



**Joseph H. Firth Youth Center**  
108 Fleming Drive, Phillipsburg, NJ 08865  
Phone: 908-454-7281 ♦ Fax: 908-454-8814

August 9, 2023

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#### DAILY SCHEDULE\*

**2:45-3:10pm**

Sign-In, Team Huddles

**3:10-3:30pm**

Homework Help and Snack

**3:30-5:30pm**

30-minute rotations of:

Computer/Craft

Reading Room Activity

Structured Physical Activity

Free Play in Gym

**5:30-6:00pm**

Computer/Craft Room

\*Schedule subject to change.

Dear Parent/Guardian:

It is with great pleasure that we announce the Joseph Firth Youth Center is able to offer licensed child care to the families of Phillipsburg! For the 2023-2024 school year, we plan to offer After School Care 2:45pm-6:00pm with more specific details below.

*Enclosed is an enrollment packet, but please note the following:*

- The first day of child care is Tuesday, September 5, 2023. The hours will be 2:45pm-6:00pm and 12:45pm-6:00pm on Phillipsburg Elementary & Middle Schools' pre-scheduled half days.
- We will open enrollment for youth in grades 2<sup>nd</sup>-8<sup>th</sup>.
- Transportation arrangements are the responsibility of the parent/guardian.
- Staff will monitor your child as they're completing homework, but are not responsible for the educational outcomes of your child. Children must bring their ChromeBook and earbuds each day, if applicable. Children will be divided into age-appropriate groups.
- The enrollment packet must be completed, turned in, and approved by the Program Director 2-business days **prior** to your child starting. A physical exam (less than 12-months old), up-to-date immunization records must accompany enrollment packet. If applicable, Court-ordered custody documents and/or Individualized Education Plans or Section 504 Plans must be included as well.
- All children must be a FYC Member for the 2023-2024 program year. The Membership form is included in this packet and a \$15 annual fee applies. If you reside within the Phillipsburg Housing Authority, you must obtain a Membership form through the ROSS Coordinator, Becky Johnson. She can be reached at 908-859-0122 ext. 107 or rjohnson@phillipsburgha.com
- Monthly tuition is \$160 per child. Payment is due on the **25<sup>th</sup>** of the month prior to attending. There are no discounts for vacation days, sick days, or days that the child misses care.
- The FYC accepts families who receive Subsidized Child Care. This is an on-going program to apply for financial assistance. For more information or to see if your family qualifies for free or reduced-rate child care, call Norwescap Child and Family Resource Services at 908-454-1078.
- Please send your child with a reusable water bottle each day.
- Holidays, snow days, and emergency closings are subject to change, please call to verify if we will be open on these days. We will make every effort to open on emergency school closures but need to keep our staff's safety in mind.
- The FYC will be closed on the following days in 2023: 8/28/23-9/4/23, 10/9/23, 11/23/23-11/24/23, 12/23/23-1/2/24, 4/1/24, and 5/27/24. Other school closure days may have opportunities for your child to attend 12-5pm for modified programs. More information will be released through the weekly e-Newsletters. Holiday/Closure Schedule is updated at [www.firthyouthcenter.com/closures](http://www.firthyouthcenter.com/closures)
- Failure to adhere to the FYC Policies or Code of Conduct will result in removal from program.

Should you have any questions regarding our program, please feel free to call our office at any time. We look forward to a great year!

Sincerely,

Kelly Post-Sheedy, M.Ed.

Executive Director



Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Grade: \_\_\_\_\_

Are there any needs, behaviors, or fears you would like to let us know about your child?  Yes  No \_\_\_\_\_

Do you have an IEP, IFSP, Special Needs Assessment, or other documentation? If so, please attach for our records. Please note, we do not have one-on-one care.  Yes  No \_\_\_\_\_

### General Information and Financial Policy- AGREEMENT FORM

- **Tuition includes:** Snack, special activities, and child care from after school until 6pm. The FYC will open early for scheduled PES half days.
- **Inclement Weather:** I understand that there may not be Child Care on days the school district unexpectedly closes and/or closes early.
- **Payment Due Date:** Payment for upcoming month is due by **the 25<sup>th</sup> of the month prior**. If not received, child will go on a Wait List. Payments are non-refundable. A \$30.00 processing fee per returned check. Families must then submit payment by cash or money order.
- **Payment Methods:** The FYC accepts cash, check, or money order. Credit and Debit Cards are not accepted.
- **Late Pick-Up Fee:** Children picked-up after dismissal time will be charged \$1.00 for every minute they are late. These fines are billed directly to the parent/guardian and are payable upon receipt of the bill. Repeat lateness may result in dismissal from the program.
- **Absences/Vacation/Holidays:** No credit will be given for days during the session the child is not in attendance. No credit will be given for days registered, but unattended. Families who receive subsidy should see below policy regarding absence/sick days.
- **Outstanding Balances:** If your family has an outstanding balance, they will be declined the ability to attend, register for the school year, transition to a new program, or obtain end of year statements until the account balance is current or paid in full.
- **Refunds/Credit Policy:** All payments received are nonrefundable. All refund requests must be approved by Executive Director.
- **Lunch/Snack:** A snack will be provided for every child. However, on half-days the child should bring their own meal or take the to-go lunch from the school. If your child is a picky eater, please pack a lunch/snack. Substitutions will not be provided, except to accommodate allergies.
- **Medication/Medical Care:** I understand that the FYC will not hold or dispense any medication for my child. If my child takes daily medication, they should do so before coming to camp or after leaving camp. If my child can self-administer, they are permitted to do so, but I understand the FYC Staff cannot aid in this process. In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the FYC to send my child to the nearest hospital: St. Luke's Warren. I agree to meet the staff at the hospital as soon as possible after being notified. I understand that I must bear all expenses, including those incurred to transport my child to the hospital.
- **Physical Exam/Immunization:** I understand I must provide proof of a physical exam and an up-to-date immunization record prior to the start of child care. I understand my child is not enrolled until proof of both is received by the Office Staff. If immunizations are not up-to-date, the FYC reserves the right to deny access to programs.
- **Policies:** I understand the FYC provides Policies and Procedures during Enrollment and has copies available at the facility. I agree I have read and understand the policy and procedures. By signing below, I agree to comply with all policies and procedures.
- **Lost Items:** I understand the FYC is not responsible for lost or stolen items. If available, I may provide a lock for my child's locker.
- I understand that my child will participate in a variety of dynamic programs throughout their time at the FYC. I give my permission for my child to participate in any and all activities hosted during child care.
- I acknowledge that I have received, reviewed and understand the information on the Emergency Operations Plan, Statement of Understanding, and all Policies provided herein. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child and will be required to present photo identification.
- I have received, understand and agree to follow all procedures and policies stated in Firth Youth Center enrollment packet.

I, the parent/guardian, have reviewed and approved this registration information. I have read, understand and agree to comply with the FYC's payment procedures and policies. I understand that my child will become ineligible for participation if payment has not been received by the FYC prior to or on due date. I agree to update the emergency contact, parent consent form, agreement form and health appraisal forms information whenever changes occur. I understand that the FYC will be observing holidays throughout the year and I will be made aware of these through the e-Newsletter system and postings at the building.

\_\_\_\_\_  
Parent/Guardian Name (print)

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

\_\_\_\_\_  
Date

### Subsidized Child Care Payment Policy

The following policies are **additional** for our Subsidized Care E-Child clients:

- I (or my authorized pick up or drop-off person) will log my child in/out every day per the process of Norwescap. I will continue to sign my child in and out every day and record the time of drop off and pick up on the sign-out sheets. I will be current with attendance logs as of 4:00pm on Thursday of each week.
- If I lose my card or log-in information, I will contact Norwescap immediately. If I do not have my card within 7 days, then my child(ren) cannot participate in the program or I may be charged the full rate.
- If myself or my child(ren) is sick or has a scheduled doctor's appointment, I will log or call out my child SICK that day. If my child has an unexcused Absence, I will log or call out my child ABSENT that day.
- If I fail to log my child(ren)'s attendance for five (5) days, my childcare services will be suspended until all days attendance are swiped and up to date.
- Any day(s) of which the FYC is not paid due to missing logs or logging incorrectly, I understand that the FYC will charge me those unpaid fees.
- All co-pays must be current as of the first of the month.
- Late payment fees may be applied to late co-payments unless arrangements are approved in advance. Every effort will be made to work with our clients.
- I understand the Sanction Policy set forth by the State of New Jersey and that if I fail or refuse to log, I will be required to attend a training provided by Norwescap within two weeks. If I do not comply with this, the State of New Jersey will suspend my child care subsidy according to their sanction policy.
- I understand the above policy and procedures set by the Firth Youth Center and I will adhere to them.
- Failure to follow Standard Payment Policy and/or other FYC Policies will result in the child being unable to attend other Firth Youth Center programs.

Parent/Guardian Signature: \_\_\_\_\_

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

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Date Paid: \_\_\_\_\_ Staff Initial: \_\_\_\_\_ Circle one: Check OR Cash (Annual Youth Membership: \$15)

Please consider my child as a scholarship candidate. *Housing Authority residents must complete through PHA Office & membership fee will be waived.*

## 2023-2024 MEMBERSHIP/ EMERGENCY CONTACT/ PARENTAL CONSENT FORM

CHILD'S NAME	BIRTH DATE:	2023-'24 GRADE:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Multiracial	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
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ADDRESS:	SCHOOL DISTRICT: <input type="checkbox"/> PHILLIPSBURG <input type="checkbox"/> ALPHA <input type="checkbox"/> POHATCONG	<input type="checkbox"/> LOPATCONG <input type="checkbox"/> STEWARTSVILLE/GREENWICH <input type="checkbox"/> OTHER: _____
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PARENT/GUARDIAN #1 NAME:	PHONE:
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ADDRESS:

EMAIL ADDRESS TO BE ADDED TO OUR E-NEWSLETTER SYSTEM FOR IMPORTANT UPDATES & ANNOUNCEMENTS:

PARENT/GUARDIAN #2 NAME:	PHONE:
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ADDRESS (if different from above):

List individuals as Emergency Contacts & Alternate Pick-Up persons below. We will not release your child to anyone not listed, unless you call us in advance. Photo ID will be required at pick-up. If phone numbers change, it is your responsibility to inform Office Staff.

EMERGENCY CONTACT/ALTERNATE PICK UP #1:	PHONE:
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EMERGENCY CONTACT/ALTERNATE PICK UP #2:	PHONE:
---	--------

EMERGENCY CONTACT/ALTERNATE PICK UP #3:	PHONE:
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NAME OF PRIMARY CARE PHYSICIAN:	PHONE:
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ALLERGIES, INCLUDING MEDICATION REACTION:

SPECIAL NEEDS OR ACCOMODATIONS REQUESTED (IF POSSIBLE AND/OR APPLICABLE):

HEALTH INSURANCE COVERAGE:	POLICY NUMBER:
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**FLIP OVER.**  
**SIGNATURES REQUIRED.**



**GENERAL PERMISSIONS: By initialing below, I indicate my permission for the preferences listed.**

Parent/Guardian must INITIAL EACH to signify yes or no.	YES	NO		
				I understand that my child will participate in a variety of dynamic programs throughout the FYC experience. I give my permission for them to participate in any and all activities the FYC staff and/or their collaborating partners plan and implement.
				I give permission to post my child's allergies in staff binders and staff area. I understand staff cannot administer <u>any</u> medication.
				In the event of minor injury, I authorize FYC to administer basic First Aid to my child. If serious medical attention is required, I give FYC permission to call EMS/EMT and/or have EMS transport my child to the nearest emergency room for care. I understand the FYC Policy is to contact a parent/guardian by phone of an injury to my child's head, a bite that breaks the skin, a fall from a height greater than them, or an injury requiring professional medical attention. It is my responsibility to update FYC of any phone number changes.
				I understand that the FYC will not hold or dispense any medication for my child. If my child takes daily medication, they should do so before coming or after leaving. If my child can self-administer, they are permitted to do so, but I understand the FYC Staff cannot aid in this process. In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention, I hereby authorize the FYC to escort my child to the nearest hospital: St. Luke's Warren. I agree to meet the staff at the hospital as soon as possible. I understand that I must bear all expenses, including those incurred to transport my child to medical attention.
				I acknowledge that I have received, reviewed and understand the information on the FYC Emergency Operations Plan and Statement of Understanding. I understand that persons listed as "Emergency Contacts" will be designated custodians for release of my child and will be required to present photo identification upon pick-up.
				I give FYC staff permission to walk with my child around the local neighborhood, including to the Phillipsburg School District and Park. If my child attends PPS, PES, or PMS, I allow them to walk to FYC after school without supervision and sign themselves into care.
				I understand "Drop-In" Members, including Playground Program participants, can sign themselves in and out of FYC programs and do not need staff or parent/guardian permission to leave.
				After School Care/Camp: I give permission for my child to walk home any time during After School Care, even before it ends.
				After School Care/Camp: I give permission for my child to walk home, but <b>only</b> with parent permission via phone with a Counselor.
				I give permission for the FYC Administration and/or its affiliates to use my child's photograph or video in marketing and publicity pieces, including, but not limited to, news releases, social media, publications, shared images, virtual platforms, and on the website in an effort to encourage awareness of programs. Counselors and Volunteers are strictly prohibited from taking photos and/or videos.
				I understand the FYC requires sportsmanship by all members, coaches, players, parents, and fans. There will be no tolerance for negative statements or actions between guests, including taunting, baiting, berating opponents, "Trash-Talking," or actions which ridicule or cause embarrassment. Any verbal, written or physical conduct related to race, gender, ethnicity, disability, sexual orientation or religion shall not be tolerated and may result in ejection from the FYC.

**WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

**Joseph Firth Youth Center ("FYC")**

By signing below, I willingly agree to comply with the policies, terms and rules put in place by the FYC and allow my child to participate in all programs afforded to him/her as a member. I, as parent/guardian with legal responsibility for the participant, release and agree to indemnify and hold harmless the FYC, officers, employees, officials, and/or other participants from any and all liability incidents to my minor child's involvement or participation in programs, even if arising from the negligence of the releasees, to the fullest extent permitted by law. Additionally, I understand that photographs and/or videos may be taken of my child and used for promotional and marketing of FYC programs. I have the right to refuse photographs and/or video to be taken and will attach a letter to this membership with such instructions.

Upon signing this Agreement and forever thereafter, I (as a legal parent/guardian of the youth Member) agree that if my child(ren) or myself engage in any activity or are present on the premises, I do so at my own risk and assume the risk of any and all injury, illness, and/or damage I or my child(ren) might sustain. My assumption of risk includes, but is not limited to, use of any equipment and participation in activities on premises and disclosure of myself or my child(ren)'s personal information. By signing, I agree to assume the risk of myself or my child(ren) participating in any activity, class, program, instruction, or sponsored event. I agree that myself or my child(ren) are voluntarily participating in any activities and assume all risk, known and unknown, associated with using the facilities, equipment and premises including, without limitation, any loss or theft of any personal property. I agree on behalf of myself and my child(ren) to forever release and discharge FYC Directors, employees, agents, representatives, affiliates, successors, and assigns from any and all claims or causes of action (known or unknown) arising out of the negligence of FYC, whether active or passive, or that of any of its affiliates, employees, agents, representatives, successors, and assigns. I understand membership at the FYC includes my consent to use my or my child(ren)'s personal information as set forth in the FYC Privacy Policy found at [www.firtheyouthcenter.com](http://www.firtheyouthcenter.com) or a hardcopy at the FYC Office located at 108 Fleming Drive, Phillipsburg, NJ 08865. This waiver and release of liability includes, without limitation, any injuries or illness which may occur. By executing this Agreement, I hereby agree to indemnify and hold harmless FYC from any loss, liability, damage, or cost FYC may incur due to my or my children's presence at the facility. I further agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by law of the state in which this agreement is entered into, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release is not intended as an attempted release of claims of gross negligence or intentional acts.

\_\_\_\_\_  
PRINT Parent/Guardian Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE**  
**(AND/OR FOR CHILDREN ENROLLED IN PUBLIC OR PRIVATE SCHOOL)**

<b>CHILD'S NAME:</b>	<b>DATE OF BIRTH:</b>	<b>GRADE IN SEPTEMBER:</b>
<b>HEALTH STATEMENT (CHECK ONE):</b>		
<input type="checkbox"/> My child is in good health and can participate in the normal activities of the program and has no conditions or special needs that require special accommodations.		
<input type="checkbox"/> My child can participate in the normal activities of the program but has conditions or special needs that require special accommodations as indicated below.		
<b>SCHOOL-AGE CHILD'S SPECIAL CONDITIONS OR NEEDS REQUIRING SPECIAL ACCOMMODATIONS</b>		
<i>Please list any allergies, medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc. Please note that the Firth Youth Center will not hold or dispense any medication for my child. If my child takes daily medication, they should do so before coming or after leaving. If my child can self-administer, they are permitted to do so, but I understand the Firth Youth Center Staff cannot aid in this process. In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention, I hereby authorize the Firth Youth Center to escort my child to the nearest hospital: St. Luke's Warren. I agree to meet the staff at the hospital as soon as possible after being notified. I understand that I must bear all expenses, including those incurred to transport my child to the hospital.</i>		
<b>PARENT/GUARDIAN SIGNATURE:</b>		<b>DATE:</b>

JOSEPH FIRTH YOUTH CENTER

**PARENT RECEIPT OF INFORMATION:**

- Information to Parents Document
- Policy on the Release of Children
- Policy on 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 Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## EMERGENCY OPERATIONS & CONTINUITY PLAN

Joseph H. Firth Youth Center  
108 Fleming Drive, Phillipsburg, NJ 08865  
Phone: 908.454.7281  
www.FirthYouthCenter.com

Depending on the circumstances of the emergency, children may be relocated to a different part of the facility and/or off site to a temporary shelter. Children will remain there until all is clear and/or accommodations for parent pick up have been established. Once children are in a safe location and/or emergency has been cleared parents will be contacted. If not on-site, the Executive Director of the Firth Youth Center is to be contacted immediately at 908-763-3038.

**Immediate Evacuation:** If there is an immediate evacuation of FYC, children will be evacuated to Walters Park; children at Walters Park will remain there. If there is an emergency at Walters Park, children will be evacuated to FYC; children in the building will remain there. Upon evacuation, the Lead Program Supervisor on staff will be responsible for notifying the State Central Registry at 1-877-652-2873.

**In-Place Shelter:** Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response. Operating programs will take cover in the Gym of FYC.

**Evacuation:** Total evacuation of the facility may become necessary if there is a danger in the area. Children will relocate to the Phillipsburg Elementary School, 525 Warren Street, Phillipsburg, NJ 08865, 908-454-3400, as a primary site; Transportation will be on foot.

**Modified Operation:** This may include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in instances of a winter storm or building problems (such as utility disruptions) that make it unsafe for children.

Please listen to WFMZ-TV Channel 69 for announcements relating to any of the emergencies listed above. You may visit [www.wfmz.com](http://www.wfmz.com) or [www.FirthYouthCenter.com](http://www.FirthYouthCenter.com) for updates. Postings will also be made on Center-operated social media, such as Facebook. We do ask that you refrain from calling during an emergency. This will keep the main telephone line free to make emergency calls. We will call you to let you know if we have taken one of the precautions listed here and/or when it is safe for you to pick up your child at the Youth Center or the relocation site.

All provisions will be taken to maintain operations for our service population. If an emergency forces the FYC to close, please do not attempt to bring your child to the site. The designated persons to pick up your child during an emergency is listed on the Emergency Contact

We urge all families to have their own plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family member and/or friend who are able and available to pick up your child in the event of an emergency.

In order to assure the safety of your child(ren) and our staff, your understanding and cooperation is requested. Should you have additional questions regarding our Emergency Operations Plan, please contact the Main Office.

### STATEMENT OF UNDERSTANDING FOR CHILD SAFETY

The following information is important for the safety and protection of your child. Please read the information, sign the form and return to the Firth Youth Center (FYC). A copy will be placed in your child's records.

- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the FYC.
- I understand that should a person arrive to pick up my child who appears or is suspected to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that the FYC is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that FYC staff and volunteers are not allowed to babysit or transport children at any time outside the FYC programs. Immediate disciplinary action will be taken by the FYC toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave children unattended. I will wait for FYC staff to receive the child.



## **JOSEPH FIRTH YOUTH CENTER 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).

**Department of Children and Families**  
**Office of Licensing**  
**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/](http://www.state.nj.us/dcf/).

**FIRTH YOUTH CENTER DISCIPLINE POLICY**  
**POLICY STATEMENT**

The Firth Youth Center (FYC) strongly believes positive discipline is the best approach to improving unacceptable and inappropriate behaviors. 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 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. All discipline must be consistent, firm, and fair if we are to provide a safe and valuable program for youth.

**The FYC strictly prohibits corporal punishment.** Staff shall not abuse or mistreat children in any way, including:

- a. verbal abuse—humiliating, degrading, threatening, and so on;
- b. physical abuse—striking, spanking, shaking, slapping, and so on;
- c. sexual abuse—touching or speaking inappropriately;
- d. mental abuse—shaming, withholding kindness, being cruel, and so on;
- e. neglect—withholding food, water, or basic care.

Following is a list of acceptable responses to conduct violations, which increase in severity so that each response is appropriate to the violation. We value the impact that positive reinforcement and guided redirection have on child development; as such, we strive to avoid negative discipline whenever possible.

#### **A1. Redirect/Positive Discipline**

The large majority of discipline problems can be handled using positive discipline. Above all staff should recognize the positive actions of youth in their care. When discipline is required there are many positive discipline techniques.

At the FYC we focus on 5 positive strategies:

- Positive Language: For many first-time offenses and minor infractions FYC staff may use positive phrases like “we sit on couches” rather than “stop standing on the couch”.
- Incompatible Alternative Principle – Offer misbehaving youth an alternative that makes their negative behavior become impossible. If a student is not participating, staff might say, “Why don’t you come help me by holding this picture?”
- If/then statements – To a youth who wants to grab a snack before following directions a staff might say, “Once you have washed your hands and are sitting quietly in your chair, then you may have snack.” Or to the child who wants to play a game before finishing her assignment a staff might say, “When you are done with your assignment, then you may play one of these games.”
- Benefit of the doubt – To a youth who jumps over the back of the couch a staff might respond by saying, “I know that you didn’t intend to harm the FYC furniture, and I’m sure you didn’t know that jumping on the couch that way could eventually cause it to tear.”
- On their time table – To the youth who continues to play a game after cleanup-time staff might say, “For each minute you choose to keep the class waiting, you will have to sit out five minutes of your favorite gym activity.” Or to the student who is being belligerent and saying that fighting is acceptable, staff might respond, “You and I both know that fighting is not acceptable. When you are ready to talk reasonably, I will be happy to talk to you. In the meantime, you may sit here while I go work on my project.”

Staff are encouraged to use use positive discipline by planning ahead:

- Anticipate and eliminate potential problems.
- Have consistent, clear rules that are explained to children and understood by adults.
- Have a well-planned daily schedule.
- 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 alternative activities and acceptable ways to release feelings.
- Catch the child being good. Reinforce positive behavior; acknowledge or praise to let the child know

## **A2. Return and Restitute**

In certain instances, the best discipline is for the youth to participate in a positive behavior contrary to the negative infraction. For example, when a youth is seen littering, he/she must return and properly dispose of the trash that was dropped.

## **A3. Chill Time/Time Out on the bench**

Time-outs can be used to reinforce previous discipline efforts. It can be an effective way to remove the youth from the situation that is causing trouble. Time-outs have set time limits imposed by staff.

Time out guidelines for discipline purposes:

1. If staff assigns the time, 1 minute may be set for each developmental year
2. Boring location
3. If staff sets time, a watch should be used to measure so that punishment is fair
4. Resist urge to lecture youth, just send them to time-out. They should already know the reason.
5. Delays in youth response should cause additional minutes of time out. "You have 10 seconds to go to timeout otherwise you will get an additional minute."
6. Once a youth has fulfilled the staff assigned time out, the staff member might say, "Ok, your time out is over. When you feel ready, you may come back and join the activity."

## **B1. Loss of Privileges**

Loss of privilege discipline is used to reinforce rules. If a youth is slamming the keyboard of a computer, staff may choose to remove computer privileges for a time. Loss of privilege may also be used as a consequence for unrelated negative behavior. If a youth continually disrespects FYC staff, the staff member may choose to take away part of gym time privileges. *Note: snack and meal privileges may not be taken away from youth.*

## **B2-B3. Suspension**

Certain behaviors result in a FYC member being suspended for 1-6 days. Suspension is used to teach kids that they are not welcome at the FYC if they participate in certain behaviors. The FYC Program Director or Executive Director are the only persons authorized to give suspensions. Parents should be informed when a student member is suspended. The Program Director and the parent/guardian should have a conversation that details why the youth is being suspended, all previous discipline efforts (if applicable), the length of the suspension, and expectations when the youth returns. All suspended youth should be encouraged to come back, and they should be welcomed back once the suspension is over. Refunds will not be given for suspension time.

## **B4. Incident Report**

Incident reports must be initiated by staff present during the time of infraction. The Program Director must sign off on all incident reports, and she is responsible for investigating as necessary, though she may involve the staff in obtaining facts.

Incident reports should be used to document the following:

- Serious problems – this includes repeated offenses, fights, drugs, weapons, accidents, chronic disrespect, and other issues that require investigation.
- Discipline history – This includes small infractions that have not been corrected through positive discipline techniques.
- Accidents – Accidents that cause serious harm to a youth or staff member

## **C1. Parent/Guardian Conference**

A parent conference may be necessary in severe discipline instances. The staff member, Program Director, parent, and child should all participate in the conference. Parents should be provided with the history of the behavior and parents should be made aware of the consequences if the student repeats the behavior.

## **C2. Long Term Suspension**

Extreme situations that put other FYC members or staff in physical harm may require long-term (1 month +) suspension from the FYC. The FYC Program Director should consult with Executive Director before giving a long-term suspension.

## **C4. Permanent Expulsion**

There are several reasons why a child may receive expulsion from the FYC. For a complete list, see FYC Expulsion Policy. The Executive Director will handle all expulsions. The Board of Directors will be briefed on any expulsions.

# EXPULSION POLICY

## NAME OF CENTER: JOSEPH FIRTH YOUTH 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.

### **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.

### **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.



# JOSEPH H. FIRTH YOUTH CENTER

## Use of Technology and Social Media Policy

<b>Use of Social Networking and/or other Websites</b>		
<i>Our Center uses the following social media/networking and/or other websites:</i>		
<ul style="list-style-type: none"> <li>✓ Center Website: <a href="http://www.FirthYouthCenter.com">www.FirthYouthCenter.com</a></li> <li>✓ Facebook: <a href="http://www.facebook.com/firthyouthcenter">www.facebook.com/firthyouthcenter</a></li> <li>✓ Twitter: <a href="https://twitter.com/firthyouth">https://twitter.com/firthyouth</a></li> <li>✓ Instagram: <a href="http://www.instagram.com/firthyouthcenter">www.instagram.com/firthyouthcenter</a></li> <li>✓ Sign-up for MailChimp E-newsletters at: <a href="http://www.firthyouthcenter.com/contact.html">www.firthyouthcenter.com/contact.html</a></li> </ul>		
Parents	Staff	<b>Guidelines for conduct on Center social networking and/or other websites:</b>
<b>X</b>	<b>X</b>	Posting of photographs or videos of children, other than your own, is prohibited including, but not limited to photographs or videos of children obtained through hand-held devices, computers, video monitoring systems, or any other electronic device. Any breaches of the Center's Policy on the Use of Technology and Social Media identified must be promptly reported to the Executive Director.
<b>X</b>	<b>X</b>	General Center information/updates may be posted with prior approval from the Executive Director.
<b>X</b>	<b>X</b>	Posting of private or sensitive company, staff or prior staff, and/or enrolled or previously children/family information is prohibited.
<b>X</b>	<b>X</b>	Maintain professional boundaries in the use of electronic media. Social Networking/Media parent/staff relationships are limited to center sites and approved devices only.
<b>X</b>	<b>X</b>	Staff/parent communication is not authorized unless with the Executive Director and/or with the permission of the Executive Director.
	<b>X</b>	Use of social media/networking and/or other websites is prohibited when supervising children.
<b>X</b>	<b>X</b>	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.
<b>X</b>	<b>X</b>	Posts that may reveal the Center's current, off-site location are prohibited (i.e. Field Trips).
	<b>X</b>	Live-streaming at the Center is prohibited.
	<b>X</b>	Staff must adhere to social media policies within the Firth Youth Center Personnel Policies.
<b>Methods Used to Communicate with Staff and Parents</b>		
<i>Executive Director and Program Director methods of electronic communication:</i>		
<ul style="list-style-type: none"> <li>✓ U.S. Mail</li> <li>✓ E-mail and E-Newsletters</li> <li>✓ Center Social Media Sites</li> <li>✓ Phone (all staff)</li> </ul>		
<i>Devices used by center staff to communicate with parents:</i>		
Staff are not permitted to use their personal cell phones, email accounts, laptops, tablets, or any other non-Center owned device to contact parents and/or program participants. Staff are to use the Center Phone Line to contact parents, unless authorized by the Executive Director.		
<i>Staff guidelines for use of electronic devices:</i>		
<ul style="list-style-type: none"> <li>✓ Use of personal devices is prohibited when supervising children.</li> <li>✓ Use of personal devices at any time requires permission from the Executive Director.</li> </ul>		
<b>Information that the Center may communicate electronically to parents:</b>		
<ul style="list-style-type: none"> <li>✓ Illness/Accidents/Injuries*</li> <li>✓ Behavioral Concerns</li> <li>✓ Community Information</li> <li>✓ Photographs</li> <li>✓ Requests for Records/Supplies</li> <li>✓ Child's Daily Updates</li> <li>✓ Emergency Closures</li> <li>✓ Unusual Incidents</li> </ul>		
*The first attempt to notify parents of a child's head injury/bump to the head, bite that breaks the skin, fall from a height greater than their own, or an injury that requires professional medical attention will be a phone call to the parent/guardian and emergency contact persons.		

The Firth Youth Center's 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.

# 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](http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf).

# 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 (____) ____ - ____	
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>			
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

Immunization Record Attached  
 Date Next Immunization Due: \_\_\_\_\_

### MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the 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		

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 _____	