i can kids
Child Care & Learning Center

806 Route 1 North
Edison, NJ 08817
(732) 662-9381
FAX: (732) 903-2060
www.icankidschildcare.com

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I Can Kids Forms – To Read and Return

Forms to be Completed by Your Child's Physician and Returned

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Our Philosophy

I Can Kids Child Care and Learning Center offers so much more than just a safe and fun place for your child. In addition to offering an excellent academic program with the latest technology and state certified teachers, we offer so much more.

At I Can Kids we believe that having a positive can-do attitude in life is what makes a person feel confident and successful. It can take you through the challenging times in life and also allow you to appreciate the good times. We believe that it is truly the key to happiness. We also believe that this attitude can be taught and learned, and that the best time to do so is in a person's early years. That is why, at I Can Kids we teach children the strategies, tools, and techniques to have an I-can positive attitude, which in turn builds self-esteem and confidence. We are proud to offer our I can kids these life enriching skills, to carry with them for the rest of their lives because…

It's what we are passionate about!

Our Specialty

One thing that stands us apart from typical child care centers is the multi-age environments that we provide our children. The different multi-age environments not only allow each child to develop at their own pace, but they provide models for the younger ones to follow. This modeling supports development at a quicker pace because the younger ones begin to mimic their community members. For example, imagine a child who is almost ready to be potty trained seeing other children go through the process of taking care of their own needs. This "I want to be a big kid" attitude might be just what is needed to motivate the child to persevere. The more advanced children then move on to the next environment, without waiting for their chronological age to catch up with their cognitive skills. The biggest advantage in providing multi-age environments is that there are less transitions for our children over time.

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Pick Up Authorization

(Please Print Clearly)

Child's Name_____

Pick-Up Authorization: I hereby authorize:

Name: _____ Relationship: _____
Address: _____ City:_____ Zip:_____
Phone#:_____ Work Phone: _____

Name: _____ Relationship: _____
Address: _____ City:_____ Zip:_____
Phone#:_____ Work Phone: _____

Name: _____ Relationship: _____
Address: _____ City:_____ Zip:_____
Phone#:_____ Work Phone: _____

To pick up my child from I Can Kids Child Care and Learning Center. If these instructions should change, I will let you know in advance and in writing. (Please note any special instructions and the names of persons NOT authorized to remove your child from the center.)

****All persons picking up a child must present a photo ID at the time of pick up****

Special Instructions (If any): _____

_____

_____

Signature of Parent/Guardian:_____ Date:_____

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Information to Parents

Our center is required by the State Child Care Center Licensing Law to be licensed by the Bureau of Licensing of the New Jersey Division of Youth and Family Services (DYFS). A copy of our current license must be posted in a prominent location at our center. Look for it by the entrance into our center.

To be licensed I Can Kids 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.

I Can Kids must have on the premises a copy of the Manual of Requirements and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the Manual of Requirements for Child Care Centers, for a nominal fee, by writing to the Department of Children and Families, Office of Licensing, P.O. Box 717, Trenton, NJ 08625-9845, phone (877) 667-9845.

We encourage parents to discuss with us any questions or concerns about the policies and programs of the center or the meaning, application or alleged violations of the Manual of Requirements. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing standards, you are entitled to report them to the Bureau of Licensing. Of course, we would appreciate you bringing these concerns to our attention, too.

I Can Kids must have a current Pick Up Authorization on file to allow the dismissal of a child to only those authorized. If someone other than those listed on the authorization will be picking up the child, written authorization must be received in advance. All persons picking up a child must provide photo ID.

I Can Kids must have a policy about dispensing medicine and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Parents are entitled to review the center's copy of the Bureau of Licensing's Inspection/ Violation Reports on the center, which are issued after every State licensing inspection of the center. If there is a licensing complaint investigation, you are also entitled to review the Bureau's complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them, and we will make them available for your review.

I Can Kids must cooperate with all DYFS inspections/investigations. DYFS staff may interview both staff members and children.

I Can Kids 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.

I Can Kids must offer parents of enrolled children ample opportunity to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interests with the Director who can advise them of what opportunities are available.

Parents of enrolled children may visit the 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 parents.

I Can Kids 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 trip.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by an adult, whether working at the center or not, is required by the State Law to report the concern immediately to the Department of Children and Families, 222 South Warren Street, 3rd Floor, P.O. Box 729, Trenton, NJ 08625-0729, phone (877) 652-2873. Such reports may be made anonymously.

Parents may secure information about abuse and neglect by contacting: Department of Children and Families, P.O. Box 717, Trenton, NJ 08625-9845

I Can Kids Child Care and Learning Center

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

Name of Child:_____

Name of Parent/Guardian:_____

I have read and received a copy of the Information to Parent's Statement prepared by the Bureau of Licensing in the Division of Youth and Family Services.

Signature:_____ Date: _____

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Child Care Discipline Policy

There is a need for sound and positive discipline methods in caring for young children. The purpose of good discipline is to instruct and guide children into a pattern of responsible behavior. This child care facility uses a three-part discipline method as described:

1. The aforementioned rules are displayed so that both parents and children can become aware of them.

2. A child who intentionally and willfully breaks the aforementioned rules will be reminded in a positive manner of the need to follow these rules. We will guide appropriate behavior through rewards, behavior reports, redirection, and time-outs. We will not hit, spank, verbally abuse, or withhold food, water, or rest from a child as a form of punishment. (We also recommend that parents never spank a child in our facility)

3. If a child continues to break these rules, the parent/guardian will be notified and requested to assist in reinforcing the rules.

If after two weeks this three-step system does not work and the child is deemed uncontrollable by the caregiver, for the sake and safety of the other children in our care the caregiver reserves the right to give two week's notice of termination.

I understand the discipline policy and I agree to maintain these standards.

Signature of parent/guardian: _____ Date _____

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Medical Release Form

I, _____ , parent or guardian of
(Print Name)

_____ , give permission to
(Child's Name)

I Can Kids Child Care and Learning Center, to obtain emergency Medical treatment for my child, if necessary, at my preferred medical facility_____

_____
(Hospital's Name)

Child's Physician: _____ Physician's Phone #:_____

Please note any allergies, medications, or pertinent medical history:_____

_____

_____

Parent's/Guardian's Work Phone:_____ Emergency Phone #:_____

Signature of Parent/Guardian:_____ Date:_____

(Notarization is recommended because it can be required by a medical facility).

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Illness Policy

When children arrive for care they must be in good health and free from symptoms of contagious disease or according to State Law they must be refused admittance.

Under no circumstances will our center admit any child who has any symptom of illness or disease that a physician has determined to require the child to be:

1. Confined to home under physician's immediate care or
2. Admitted to a hospital for medical care and treatment.

No child exhibiting symptoms or having any of the following illnesses will be admitted to the center unless a medical diagnosis from a licensed physician which has been communicated to the center in writing or verbally with a written follow-up indicates that the child poses no serious health risk to himself or herself or to other children. Such illnesses or symptoms of illness shall include, but not be limited to any of the following:

1. Severe pain or discomfort
2. Acute diarrhea, characterized as twice the child's usual frequency of bowel movements with a change in consistency within a period of 24 hours
3. Two or more episodes of acute vomiting within a period of 24 hours
4. Elevated oral temperature of 101.5 degrees Fahrenheit or over an axillary temperature of 100.5 degrees Fahrenheit or over in conjunction with behavior changes
5. Sore throat or severe coughing
6. Nasal secretions that are thick and yellow or green in color
7. Yellow eyes or jaundiced skin
8. Red eyes with discharge
9. Conjunctivitis, red eyes with discharge either gooey or crusty
10. Infected, untreated skin patches
11. Difficult or rapid breathing
12. Any type of skin rash lasting more than one day, excluding diaper rash.
13. Weeping or bleeding skin lesions that have not been treated by a physician or nurse
14. Swollen joints
15. Stiff neck
16. Blood in urine

Once the child is symptom free, or a licensed physician indicates that the child poses no serious health risk to himself or herself or to other children, the child may return to the center.

If a child who has already been admitted to the center manifests any of the illnesses or symptoms of illnesses specified above:

1. The child will be removed from the group and placed in a comfortable and visible area.
2. The parent will be notified immediately, to pick up the child, unless the Director has verbally communicated with a licensed physician, who indicates that the child poses no serious health risk to him/herself or others, at which point the child may return to group.
3. When the parent is notified the child must be picked up within one hour.

I understand this illness policy and I agree to meet the standards as described above.

Signature of Parent/Guardian _____ Date_____

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Communicable Diseases Policy

The center shall not permit a child or staff member with an excludable communicable disease as specified in the table below to be admitted to or remain at the center until:

1. A note from the child's or staff member's licensed physician states that the child or staff member respectively has been diagnosed and presents no risk to himself/herself or to others.

2. The center has contacted the State Department of Health's Communicable Disease Program or local health department pediatric health consultant and is told the child or staff member poses no health risk to others.

3. If the child has chicken pox, the center obtains a note from the parent stating either that at least six days have elapsed since the onset of the rash or that all sores have dried and crusted.

Table of Excludable Communicable Diseases

Respiratory Illnesses	Gastro-Intestinal Illnesses	Contact Illnesses
Chicken Pox	Giardia Lamlia*	Impetigo
German Measles*	Hepatitis A*	Lice
Hemophilus Influenzae*	Salmonella*	Scabies
Measles*	Shigella*	
Meningococcus*		
Mumps*		
Strep Throat		
Tuberculosis*		
Whooping Cough*		

*Reportable diseases as required by NJAC 10:122-7

Attendance by children and/or staff member known to be infected with Human Immunodeficiency Virus (HIV)

The center will admit a child known to be infected with HIV (also HTLV-III or LAV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS) to the center.

In order to protect the affected child from possible exposure to the infectious diseases of other persons at the center, the center must be notified of such condition.

The center will not exclude a child solely for the reason that such individual lives with or is related to a person known to be infected with HIV.

The director will maintain the confidentiality of any child or staff member known to be infected with HIV.

The center will not require the routine medical screening of children or staff members in a center to detect the presence of HIV.

I understand this illness policy and I agree to meet the standards as described above.

Signature of Parent/Guardian _____ Date_____

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Rules For Dispensing Medication

1. Medication shall be administered only after receipt of a Medication Administration Authorization and Log from the child's parent/ guardian. Any medication to be given **MUST** be labeled with the child's first and last name.

2. All medication shall be kept either in a locked cabinet or in an area that is inaccessible to the children.

3. Any prescription medication for a child shall be:

   a. Prescribed in the name of and specifically for the child
   b. Stored in its prescription container, which has been labeled with the child's name, the name of the medication, the date it was prescribed or updated and directions for administration
   c. Include a dosage cup or spoon for measuring medicine accurately

4. The center shall limit the dispensing of non-prescription over-the-counter medication. The medication shall be authorized on the Non-Prescription Medication Permission form.

5. Unused medication shall be returned to the parent/guardian at the end of each day or when no longer being administered.

6. Medication and Administration Authorization and Log must be signed daily.

Medicine Log:

Parent must include the following information in order for us to give any medication:

- Date to be given
- Child's first and last name
- Name of the medication
- Correct dosage
- Exact time to be given (not every four hours)
- Parent MUST sign medication log

I understand this illness policy and I agree to meet the standards as described above.

Signature of Parent/Guardian _____ Date_____

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Photographic Release

Child's Name_____

I **CONSENT/ DO NOT CONSENT** (Please circle your choice) and authorize I Can Kids to use and reproduce photographs taken of my child and circulate them for advertising and publicity purposes of every description.

Signature of Parent/Guardian:_____ Date:_____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)*	*(First)*	Gender ☐ Male ☐ Female	Date of Birth / /

Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier

Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐No

Abnormalities Noted:	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ 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: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***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 and Senior Services, Immunization Program at 609-588-7512.
   - The Immunization record must be attached for the form to be valid.
   - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions -** Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

   b. **Medications -** List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

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

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

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

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

   e. **Allergies/Sensitivities -** Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

   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 heath 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.

New Jersey Department of Health and Senior Services
STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD

NAME OF CHILD (Last, First, MI)	DATE OF BIRTH (Mo./Day/Yr.)	SEX ☐M ☐F
NAME OF PARENT/GUARDIAN	TELEPHONE NUMBER(S)	
ADDRESS		
ADDRESS	IMMUNIZAITON REGISTRY NUMBER	

VACCINE TYPE	1ST DOSE MO/DAY/YR	2ND DOSE MO/DAY/YR	3RD DOSE MO/DAY/YR	4TH DOSE MO/DAY/YR	5TH DOSE MO/DAY/YR	LEAD SCREENING *(Not Required)*	
						TEST DATE	RESULT
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (If Td or DT[1], indicate in corner box)							
POLIO-INACTIVATED POLIO VACCINE (IPV) (If oral vaccine, indicate OPV in corner box)							
MEASLES, MUMPS, RUBELLA (MMR)					[5] Document below single antigen vaccine receipt, serology titers, or Varicella disease history		
HAEMOPHILUS B (HIB) [2]							
HEPATITIS B [3]					Hepatitis B	DATE:	TITER:
VARICELLA [4]					Varicella	DATE:	TITER:
PNEUMOCOCCAL CONJUGATE [2]					Measles	DATE:	TITER:
INFLUENZA [6]					Mumps	DATE:	TITER:
OTHER, SPECIFY:					Rubella	DATE:	TITER:

☐Provisional Admission Attached - Date Granted: _____ ☐Medical Exemption Attached ☐Religious Exemption Attached

(1) REQUIRES MEDICAL EXEMPTION.
(2) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (2 Months - 5th Birthday Only)
(3) REQUIRED FOR K-GRADE 1 (whichever is first). GRADE 6 BEGINNING 9-1-01, AND GRADES 9-12, EFFECTIVE 9-1-04.
(4) REQUIRED FOR DAY/CHILD CARE ENROLLEES (19 Months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04.
(5) MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR.
(6) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months – 59 Months)