. All information on the Permission Form must be completed before the medication can be given. Copies of this form can be duplicated or requested from the child care provider.
4. "As needed" medications may be given only when the child's health care provider completes a Permission Form that lists specific reasons and times when such medication can be given.
5. Medications given in the Center will be administered by a staff member designated by the Center Director and will have been informed of the child's health needs related to the medication and will have had training in the safe administration of medication.
6. Any prescription or over-the-counter medication brought to the child care center must be specific to the child who is to receive the medication, in its original container, have a child-resistant safety cap, and be labeled with the appropriate information as follows:
 - ✓ Prescription medication must have the original pharmacist label that includes the pharmacist's phone number, the child's full name, name of the health care provider prescribing the medication, name and expiration date of the medication, the date it was prescribed or updated, and dosage, route, frequency, and any special instructions for its administration and/or storage. It is suggested that the parent/guardian ask the pharmacist to provide the medication in two containers, one for home and one for use in child care.
 - ✓ Over-the-counter (OTC) medication must have the child's full name on the container, and the manufacturer's original label with dosage, route, frequency, and any special instructions for administration and storage, and expiration date must be clearly visible.
 - ✓ Any OTC without instructions for administration specific to the age of the child receiving the medication must have a completed Permission Form from the health care provider prior to being given in the child care center.
7. Examples of over-the-counter medications that may be given include:
 - ✓ Antihistamines
 - ✓ Decongestants
 - ✓ Non-aspirin fever reducers/pain relievers
 - ✓ Cough suppressants
 - ✓ Topical ointments, such as diaper cream or sunscreen
8. All medications will be stored:
 - ✓ Inaccessible to children
 - ✓ Separate from staff or household medications
 - ✓ Under proper temperature control
 - ✓ A small lock box will be used in the refrigerator to hold medications requiring refrigeration.

9. For the child who receives a particular medication on a long-term daily basis, the staff will advise the parent/guardian one week prior to the medication needing to be refilled so that needed doses of medication are not missed.
10. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or be able to be used by the child.
11. Records of all medication given to a child are completed in ink and are signed by the staff designated to give the medication. These records are maintained in the Center. Samples of the forms used are attached to this policy and include:
 - ✓ Permission to Give Medication in Child Care
 - ✓ Universal Child Health Record
 - ✓ Emergency Contact Sheet
 - ✓ Medication Administration Log
 - ✓ Medication Incident/Error Report
12. Information exchange between the parent/guardian and child care provider about medication that a child is receiving should be shared when the child is brought to and pick-up from the Center. Parents/guardians should share with the staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with the staff from the center to the parent/guardian.
13. Confidentiality related to medications and their administration will be safeguarded by the Center Director and staff. Parents/guardians may request to see/review their child’s medication records maintained at the Center at any time.
14. Parent/guardian will sign all necessary medication related forms that require their signature, and particularly in the case of the emergency contact form, will update the information as necessary to safeguard the health and safety of their child.
15. Parent/guardian will authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about the medication the child is receiving, and will also authorize the health care provider to speak with the Director or Director’s designee in the event that a situation arises that requires immediate attention to the child’s health and safety particularly if the parent/guardian cannot be reached.
16. Parent/guardian will read and have an opportunity to discuss the content of this policy with the Director or Director’s designee. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of their child. Parent/guardian will receive a copy of the signed policy including single copies of the records referenced in this policy.
17. The Medication Administration in Child Care Policy will be reviewed annually by the following:
18.
 - Child Care Director _____
 - Licensing Consultant _____
 - Child Care Health Consultant _____
 - Parent/guardian _____
 - Other(specify) _____
 - Other(specify) _____

EFFECTIVE DATE OF THIS POLICY:	PARENT SIGNATURE:	DATE:
	PARENT SIGNATURE:	DATE:
	CENTER DIRECTOR/DESIGNEE SIGNATURE:	DATE:

REFERENCES: Information for the Medication Administration in Child Care Policy was derived from the current *Manual of Requirements for Child Care Centers in New Jersey and Caring For Our Children—The National Health and Safety Performance Standards for Out-of-Home Child Care Programs*, second edition.

The 5 Rights to Giving Medications to Children in Child Care

The 5 Rights	
<p>CHILD</p> <p>“Is this the right child— even though you think you know—you must check?”</p>	<ul style="list-style-type: none"> • Do you know the child’s first and last name? • Is this the same child whose full name appears on the: <ul style="list-style-type: none"> ✓ Health care provider form ✓ Parental permission form ✓ Medication container label • When unsure as to the identity of the child: <ul style="list-style-type: none"> ✓ Photo record of child to verify identity with the Director of the child care agency, or designee who knows the child to confirm the Identity of the child
<p>MEDICINE</p> <p>“Is this the correct Medicine?”</p>	<ul style="list-style-type: none"> • Does the label on the medication container match the name of the medication as it appears on the Permission to Administer Medication form? <ul style="list-style-type: none"> ✓ The health care provider communication section ✓ The parental permission section • What is the expiration date on the medication container label? Has the medication expired?
<p>DOSE</p> <p>“Are you giving the exact amount of medicine?”</p>	<ul style="list-style-type: none"> • Does the dose follow the directions on the permission form and the medication container label? <ul style="list-style-type: none"> ✓ The health care provider communication section ✓ The parental permission section ✓ The medication container • Is the dose clearly stated? • Do you have the correct measuring device to give the medication?
<p>ROUTE</p> <p>“Are you using the proper method to give the medicine?”</p>	<ul style="list-style-type: none"> • How is this medication to be given? (By mouth, ear, eye, nose or applied to the skin) • Does the route of administration match in all the appropriate places? <ul style="list-style-type: none"> ✓ The health care provider communication form ✓ The parental permission form ✓ The medication container
<p>TIME</p> <p>“Is it the correct time to give the medicine?”</p>	<ul style="list-style-type: none"> • When was the last time the medicine was reported to have been given by the parent? • When was the last time the medicine was given as recorded on the Medication Administration Record? • Does the time match the instructions in all the appropriate places? <ul style="list-style-type: none"> ✓ The health care provider communication form ✓ The parental permission form ✓ The medication container • Are there specific instructions as to when or how the medication is to be given? Such as with food, on an empty stomach, or before/after eating. • If the medicine is to be given “as needed”, does the child have symptoms that match the directions on the health care provider communication and parental permission forms?

ACCIDENT/INJURY REPORT		CENTER NAME:		CENTER ADDRESS:	
The center shall maintain on file a written record of each incident resulting in an injury.					
CHILD'S NAME:		PERSON COMPLETING REPORT:		WITNESS(ES):	
DATE OF INJURY:		TIME OF INJURY:		DATE REPORT COMPLETED:	
TYPE OF INJURY: (Check All That Apply)	<input type="checkbox"/> ACHE	<input type="checkbox"/> BREATHING SHALLOW	<input type="checkbox"/> FOREIGN BODY IN EYE	<input type="checkbox"/> REDNESS	
	<input type="checkbox"/> BITTEN BY ANIMAL	<input type="checkbox"/> BROKEN BONE SUSPECTED	<input type="checkbox"/> HEAD INJURY	<input type="checkbox"/> SCRAPE	
	<input type="checkbox"/> BITTEN BY CHILD	<input type="checkbox"/> CHOKING	<input type="checkbox"/> ITCHING	<input type="checkbox"/> SCRATCH	
	<input type="checkbox"/> BITE THAT BROKE THE SKIN	<input type="checkbox"/> CUT	<input type="checkbox"/> NAUSEA	<input type="checkbox"/> SPLINTER	
	<input type="checkbox"/> BLEEDING	<input type="checkbox"/> DROWSINESS	<input type="checkbox"/> NOSE BLEED	<input type="checkbox"/> SPRAIN	
	<input type="checkbox"/> BURN	<input type="checkbox"/> EYE INJURY	<input type="checkbox"/> POISONING	<input type="checkbox"/> STING	
	<input type="checkbox"/> BREATHING RAPIDLY	<input type="checkbox"/> FALL FROM A HEIGHT OF: _____	<input type="checkbox"/> RASH	<input type="checkbox"/> SWELLING	
	<input type="checkbox"/> OTHER:				
PLACE ON BODY INJURY OCCURRED: (Check All That Apply)	<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> CHEEK	<input type="checkbox"/> FINGER	<input type="checkbox"/> HEAD	<input type="checkbox"/> THIGH
	<input type="checkbox"/> ARM	<input type="checkbox"/> CHEST	<input type="checkbox"/> FOOT	<input type="checkbox"/> HIP	<input type="checkbox"/> TOE
	<input type="checkbox"/> ANKLE	<input type="checkbox"/> CHIN	<input type="checkbox"/> FOREHEAD	<input type="checkbox"/> KNEE	<input type="checkbox"/> TONGUE
	<input type="checkbox"/> BACK	<input type="checkbox"/> EAR	<input type="checkbox"/> GROIN	<input type="checkbox"/> LEG	<input type="checkbox"/> WRIST
	<input type="checkbox"/> BUTTOCKS	<input type="checkbox"/> ELBOW	<input type="checkbox"/> HAND	<input type="checkbox"/> LIP	<input type="checkbox"/> TEETH
	<input type="checkbox"/> OTHER:				
WHERE INJURY OCCURRED: (Check All That Apply)	<input type="checkbox"/> CLASSROOM	<input type="checkbox"/> BATHROOM	<input type="checkbox"/> SIDEWALK	<input type="checkbox"/> CAR	<input type="checkbox"/> FIELD TRIP
	<input type="checkbox"/> HALLWAY	<input type="checkbox"/> STAIRWAY	<input type="checkbox"/> PARKING LOT	<input type="checkbox"/> BUS	<input type="checkbox"/> PLAYGROUND
	<input type="checkbox"/> OTHER:				
TYPE OF SURFACE	<input type="checkbox"/> CARPETING	<input type="checkbox"/> TILE FLOOR	<input type="checkbox"/> WOOD FLOOR	<input type="checkbox"/> RUBBER	<input type="checkbox"/> LAMINATE FLOOR
	<input type="checkbox"/> WOOD CHIPS	<input type="checkbox"/> GRASS	<input type="checkbox"/> SAND	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> ASPHALT
	<input type="checkbox"/> OTHER:				
DESCRIBE HOW INJURY/ACCIDENT HAPPENED:					
TREATMENT/FOLLOW UP ACTIONS: (Check All That Apply)	FIRST AID GIVEN AT THE CENTER:		OUTSIDE MEDICAL ATTENTION GIVEN:		
	<input type="checkbox"/> CLEANED WITH SOAP AND WATER	<input type="checkbox"/> CONSOLED CHILD	<i>(Notify the OOL by next working day and provide documentation within 1 week.)</i>		
	<input type="checkbox"/> ICE APPLIED	<input type="checkbox"/> MEDICATION ADMINISTERED:	<input type="checkbox"/> AMBULANCE OR 911 CALLED/ONSITE		
	<input type="checkbox"/> ANTISEPTIC APPLIED	<input type="checkbox"/> OTHER (DESCRIBE):	<input type="checkbox"/> EMERGENCY CARE PROVIDED		
	<input type="checkbox"/> REST PROVIDED		<input type="checkbox"/> POISON CONTROL CALLED		
	<input type="checkbox"/> BANDAGE APPLIED		<input type="checkbox"/> TRANSPORTED EMERGENCY/URGENT CARE		
	STAFF WHO PERFORMED FIRST AID:		<input type="checkbox"/> CONSULTATION/TREATMENT BY LICENSED PHYSICIAN OR HEALTH CARE PROVIDER		
PARENT NOTIFICATION*:	METHOD OF NOTIFICATION:		TIME OF NOTIFICATION:	COMMENTS:	
	<input type="checkbox"/> NOTIFIED BY PHONE	<input type="checkbox"/> OTHER:			
	<input type="checkbox"/> NOTIFIED AT PICK UP				
* Take immediate necessary action to protect the child from further harm and immediately notify the child's parent(s) when a bite breaks the skin; a child sustains a head or facial injury, including when a child bumps his/ her head; a child falls from a height greater than the height of the child; or an injury requiring professional medical care occurs.					
STAFF SIGNATURE:	DATE:	DIRECTOR SIGNATURE:	DATE:	PARENT SIGNATURE:	DATE:

HANDWASHING AND SANITATION PROCEDURES

HOW TO WASH HANDS

Wet hands with running water and lather with soap, rubbing front and back of hands, between your fingers and under your nails for at least 20 seconds. Rinse under running water for at least 10 seconds. Dry hands with paper towel using the paper towel to turn off faucet.

WHEN TO WASH HANDS

STAFF

- After caring for a child who appears to be sick.
- After assisting a child in toileting
- Before preparing or serving food

CHILDREN*

- Before Intake of food
- Immediately after outdoor play.

- Immediately after diapering
- Immediately after using the toilet
- Immediately after coming into contact with blood, fecal matter, urine, vomit, nasal secretions, or other body fluids or secretions
- Immediately after coming in contact with an animal's body secretions; and

**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.*

HOW TO WASH AND DISINFECT*

STEP 1: Wash the surface with soap and water.

STEP 2: Apply the disinfectant to the surface remaining visibly wet as indicated on the product label.

WHEN TO WASH AND DISINFECT

BEFORE EACH MEAL:

- tables before each meal

AFTER EACH USE:

- fabric washcloths, when used to clean a child
- thermometers
- items used by a child who becomes ill
- sleeping mats not stored separately
- sinks and faucets used for rinsing a toilet training chair
- diapering surfaces
- toys mouthed by infants and toddlers before being given to another child
- bottles, nipples, and other feeding equipment
- toilet training chairs and potty seats that have first been emptied into a toilet

DAILY:

- toilets and toilet seats
- sinks and sink faucets
- drinking fountains
- play tables
- Water table and water play equipment
- diaper pails and lids
- non-porous floors in areas used by children

WEEKLY:

- cribs, cots, mats, playpens, or other approved sleeping equipment
- sheets, blankets or other coverings

*A commercially prepared disinfectant that indicates it kills bacteria, viruses, and parasites shall be used in accordance with label instructions; or a self-made solution consisting of one-quarter cup of household bleach to each gallon of water (one tablespoon per quart), which shall be prepared daily, in cold water and placed in a labeled, sealed container.

RECORD OF INFORMATION FOR VEHICLE #:

Attach the following:
 Copy of Driver's Current CDL
 Copy of Valid Insurance
 Copy of NJ Registration Card
 Record of Children Transported on Vehicle
 Permission to Transport Children

Vehicle Information:

License Plate #	Indicate Type: (check one)	Year, Make, and Model:
	<input type="checkbox"/> Type I School Bus <input type="checkbox"/> Type II School Bus <input type="checkbox"/> Type II School Vehicle	
NJ Registration #:		Serial #:
Tire Size /# of Ply:	Passenger Capacity:	Lessor or Contractor: (if any)
Semi-annual Inspection Dates:		Maintenance and Repair Dates:

Staff Information:

Driver's Name:	Ensure the following: CDL is a Class A, B, or C; CDL has a passenger (P) endorsement; CDL has a School (S) endorsement for Type I and II School Buses.	Staff Development on Safe Transportation* completed on:
Alternate Driver: (if applicable)	Ensure the following: CDL is a Class A, B, or C; CDL has a passenger (P) endorsement; CDL has a School (S) endorsement for Type I and II School Buses.	Staff Development on Safe Transportation* completed on:
Additional Adult:	Address:	Staff Development on Safe Transportation* completed on:
Alternate Adult: (if applicable)	Address:	Staff Development on Safe Transportation* completed on:

Ensure:

- an additional adult is provided when transporting 1 or more children; 2 additional adults when transporting 13 or more children under age 2½.
- *staff development on the center's written policy and procedures on ensuring the safe transportation of children, including, but not limited to, ensuring that children are secured in appropriate restraints is provided to each regularly-scheduled driver and additional adult *PRIOR TO STARTING* his or her position.
- children **DO NOT** remain in any vehicle for **MORE THAN 1 HOUR** at any given time on a daily basis.
- written authorization from the parent/guardian is obtained before transporting a child to or from the center.

Emergency Evacuation Drills: (Required for Type I or Type II School Buses)

DRILL 1:	Date of Drill:	# of Passengers:	Time Taken to Evacuate:	Signature of Drill Conductor:
DRILL 2:	Date of Drill:	# of Passengers:	Time Taken to Evacuate:	Signature of Drill Conductor:



UNDERSTANDING LICENSING REGULATIONS

LIST OF LINKS REFERENCED (IN ORDER OF APPEARANCE)

Manual of Requirements for Child Care Centers

www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf

New Jersey Child Care Information System (NJCCIS)

<https://njccis.com/njccis/home>

OOL Inspection Violation Reports and Complaint Investigation Summaries

<https://childcareexplorer.njccis.com/portal/>

How and When to Report Child Abuse/Neglect

<http://www.nj.gov/dcf/reporting/how/>

My New Jersey Log In for Child Abuse Record Information (CARI) Portal

<https://my.state.nj.us/openam/UI/Login>

Radon Testing

http://njradon.org/sci_day.htm

Department of Environmental Protection (DEP) Approvals

www.state.nj.us/dep/dccrequest

Department of Community Affairs (DCA), Letter of Prior Uses

www.state.nj.us/dca/codes

Department of Health (DOH), Indoor Air Requirements

<http://www.nj.gov/health/ceohs/environmental-occupational/child-care-edu/>

Bureau of Safe Drinking Water (BSDW), Private Well or Non-Public Water System

www.state.nj.us/dep/dccrequest/safedrink.html

Bureau of Safe Drinking Water (BSDW), Public Community Water System

<http://www.nj.gov/dep/watersupply/schools.htm>

Public Playground Safety Handbook

<https://cpcs.gov/s3fs-public/325.pdf>

Department of Health (DOH) Outbreak Notices

<http://nj.gov/health/cd/topics/#C>

Department of Health (DOH) General Guidelines for the Control of Outbreaks in School and Child Care Settings, School Exclusion List

http://nj.gov/health/cd/documents/School%20Exclusion%20List%20_revised%207.10.2017.pdf

Department of Health (DOH) Universal Child Health Record, CH-14

www.state.nj.us/health

Department of Health (DOH) Care Plan for Children with Special Health Needs, CH-15

www.state.nj.us/health

Motor Vehicle Commission (MVC), Operations

<http://www.state.nj.us/mvc/Inspections/schoolbus/noflash/main.htm>