

COLLEGE OF EDUCATION
WILLIAM PATERSON UNIVERSITY

Child Development Center

1800 Valley Road, Wayne, NJ 07470
Phone: 973-720-4004 email: childdevelopmentctr@wpunj.edu

www.wpunj.edu/child-development

Registration Application

Please print all information clearly or type into pdf. Complete applications may be emailed, mailed or dropped off at the CDC.

Child's Name _____ Date of Birth _____

Child's Name as you would like it to appear in the parent/guardian directory: _____

Child's Home Address

_____ Street _____ City _____ State _____ Zip code _____

Parent/Guardian Information

Name _____ Email _____

Home Address _____

Home/Cell Phone _____ Business Phone _____

Parent/Guardian Information

Name _____ Email _____

Home Address _____

Home/Cell Phone _____ Business Phone _____

Is either guardian a current or former William Paterson University student or staff member?
____ Yes, 855# _____ No/not applicable

Three persons authorized to pick up your child and/or contact in case of emergency if neither parent/guardian is available:

Name	Address	Phone #	Relationship
1			
2			
3			

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If a non-custodial parent is not among those persons authorized by you, the custodial parent, to pick up your child, you must attach a copy of the court order. This information will be retained on file at the Child Development Center.

Requested Schedule

To determine space availability, applicants must indicate the requested number of days and hours. For the 2023/2024 school year, children have the option of attending 4 or 5 days, 8:45-3:15. We also offer wraparound care 7:30-8:45 and 3:00-5:00 for an additional fee.

Please check the option that best describes your needs*

My child will be attending

<input type="checkbox"/> 5 full days (8:45-3:15)					
<input type="checkbox"/> 4 full days (8:45-3:15)	Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	Thurs	Fri
<input type="checkbox"/> 3 full days (8:45-3:15)	Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	Thurs	Fri
<input type="checkbox"/> 2 full days (8:45-3:15)	Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	Thurs	Fri
<input type="checkbox"/> 1 full day (8:45-3:15)	Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	Thurs	Fri

Half-day options

<input type="checkbox"/> 5 half days (8:45-12:45)					
<input type="checkbox"/> 4 half days (8:45-12:45)	Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	Thurs	<input type="checkbox"/> Fri
<input type="checkbox"/> 3 half days (8:45-12:45)	Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	Thurs	<input type="checkbox"/> Fri
<input type="checkbox"/> 2 half days (8:45-12:45)	Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	Thurs	<input type="checkbox"/> Fri
<input type="checkbox"/> 1 half day (8:45-12:45)	Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	Thurs	<input type="checkbox"/> Fri

* A combination of full and/or half days can be selected (ex. 3 full days M, W, F + 2 half days T, R)

2023/2024 Extended Hours Options (additional fee, please indicate days requested)

extended AM (7:30-8:45)	<input type="checkbox"/> Monday	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
extended PM (3:15-5:00)	<input type="checkbox"/> Monday	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>

Child's Name: _____ Signature of Parent/Guardian _____

Date of Application Submission _____ Received by _____

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Tuition Rates

September 2023 - June 2024

- *A one-time \$100 nonrefundable registration is required at the time of registration
- * Tuition rates are divided equally throughout the 10 months (September - June).

	WP Student	WP Alumni/ Employee	Community
Full Day Options 8:45-3:15	8:45-3:15	8:45-3:15	8:45-3:15
1 day/week	\$256	\$288	\$320
2 days/week	\$512	\$576	\$640
3 days/week	\$768	\$864	\$960
4 days/week	\$1,024	\$1,152	\$1,280
5 days/week	\$1,280	\$1,440	\$1,600
Half Day 8:45-12:45	8:45-12:45	8:45-12:45	8:45-12:45
1 day/week	\$160	\$180	\$200
2 days/week	\$320	\$360	\$400
3 days/week	\$480	\$540	\$600
4 days/week	\$640	\$720	\$800
5 days/week	\$800	\$900	\$1,000
Before & Aftercare 7:45-8:45am 3:15-5:00pm	\$20 per day	\$20 per day	\$20 per day

Department of Children and Families Office of Licensing

INFORMATION TO PARENTS

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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/>.

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INFORMATION TO PARENTS

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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/.

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	

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Emergency Medical Release

In the event of an accident or emergency, the Child Development Center will make every effort to contact the child's parents/guardians (and physician) at the locations indicated by the parent/guardian, as soon as possible. However, it accepts no liability in the event that it is unable to contact them.

I hereby grant the WPU Child Development Center permission to provide medical aid to my child, and to seek emergency medical care for my child. My child may be transported to the nearest emergency room via Campus Police. I hereby authorize the hospital and its personnel to perform emergency treatment on my child as deemed necessary by the emergency room physician.

Parent/Guardian's Signature _____ Date _____

Child's Health Care Information

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

*Child's Allergies, if any _____

*You must supply a doctor's note specifying allergens, symptoms and course of treatment required.

Name of Insurance Company/HMO: _____

Group # _____ Identification # _____

Subscriber's Name on Insurance Card: _____

Medication child takes regularly: _____

List special conditions, disabilities, medical/physical restrictions or any other medical information for emergency situations

The Universal Child Health Record must be completed by your child's pediatrician and returned to us before your child may attend. Download this form at: <http://www.state.nj.us/health/forms/ch-14.pdf>

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.

Important People in Your Child's Life

Names and relationship of adults in household: *Please include what your child calls the person*
i.e.: Grandmother "Babcia"

Names and ages of siblings, include what child calls them

Other important people that your child may share stories about (include name & relationship)

Home Language Survey

Date of school entrance: _____

Person completing the survey: mother father grandparent guardian other

Please tell us about your child

1. What language did the child learn when he/she first began to talk? _____
2. What language does the family speak at home most of the time? _____
3. What language(s) does the primary caregiver(s) speak to the child? _____
4. What language(s) does the child use most frequently when speaking to his/her primary caregiver(s)?

5. What language(s) does the child speak to his/her siblings most of the time? _____
6. What language does the child speak to his/her friends most of the time? _____
7. Please list any preschool program(s) your child attended before coming to our program:

8. In which language do you prefer to receive information from the school? _____
9. What name do you use with your child (if different from above?) _____

Sun Block Policy

The staff makes every effort to protect children from sunburn. Parents should apply sunscreen every morning, prior to arriving at school. Please dress your child in appropriate clothing, to block harmful sun rays (sunhat, light-colored clothing, etc.). There may be times that the teaching staff may feel it is necessary to apply additional sunscreen to any other areas exposed to the sun. Each child's parent/guardian is responsible for providing sunscreen for staff to apply to him/her. Sunscreen must be clearly labeled with your child's name and returned with the permission slip attached. Staff members applying sunscreen will wear vinyl gloves and will wear new gloves before applying sunscreen to another child.

____ I give my permission for a staff member from the CDC to apply sunscreen to my child.

____ I have provided the CDC with sunscreen to use for my child. My child's name is printed clearly on the label of the sunscreen.

Name of child

Date

Name of Parent or Guardian (print)

Parent/Guardian signature

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Parent/Guardian Consent Forms

Please return with completed application

Child's Name: _____

Walks and Field Trips

Regular and carefully supervised walks and activities on campus and the surrounding area are an important part of our curriculum. Parent/guardians will be notified in the advance whenever possible. My child may participate in walks and activities on and around campus (i.e. the adjacent hiking trail).

Parent's/Guardian's signature _____

Photographs and Videotapes

Photo and video are sometimes used at the WPU Child Center for educational purposes or public relations, including the WPU Instagram and/or WP Early Childhood Facebook account.

___ My child's name and photo may be used for educational purposes and/or public relations

___ I would like to approve any photo containing an identifiable image of my child prior to being posted to WPU Instagram and/or WP Early Childhood Facebook account.

Parent's/Guardian's signature _____

Observation and Participation

The WPU Child Care Center welcomes WPU students, staff, and faculty to utilize the Center as a resource for educational purposes. All visits are arranged by the director in advance and are carefully supervised by staff. Children are never pressed to participate. We ask participants to use initials rather than names in reports to protect the privacy of children and parents.

My child may be observed and/or participate in training or research activities of WPU students, staff and faculty.

Parent's/Guardian's signature _____

* Signed forms may be dropped off at the WPU Child Development Center at 1800 Valley Rd, Wayne, NJ or emailed to childdevelopmentctr@wpunj.edu

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 1877-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).

Policies on the Use of Technology and Social Media

Children and Technology

Our preschool and kindergarten classrooms are equipped with state-of-the-art interactive boards that staff use to enhance our learning experiences. The use of technology is aligned with the NJ Department of Education's guidance for Technology and Interactive Media in the Early Years and the joint position statement on the use of technology in early childhood issued by the National Association for the Education of Young Children and the Fred Rogers Center for Early Learning and Children's Media at Saint Vincent College. Technology tools may include interactive white boards, iPads and digital cameras and screen time is limited and restricted to creative and active applications.

Use of Social Media

To protect all children, families and staff of the William Paterson Child Development Center, the following policies apply to all families and staff.

- 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.
- Posts that may reveal the center's current, off-site location are prohibited.
- Posting of photographs or videos of children other than your own is prohibited.
- Any breaches of the center's Policy on the Use of Technology and Social Media identified must be promptly reported to the Director.

The Child Development Center may post on the William Paterson University College of Education's Facebook and Instagram pages with center director's permission. Photos posted will not have children's names. All photos are approved by the director.

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.

EXPULSION POLICY

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.

Parent Receipt of Information

Please return with completed application

- _____ Information to parents document
- _____ Policy on the release of children
- _____ Policy on the Communicable Disease Management
- _____ Expulsion Policy
- _____ Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Child's Name: _____

Parent/Guardian's Name: _____

Signature _____ Date _____

* Signed forms may be dropped off at the WPU Child Development Center at 1800 Valley Rd, Wayne, NJ or emailed to childdevelopmentctr@wpunj.edu

Program Information
1800 Valley Road, Wayne, NJ 07470

Important Child Development Center Contact Information

Amy Ginsberg, Dean, College of Education973-720-2594
ginsberga3@wpunj.edu

Child Development Center

Cindy Gennarelli, Director of WP CDC and Early Childhood Innovation.....973-720-2529
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Jorrdin Miller, Office Administrator973-720-3589
millerj108@wpunj.edu

William Paterson University

Main Number.877-978-3923

University Police/Public Safety973-720-2300

Division of Children and Family Services

Bureau of Licensing.....1-877-667-9845

Child Abuse Hotline.....1-800-792-8610

Websites

William Paterson University Home Page.....www.wpunj.edu

William Paterson University Child Development Center.....www.wpunj.edu/child-development

New Jersey Department of Education.....www.state.nj.us/education

NJ Department of Human Services - Licensing.....www.state.nj.us/humanservices

National Association for the Education of Young Children www.naeyc.org