



**OUR COMPLETE
2023-2024 FREE PRE-K
ENROLLMENT PACKET**

2023-2024 Pre Kindergarten Program Registration
Application Checklist

**MUST submit a completed application in a sealed envelope in person
at THEMBA between 10 am - 3 pm Monday- Friday.**

Limited space, First come first serve!

Incomplete applications will not be considered for enrollment.

!!MUST BE A PRINCE GEORGE'S COUNTY RESIDENT!!

Student Name _____ DOB _____

Items Required	Available	Not Available
Birth Certificate		
Completed Enrollment Package for website: thembaclc.com		
Proof of Income: (any two below)		
2022 Tax Returns		
TCA/Cash Assistance		
Shot Records		
Health Records		
Copy of a Valid Driver's License		
* Child must be three by September 1 *		

Application Submitted By _____

Date _____

Application Reviewed By _____

Date _____

48 Contiguous States

# of Persons in Household	2023 Federal Poverty Level for the 48 Contiguous States (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$14,580	\$19,391	\$20,120	\$21,870	\$29,160	\$43,740	\$58,320
2	\$19,720	\$26,228	\$27,214	\$29,580	\$39,440	\$59,160	\$78,880
3	\$24,860	\$33,064	\$34,307	\$37,290	\$49,720	\$74,580	\$99,440
4	\$30,000	\$39,900	\$41,400	\$45,000	\$60,000	\$90,000	\$120,000
5	\$35,140	\$46,736	\$48,493	\$52,710	\$70,280	\$105,420	\$140,560
6	\$40,280	\$53,572	\$55,586	\$60,420	\$80,560	\$120,840	\$161,120
7	\$45,420	\$60,409	\$62,680	\$68,130	\$90,840	\$136,260	\$181,680
8	\$50,560	\$67,245	\$69,773	\$75,840	\$101,120	\$151,680	\$202,240
Add \$5,140 for each person in household over 8 persons							

# of Persons in Household	2023 Federal Poverty Level for the 48 Contiguous States (Monthly Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$1,215	\$1,616	\$1,677	\$1,823	\$2,430	\$3,645	\$4,860
2	\$1,643	\$2,186	\$2,268	\$2,465	\$3,287	\$4,930	\$6,573
3	\$2,072	\$2,755	\$2,859	\$3,108	\$4,143	\$6,215	\$8,287
4	\$2,500	\$3,325	\$3,450	\$3,750	\$5,000	\$7,500	\$10,000
5	\$2,928	\$3,895	\$4,041	\$4,393	\$5,857	\$8,785	\$11,713
6	\$3,357	\$4,464	\$4,632	\$5,035	\$6,713	\$10,070	\$13,427
7	\$3,785	\$5,034	\$5,223	\$5,678	\$7,570	\$11,355	\$15,140
8	\$4,213	\$5,604	\$5,814	\$6,320	\$8,427	\$12,640	\$16,853
Add \$428.33 for each person in household over 8 persons							



2023 - 2024 School Calendar

June 26 July 4	Monday Tuesday	First Day of Summer Camp Independence Day - Themba Closed
August 11 August 28	Friday Monday	Last Day of Summer Camp First Day of School
September 4 September 5 September 25	Monday Tuesday Monday	Labor Day - School Closed First Day of School Yom Kippur - School Closed
October 9 October 20	Monday Friday	Native American Day - School Closed Professional Development Day - School Closed
November 3 November 10 November 22-24	Friday Friday Wednesday-Friday	Professional Development - Dismissal is at 12pm Professional Development Day - School Closed Holiday- Thanksgiving School Closed
December 25- 29	Monday-Friday	Winter Break - School Closed
January 1 January 2 January 15 January 22	Monday Tuesday Monday Monday	Holiday- New Year's Day - School Closed Winter Break - School Closed Martin Luther King Jr. Day - School Closed Professional Development - 12pm Dismissal
February 19 February 20	Monday Tuesday	Holiday- President's Day - School Closed Parent/Teacher Conferences - School Closed
March 4 March 25- April 1	Monday Monday - Monday	Professional Development-School Closed for Students Spring Break School Closed
April 5 April 10 April 23	Friday Wednesday Tuesday	Professional Development - Dismissal is at 12pm Eid al-Fitr Holiday- School Closed Primary Election Day - School Closed
May 27	Monday	Holiday Memorial Day- School Closed
June 13 June 14 June 19	Thursday Monday Wednesday	12pm Dismissal Last Day of School for Students 12pm Dismissal Juneteenth - School Closed

Additional Professional Development Days - *TBD*



Pre-K Supply List

- 2 Boxes of Tissues
- 1 Pack of Baby Wipes
- 3 Containers of Clorox Wipes
- 1 can of Disinfectant Spray
- 1 Box of Gallon size Plastic Ziplock Bags
- 1 Box of Quart Size Plastic Ziplock Bags
- 2 fitted sheets for sleep mat and 1 Small blanket (Length 48 in. x Width 21 in.)
- 1 Marble Composition book
- 2 Glue Sticks
- 1 Pair of Scissors
- 1 Pack of 8 count Crayons
- 1 8/10 Pack of Washable Markers
- 2 Containers of Play doh
- 1 Plastic Pencil Box (to fit all purchased art supplies)
- 1 pack of Dry Erase Markers
- 2 Beginner Pencils (Ticonderoga) 2
- 2 Folders
- 1 Backpack (Large enough to fit a folder, blanket and sheets)
- 3 Sets of extra clothes (Please include underclothes)
- 1 Reusable Water Bottle
- 1 Family Photo

**Do not put anything in a plastic grocery bag, it is a safety hazard.
All belongings must be labeled with your child's name.**

Mandatory Themba Uniform Policy

Ages 2-5 yrs | Monday-Friday

- ❖ **Navy blue dress, skirt, or bottoms (no jeans)**
- ❖ **Navy blue sweater (optional)**
- ❖ **Powder blue, navy, or white collared top
(no tee shirts)**
- ❖ **Closed-toe, no tie, black, brown, or blue
shoes only ****

If your child is not in uniform, you will be asked to pick your child up or bring the uniform to the center in a timely manner.

Children do not wear uniforms during the summer months

Parent Orientation

Introductions: CEO/President
Directors
Teachers

Pre k Program- Overview

Hours of Program/Class Schedule
Late Pickup-Fee will occur after 1 to 5 minutes
Uniform Policy
Classroom Supplies
Mandatory Back to School Night- October 9

Parent-Teacher Conferences:

February 20- School is closed for students

Attend Two-Family/Community Events:

Fall Festival
Spring Festival

Attend Four Mandatory Virtual Parent

January 13th Health & Nutrition Seminar
March 16th Skill Building Self Sufficiency Seminar
April 20th Continued Education Training PG Community College
May 18th Transitioning from Daycare to Pre-k

Policy and Procedures:

Inclement Weather: We follow PG County Schools Inclement Closings
No child will be admitted 10 minutes after their child's start time without a doctor's note
Birthday Parties
Where to park cars?
Where to drop off and pick up students
No Hair beads
Cell phones
Healthy Food Policy
Changes of Clothes
Children with Challenging Behaviors and Special Needs
Children temperatures will be taken at the door- Please do not give child fever reducing meds prior to school
Children must wash hands upon arrival
Child **MUST** be fully Potty Trained
All items we bring to school must be labeled

If your Child Brings Lunch- No Microwave is Available to warm up food

Parent/Guardian Acknowledgement Of Receipt of Parent Manual

I have received Themba Creative Learning Center LLC, **Parent Manual**, and I have agreed to read, abide by, and follow the policies set forth therein.

Children Transport to and from evacuation sites in case of emergency:

In case of an emergency, I give Themba permission to transport my child in personal vehicles to and from our designated evacuation site. I, therefore, acknowledge that I have received and read Themba's Emergency Preparedness Plan.

Yes___No___

If not, how would you like your child transported?

Additionally, I would like to volunteer by helping with transporting children to the evaluation site during emergencies.

Yes___

No___

If yes, kindly provide us with your best reachable contact number

() _____ - _____ | (type) Cell_____Home_____Work_____

Email Address _____

Signature of Parent(s)/Guardian(s)

Print Name

Date

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care

CACFP Enrollment: Yes: No:

Meals your child will receive while in care:

Bk Ln Su AM Snk PM Snk Evng Snk

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated. Please mark "N/A" if an item is not applicable.
(2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name Last First Birth Date

Enrollment Date Hours & Days of Expected Attendance

Child's Home Address Street/Apt. # City State Zip Code

Table with 5 columns: Parent/Guardian Name(s), Relationship, Contact Information (Email), C:, H:, W:, Employer:

Name of Person Authorized to Pick up Child (daily) Last First Relationship to Child

Address Street/Apt. # City State Zip Code

Any Changes/Additional Information

ANNUAL UPDATES

(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name Last First Telephone (H) (W)

Address Street/Apt. # City State Zip Code

2. Name Last First Telephone (H) (W)

Address Street/Apt. # City State Zip Code

3. Name Last First Telephone (H) (W)

Address Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care Telephone

Address Street/Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian Date

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____) _____
Telephone Number

Themba Creative Learning Center LLC

PRE-K ENROLLMENT AGREEMENT – SY 2023-2024

TO THE PARENT: *Please read this Agreement carefully. If you do not understand any part of it, feel free to ask the Center Director about it.*

This Agreement and its attachments establish your legal rights and responsibilities, and those of Themba CLC, regarding your child's participation at Themba CLC. Throughout this Agreement and attachments, the terms "you" and "parent" refer to the parents or legal guardians of the child enrolled at the Center, and the terms "Center" and "we" refer to Themba CLC and its staff members. The term "school day" means a day when the Center is open and operating.

By executing this Agreement, you _____ (parents/guardians), agree to enroll _____ (child's name), at THEMBA Creative Learning Center, and THEMBA agrees to accept your child's enrollment, under the terms and conditions as stated below:

1. Program and Hours of Care

Beginning on, 20 _____ The Center will provide care for your child in the Free-Pre-k classroom during the school year 2023-2024. Following PG County Public School System school year calendar. The Pre-k program at Themba will operate Monday-Friday from _____ - _____ (excluding all closed days as observed by the PG County School System).

No drop-offs are allowed before the school day starts time as stated above. Classrooms operate on specific staff/child ratios that must be maintained in the morning hours prior to the arrival of additional staff. _____ (Initial ___)
_____ (Initial ___) If a parent fails to pick up at the contractual time, late pick-up fees will automatically be charged to the account that day.

Please review the late pick-up fee policy included in your enrollment packet. (Initial ___)

2. Payment –Scholarship-based enrollment – No tuition payments required

3. Method of Payment

All payments for other services are made through our automated payment processing, Tuition Express (See forms Attached). Your payment processing may be set up through a credit card or bank draft.

No other payment methods are accepted. If an automated payment is returned unpaid, you will owe a service fee of \$35.00 in addition to other amounts due.

4. Late Pick-Up Penalties

If your child is picked up after the scheduled closing time of _____pm, you will owe a late fee of \$15.00 for up to the first 5 minutes and \$1.00 for each additional minute. These late pick-up penalties must be paid in cash immediately to the office staff. If your child is picked up more than thirty (30) minutes late two (2) or more times in any thirty (30)-day period, the Center may terminate your child's enrollment. _____(Initial ____)

5. Damage to Center Property

You hereby agree that you will be responsible for any damage to Center property or equipment caused by you or your child, normal wear and tear excepted, including repairs made necessary by your actions or your child's actions.

6. Changes in Tuition

You understand that tuition rates are subject to change, and you agree that you will pay the new rate after the Center gives you at least thirty (30) days' notice of such change.

Parent's Signature

7. Absences

You are responsible for paying full tuition for your child until YOU TERMINATE the enrollment. This obligation is applicable even when your child is absent due to illness, vacation, holidays, inclement weather, or other causes. You agree to notify the Center in writing at least one month in advance if your child will not attend due to vacation or other plans.

_____(initial ____)

8. Readmission After Illness

State licensing regulations requires that, if your child has been ill, he or she may not be readmitted to the Center until he or she is free of symptoms for 24 hours without any fever-reducing medications. You hereby agree to abide by this requirement and agree that the decision of the Center's Director shall govern such a re-admission.

_____Initial

Some communicable diseases may cause a longer time period for the child to be absent in order to protect the health of the staff and children. The center will dictate the time frame the child must stay home regardless of the doctor's timeline. _____(initial ____)

9. Holidays and Other Closings

The Center will be closed on the following holidays: New Year's Day, Martin Luther King, Jr.'s Birthday, Columbus Day, Presidents' Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, and the day after, Christmas Eve and Christmas Day. If any holiday falls on a Saturday or Sunday, Themba may be closed on the following Monday. Themba is also closed 2-3 days per year for staff professional development. _____
(Initial ____)

This pre-k program follows the PG County School Systems School-Year 2019-2020 Calendar. The Pre-K program at Themba will also close on the school system's closure dates. _____(initial ____)

Themba is not a religious school; therefore, Themba doesn't single out any one religious holiday to celebrate in our classrooms in order to show respect for other religious holidays that may be celebrated by our families. _____Initial

10. Inclement/Emergency Closings

Sometimes Themba must close because of emergencies or inclement weather. When you are not sure about the closing of the center, please call the office by 5:30 am or check our website, www.thembaclc.com for updates. Themba will also send out an alert by email and or text. Tuition fees are still due during an emergency and/or inclement weather closings. Refunds or credits will not be given.

This pre-k program follows the PG County School Inclement Weather delays and closures. Should the school system close for inclement weather, the Pre-K program at Themba will also close. You are advised to watch and listen to the news for such announcements. (Initial ____)

11. Suspension

In the judgment of the Center Director, or designated, if the child's behavior threatens the physical or mental health of other children or of the staff of the Center, the Center Director or designated will call the parent(s) or guardian(s) to remove the child for the rest of the day. THEMBA requires that the child be picked up within the hour of being notified. Parents or guardians shall continue to be responsible for the daily tuition for that day.(Initial____)

13. Withdrawal by Parent

You must give the Center Director at least one month's notice in writing if you wish to withdraw your child from the Center. If you give such notice and if an enrollment deposit was received during enrollment, you may use your Deposit as a credit against your last month's tuition. If you do not give such notice, and a deposit was not received at enrollment, you will still be responsible for your entire last 30-days tuition. If you do not give such notice, your entire Enrollment Deposit and any prepaid tuition will be forfeited. _____(Initial____)

13. Termination by Center

a.) Immediate Termination

(1) The Center may terminate your child's enrollment in the Center, effective immediately if any of the following conditions arise: In the judgment of the Center Director, the child's behavior or the parent's behavior in the Center threatens the physical or mental health of other children or of the staff/parents of the Center;

(2) The child is routinely picked up later than the Center closing time or more than thirty (30) minutes late two (2) or more times in a one-month period.

(3) The child is ill when brought to the Center more than three (3) times within any thirty (30)-day period, or the parent fails to pick up a sick child within one hour after being notified of the sickness more than two (2) times during any six (6) month period.

b.) Two Weeks' Notice

(1) The Center may terminate your child's enrollment upon two (2) weeks' notice to you if any of the following conditions arise: Any of the conditions listed in (a) above has occurred, and the Center has not exercised its right to terminate enrollment immediately;

(2) In the judgment of the Center Director if the Center's program does not meet the developmental or special needs of your child.

(3) You fail to abide by the terms of this Agreement.

(initial ____)

14. Cell Phones

Themba has a no cell phone zone! Parents please refrain from using your cell phone at Themba during pick up and drop off. Teachers have very limited times to communicate with you, so please be available to chat with them about your child's day. (initial ____)

15. Fraternizing Policy

Staff is not allowed to create personal relationships with parents outside of Themba's business hours. If a staff member does decide to fraternize with any parent that is currently enrolled at Themba, that staff member and the parent will be terminated immediately. (initial ____)

16. Hair Beads

Due to the number of beads that are found on the floor and in children's mouths and even noses, we have been forced to implement a NO HAIR BEADS policy for the daycare center. Please do not put beads in your child's hair. If they come to school with beads in their hair, we

will remove them. They pose a serious danger to all children in the center.(initial ____)

17. Safety

For safety reasons, please do not hold the front door open for anyone. Every parent must use his or her code to enter the building. If the person doesn't have a code, please allow the person to ring the doorbell and show their ID. _____(initial ____)

18 Parking / No Idling

Please do not park or stand in the fire lane or around the circle. All cars must be parked in a parking space to allow parents to exit the parking lot without being held up. (Initial____)

Parents or Staff may not leave the car running for more than 30 seconds while dropping off or picking up. (Initial____)

19. No Admittance after 10:00 am/Shots

Children will not be admitted after 10:00 am without a doctor's note. If a child was administered shots during the doctor's visit, the child may not return to school due to complications from the shots and fever symptoms associated with the medicine that often makes the child irritable. _____(initial ____)

20 a. Field Trip Participation.

You acknowledge and agree that the Center's regular program includes field trips and other off-premises activities that involve transporting the children on public transportation, in chartered vehicles, or in vehicles that are driven by THEMBA CLC staff and parent volunteers. You will be asked to sign a separate Field Trip Permission Form for each excursion. You acknowledge and agree that no alternate care may be available at the Center in case you do not wish your child to attend such field trips or field trips and that no tuition refund will be given in such case. Each parent must participate in and attend one field trip per year with their child(ren). _
Initial

If the Center Director or Senior Staff determines that the child needs individual attention, the parent(s) may be requested to attend the field trip with the child, or the child may not be allowed to participate. No alternate care will be provided for any child that will not attend the trip. _____(initial ____)

20 b. Child Custody/Separation/Divorce/Other Personal Issues

Issues relating to child custody, separation and/or divorce, or other personal issues are between the parties involved and should not involve the School or its personnel. The School does not enforce custody agreements, nor does it facilitate supervised visitation. Teachers and administrators need to be focused on the children at the school rather than the outside personal issues of the families. If the Administration judges that a family's personal situation becomes or threatens to become a problem, this is grounds for immediate termination of enrollment. While we sympathize with families wrestling with these types of issues, the School needs clear "all or nothing" directions regarding who is allowed to pick up children. For

example, “only mom is allowed to pick up” “only dad or dad’s mother are allowed to pick up” or “both parents are allowed to pick up.” If there is a custody arrangement regarding different parents picking up on certain days, and the wrong parent picks up, this is an issue to be taken up with a lawyer or the Court, not with the School. (Initial_____)

A child may not return to Themba after a parent removes the child for visitation purposes.(Initial_____)

21. Publicity and Outside Consultants.

We ask for your permission for your child to be photographed or captured via digital imagery, or videotaped, for publicity, news purposes, Website Page, Social Media, and marketing and educational purposes? _____ Yes, _____ No

22. Liability Release

THEMBA CLC maintains an insurance policy to cover its liability for injuries, losses, and damage that may occur to your child, your child's property, or your property caused by fire, theft, storm, or other causes. Acting on behalf of yourself and your child, you hereby waive and agree to release any claims that you, your child, or your child's heirs and successors may have against THEMBA CLC or any successor corporation, or against any officer, shareholder, employee, or agent of THEMBA CLC, or any successor corporation, for any and all injuries, losses, and damage to your child, your child's personal property, and your personal property to the extent that those injuries, losses, and damage are not covered by the insurance policy maintained by THEMBA CLC, or any successor corporation, or to the extent that the monetary amount of such injuries, losses, or damage exceed any amount payable under such insurance policies. You agree to be responsible for and hold harmless THEMBA CLC, any successor corporation, and any of the officers, shareholders, or directors of THEMBA CLC, or any successor corporation from and against any and all claims, suits, judgments, or costs that may be brought against THEMBA CLC, any successor corporation, its officers, employees, shareholders, or agents of THEMBA CLC, for the actual or alleged acts or omissions of you or your child/children.

23. Certification That All Information Is Correct

The following attachments form a part of this Enrollment Agreement. You hereby certify that you have accurately completed all the forms listed below and that you have read and agree to abide by all provisions of the Parent Handbook. You agree to notify Themba if there is any change in the information you have supplied on the forms listed below:

- a. Receipt of Parent Manual
- b. Developmental History Form
- c. Pick-Up Release Form
- d. Custody Information Form (if applicable)
- e. Emergency Information Cards (2)
- f. Authorization to Treat a Minor Form (notarized)
- g. Child Health Inventory and Immunization Record.
- h. Form K.
- i. Government Issued ID

24. Severability/Unenforced Terms Not Waived

If any term of this Agreement is declared invalid or unenforceable, it will be severed and all other terms will remain effective, and they will be construed as though the invalid or unenforceable term did not exist. If Themba CLC, elects not to require that you comply with any term of this Agreement, Themba CLC, will not be deemed to have waived its right to demand compliance with the said term at a later time.

AGREED TO

Parent's or Guardian's Signature

Date

Parent's or Guardian's Signature

Date

Center Director's/Assistant Director's Signature

Date

Notice of Late PickUp Policy and Fees

We suggest that children be picked up a few minutes prior to the program's end time. Children not picked up by closing time will be brought to the front office to wait for their parent(s). **Be advised, that during such occurrence, the parent will be FULLY responsible for the total assessed late pickup fee.**

Your child anticipates your arrival and becomes worried and anxious if his/her classmates have all been picked up while his/her parents have yet to appear. Additionally, our staff have been on duty for an entire full day; understandably, they are ready to return to their families, and carry out their personal plans for the evening. It is unreasonable to further inconvenience them by prolonging their work day.

Out of respect to our staff and their time, please make arrangements to pick up your child before the close of business. Again, be advised that if you arrive after your child's classroom end time you will be presented with a late pickup bill assessed for the total amount of time for your late arrival (rates below).

Late Fee Per Child: \$15.00 for up to the first 5 minutes

\$1.00 for each additional minute

Late fees owed are payable in cash and at pickup, to the office staff directly. NO EXCEPTIONS.

All late pick-ups are archived and tracked. Parents with three late pickups during the course of one week will incur a **100% fee increase** for any subsequent late pickup occurrence(s). After six incidents of late pick-ups, the child will not be able to attend the Center the next day, and enrollment for the future will be in jeopardy.

If a family has an emergency near the end of the day, such as a car breaking down, an illness, or traffic jams, parents must first inform the Center, and then make alternate plans for pick-up. Late fees will be imposed even under emergency conditions.

NOTE: Refusal to pay assessed late fees or confrontational behavior towards our staff concerning your balance late fee is **strictly prohibited** and will jeopardize your child's enrollment at THEMBA. We appreciate your understanding and commitment to this policy.

Sincerely,

Management

Parent Signature _____ Date _____

Themba CLC Discipline & Positive Guidance Procedures

Professionals who work with young children expect to be met with challenging behavior from time to time. During the first five years of life, children are just beginning to learn how to handle their own intense emotions and conform to the behavioral expectations of society. As parents know, this is a lengthy process. It is also a central aspect of children's social and emotional development that can be guided using strategies based on research into early brain development.

All staff working at Themba will receive training prior to working with children. The training will continue every two years. If an employee is suspected of violating this discipline policy, the person will be suspended/terminated. Child Protective Services (CPS) and the Office of Childcare will independently investigate the allegations.

In early care and education setting, we define challenging behavior as any behavior that:

- interferes with children's learning, development, and success at play;
- is harmful to the child, other children, or adults;
- puts a child at high risk for later social problems or school failure.

The behavior can be direct (e.g. hitting, pushing, biting, kicking) or indirect (e.g. teasing, ignoring rules or instructions, excluding others, name-calling, destroying objects, having temper tantrums).

Themba's staff sees working with children's challenging behavior as an integral aspect of our job. The root meaning of the word *discipline* is "instruction" or "training." This meaning, rather than punishment, is the foundation for our approach to guiding children's behavior. We accept that young children will sometimes display their emotions or try to achieve their goals in unproductive or immature ways. That is simply part of being very young. Much of children's most valuable learning, especially in a group setting, occurs in the course of behavioral problem-solving. The approaches we use vary by age group, but have the following elements in common:

- **Adults model positive behavior** -- We show that we can accept, control and express feelings in direct and non-aggressive ways. We let children know that we are not afraid of their intense emotions and will not punish, threaten or withdraw from them.
- **Teachers design the physical environment to minimize conflict** -- We provide multiples of toys and materials for groups of children, define classroom and outdoor areas clearly to allow for both active and quiet play, and strive to maintain an appropriately calm level of stimulation.
- **Teachers maintain age-appropriate expectations for children's behavior** -- We attempt to minimize unreasonable waiting and transition times. We limit the length of a large group and teacher-directed activity times according to children's developmental levels. We give children large blocks of uninterrupted time during which to make their own activity choices.
- **Teachers establish simple rules, or expectations, for the classroom community** -- Older preschool children participate in this process early in the school year. When issues arise,

adults and children can reference the “Be safe, Be kind, Be respectful” guidelines as reminders about what kinds of behavior facilitate life in a group setting.

- **Adults closely observe and supervise children's activities and social interactions --** With our high ratios of adults to children and our emphasis on attentive observation, we can often intervene to guide children before situations escalate.
- **Adults help children verbalize their feelings, frustrations, and concerns --** The staff will help children describe problems, generate possible solutions, and think through logical consequences of their actions. Even babies will hear their caregivers describing actions, problems, solutions, and logical consequences. The adult role is to be a helper in positive problem-solving. We want children to value cooperation and teamwork. We help them to learn peaceful, productive approaches to interacting with peers.
- **Children whose behavior endangers others will be supervised away from other children --** This is not the same as the practice of using a "time out" (the traditional chair in the corner) for a child. An adult will help the child move away from a group situation. The child will then process the problem verbally with the staff member and any other concerned parties. An adult will stay close to any child who is emotionally out of control and needs private time to regain composure.
- **Discipline, i.e., guidance, will always be positive, productive, and immediate when behavior is inappropriate --** *No child will be humiliated, shamed, frightened, or subjected to physical punishment or verbal or physical abuse by any staff member working at Themba.* Every Teacher understands and follows our disciplinary approach as well as the standards on guidance and management in our Office of Child Care Licensing Regulations. We work with our families so that they also understand and employ this guidance approach.
- **If an employee suspects a teacher is violating this disciplinary policy.** The employee must notify the center’s director or the Office of Childcare immediately.
- When a pattern of behavior persists that endangers self, others, or property, or significantly disrupts the program, we will work with a child's family to find solutions, up to and including referral for outside services.

I _____ **acknowledge receipt of this Policy.**

Date _____



Themba Creative Learning Center LLC Healthy Foods For Celebrations

Please help us encourage lifelong healthy habits among our children. We encourage parents to join us for their child's birthday or other special occasions.

Typically, foods for celebration include cupcakes, candy, cookies and other "treats" that have a large amount of sugar, calories and fat. There is nothing wrong with an occasional treat, but unhealthy choices have become the norm rather than the exception.

Please submit this form to the classroom teacher one week before your child's birthday party. All parties will start by 1:30pm and end by 2:30pm. Themba does not allow balloons since they are a major cause for choking in young children, **home cooked food, cakes/cupcakes or unhealthy snacks are also prohibited.**

The following is a list of alternatives our facility will allow for celebrations/special occasions that promote and reinforce good nutrition.

Please check all items you may bring to the party.
Cheese Pizza Only (Please bring 5 large pizzas for 20 children)

100% Juice boxes _____	Fresh Fruit/Vegetable _____	Decorations/paper products _____
Yogurt _____	Animal Crackers _____	Other _____
Fruit Smoothies _____	Crackers with cheese _____	Goodie Bags/No Candy _____
Tortilla chips & salsa _____	Flavored Milk _____	
Fruit Muffins _____	Mozzarella string cheese _____	
Dried Fruit _____		
Favors _____		
Pretzels _____		

** If you would like something other than the items listed above please speak with the director for approval.

Child's Name _____ Date of Party _____

Parent's Signature _____

Teacher's Signature _____ Director's Signature _____

Teacher please submit a copy to the office for approval (1)week prior to the celebration.



Themba Creative Learning Center, LLC

Guidelines for Healthy Celebrations

Please help us encourage lifelong healthy habits among our children. We encourage parents to join us for their child's birthday or other special occasions.

Our facility will only allow healthy foods for celebrations. If you feel that you want to provide "treats" for a special celebration here is a list of non-food suggestions:

Stickers	Decorative pencils
Little toys	Party hats/Favors
Erasers	Bubbles
Finger/hand puppets	Whistles
Glow in the dark items	Rubber stamps
Party Favors	Fake Tattoos
Fake teeth	Toothbrushes

Before bringing items to the facility, make sure the items you wish to bring are approved and age appropriate for the celebrating group.

Depending on the size and the number of children in your child's class, providing treats or gifts to all the children could become costly. Here are a couple of low-cost, easy ideas that will give your child a memorable experience on their special day:

- Decorate your child's classroom. Example: A banner with the child's name and "Happy Birthday." This will make your child feel special during the celebration/special occasion without adding unneeded fat and sugar in the diet.
- Take time to have a meal with your child at the center. This gives your child personal attention.
- Buy or supply a special book to be read during the day. Make it even more special by coming to your child's class to read the story.
- Plan and provide a special craft project for your child's class.
- Work with your child's teacher to plan special party games or activities.

Healthy & Nutritious Meals/Snack Policy

Themba Creative Learning Center provides nutritious breakfast/snacks and milk as part of your child's program. In addition, parents may decide to participate in a hot lunch program provided by Smart Lunches Catering Company or bring a healthy lunch from home.

Themba CLC promotes healthy eating habits and a positive attitude about food. Serving healthy food at preschool sets a great example for children and can be simple to prepare. Try to include at least 2 food groups for variety and balanced nutrition. Snacks/ Meals should be low in fat and sugar. Drinks may include milk, water, or 100% fruit juice.

Themba CLC is a nut-free school, please check labels accordingly and DO NOT bring any snacks/meals containing any nut products.

Prohibited Foods

The following potential hazards may not be included in children's lunches sent from home: hotdogs (neither whole nor pieces), nuts, popcorn, raisins, raw peas, corn, raw carrots, hard pretzels of any size, or whole grapes. Meat must be cut in a portion that can be safely swallowed whole. ** Please see birthday celebration Guidelines about prohibited foods**

Also, in order to prevent injuries from breaking glass, please do not send drinks in glass bottles. Juice boxes are easy for the children to handle; "Capri Sun" foil containers are not.

Suggested food items are:

fruits & vegetables with low-fat dips, 100% juice, tortilla chips, and salsa, yogurt, fruit muffins, animal crackers, mozzarella string cheese, multi-grain chips, pretzels, pita bread chips, rice cakes, granola bars/no nuts, bagels, cereal bars, oatmeal meat, dry beans.

Themba will not allow any junk food including birthday cake or fast food to be consumed in the facility. Please serve your child before entering the center any fast food/junk food products. Sodas are not allowed in the center.

Please do not send candy. A child with candy in her lunch will be asked to place it back in her cubby/lunchbox until pick-up time. Teachers ask that on the rare occasion when you bring in food from a fast-food establishment, you take the toy and food out of the bag, and present the food separately on a plate. The bag and the toy can be kept in your care until you pick up your child at the end of the day.

References: USDA Child and Adult Care Food Program/NAC Accreditation

Medical Authorization to Treat a Minor

Authorization is given to any one of the following:

Themba Creative Learning Centers and staff members acting as agents of Themba Creative Learning Centers

From: _____

Full name of parent(s) or guardian of child _____

Address and phone number _____

_____ to consent to unexpected or emergency medical and dental treatment and surgical care for my/our child/children on my/our behalf, and to consent to hospitalization if, at time of injury or illness, it is recommended by a private physician or consulting physician.

Name(s) of Minors	Birthdates	Allergies & Special Conditions
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

I/We will be responsible for charges incurred for any emergency service, including; ambulance, medical, dental or surgical treatment and/or hospitalization rendered by reason of this authorization.

For further emergency Contact please provide Child's mother and father employer information:

Mother Employer _____
Address _____ City _____ State _____
Phone _____
Email _____

Father Employer _____
Address _____ City _____ State _____
Phone _____
Email _____

Signature of Parent (1) _____ Date _____

Signature of Parent (2) _____ Date _____

FAMILY INFORMATION

Name Of Child (1) _____ DOB _____

Known allergies: _____

Medications child is taking (list):

Pediatrician _____

Phone _____

Dentist _____

Phone _____

Insurance Company _____

Phone _____

Member's name _____

Identification Number _____

Name Of Child (2) _____ DOB _____

Known allergies: _____

Medications child is taking (list):

Pediatrician _____

Phone _____

Dentist _____

Phone _____

Insurance Company _____

Phone _____

Member's name _____

Identification Number _____



Please initial on each line, to show you agree with our policies.

_____ Parents must attend all 4 mandatory parent workshops.

_____ Students will not be permitted to come to school after the
10 minute grace period.

_____ Parents will pay a late fee if you pick up your child after
school is closed.

Parent Signature

Date



6715 Cipriano Road, Lanham- Maryland 20706
Center: 301-552-5437 | Fax: 301-552-7565 fax www.thembaclc.com

New Parent Orientation Checklist

- Discussion of Health and Developmental Screening
- Introduction to key employees
- Receipt of parent handbook (download from website)
- Discussion of expectations of family and the needs of the child
- Discussion of legal parent/legal guardian and teacher role
- Extended visit in the classroom by child
- Overview of family support resources and policy and procedures
- Interpreter available if needed
- Opportunity for Extended Visit in the classroom by family
- Family Visit with classroom teaching team
- Technology Usage
- Tour of Facility

Parent 1 Signature

Date

Parent 2 Signature

Date

Child's Name

Age

MARYLAND STATE DEPARTMENT OF EDUCATION

Office of Child Care

HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered or approved child care or nursery school:

- **A physical examination** by a physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02, and 13A.17.03.02).
- **Evidence of immunizations.** A Maryland Immunization Certification form for newly enrolling children may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer-generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at:
http://ideha.dhmh.maryland.gov/IMMUN/pdf/896_form.pdf
- **Evidence of Blood-Lead Testing for children living in designated at-risk areas.** The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at:
<http://apps.fcps.org/dept/health/MarylandDHMHBloodLeadTestingCertificateDHMH4620.pdf>

EXEMPTIONS

Exemptions from a physical examination, immunizations, and Blood-Lead testing are permitted if the family has an objection based on their religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care providers or child care personnel who have a legitimate care responsibility for your child.

INSTRUCTIONS

Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.

If your child requires medication to be administered during child care hours, you must have the physician complete a Medication Authorization Form (OCC 1216) for each medication. The Medication Authorization Form can be obtained at

http://www.marylandpublicschools.org/NR/rdonlyres/B0050A99-6B3C-4396-A996-CC9405971A42/30754/1216_MedAuth_r120511.pdf

If you do not have access to a physician or nurse practitioner or if your child requires an individualized health care plan, contact your local Health Department.

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Child's Name: _____		Birth date: _____		Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Last		First		Middle	
Address: _____					
Number		Street		Apt#	
City		State		Zip	
Parent/Guardian Name(s)		Relationship		Phone Number(s)	
		W: _____		C: _____	
		W: _____		C: _____	
Where do you usually take your child for routine medical care? Name: _____					
Address: _____				Phone Number: _____	
When was the last time your child had a physical exam? Month: _____ Year: _____					
Where do you usually take your child for dental care? Name: _____					
Address: _____				Phone Number: _____	
ASSESSMENT OF CHILD'S HEALTH - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.					
	Yes	No	Comments (required for any Yes answer)		
Allergies (Food, Insects, Drugs, Latex, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
Allergies (Seasonal)	<input type="checkbox"/>	<input type="checkbox"/>			
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>			
Behavioral or Emotional	<input type="checkbox"/>	<input type="checkbox"/>			
Birth Defect(s)	<input type="checkbox"/>	<input type="checkbox"/>			
Bladder	<input type="checkbox"/>	<input type="checkbox"/>			
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>			
Bowels	<input type="checkbox"/>	<input type="checkbox"/>			
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>			
Coughing	<input type="checkbox"/>	<input type="checkbox"/>			
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>			
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>			
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>			
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>			
Heart	<input type="checkbox"/>	<input type="checkbox"/>			
Hospitalization (When, Where)	<input type="checkbox"/>	<input type="checkbox"/>			
Lead Poisoning/Exposure	<input type="checkbox"/>	<input type="checkbox"/>			
Life Threatening Allergic Reactions	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Limits <input type="checkbox"/> on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>			
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Prematurity	<input type="checkbox"/>	<input type="checkbox"/>			
Seizures	<input type="checkbox"/>	<input type="checkbox"/>			
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>			
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>			
Surgery	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			
Does your child take medication (prescription or non-prescription) at any time?					
No		Yes, name(s) of medication(s): _____			

Does your child receive any special treatments? (nebulizer, epi-pen, etc.) No Yes, type of treatment:

Does your child require any special procedures? (catheterization, G-Tube, etc.)

No Yes what procedure(s):

I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.

I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Parent/Guardian

Date

PART II - CHILD HEALTH ASSESSMENT
To be completed **ONLY** by Physician/Nurse Practitioner

Child's Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>	Birth Date: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Month / Day / Year </div>	Sex M <input type="checkbox"/> F <input type="checkbox"/>
---	--	---

1. Does the child named above have a diagnosed medical condition? No Yes, describe: _____

2. Does the child have a health condition that may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card.
 No Yes, describe: _____

3. PE Findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel/Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac/murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Illness/Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: (Please explain any abnormal findings.)

4. RECORD OF IMMUNIZATIONS – DHMH 896/or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider **or** a computer generated immunization record must be provided. (This form may be obtained from: http://ideha.dhmh.maryland.gov/IMMUN/pdf/896_form.pdf)

RELIGIOUS OBJECTION:
 I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.
 Parent/Guardian Signature: _____ Date: _____

5. Is the child on medication?
 No Yes, indicate medication and diagnosis: _____
(OCC 1216 Medication Authorization Form must be completed to administer medication in child care).

6. Should there be any restriction of physical activity in child care? No Yes, specify nature and duration of restriction: _____

7. Test/M Measurement	Results	Date Taken
<input type="checkbox"/> Tuberculin Test		
Blood Pressure		
Height		
Weight		
BMI %tile		
Lead Test Indicated: <input type="checkbox"/> Yes <input type="checkbox"/> No		

(Child's Name) **has had a complete physical examination and any concerns have been noted above.**

Additional Comments:

Physician/Nurse Practitioner (Type or Print):	Phone Number:	Physician/Nurse Practitioner Signature:	Date:
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MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE

Instructions: Use this form when enrolling a child in child care, pre-kindergarten, kindergarten or first grade. BOX A is to be completed by the parent or guardian. BOX B, also completed by parent/guardian, is for a child born before January 1, 2015 who does not need a lead test (children must meet all conditions in Box B). BOX C should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet all the conditions in Box B. BOX D is for children who are not tested due to religious objection (must be completed by health care provider).

BOX A-Parent/Guardian Completes for Child Enrolling in Child Care, Pre-Kindergarten, Kindergarten, or First Grade

CHILD'S NAME LAST FIRST MIDDLE
CHILD'S ADDRESS STREET ADDRESS (with Apartment Number) CITY STATE ZIP
SEX: Male Female BIRTHDATE PHONE
PARENT OR GUARDIAN LAST FIRST MIDDLE

BOX B - For a Child Who Does Not Need a Lead Test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO):

Was this child born on or after January 1, 2015? YES NO
Has this child ever lived in one of the areas listed on the back of this form? YES NO
Does this child have any known risks for lead exposure (see questions on reverse of form, and talk with your child's health care provider if you are unsure)? YES NO

If all answers are NO, sign below and return this form to the child care provider or school.

Parent or Guardian Name (Print): Signature: Date:

If the answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D.

BOX C - Documentation and Certification of Lead Test Results by Health Care Provider

Table with 4 columns: Test Date, Type (V=venous, C=capillary), Result (mcg/dL), Comments

Comments:

Person completing form: Health Care Provider/Designee OR School Health Professional/Designee

Provider Name: Signature:

Date: Phone:

Office Address:

BOX D - Bona Fide Religious Beliefs

I am the parent/guardian of the child identified in Box A, above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child.

Parent or Guardian Name (Print): Signature: Date:

This part of BOX D must be completed by child's health care provider: Lead risk poisoning risk assessment questionnaire done: YES NO

Provider Name: Signature:

Date: Phone:

Office Address:

HOW TO USE THIS FORM

The documented tests should be the blood lead tests at 12 months and 24 months of age. Two test dates and results are required if the first test was done prior to 24 months of age. If the first test is done after 24 months of age, one test date with result is required. The child's primary health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature section. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

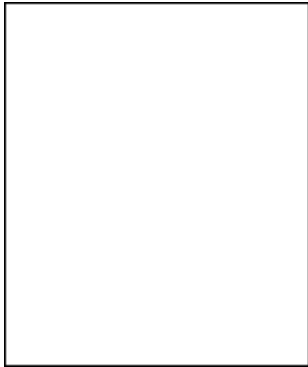
At Risk Areas by ZIP Code from the 2004 Targeting Plan (for children born BEFORE January 1, 2015)

<u>Allegany</u>	<u>Baltimore Co. (Continued)</u>	<u>Carroll</u>	<u>Frederick (Continued)</u>	<u>Kent</u>	<u>Prince George's (Continued)</u>	<u>Queen Anne's (Continued)</u>
ALL	21212	21155	21776	21610	20737	21640
	21215	21757	21778	21620	20738	21644
<u>Anne Arundel</u>	21219	21776	21780	21645	20740	21649
20711	21220	21787	21783	21650	20741	21651
20714	21221	21791	21787	21651	20742	21657
20764	21222		21791	21661	20743	21668
20779	21224	<u>Cecil</u>	21798	21667	20746	21670
21060	21227	21913			20748	
21061	21228		<u>Garrett</u>	<u>Montgomery</u>	20752	<u>Somerset</u>
21225	21229	<u>Charles</u>	ALL	20783	20770	ALL
21226	21234	20640		20787	20781	
21402	21236	20658	<u>Harford</u>	20812	20782	<u>St. Mary's</u>
	21237	20662	21001	20815	20783	20606
<u>Baltimore Co.</u>	21239		21010	20816	20784	20626
21027	21244	<u>Dorchester</u>	21034	20818	20785	20628
21052	21250	ALL	21040	20838	20787	20674
21071	21251		21078	20842	20788	20687
21082	21282	<u>Frederick</u>	21082	20868	20790	
21085	21286	20842	21085	20877	20791	<u>Talbot</u>
21093		21701	21130	20901	20792	21612
21111	<u>Baltimore City</u>	21703	21111	20910	20799	21654
21133	ALL	21704	21160	20912	20912	21657
21155		21716	21161	20913	20913	21665
21161	<u>Calvert</u>	21718				21671
21204	20615	21719	<u>Howard</u>	<u>Prince George's</u>	<u>Queen Anne's</u>	21673
21206	20714	21727	20763	20703	21607	21676
21207		21757		20710	21617	
21208	<u>Caroline</u>	21758		20712	21620	<u>Washington</u>
21209	ALL	21762		20722	21623	ALL
21210		21769		20731	21628	
						<u>Wicomico</u>
						ALL
						<u>Worcester</u>
						ALL

Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter.

MARYLAND STATE DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE
MEDICATION ADMINISTRATION AUTHORIZATION FORM



Child Care Program:

This form must be completed fully in order for child care providers and staff to administer the required medication. A new medication administration form must be completed at the beginning of each 12-month period, for each medication, and each time there is a change in dosage or time of administration of medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.
- An adult must bring the medication to the facility.

Child's Picture

PRESCRIBER'S AUTHORIZATION

Child's Name: _____ Date of Birth: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____

(PRN=as needed)

If PRN, for what symptoms: _____ Possible side effects - Specify: _____

Medication shall be administered from: _____ to _____
Month / Day / Year Month / Day / Year (not to exceed 1 year)

Prescriber's Name/Title: _____
(Type or print)

Telephone: _____ FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____



(Original signature or signature stamp ONLY)

This space may used for the Prescriber's Address Stamp

PARENT/GUARDIAN AUTHORIZATION

I/We request authorized child care provider/staff to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I/We understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self carry/self administration of **emergency** medication noted above may be authorized by the prescriber.

Prescriber's authorization: _____
Signature _____ Date _____

Parental approval: _____

Signature _____ Date _____

FACILITY RECEIPT AND REVIEW

Medication was received from: _____ Date: _____
Special Health Care Plan

Received: YES NO

Medication was received by: _____
Signature of Person Receiving Medication and Reviewing the Form Date

MEDICATION ADMINISTERED

Each administration of a medication to the child shall be noted in the child's record. Each administration of prescription or non-prescription to a child, including self-administration of a medication by a child, shall be noted in the child's record. Basic care items such as: a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health practitioner. These products are not required to be recorded on this form, but should be maintained as a part of the child's overall record. Keep this form in the child's permanent record while the child remains in the care of this provider or facility.

Child's Name:			Date of Birth:	
Medication Name:			Dosage:	
Route:			Time(s) to administer:	
DATE	TIME	DOSAGE	REACTIONS OBSERVED (IF ANY)	SIGNATURE