

Community Preschool

“Where Learning Through Play Is Serious Business”

School Handbook

2023 – 2024



Est. 1965

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Betty Woodruff, CPS Committee Chair, bettywoodruff30@gmail.com

Community Preschool - 2023-2024 TUITION

Installment payments are due the 1st day of the month of service. The security deposit, equal to one month of service, will be held and used toward your June payment. However, if your child withdraws before the end of the school year, the security deposit is not refundable.

Tuition payments can be made by check, cash, money order or card. Checks or Money Orders should be made payable to Community Preschool. **Zelle** is the easiest, no fee, form of payment. Please send your Zelle payment to rpcpsbilling@gmail.com and remember to add your child's name and the month in the memo/note.

A \$25 late fee will be applied to your tuition due, if payment is received after the 5th day of the month of service. A \$50 late fee will be applied to your tuition due, if payment is received after the 15th day of the month of service (whether the first day of the month falls on a weekend or holiday. Please plan accordingly.)

Before Care

8:00 am - 8:45 am



Monthly payments of:

\$125 for **5 days/week**

\$85 for **3 days/week**

\$10/day for occasional need

PreK 4

Half Day

8:45 am - 11:45 am

5 days: \$440 per mo.

3 days: \$310 per mo.

2 days: \$230 per mo.

Drop off: \$30/half day

PreK 4

FULL DAY

8:45 am - 3:45 pm

5 days: \$870 per mo.

3 days: \$600 per mo.

2 days: \$460 per mo.

Drop off: \$60/full day

AFTER CARE

3:45 pm - 5:00 pm



Monthly payments of:

\$180 for **5 days/week**

\$125 for **3 days/week**

\$20/day for occasional need

2s & PK3

Half Day

8:45 am - 11:45 am

5 days: \$455 per mo.

3 days: \$325 per mo.

2 days: \$245 per mo.

Drop off: \$35/half day

2s & PK3

FULL DAY

8:45 am - 3:45 pm

5 days: \$885 per mo.

3 days: \$625 per mo.

2 days: \$475 per mo.

Drop off: \$65/full day

Registration fee: \$60.00

Supplies fee: \$40.00

Note that both the registration fee and security deposit are due at the time of registration and ***are non-refundable or transferable to another month or another child under any circumstances.***

COMMUNITY PRESCHOOL

301 Chestnut Street, Roselle Park, NJ 07204 / Phone 908-245-8651 / Fax 908-245-8820

Email: Director@RPCCommunityPreschool.com / www.RPCCommunityPreschool.com

Sponsored by: Community United Methodist Church of Roselle Park, NJ

“Community Nursery School” opened its doors in 1965 as a Christian education program for Preschool children of the community. It began with just 18 children and it continues to grow. Although we do provide a Christian atmosphere, children of all faiths and from all surrounding communities are welcome.

Community Preschool is licensed by the State of New Jersey Department of Children and Families. Our staff includes a state certified and experienced Director, Head Teacher, Lead Teachers, and experienced Assistant Teachers. We pride ourselves on our low student to teacher ratio, allowing for individualized attention to the children.

Community Preschool operates under the guidance of an Advisory Committee. These members are approved by the Community United Methodist Church and are selected based on their interest for young children’s education and wellbeing. Parental participation is always encouraged.

For many children, preschool is their first experience away from home and family. Our goal is to provide a loving and caring environment which encourages physical, spiritual, emotional, social and intellectual development.

This Parent Handbook was designed to familiarize you with the policies and procedures that govern our school. Many of these rules and regulations are required by the state of New Jersey for our Preschool to be licensed. The Manual of Requirements published by the Bureau of Licensing, an agency within the Division of Youth and Family Services, is available for your review at any time.

As a parent/guardian of an enrolled child, you have the right to bring to our attention, or to the attention of DCF (Dept. of Children and Families), any practice or condition which you believe may be non compliant with state regulations. The fees, procedures and policies stated in this handbook are subject to be changed at the discretion of the Preschool. You will be notified of any changes.

We will be referring to this handbook throughout the year and suggest you keep it in a safe place. If you have any questions or concerns, please know that you are welcome to stop by at any time. The staff and I look forward to a fantastic year!

Regards,

Sonya Leingang

Community Preschool Director

Community Preschool

Learning Philosophy

Each child is a unique person with his/her individual growth pattern, learning style, personality and family background. While providing a Christian atmosphere, our school's responsibility is to not only care for your children but to nurture their physical, social/emotional, creative and cognitive development and to guide them to understand themselves and others.

Each classroom, in their age-appropriate way, gives children the time to discover, space to imagine and the opportunity to participate in a variety of activities daily. We strive to prepare each child for success in Kindergarten and the elementary grades. This is accomplished through hands-on experiences, trial and error, and play.

- **The teaching staff are guides and facilitators.**

- *They prepare the classroom with stimulating, challenging materials.
- *They plan meaningful activities to promote learning and exploration.
- *They encourage children to participate, but do not force them to do so.
- *They provide a balance of both teacher-directed and child-directed activities.
- *They give students many choices.

- **Our programs include:**

- *Teachers lead activities: music & movements, art, chapel, circle time, etc.
- *Children lead activities: table top, free play inside and outside, etc.
- *Special events: St-Jude's Trike-a-Thon, Healthy Habits Week, Read Across America, chicks hatching project, Art Week, Scholastic Book Fair, etc.

- **Social & emotional development:** following directions, waiting your turn, assertiveness, sharing, independence, confidence, a sense of security.

- **Physical development** is encouraged daily:

- *Small muscle activities include cutting, drawing, finger painting, easel painting, puzzles, playdough, blocks and other materials which require hand-eye coordination.
- *Large muscle activities include a minimum of 30 minutes of outdoor play -indoor when inclement weather- (riding wheeled vehicles, climbing, music & movement class...)

- **Cognitive and sensory development** is encouraged through all the activities already described. Learning about math, nature and science are integrated through meaningful activities: block building, sand and water play, sorting and classifying objects, observing changes in nature, making puzzles, drawing and painting. Singing, games and rhythm activities and stories are also important in stimulating intellectual development.

The ages, developmental levels and interests of the children are taken into consideration in the planning of space, class activities, and the selection of materials. Learning is presented as enjoyable, fun experiences.

Physical Development

Strength
Balance
Agility
Coordination of large muscles
Fine motor coordination

Cognitive Development

Literacy & math skills
Comprehension skills
Logical thinking
Language acquisition

Child Development Through Play

Sharing
Collaboration
Cooperation
Conflict resolution
Understanding of other cultural backgrounds
Positive self concept

Social Development

Empathy
Understanding of feelings
Self control behaviors
Bonding with peers
Stress management

Emotional Development

Early Intervention Services in New Jersey **Frequently Asked Questions**

What Should You Do If You Think an Infant or Toddler Is Not Growing or Developing as He or She Should?

Seek help early. The first three years of life are important, formative years in maximizing a child's future potential. If you suspect that an infant or toddler may be experiencing developmental delays, the referral is made by calling the Regional System Point of Entry toll free number at 1-888-653-4463 and following the menu directions based on the county in which the child (or family) lives.

- If the child lives in Essex, Morris, Sussex, Union, or Warren County, please press 1
- If the child lives in Bergen, Hudson, or Passaic County, please press 2
- If the child lives in Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, or Salem County, please press 3
- If the child lives in Hunterdon, Mercer, Middlesex, Monmouth, Ocean, or Somerset County - or if you are not sure which county your child lives in, please press 4 (if no selection is made within 10 seconds, the message will repeat one time)
- (if no selection is made after the message is repeated, the incoming call will be transferred to Mid-Jersey CARES REIC)

A service coordinator will talk with the family about their concerns and obtain referral information with family agreement. The service coordinator will work with the family to schedule and obtain consent to conduct a multidisciplinary evaluation/assessment of the child's developmental levels and needs. Evaluation and assessment services are provided at public expense with no cost to parents.

Who Are Primary Referral Sources?

The Department of Health has established procedures for use by primary referral sources for referring a child. Primary referral sources include: hospitals, physicians, parents, child care programs, local educational agencies, public health facilities, other social service agencies, and other health care providers.

Primary referral sources in New Jersey must:

- Maintain written documentation that supports the parent's agreement to refer or the parent's request that a referral not be made;
- Explain the early intervention services which would be available if the referral were made and the consequences of not accessing those services through the referral process, and state that referral does not commit the parent to participate in the early intervention system (parent consent is required for evaluation and assessment); and
- Maintain follow-up contacts with those families who initially request a referral not be made.

Who is Eligible?

To be eligible for early intervention services through the NJEIS, a child must meet the criteria in at least one of the following two categories:

Developmental Delay

1. Must be measured with the NJEIS designated standard evaluation tool, appropriate diagnostic instruments and procedures, including clinical opinion in all of the following areas of development: Physical (gross motor, fine motor, vision and hearing); Cognition; Communication; Social or emotional; and Adaptive. To be eligible, a child must demonstrate measured delays in development of at least 2.0 standard deviations below the mean in one developmental area; or 1.5 standard deviations below the mean in two or more of the developmental areas.
2. **Conditions with High Probability**
This category of eligibility includes children who have identified conditions but who may not be exhibiting delays in development at the time of eligibility. Children are eligible who have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. The high probability diagnosis must be confirmed in a signed statement or report from a physician; advanced practice nurse; or licensed clinical psychologist in the child's record including a statement that the diagnosed condition for the child has a high probability of developmental delay.

What is an Evaluation?

An evaluation is the process of gathering information about the child to see how he or she is developing and is used to determine eligibility for early intervention services. The evaluation is conducted by qualified professionals, in conjunction with the family, and provides information in several developmental areas such as communicating, feeding, behavior, walking/movement, vision, and hearing. The evaluation also assists in defining the types and levels of services needed by the child and family. Written parent consent is needed before the evaluation can begin.

What are Early Intervention Services?

Early intervention services are designed to address a problem or delay in development as early as possible. The services are available for infants and toddlers up to age three. Public and private agencies serve as Early Intervention Program providers (EIPs) and arrange for early intervention practitioners to address the needs of eligible children and their families. Following the evaluation and assessment, an Individualized Family Service Plan (IFSP) is developed to describe the services that are needed by the child and family and how they will be implemented. Services are provided by qualified practitioners in natural environments, settings in which children without special needs ordinarily participate and that are most comfortable and convenient for the family such as: home, a community agency, or child care setting.

Early intervention recognizes and respects the important and central role of the family in their child's life. The purpose of early intervention is to promote the child and family's ability to meet developmental outcomes, chosen by the family and outlined in the Individualized Family Service Plan (IFSP).

Developmental intervention helps families and early intervention practitioners implement child-focused services through a team approach that facilitates development within natural settings and activities and in the context of meaningful relationships. EIP practitioners, service coordinators, families, and designated community agencies can work together as a team to meet the child and family's needs and support each child's growth and development.

Children eligible for early intervention receive developmental intervention to address developmental delays. They may or may not also be receiving discipline-specific therapy(ies) and family support services. Developmental intervention will be provided at the intensity and frequency determined by the IFSP team, which always includes family members. Discipline-specific therapies and family support services are incorporated into IFSPs based on the child and family's assessment information.

Developmental intervention includes (but is not limited to) these types of activities:

- promoting a positive parent-child relationship as the core of intervention efforts;
- identifying activities and daily routines which can be utilized as learning opportunities for the child;
- working directly with the child and any other persons identified by the family;
- sharing knowledge of child development with families;
- teaching the family to design learning environments and materials to promote the child's acquisition of a variety of skills;
- networking with and providing consultation to community providers and friends that the family chooses;
- monitoring progress toward meeting developmental outcomes; and
- coordinating the intervention activities that are provided within the NJEIS team.

The purpose of discipline-specific therapy is to meet a specific therapy objective which will enhance the child/family's ability to meet a larger developmental outcome that the family has consented to include in the IFSP. The need for discipline-specific therapy is determined by an evaluation or assessment by a therapist from the area of concern. The frequency and intensity of the therapy are determined by the entire IFSP team which considers what is needed to meet the outcomes and how the services will fit into the family's daily routines.

Early intervention practitioners are assigned by the EIP agency based on the knowledge, skills, and expertise needed to meet the developmental outcomes on the IFSP. The IFSP team decides whether the early intervention services will be provided individually, in groups or utilizing a consultative model of intervention.

The IFSP can include one or a combination of any of the following services:

- **Assessment** - Ongoing procedures to identify the child's strengths and developmental needs, as well as the family's concerns, priorities, resources.
- **Assistive Technology** - Provision of equipment, including adaptive assistive devices, which have been designed or altered for special use by children with developmental delays or disabilities.
- **Audiology Services** - Testing of the child's hearing and referral for further services, as needed.
- **Developmental Intervention** - Designing learning activities that promote the child's acquisition of skills in a variety of developmental areas.
- **Family Training and Counseling** - Guidance for the family, such as help from trained personnel in understanding the special needs of the child and enhancing the child's development.
- **Health Services** - Assistance to enable a child to benefit from other early intervention services, including: clean intermittent catheterization, tracheotomy care, tube feeding,

the changing of dressings or colostomy collection bags, and consultation with service providers concerning special health care needs.

- **Medical Services** - Diagnostic or evaluation services by a licensed physician to determine a child's developmental status and the need for early intervention services. The early intervention system does not pay for other medical services.
- **Nursing Services** - Assistance to enable a child to benefit from early intervention services, including: health status assessments and nursing care to prevent health problems or to improve functioning.
- **Nutrition** - Individual assessment, development, and monitoring of plans to address the child's nutritional needs.
- **Occupational Therapy** - Services to assist children to learn skills needed for play and daily living; designing and providing assistive devices.
- **Physical Therapy** - Services to identify and help prevent or reduce movement problems.
- **Psychological Services** - Assessment and psychological counseling for children, parents, and family. Consultation on child development, child behavior, parent training, and educational services.
- **Service Coordination** - Assistance in obtaining the services needed by the child and family, providing information about early intervention services, and finding other needed resources in the community.
- **Social Work Services** - Assessment of the child in the home and family environment. Individual and family group counseling and activities to build social skills.
- **Speech/Language Pathology** - Identification, referral, and provision of services to assist children to understand and respond to communication.
- **Transportation** - Transportation services that are necessary to enable a child and family to receive early intervention services.
- **Vision Services** - Evaluation and assessment of vision, referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functions, communication skills training, orientation and mobility training, visual training, independent living skills training, and additional training necessary to activate visual abilities.

What is an Individualized Family Service Plan (IFSP)?

The IFSP is both a plan and a process. The plan is a written document that identifies the outcomes, services and supports needed for the child and family.

The process is ongoing services and assessment to gather, share, and exchange information between the family and the early intervention practitioners to help parents make informed choices about early intervention services and other needed services for the child and family.

Following the evaluation and assessment process, the IFSP is developed at a meeting with the family, the service coordinator, at least one member of the evaluation team, and anyone else the family wishes to include. In order for the child to receive services, the parent must consent to the IFSP and can withdraw their consent at any time. Parents can also say no to some services and still get the services that they agree to and feel they need the most. The plan is reviewed every six months, or more frequently as appropriate, to make sure it continues to meet the needs of the child and family. At least once a year, parents must participate in a developmental evaluation and annual IFSP meeting to review their child's outcomes and IFSP

services for any changes needed. The meeting will be held at a time and location that is convenient to the family and in the language or other mode of communication used by the parent if not proficient in English and if it is feasible to do so.

What is contained in the IFSP?

Every IFSP will have a statement about the child's functioning levels of development based on the evaluation and assessment. This includes areas of sight, hearing, health, thinking skills, self-help skills, ability for expression, social or emotional growth, and movement. Based on parents' priorities, concerns, resources, and desired outcomes for their child and family, the needed services will be documented. The frequency, location, and duration of these services and exactly how the costs will be covered will also be included. Written parent consent is necessary before any services can be provided.

Other services that are not required to be provided or paid through the early intervention system may also be noted in the IFSP. The service coordinator, also identified in the IFSP, will help find resources to meet those needs.

Transition

An important part of early intervention services is assisting children and families to leave early intervention at the correct time and in the most helpful way possible. This process is called transition. When a child is two years old, transition information will be offered to the parents to begin planning for services and supports that might be needed when the child turns three. As a child approaches three years of age, the service coordinator will help with transition from early intervention to a preschool program and/or other support services that the child and family may need.

What are the Costs of the Services?

Federal law requires that specific services be provided to eligible children and families at public expense. These include:

- Child find/referral
- Evaluation/assessment
- Service coordination
- IFSP development and review
- Procedural safeguards (family rights)

Beyond these required services, a family may have to assume some or all of the costs, depending on the resources available and the parents' ability to pay. Medicaid or private insurance can be designated payers. The payment for some services may be based on a sliding fee scale that determines the cost by a family's income and size.

What are Family Rights?

Early intervention law provides family rights that guarantee early intervention services are provided in a voluntary, nondiscriminatory manner. They assure that families understand the early intervention system and what is being offered to them and their child. Family rights include:

- The right to consent to evaluation and assessment;
- The right to be involved with the decisions made concerning their child;

- The right to have all information explained to them in their primary language or other mode of communication if the parent is not proficient in English and if it is feasible to do so;
- The right to an initial meeting to develop an Individualized Family Service Plan (IFSP) within 45 days of the date the parent consents for the referral if the child is found eligible for the NJEIS;
- The right to be informed before any meetings are held or any changes are made to the IFSP;
- The right to consent to the IFSP;
- The right to say no to some services and to choose only the services wanted;
- The right to the early intervention services identified as needed on the IFSP;
- The right to referral, evaluation and assessment, IFSP development and review, service coordination, and protection of family rights at no cost.
- The right to have all information about the child kept confidential;
- The right to review the child and family's early intervention record at any time; and
- The right to dispute resolution procedures to settle any disagreement over the services related to the child and the family.

What is Dispute Resolution?

If parents have a concern that cannot be resolved in discussions with the child's Early Intervention Program (EIP) provider agency, early intervention practitioners and service coordinator, parents have the right to use dispute resolution procedures to work out their concerns. The service coordinator is responsible to give parents information about these procedures at the time of referral. Dispute resolution procedures include Complaint Investigation, Mediation and Administrative Due Process Hearing.

More information on family rights or how to file a complaint is available at <http://nj.gov/health/fhs/eis/procsafeguards.shtml> or by contacting the:

NJEIS Procedural Safeguards Office
 New Jersey Department of Health
 P.O. Box 364
 Trenton, NJ 08625-0364
 Toll free: (877) 258-6585
 Fax: (609) 292-0296

Special Education in New Jersey
NJ Department of Education, Office of Special Education

10-04

If you are concerned about a preschool child or student (age three through twenty-one) who may be developing or learning differently, you can call the school district in which the child resides. District phone numbers and addresses are available at <http://www.state.nj.us/nided/directory> or 1-800-322-8174

To the maximum extent appropriate, preschoolers and students with disabilities are educated with their typically developing peers. Placement in a typical classroom is the first consideration. For a preschool child this may be a school district general education preschool program or a nonsectarian early childhood program licensed or approved by a governmental agency. For further information: <http://www.nj.gov/njded/specialed>

<i>Topic</i>	<i>Process</i>
<i>Referral</i>	A referral is a written request for an evaluation that is given to the school district when it seems possible that a child may have a disability and might need special education and related services. Parents, school personnel and agencies concerned with the welfare of students may make a referral to the school district the student resides.
<i>Identification Meeting</i>	Within 20 calendar days of receiving a referral, the school district must hold a meeting to decide whether an evaluation will be conducted. If the school district decides to conduct an evaluation the group will select the types of testing and other procedures that will be used to determine if the child needs special education services.
<i>Evaluation</i>	An evaluation is the process used to determine whether a child is eligible for special education and related services. The process includes a review of any relevant data, and the individual administration of any tests, assessments and observations of the child. At least two child study team members must participate in the initial evaluation along with any other specialists whose observations are necessary for a meaningful assessment of the child's needs.
<i>Eligibility</i>	When the evaluation is completed, the school district holds a collaborative meeting to determine if the child is eligible for special education and related services. Prior to the meeting, the school district must give the parent a copy of the evaluation reports(s) and other documents and information that will be used to determine the child's eligibility. The parent must receive this information no less than 10 calendar days before the meeting. To be eligible for special education and related services: <ul style="list-style-type: none"> ▪ A student must have a disability according to one of the eligibility categories; ▪ The disability must adversely affect the student's educational performance; and ▪ The student must be in need of special education and related services.
<i>Individualized Education Program (IEP)</i>	After it is determined that a child is eligible for special education and related services, a meeting is held to develop the child's IEP. The IEP is both a plan and a process. The plan is a written document that describes in detail a child's special education program. The process is the ongoing sharing of information between the family and school district to meet the child's developmental and educational needs. The IEP should describe how the individual child currently performs and the child's specific instructional needs. The IEP must include measurable annual goals and short term objectives or benchmarks. When parental consent is granted, the IEP is implemented as soon as possible following the IEP meeting and within 90 calendar days of the school's receipt of parental consent for the first evaluation. For resources on creating meaningful IEP's see <i>Tools for Teachers</i> at http://www.njddc.org/tools-teachers.pdf or contact the NJ Council on Developmental Disabilities at 609-292-3745.
<i>Annual Review</i>	Annually, or more often if necessary, the IEP team will meet to review and revise the IEP and determine placement.
<i>Reevaluation</i>	A child must be reevaluated every three years, or sooner if conditions warrant, or if the parent or the child's teacher requests it. Reevaluation is conducted when a change in eligibility is being considered.
<i>Parental Consent</i>	When must the school district obtain parental consent? <ul style="list-style-type: none"> • Before a child is evaluated for the first time to determine whether a child is eligible for special education; • Before a child's special education program begins for the first time; • Before a child is tested as part of a reevaluation; and • Before a child's records are released to a person or organization that is not otherwise authorized to see them.

Philosophy of Discipline

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

Discipline is a teaching method which aims to help children:

1. Develop their own self-control
2. See the consequences of their actions
3. Learn to balance their needs with those of others
4. Feel good about themselves
5. Become increasingly independent.

The basis of good discipline is a caring relationship between child and adult in which the adult:

1. Respects the rights of the child
2. Establishes clear and reasonable limits for behavior
3. Models the behavior expected from the child
4. Encourages by praise
5. Helps the child think of other ways to solve problems.

At Community Preschool, staff members are committed to the teaching method described above, and to developing a caring relationship with each child for whom they are responsible. We also encourage communication and partnership between the teachers and the parents.

Staff members are never permitted to discipline by spanking or striking a child.

If a child is having difficulty maintaining self-control (i.e. hitting, biting, refusing to cooperate), a staff member may remove the child from the group. The child must be told the reason for this action, and the separation must be short in length (not more than a few minutes). Children will never be prevented from outdoor play or snack. The Director may assist and invite the child to discuss for a brief time.

The following topics are sorted alphabetically:

❖ ABSENCE

Please email the Preschool Office rpcpsoffice@gmail.com or contact your child's teacher on the Class Dojo app. if your child will be absent. If it is for illness, please notify the office of your child's symptoms 908-245-8651.

❖ ACCIDENTS AT SCHOOL

Each classroom has staff members trained in Pediatric First Aid and CPR. If a child becomes injured at school, basic first aid will be provided. If the child has sustained any head injury, you will be notified by phone. If we believe any injury may require additional treatment other than what we can provide, or is life threatening, 911 will be called.

❖ ALLERGIES: EPI PENS AND EPI PEN JR.

To administer a lifesaving prescription such as or the EPI Pen or the EPI Pen Jr., we must first have the following;

1. A ***Food Allergy Action Plan*** to be completed by the child's pediatrician, with the doctor's order describing the scenario upon which an invasive medication would be administered.
2. The parent's written authorization to administer such medication.
3. Whenever the child is present, parents must provide the school with all medications prescribed by the doctor in the Food Allergy Action Plan. These medications cannot be administered if they have reached the expiration date on the manufacturer's container.
4. **It is the parent's responsibility to keep medications current.**
5. Students with a Food Allergy Action Plan cannot attend school **at any time** without the required medications present. *We suggest leaving all required medications at school.*

Should a child require emergency-based prescription medication, 911 will be called and so will the parents. Any child who receives oral or invasive medication for an emergency will be transported by ambulance to the hospital. Staff members trained in First Aid and CPR will provide emergency care until the ambulance arrives.

❖ AUTHORIZED PERSONS FOR PICK-UP

Parents are to pick up their child(ren) promptly at the close of school. Children will only be released to their parent/legal guardian or the emergency contacts listed on the registration form if the parent(s) cannot be reached. If someone else will be picking up a child, THE OFFICE MUST BE NOTIFIED PRIOR TO THE PICK-UP. Please include the name and telephone number of the individual. The authorized person will be required to present a picture ID verifying his/her identity. We WILL NOT release your child to an unauthorized person or anyone under the age of 16.

We must also be notified if there is a relative or non-custodial parent legally prohibited from picking up your child. A copy of the court order will be needed and kept with your child's records.

❖ **BACK-TO-SCHOOL NIGHT**

An informational ***Back to School Night*** will take place shortly after school has begun for **parents only**. All parents are encouraged to attend this informative event which will be conducted virtually. The teacher will discuss the curriculum, the day to day routine, and expectations. This is a great opportunity to get to know your child's teacher and ask questions.

❖ **BICYCLE HELMETS**

Children have the opportunity to ride tricycles during their outdoor play time. We do not have helmets to share. If you would like your child to wear one, it is your responsibility to bring a properly fitted and **labeled** helmet for your child.

❖ **BIRTHDAYS AND OTHER SPECIAL CELEBRATIONS**

We enjoy celebrating children's birthdays in school. These are important events in their young lives and teachers take great pride in making your child feel special on their birthday. You are welcome to send in a special prepackaged birthday treat for your child to share with the class. Look for the store bought "**School Safe**" **mini cupcakes** which guarantee they are dairy-free, peanut-free, tree nut-free and Kosher, with no artificial colors or flavors. No homemade treats will be distributed. You may also send special napkins and plates.

We thank you in advance for your cooperation with the following;

1. Please plan ahead with your child's teacher for the best day to bring in a birthday treat.
2. If you are inviting the entire class to a birthday which is held outside of our premises, remember to leave the envelopes blank. We will gladly distribute them to all students.
3. If you choose to invite only a few close friends, we ask that you do so outside of the school to avoid hurting children's feelings.
4. **Treat bags or other party goods are only permitted** if you are distributing them yourself to the entire class before or after school. We will not take the responsibility of distributing them.
5. If your child's birthday falls on a day the school is not in session, please speak to your child's teacher to make plans.

With food allergies affecting 1 out of 13 kids, we ask that you remain mindful when purchasing treats for a special event (birthday, Halloween, etc.).



Here are links with a list of allergy friendly candies:

<https://www.purewow.com/family/allergy-friendly-halloween-candy>

<https://www.spokin.com/allergy-friendly-products/peanut-free-gluten-free-dairy-free-halloween-candy-guide>

❖ CHAPEL TIME

Christian values are emphasized daily within the classrooms. Our children also have the wonderful opportunity to take part in our Chapel Time with their classmates and teachers. During this time, children will enjoy simple Bible stories, songs of praise, a prayer, and an opportunity to learn about Christian values.

Dear God,
Help me spend today 
with a *Smile* on my face,

Love in my heart,

Joy in His grace, 
and my *thinking cap* on all day.
Amen

Querido Dios,
Ayúdame a pasar hoy
Con una sonrisa, 
Con amor en mi corazón,
Con alegría en su gracia
Y listo para aprender.
Amén. 

❖ CLASS DOJO

Be sure to download the free Class Dojo application on your phone and/or laptop. School wide information and announcements will be shared via the app. All teachers are required to share videos, pictures, messages and information using Class Dojo. This is also a means of communication with the Director and/or your child's teachers.

❖ CLASS SUPPLIES AND COVID SAFETY SUPPLIES FEE

Students must refrain from sharing the art supplies which requires us to purchase enough items for each child to have their own set. A ***one time \$40 fee*** is due at the time of registration, to cover for the purchase of glue sticks, markers, crayons, paint, play doh, hand sanitizer, clorox wipes, baby wipes, antibacterial wipes, individual containers, tissues, and other required products to keep children safe.

❖ CONFERENCES

Parent/Teacher conferences are held in November. Additional meetings can be scheduled as necessary.

❖ DISCOUNTS

Member Discount: Members of the Community United Methodist Church are eligible for a 10% tuition discount. Church Members must get written notification from the Church office of membership status.

Military Discount: Community Preschool offers a %10 tuition discount to all enrolled children whose parent is serving on active military duty.

Sibling Discount: Two or more siblings enrolled at the same time receive a 10% discount on the second and third tuition rate.

❖ **DRESS CODE**

Children are required to wear play clothes that are labeled, comfortable, can be put on/off independently, and weather appropriate for outdoor play. For safety reasons, children should not wear open-toed shoes, high heeled shoes or sandals but sneakers or rubber soled shoes. To avoid frustration and promote self sufficiency, please choose leggings over tights, elastic band over buttons, over the head hoodie over zippered hoodie etc.. Play jewelry should stay home since it too often ends up getting lost.

❖ **DROP OFF AND ARRIVAL PROCEDURES**

Please line up outside your child's classroom door at drop off and at pick-up time and respect some distance between yourself and others. A child should never be left alone. You are responsible for your child until the door opens and your child is welcomed in the building by their teacher.

You are required to **self-screen your child for any signs of COVID-19 (including temperature check)** each day before coming to school. You will be asked to confirm your child's good health when dropping off.

PLEASE BRING YOUR CHILD ON TIME as late arrival is very distracting to the other children and is difficult for the late child as well. Please plan ahead so that your child enjoys every minute of their day at CPS. Late arrivals disturb your child's routine, the kids in class who are in the middle of an activity, and the teachers who have to drop everything to welcome you/your child while trying to keep the momentum and interest/focus of the rest of the class.

❖ **EARLY PICK UP**

The full day students' pick up time is at 3:45 pm. We are willing to be flexible but cannot manage children leaving at various times. We find ourselves with one less staff in the classroom; one teacher manages the class while the other teacher is away preparing your child for dismissal. Teachers plan activities that children look forward to and when picked up without a warning, they feel like they are missing out, which often leads to meltdowns. If you must pick up early, 3:15 pm is the time they get ready to go outside and can be picked up directly from the playground.

❖ **EMERGENCY EVACUATION**

Should the school be evacuated for unforeseen circumstances, our emergency shelter is the Casano Community Center situated across the street, at 314 Chestnut St. You would receive a phone call if the need to pick up the students would arise. We would then refer to your emergency contact(s) if we were unable to get a hold of you.

❖ **EXPULSION**

If a child has difficulties showing age-appropriate self-control, or behaves in a way that is dangerous for himself or others, we may come to the conclusion that we are not the best fit for your child.

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.
- The parent threatens physical or intimidating actions toward staff members.
- The 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 (throwing of items, punching/hitting, verbal threat).
- Ongoing physical or verbal abuse to staff or other children. (hitting, pushing, spitting)
- Excessive biting

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION:

- Try to redirect the 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.

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.

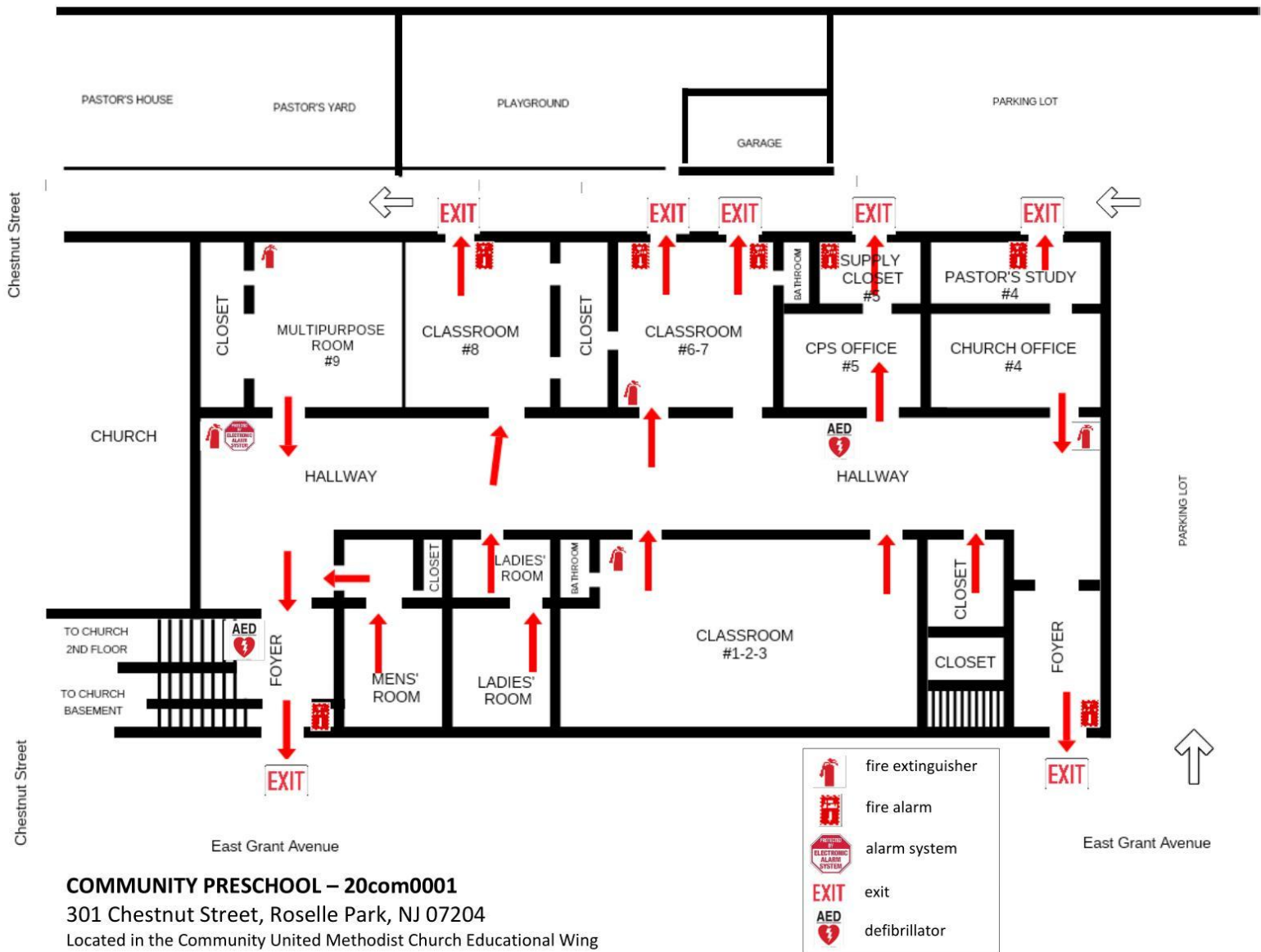
❖ FIELD TRIPS

Parents will be notified of any field trips the Preschool will take. We require that one parent/guardian attends our field trip for safety.

In addition to field trips, the children and teachers may occasionally take a walk locally (library, post-office, around the block, Casano Center). A general permission slip will be signed by the parent in September for local walks. Parental participation is not needed during our local walks, although volunteers may be invited.

❖ FIRE DRILLS

As mandated by the State Office of Licensing, one fire drill per session, per month is practiced.



❖ FOOD

Please send a healthy snack and water with your child each day. We reserve the right to return home snacks which are not deemed healthy for school. All students staying for lunch should bring a separate snack and drink for the morning as well as for the afternoon, and a lunch box with a lunch, drink and ice pack.

❖ FOOD ALLERGIES

During the year, children in the class may bring in special Birthday snacks. WE WILL NOT HAND BIRTHDAY SNACKS to children with food allergies unless it has been addressed with you and permission has been granted. You may provide an alternate special snack that we can store in our freezer for birthdays and special events.

**We strive to be a
peanut and tree nut
safe school**



Please wash your hands before entering if you have been in contact with peanuts or tree nuts today!

Healthy Eating for preschoolers

Daily Food Checklist



Use this Checklist as a general guide.

● This food checklist is based on average needs. Do not be concerned if your child does not eat the exact amounts suggested. Your child may need more or less than average. For example, food needs increase during growth spurts.

● Children's appetites vary from day to day. Some days they may eat less than these amounts; other days they may want more. Let your child choose how much to eat. Throughout a day, offer amounts shown below.

Food group	2 year olds	3 year olds	4 and 5 year olds	What counts as:
Fruits Focus on whole fruits 	1 cup	1 – 1½ cups	1 – 1½ cups	½ cup of fruit? ½ cup mashed, sliced, or chopped fruit ½ cup 100% fruit juice ½ small banana 4-5 large strawberries
Vegetables Vary your veggies 	1 cup	1 – 1½ cups	1½ – 2 cups	½ cup of veggies? ½ cup mashed, sliced, or chopped vegetables 1 cup raw leafy greens ½ cup vegetable juice 1 small ear of corn
Grains Make half your grains whole grains 	3 ounces	3 – 5 ounces	4 – 5 ounces	1 ounce of grains? 1 slice bread 1 cup ready-to-eat cereal flakes ½ cup cooked oatmeal, rice, or pasta 1 tortilla (6" across)
Protein Foods Vary your protein routine 	2 ounces	2 – 4 ounces	3 – 5 ounces	1 ounce of protein foods? 1 ounce cooked meat, poultry, or seafood 1 egg 1 Tablespoon peanut butter ¼ cup cooked beans or peas (kidney, pinto, lentils)
Dairy Choose low-fat or fat-free milk or yogurt 	2 cups	2 – 2½ cups	2½ cups	½ cup of dairy? ½ cup milk 4 ounces yogurt ¾ ounce cheese

Some foods are easy to choke on while eating. Children need to sit when eating. Foods like hot dogs, grapes, and raw carrots need to be cut into small pieces the size of a nickel. Be alert if serving 3- to 5-year-olds foods like popcorn, nuts, seeds, or other hard foods.

There are many ways to divide the Daily Food Checklist into meals and snacks. View the "Meal and Snack Patterns and Ideas" to see how these amounts might look on your preschooler's plate at www.ChooseMyPlate.gov/preschoolers-meal-and-snack-patterns.



SCHOOL SAFE NUT-FREE SNACK LIST*

"Food impacts how well a child's brain works, affecting their moods and abilities ... In a child's brain junk food can cause neurotransmitters, which pass along information, to function improperly. Smart foods, however, allow information to be processed correctly and help the child function at their optimal level." – Dr. Sears, one of America's most renowned pediatricians and author of over 40 books

LET'S HELP OUR CHILDREN DO THEIR BEST AT SCHOOL BY SENDING IN SMART "REAL FOOD" SNACKS

REAL FOOD IS...

- 100% whole grain
- Made with no (or very little) refined sweeteners like white sugar or corn syrup
- Fresh fruits and vegetables (preferably organic), dairy products, seeds, dried fruit, humanely raised animal products
- More a product of nature than a product of industry

REAL FOOD IS NOT...

- "Low fat" or "low carb" or "low calorie" products (in most cases)
- Made with artificial sweeteners like Splenda
- Deep fried in refined oil
- 100-calorie packs made with refined grains like white flour (labeled as "wheat flour")
- Something out of a package containing ingredients you cannot pronounce
- Highly processed food that is labeled as organic

FRESH FRUITS & VEGETABLES (Organic Recommended)

- | | |
|------------------|---|
| • Apple | • Cherries |
| • Banana | • Black Beans, Pinto Beans, etc. |
| • Carrots | • Lima Beans |
| • Celery | • Edamame |
| • Mango | • Sugar Snap Peas |
| • Pear | • Green Beans |
| • Grapes | • Sweet Potato (with cinnamon) |
| • Strawberries | • Sliced Bell Peppers |
| • Blueberries | • Trader Joe's Ready to Eat Beets |
| • Raspberries | • Cucumber |
| • Oranges | • Jicama |
| • Peaches | • Pomegranate |
| • Plums | • Cherry Tomatoes |
| • Grapefruit | • Snow Peas |
| • Avocado | • Cauliflower |
| • Pineapple | • Broccoli |
| • Papaya | • Lentils – Tasty Bite Heat and Eat Lentils |
| • Star Fruit | • Garbanzo Beans |
| • Figs | • Wedge of Cabbage |
| • Honeydew Melon | • Trader Joe's Steamed Lentils (Refrigerated Section) |
| • Cantaloupe | |
| • Watermelon | |

Some of these veggies would be great dipped into Cedar's Organic Hummus or Sabra Hummus Dip (not roasted pine nut flavor)

* IMPORANT: Product formulations may change so ALWAYS double check the package to ensure the item is not processed in a facility that also processes nuts.

SMART “REAL FOOD” SNACKS continued...

100% WHOLE-GRAIN SNACKS

- Triscuits
- Popcorn
- Oatmeal (served warm in thermos)
- Shredded Wheat (Post or Earth Fare brand)
- Arrowhead Mills Puffed Whole Grain Cereal (Corn, Wheat or Millet)
- Crunchmaster Multi-Seed Crackers
- Trader Joe's Woven Wheat Wafers
- Streit's Whole-Wheat Matzo Crackers
- Doctor Kracker Seeded Spelt Crackers
- Edward & Sons Brown Rice Snaps
- Koyo Brand Organic Brown Rice Chips
- Finn Crisp Thin Rye Crispbread
- Lundberg Brown Rice or Wild Rice Cakes
- Koyo Brown Rice Cakes
- Real Foods Corn Thins
- Wasa Rye Cripsbread Varieties
- Ryvita Rye Varieties
- Kashi Heart to Heart Whole Grain Crackers (Original and Roasted Garlic)
- Kashi 7 Grain Frozen Waffles
- Whole-Wheat or Brown Rice Pasta (macaroni noodles, penne, etc. can be served warm with butter in thermos or served cold as a pasta salad)
- HT Naturals Organic Brown Rice (good with bits of avocado and soy sauce)
- HT Naturals Whole Wheat Couscous (good mixed with a Greek yogurt sauce called Tzatziki)

OTHER “REAL FOOD” SNACKS

- Cheese
- Plain yogurt sweetened with a little honey
- Raw Sesame Seeds
- Raw Pumpkin Seeds
- Hard-Boiled Eggs
- GoRaw Live “Granola Bar”
- GoRaw Live “Pumpkin Bar”
- Bella Famiglia Olives
- Organic Divina Olives
- Mediterranean Organic Olives
- Gaea Kalamata Olives
- Earth Fare Organic Olives

DRIED AND CANNED FRUITS

- GoGo Squeeze Applesauce
- Unsweetened Raisins
- Trader Joe's Fruit Leathers
- Trader Joe's Fruit Flakes (Apple Raspberry, Apple Strawberry...similar to fruit leathers)
- Trader Joe's Fiberful Fruit Bars
- Trader Joe's Organic Fruit Wraps
- Buddy Fruits – Pure Blended Fruits
- Clif Kid Organic Twisted Fruit Rope
- Trader Joe's Dried Baby Sweet Pineapple
- Trader Joe's Freeze Dried Mango, Banana Slices, Blueberries or Strawberries
- Trader Joe's Vacuum Dried Pineapple or Banana Chips
- Costco – Brothers All Natural Crisp (dried fruit)
- Nothing But Banana Flattened
- Dried Apple Rings
- Native Forest Organic Mandarins
- Native Forest Papaya Chunks
- Native Forest Mango Chunks
- Native Forest Pineapple
- Made in Nature Dried Apricots
- Made in Nature Dried Apples
- Made in Nature Dried Mission Figs
- All Funky Monkey Freeze Dried Fruit Varieties
- Eden Organic Dried Cranberries
- Eden Organic Dried Blueberries
- Eden Organic Dried Cherries
- Organic Just Cherries
- Organic Just Mango
- Organic Just Blueberries
- Organic Just Strawberries
- Just Strawberries 'N Bananas
- Organic Just Apples
- Organic Just Peas
- Organic Just Veggies
- Trader Joe's Roasted Seaweed Snack

* IMPORANT: Product formulations may change so ALWAYS double check the package to ensure the item is not processed in a facility that also processes nuts.

❖ **HEAD LICE**

It is the policy of Community Preschool that if a case of head lice has been detected in a child, that student must be treated and be "nit-free" before returning to school. All parents must inform Community Preschool if their child, a sibling, or anyone living in the home has been diagnosed with head lice.

- We will inform all parents and teachers, maintaining strict confidentiality of the affected student, that there has been a case of head lice detected so that they can then check their children or have them checked professionally.
- Children may return to school when treatment has been successful and the child is nit free WITH A DOCTOR'S NOTE. Upon returning to school after treatment, the child may be re-examined by the Director to confirm that the child is nit free.

What to do at Home:

- Check other family members. It can not be transferred to pets.
- Soak brushes, combs and hair accessories in a 2% Lysol solution or hot water (150 degrees) for 5 to 10 minutes.
- Wash all bed linens, towels, clothing and hats etc. with HOT water and dry. Do this daily for items that the infected child will wear or sleep on.
- Vacuum carpets, mattresses and upholstery thoroughly.
- Items that cannot be washed or dry cleaned should be put into black plastic bags for at least 2 weeks or can be put in a dryer for 20 minutes.

Frequently Asked Questions

What are head lice?

Head lice are small insects. They are very small (about 1/16 to 1/8 of an inch long), gray or white in color and have no wings. Head lice have claws that cling to hair shafts and they spend their entire life cycle on the heads of people sucking blood for nutrition.

What are nits?

Nits are the eggs of lice. Female lice glue the nits to the hair shaft very close to the scalp. A female can lay 50-150 eggs over a three to four-week period.

Where are head lice found?

Head lice are rarely found off the head. They are most commonly found in the hair above and behind the ears and near the neck. Head lice cannot live for more than 48 hours without a blood meal therefore they do not live long off the head. Very few nits will hatch away from the head, and any nymphs which hatch will die very soon without a blood meal.

What is the life cycle of the head louse?

Head lice eggs hatch in seven to nine days into the first nymph stage, which looks like a miniature adult. The nymph takes a blood meal by biting the scalp soon after hatching and will feed every three to six hours. In about nine days, the louse will have passed through two more nymphal stages and reach the adult stage. The adult will stay on the head for its entire life.

How do people get head lice?

Head lice are usually spread by close personal contact with the hair of an infested person. Sharing personal items such as hats, headbands, coats, or storing these items close together such as in classrooms can spread lice. At home, sharing items such as combs, brushes, towels, soft toys and bed sheets can also spread lice.

What are the symptoms of head lice infestation?

People with light infestations may not notice any problem. Itching is the most common symptom caused by an allergic reaction to the bites. Other symptoms include a tickling feeling of something moving in the hair, irritability, and sores on the head caused by scratching.

How are head lice diagnosed?

Seeing the nits or lice is the only way to confirm an infestation with lice. It requires a thorough look at the scalp. Lice move quickly and can be hard to see. Finding nits close to the scalp is the usual way to confirm an infestation. Finding nits that are more than 1/4 inch from the scalp usually means that they are old and not active even though they are firmly glued to the hair.

Can head lice spread any diseases?

Head lice do not spread any diseases. Sores caused by scratching can become infected.

What is the treatment for head lice?

Over-the-counter or prescription shampoo, lotion, or cream rinse is used to treat head lice infestations. Sometimes, a pill may be prescribed. Follow all instructions given by your health care provider and the product label. Treatment failure is common. If active lice are seen 8 to 12 hours after treatment, call your health care provider to see if a different product should be used.

Will the medications kill the nits?

There is no guarantee that any product will completely kill all the eggs. It is extremely important that the hair and scalp be thoroughly checked every two to three days after treatment. Most head lice products do not kill all of the eggs and recommend a second treatment in 7 to 10 days after the first treatment in order to kill any lice from newly hatched eggs.

Is it necessary to remove all the nits?

It is not necessary to remove all nits after using a head lice treatment according to package directions because only live lice cause an infestation. People may want to remove nits for reasons of appearance and to prevent any confusion with diagnosis.

How difficult is it to remove all the nits?

Hair should be looked at in small sections while removing nits with the nit comb (some people prefer flea combs, fingernails or tweezers). Certain over-the-counter products and white vinegar may help to loosen the glue holding the nits to the hair. It often takes many hours over a period of days to remove all of the nits. Because of many reports of lice that are resistant to products designed to kill them, it is very important to remove all nits close to the scalp.

Is cleanliness important in preventing head lice?

Infestations are not prevented by personal or household cleanliness, use of shampoos or length of hair. All social and economic groups can be affected by head lice, but African Americans are much less frequently infested than other racial groups.

How effective are home remedies?

Many alternatives to head lice products are promoted because of treatment failures. But, there is little proof that these methods are effective at killing the lice and nits on the head. Some of these remedies include olive oil, mayonnaise, tea tree oil, petroleum jelly, and hair dryers. Never use harsh substances such as kerosene or gasoline. Do not use pesticides (bug spray) that are not registered for treatment of lice such as diazinon.

How can my family avoid being infested?

All contacts of an infested person should be examined, but only those with live lice or nits within 1/4 inch of the scalp should be treated. Bed mates and brothers and sisters should also be treated even if no live lice are found. The examination and treatment of contacts, if necessary, should be done all at the same time. Treated people should be checked for at least two weeks to be sure the lice and nits are gone. Family members should avoid sharing combs, brushes, towels and other personal items.

What else can be done to prevent the spread of head lice?

It is probably impossible to totally prevent head lice infestations. Young children come into close head-to-head contact with each other frequently. Children should be taught not to share personal items such as combs, brushes and hats.

❖ HEALTH REQUIREMENTS AND FLU VACCINE

Your child's medical records must remain current for your child to attend school. We must have on file an up-to-date **Immunization Record** and a current **Universal Health Record** completed by your child's pediatrician. These must be current within 12 months of your child's last physical examination date. It is the parent/guardian's responsibility to provide the Preschool with any updates or changes in their child's Universal Health Record and immunizations immediately following their annual visit to the pediatrician.

N.J.A.C. 8:57-4.19: **Flu vaccine is a requirement for child care/preschool attendance for those who are 6 through 59 months of age. At least one dose of flu vaccine is due by December 31 of each year.**

Children who do not have documentation of receiving the flu vaccine or don't have a valid medical or religious exemption by December 31 will need to be excluded from school until the end of flu season, which is up until March 31 in NJ. Such students may return to school sooner than March 31 if they...

- Submit documentation of receiving the flu vaccine or submit a religious/medical exemption
- They can also "age out" of the requirement. This means that once they turn five years old (or 60 months), they are no longer subject to the requirement.

Failure to show proof of having received all required and up-to-date immunization, will result in temporary suspension until all vaccinations have been received and an updated copy has been provided. No refund or make up days will be issued.

Table 1 COVID-19 vaccination recommendations have changed. Find the latest recommendations at www.cdc.gov/covidschedule
Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose					
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose, See Notes →										
Pneumococcal conjugate (PCV13, PCV15)			1 st dose	2 nd dose	3 rd dose		← 4 th dose →										
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →							4 th dose					See Notes
COVID-19 (1vCOV-mRNA, 2vCOV-mRNA, 1vCOV-aPS)																	
Influenza (IIV4)																	
OR																	
Influenza (LAIV4)																	
Measles, mumps, rubella (MMR)					See Notes	← 1 st dose →						2 nd dose					
Varicella (VAR)						← 1 st dose →						2 nd dose					
Hepatitis A (HepA)					See Notes												
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)															1 dose		
Human papillomavirus (HPV)															See Notes		
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)															1 st dose	2 nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)																	
Pneumococcal polysaccharide (PPSV23)																	
Dengue (DEN4CYD; 9–16 yrs)																	

Range of recommended ages for all children

Range of recommended ages for catch-up vaccination

Range of recommended ages for certain high-risk groups

Recommended vaccination can begin in this age group

Recommended vaccination based on shared clinical decision-making

No recommendation/not applicable

❖ **ILLNESS AND COMMUNICABLE DISEASE POLICY**

A communicable disease is an illness which can be caught from other persons.

Please notify the school if your child has a contagious illness or will not be in school. **A NOTE FROM YOUR CHILD'S PEDIATRICIAN will be required in order for your child to return to school after a contagious illness.** If a contagious illness has been diagnosed in your child's class, a note will go home indicating the illness and symptoms to be aware of.

To report your sick child, please email the office at rpcpsoffice@gmail.com or contact your child's teacher via their Class Dojo. You may also leave us a message at 908-245-8651

Sick Child Policy

Under no circumstances may a parent bring a sick child to school, if the child shows any signs of illness (see list below), or is unable to participate in the normal routine and program. Sick children will expose all children and staff members who they come in contact with. These people can in turn expose the other children. Sick children want care from their parents in the comfort of their own homes. If other children become ill due to exposure to your sick child, either because they returned to before full recovery or because they were not picked up promptly upon notice of becoming ill, other parents will be unnecessarily inconvenienced. Because this is disruptive to other children and their families, your cooperation on this issue is extremely important.

Every effort is taken to reduce the spread of illness by encouraging hand washing and other sanitary practices. If your child is unable to participate in the normal activities of the day, including being able to play outside, then your child must stay home.

- **Fever:** Children will be sent home if their temperature is 100.0 or higher and must stay home the next day for observation. Children must be free of fever (any temperature above 98.6 degrees) for at least 24 hours without the use of fever reducing medication. The same policy applies if your child develops a fever at home. They must be fever free (any temperature above 98.6 degrees) for at least 24 hours without the use of fever reducing medication.
- **Rash:** Any rash other than a common diaper rash or skin irritation will require that child to be sent home for an evaluation and diagnosis from their doctor in writing of exactly what it is. They may return to school based on that written doctor's evaluation, and clearance that it is not contagious.
- **Conjunctivitis (pink eye):** Children will be sent home if there appears to be an unusual amount of discharge from or irritation to their eye(s) and must stay home the next day for observation. Before returning to school they will need an evaluation and diagnosis from their doctor in writing of exactly what it is.
 - ~If the diagnosis is BACTERIAL CONJUNCTIVITIS children must have received at least 24 hours of treatment.
 - ~If the diagnosis is VIRAL CONJUNCTIVITIS your child may return AS LONG AS THERE IS NO DISCHARGE.
 - ~If in fact they do not have "pink eye" we need a doctor's note with a diagnosis and a clearance that it is not contagious.

- **Thick White, Green or Yellow Discharge:** Children will be sent home if they appear to have any thick white, green or yellow discharge. This is often indicative of an infection and they must stay home the next day for observation. Before returning to school they will need an evaluation and diagnosis from their doctor in writing and at least 24 hours of treatment. If in fact they do not have an infection we need a doctor's note with a diagnosis of exactly what it is with a clearance that it is nothing contagious. The Department of Health and most doctors are of the opinion that once on antibiotics for 24 hours, the discharge is no longer contagious even though it may persist for up to two weeks.
- **Diarrhea:** Children will be sent home if they have two or more loose bowel movements in one day and must stay home the next day for observation. Before returning to school (after the day of observation) children must be free from diarrhea for 24 hours with at least 1 regular bowel movement. If your child has one or more loose bowel movements on their first day back they will again be sent home.
- **Vomiting:** Children will be sent home if they vomit and must stay home the next day for observation. Before returning to school (after the day of observation) children must be symptom free with no vomiting for at least 24 hours.
- **Persistent Hacking Cough:** Children will be sent home if they have a persistent hacking cough and must stay home the next day for observation. Before returning to school they will need an evaluation and diagnosis from their doctor in writing and at least 24 hours of treatment. If in fact they do not require any treatment we need a doctor's note with a diagnosis of exactly what it is with a clearance that it is not contagious.
- **Lice:** Children will not be readmitted until 24 hours after treatment and must be nit free.

Once your 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, s/he may return to the center unless contraindicated by the local health department or Department of Health.

Some of these illnesses, but not limited to, are as follows:

- Acute Diarrhea AND/OR Vomiting
- Elevated Temperature 100.5 or higher
- Child has had a fever within the past 24 hours
- Lethargy
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Skin rashes
- Skin lesions that are weeping or bleeding
- Infected and/or untreated skin patches
- Severe pain or discomfort
- Difficult rapid breathing or severe coughing
- Weeping or bleeding skin lesions
- Mouth sores with drooling
- Stiff neck
- Sore throat
- COVID-like symptoms

Children with the following illnesses should remain home until they are no longer contagious

Chicken Pox

German measles

Haemophilus Influenzae*

Measles*

Meningococcus*

Mumps*

Strep Throat

Tuberculosis*

Whooping Cough*

Campylobacter*

Escherichia coli*

Gambli*

Hepatitis A*

Salmonella*

Shigella*

Impetigo

Lice

Scabies

Shingles

**Reportable disease, as required by J.A.
AC.10:122-7.10(a)*

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.

Quick Reference



Reporting Requirements for Communicable Diseases and Work-Related Conditions



(see New Jersey Administrative Code Title 8, Chapters 57 and 58)

Communicable Disease Service
Disease Reporting Requirements and Regulations can be viewed at:
<http://nj.gov/health/cd/reporting.shtml>



Health care providers required to report: physicians, advanced practice nurses, physician assistants, and certified nurse midwives.

Administrators required to report: persons having control or supervision over a health care facility, correctional facility, school, youth camp, child care center, preschool, or institution of higher education.

Laboratory directors: For specific reporting guidelines, see NJAC 8:57-1.7.

CONFIRMED or SUSPECT CASES TELEPHONE **IMMEDIATELY** to the LOCAL HEALTH DEPARTMENT

- Anthrax
- Botulism
- Brucellosis
- Diphtheria
- Foodborne intoxications (including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning)
- *Haemophilus influenzae*, invasive disease
- Hantavirus pulmonary syndrome
- Hepatitis A, acute
- Influenza, novel strains only
- Measles
- Meningococcal invasive disease
- Outbreak or suspected outbreak of illness, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism
- Pertussis
- Plague
- Poliomyelitis
- Rabies (human illness)
- Rubella
- SARS-CoV disease (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fevers (including, but not limited to, Ebola, Lassa, and Marburg viruses)

Cases should be reported to the **local health department** where the patient resides. If patient residence is unknown, report to your **own** local health department. Contact information is available at: localhealth.nj.gov.

If the individual does not live in New Jersey, report the case to the New Jersey Department of Health at: 609-826-5964.

In cases of **immediately reportable diseases** and other **emergencies** - if the local health department cannot be reached - the New Jersey Department of Health maintains an emergency after hours phone number: 609-392-2020.

REPORTABLE **WITHIN 24 HOURS** OF DIAGNOSIS to the LOCAL HEALTH DEPARTMENT

- Amoebiasis
- Animal bites treated for rabies
- Arboviral diseases
- Babesiosis
- Campylobacteriosis
- Cholera
- Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Cyclosporiasis
- Diarrheal disease (child in a day care center or a foodhandler)
- Ehrlichiosis
- *Escherichia coli*, shiga toxin producing strains (STEC) only
- Giardiasis
- Hansen's disease
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis B, including newly diagnosed acute, perinatal and chronic infections, and pregnant women who have tested positive for Hep B surface antigen
- Influenza-associated pediatric mortality
- Legionellosis
- Listeriosis
- Lyme disease
- Malaria
- Mumps
- Psittacosis
- Q fever
- Rocky Mountain spotted fever
- Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- *Staphylococcus aureus*, with intermediate-level resistance (VISA) or high-level-resistance (VRSA) to vancomycin only
- Streptococcal disease, invasive group A
- Streptococcal disease, invasive group B, neonatal
- Streptococcal toxic shock syndrome
- *Streptococcus pneumoniae*, invasive disease
- Tetanus
- Toxic shock syndrome (other than Streptococcal)
- Trichinellosis
- Typhoid fever
- Varicella (chickenpox)
- Vibriosis
- Viral encephalitis
- Yellow fever
- Yersiniosis

REPORTABLE **DIRECTLY** to the NEW JERSEY DEPARTMENT OF HEALTH

Hepatitis C, acute and chronic, newly diagnosed cases only
Written report within 24 hours

HIV/AIDS
609-984-5940 or 973-648-7500
Written report within 24 hours

- AIDS
- HIV infection
- Child exposed to HIV perinatally

Sexually Transmitted Diseases
609-826-4869
Report within 24 hours

- Chancroid
- Chlamydia, including neonatal conjunctivitis
- Gonorrhea
- Granuloma inguinale
- Lymphogranuloma venereum
- Syphilis, all stages and congenital

Tuberculosis (confirmed or suspect cases)
609-826-4878
Written report within 24 hours

Occupational and Environmental Diseases, Injuries, and Poisonings
609-826-4920
Report within 30 days after diagnosis or treatment

- Work-related asthma (possible, probable, and confirmed)
- Silicosis
- Asbestosis
- Pneumoconiosis, other and unspecified
- Extrinsic allergic alveolitis
- Lead, mercury, cadmium, arsenic toxicity in adults
- Work-related injury in children (< age 18)
- Work-related fatal injury
- Occupational dermatitis
- Poisoning caused by known or suspected occupational exposure
- Pesticide toxicity
- Work-related carpal tunnel syndrome
- Other occupational disease

July 2013

www.nj.gov/health/cd

QUICK GUIDE: ISOLATION | COVID-19 |

What to do when a child in your early care and education (ECE) program might have COVID-19

DAY 0

Child is sick or has a positive COVID-19 test

Isolation

DAY
1-5

Child stays home and **isolates** away from other people to the extent possible.

DAY
6

Is the child **fever-free** for 24 hours without the use of fever-reducing medication?

AND
is the child **free of symptoms** or **symptoms improved**?

AND
is the child 2 years of age or older and **able to consistently wear a mask** in the ECE program?



YES



NO



DAY
6-10

It is **safest** to continue isolation until the end of day 10¹.

For children who have symptoms, continue isolation until the child is **fever-free** for 24 hours without the use of fever-reducing medication and other symptoms have improved.

For children who were severely ill, or whose fever persists past day 10, consult a healthcare professional before returning to the ECE program.



YES



(After day 10)

Return to the ECE program

Whenever possible, keep children who are returning from isolation or quarantine before day 11 away from people who are at high risk, and 6 feet apart when masks are not worn.

¹For program administrators:

When you determine isolation policies, you should consider multiple factors: The impact of the loss of access to education and care on the well-being of children and families, the level of community transmission of COVID-19, presence of other people who are at high risk for severe illness, and the ability to use additional prevention strategies.



❖ **LATE PICK UP FEE**

If you arrive after the end of school (11:45am for half day and 3:45pm for full day students), **a one dollar (\$1.00) per minute late fee will be applied to your upcoming monthly tuition account.** If you will be unavoidably detained and cannot pick up your child promptly at the close of school, **please call us immediately at 908-245-8651.** Your child will be provided with adequate supervision until you arrive. Please be aware this is NOT a service. Frequent abuse of late pick up can result in the withdrawal of your child upon review from the Preschool Committee.

If your child has not been picked up:

1. 15 minutes after the close of school and we have not heard from the child's parents, we will provide adequate supervision and attempt to contact the parents or persons authorized by the parent.
2. One hour or more after closing time, and after all effort to contact the authorized person(s) have failed, and the staff member cannot continue to supervise the child at the center, we may call the Division's 24-hour **Child Abuse Hotline** to seek assistance in caring for the child until the parent(s) or person(s) authorized by the parent is able to pick up the child.

❖ **LOCKDOWN DRILLS**

As mandated by the State Office of Licensing, 2 lockdown drills per session, per year are practiced.

❖ **MEDICATION ADMINISTRATION**

Community Preschool works closely with parents of children with medical concerns to help ensure a safe school environment. We **DO NOT** administer over the counter medicine, antibiotics, allergy medications or any non-life saving medicine to any child.

If your child takes prescribed medication or if you are administering over the counter medication to your child, please notify the office. Some children show severe side effects such as hyperactivity or lethargy to medications. It is helpful for the staff to know what is causing these symptoms. The staff cannot administer any medications.

❖ **METHODS OF PARENTAL NOTIFICATION**

The staff may communicate with parents using email, Class Dojo messages, telephone or by sending a note in the child's backpack. When an urgent matter arises, or immediate communication is necessary, a phone call is the most efficient way of communication with parents. If an injury to a child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention happens while in our care, we will call the parent.

❖ **NAP & REST PERIOD**

The NJ State Department of Licensing requires that children over the age of 18 months and under the age of four years who attend a center provide:

- Daily rest or sleep for each child who attends the center for four or more consecutive hours;
- An alternative quiet activity for each child who has rested or slept for 30 minutes **and does not appear to need additional rest or sleep.**

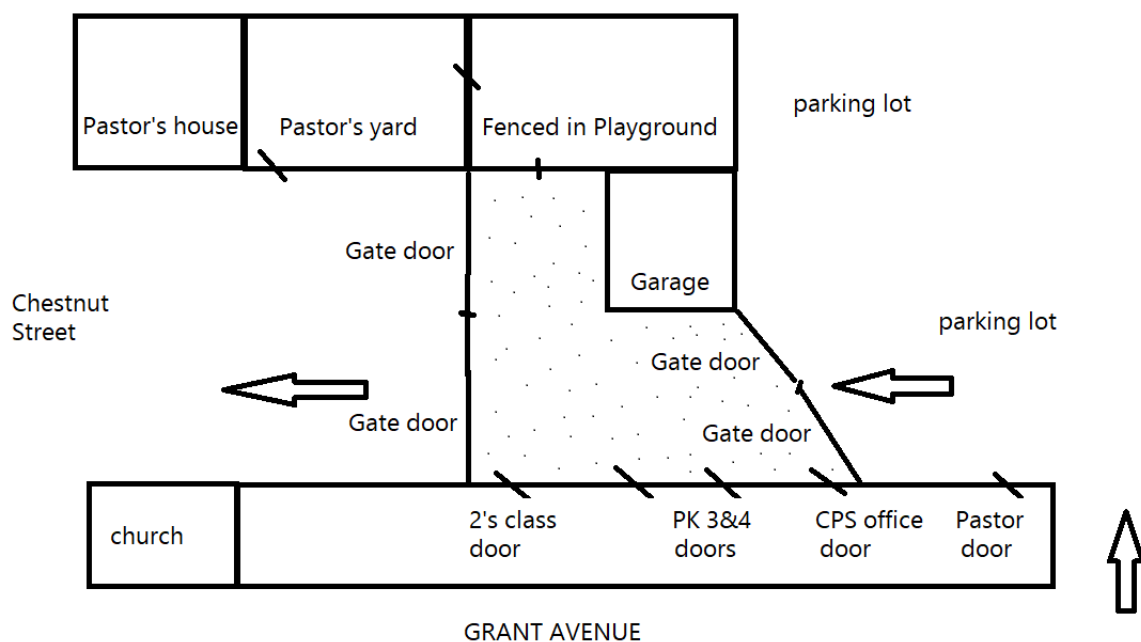
Parents are required to send in a nap/sleeping bag (with a velcro enclosure-NO ZIPPER), a toddler bed-size fitted sheet, and a favorite small stuffed toy (which can fit in a gallon ziploc- type bag). The center will provide a cot.

The cots are wiped and disinfected daily, then stored along with the sleeping bags. **It is important that your child's bag be in a drawstring bag to prevent possible contamination.**

❖ ORIENTATION

◆ PHYSICAL ACTIVITY

1. 30 total minutes daily for children receiving child care less than 4 hours
2. 60 total minutes daily for children receiving child care more than 4 hours



❖ **POTTY TRAINING POLICY**

Children enrolled in the PreK 3 and thePreK 4's class, must be potty trained before attending preschool. Children must be wearing underwear with very few accidents. A child having accidents daily would not be considered potty trained. Please note that wearing pull ups isn't considered being potty trained.

Why do children have to be potty trained before they begin preschool?

There are strict standards mandated by the State for changing and disposing of wet or soiled diapers. The classrooms are not equipped for diaper changing. When an adult is busy changing a child's diaper or soiled clothing, it is taking away from learning time for all students and it removes one adult from the direct supervision of and interaction with the rest of the class.

We do understand that even potty-trained children will occasionally have toileting accidents. By definition, "accidents" are unusual incidents and should happen infrequently. In these instances, the teachers will help children to change their clothes, encouraging independence as much as possible.

A potty-trained child is a child who can do the following:

1. Communicate to the teachers that he/she needs to go to the restroom before they need to go.
2. Alert him/herself to stop what he/she is doing, to go and use the bathroom.
3. Pull down his/her clothes and get them back up without assistance.
4. Wipe him/herself after using the toilet. (With minimal assistance for a 3-year-old.)
5. Get on/off the toilet by him/herself.
6. Wash and dry hands.
7. Postpone going if they must wait for someone who is in the bathroom or if we are away from the classroom.

We certainly will ask your child many times throughout the day if they need to use the bathroom. A teacher will assist children as needed, but children should be able to complete toileting activities independently. This is an issue which protects all concerned.

It is not uncommon for a child who is fully toilet trained to have a setback when he/she is in a new environment. Preschool staff are aware of this and will assist the children when necessary. Please dress your child in clothing that can be undone and changed easily. Please send a complete change of clothes appropriate for the season. These will be left at school in case of accidents and returned at the end of the school year. Parents will be notified if a child has a toileting accident.

We understand that each child arrives at this milestone differently, therefore we will allow 6 weeks from the first full week of school for your child to demonstrate accomplishment of this goal. However, if the situation is not manageable within the classroom environment, we will discuss with the parents and reserve the right to suspend attendance of the child at such time.

A child will not be considered toilet trained for our preschool program if the child continues to consistently have toileting accidents after the first 6 weeks of school. If multiple accidents occur in one day, the parent will be notified on that day and asked to pick up the child. The child may have to stay home until he/she is completely potty trained. Tuition will not be prorated during this time.

If your child is not completely potty trained as described above, 6 weeks from the first full week of school, your child may not be ready to attend that age group class and an alternate solution might be necessary.

❖ PRESCHOOL MAIN ENTRANCE

Classes are held on the first floor of the educational building of the Church. The door nearest the parking lot on East Grant Avenue is the entrance to the school and the church office. Please contact the office via email or by calling 908-245-8651 before coming to the main door.

❖ PROGRESS REPORT

When meeting with your child's teacher during the November conferences, you will have the opportunity to discuss the below age appropriate learning skills goals for the year. In January you will receive a first assessment and the last one in June.

- 2's Class: 2 years old

Language and Communication	Development Stages	Social and Emotional Development	Development Stages
Knows teachers and friends' names		Is happy and cheerful at school	
Points to things in a book "Where's the duck?"		Only seeks fair share of attention from adults and peers	
Can sit and listen during circle time and when stories are read		Adjusts to new situations	
Says at least 2 words together		Notifies when others are hurt or upset	
Uses many gestures to communicate (ex: yes, no, blow a kiss, points, waves)		Looks at your face to see how to act in a new situation	
Repeats words which are often used		Is excited to be around other kids	
Cognitive Development		Physical Development	
Holds something in one hand while using the other hand		Demonstrates gross locomotor movement skills: runs, kicks a ball	
Tries to use switches, knobs, or button on a toy		Demonstrates fine motor manipulative skills	
Plays with more than one toy at the same time (ex: plate & food or car & character)		Can perform personal care routine: hygiene -wash hands, get tissues	
Follows simple oral directions (ex: come, sit, jump, etc)		Can perform personal care routine: feeding -hold spoon	
Starts showing a dominant hand		Can perform personal care routine: dressing -can bring coat, bag	
Can build a tower with blocks		Can hold a crayon and scribble	
<div> <i>Resource: The CDC Screening Tool "The Milestones".</i> <div> 1- YES 2- NOT YET </div> </div>			

- 2's Class: 2 ½ years old

Language and Communication	Development Stages		Social and Emotional Development	Development Stages	
Knows teachers and friends' names			Is happy and cheerful at school		
Points to things in a book "Where's the duck?"			Only seeks fair share of attention from adults and peers		
Names things an adult points to "What's this?"			Plays next to other friends and sometimes with them		
Can sit and listen during circle time and when stories are read			Is excited to be around other kids		
Says at least 2 words together and one of which is an action: "Doggie run"			Notifies when others are hurt or upset		
Uses many gestures to communicate (ex: yes, no, blow a kiss, points, waves)			Looks at your face to see how to act in a new situation		
Repeats words which are often used			Shows you what they do: "look at me"		
Uses words like: "I", "Me", "We"			Adjusts to new situations		
Cognitive Development			Physical Development		
Knows some colors when asked: "show me red"			Demonstrates gross locomotor movement skills: jumps with 2 feet		
Uses things to pretend (ex: feeding a block to a doll for pretend food)			Demonstrates fine motor manipulative skills: twist, unscrew, open snack, turn book pages		
Plays with more than one toy at the same time (ex: plate & food or car & character)			Can perform personal care routine: hygiene -wash hands, get tissues		
Follows simple oral 2 steps directions (ex: put the car away and sit down)			Can perform personal care routine: feeding -hold spoon		
Starts showing a dominant hand			Can perform personal care routine: dressing -can bring coat, bag AND can take off loose pants or jacket		
Can build a tower with blocks			Can hold a crayon and scribble		
Resource: The CDC Screening Tool "The Milestones".			1- YES	2- NOT YET	

- 2's Class: 3 years old

Language and Communication	Development Stages		Social and Emotional Development	Development Stages	
Knows teachers and friends' names			Is happy and cheerful at school		
Speaks clearly enough to be understood			Only seeks fair share of attention from adults and peers		
Asks "who", "what", "where", "why" questions: "where's mommy?"			Plays next to other friends and sometimes with them		
Talks in conversation using at least 2 back-and-forth exchanges			Is excited to be around other kids		
Uses words like: "I", "Me", "We"			Notices when others are hurt or upset		
Uses 4 to 5 words sentences			Objects to most major changes in routine		
Can say name, age			Shows you what they do: "look at me"		
Can sit and listen during circle time and when stories are read			Calms down within 10 minutes of drop off		
Cognitive Development			Physical Development		
Sorts objects by shapes and colors			Demonstrates gross locomotor movement skills: jumps with 2 feet, rides a tricycle, catches a ball		
Completes puzzles with 3-4 pieces			Demonstrates fine motor manipulative skills: strings items together (beads, macaroni)		
Plays pretend with dolls, animals, people			Can perform personal care routine: hygiene -wash hands, get tissues		
Makes mechanical toys work			Can perform personal care routine: feeding -uses spoon AND fork		
Starts showing a dominant hand			Can perform personal care routine: dressing -can bring coat, bag AND can take off loose pants or jacket		
Draws a circle after being taught how to			Can hold a crayon with thumb and fingers and scribble:up/down, side, circular lines		
Resource: The CDC Screening Tool "The Milestones".			1- YES	2- NOT YET	

- 3's Class:

Language & Communication	Development Stages		Social & Emotional Development	Development Stages	
	Jan	June		Jan	June
Follows multiple steps oral directions			Interacts with peers, seeks to make friends		
Recognizes own name in print			Begins to have real friendships		
Writes own first name			Copies other kid's behavior		
Answers simple questions			Takes turns with others		
Speaks clearly enough to be understood by the teachers and peers - uses 4 or more words			Demonstrates empathy and caring for others: knows feelings		
Talks about at least 1 thing that happened during the day			Able to express likes and dislikes		
Tells what comes next in a well-known story			Regulates his/her own behavior with assistance from teacher		
Says some words from a song, story or nursery rhyme			Resolves conflicts with help from a teacher		
Can sit and listen during circle time and when stories are read			Displays self-confidence and positive self-image/ sense of self		
Mathematics	Jan	June	Engages in imaginative play: plays mom/dad, baker, doctor, etc.		
Identifies numerals: 1 2 3 4 5 6 7 8 9 10			Participates in group activities		
Counts objects with one count per item			Able to ask adult for help		
Matches numerals to sets			Likes to be a helper		
Demonstrates the use of location words			Avoids danger and understands behaviors to consequences		
Draws a person with 3 or more body parts			Adjusts to new situations		
Recognizes shapes: circle - square - rectangle - triangle			Accepts and responds to teachers' directions; follows limits and expectations		
Identifies colors: red blue green orange yellow purple pink white brown black					
Physical Development	Jan	June	Physical Development	Jan	June
Holds pencil/markers correctly: between fingers and thumb			Can dress him/herself to go outside		
Uses scissors effectively			Can open/close snack & lunch box (zipper)		
Can use the bathroom independently, wash hands and blow own nose			Demonstrates basic gross locomotor skills		

- 4's Class: 4 years old

Language/Communication	Development Stages		Social and Emotional	Development Stages	
Follows multiple-step oral directions			Follows classroom rules and routines		
Can sit and listen and pay attention			Accepts and responds to teachers' directions		
Recognizes his/her own first name and last name in print			Participates in group activities		
Knows letters in own first and last name			Only seeks fair share of attention		
Writes own first name and last name			Can cooperate in a group situation		
Knows some letter sounds			Plays by themselves/ can play in a group		
Uses books to engage in pre-reading behaviors			Pretends to be something else during play time		
Tells stories			Suggests and negotiates ways to resolve conflicts		
Asks and answers simple questions			Regulates own behavior better		
Has mastered some basic rules of grammar			Shows independence; can make own decisions		
Holds pencil/marker between fingers and thumb			Listens to others		
Mathematics			Can express thoughts and feelings		
Recognizes and repeats patterns			Shows empathy and comforts others		
Draws a person with 3 or more body parts			Likes to be a helper		
Sorts objects and describes how the groups are similar and different			Physical Development		
Demonstrates the use of location words			Demonstrates locomotor skills: can throw a ball, catch a ball, kick a ball		
Match numeral to items counted			Shows balance while moving		
Counts 1-10 items, with one count per item			Dresses and undresses without assistance		
Identifies numerals: 1 2 3 4 5 6 7 8 9 10			Can use bathroom and wash hands independently		
Identifies colors: red blue green orange yellow purple pink white brown black			Can pour, use a fork and spoon, open container, snack bag and lunch bag		
Recognizes shapes: circle square rectangle triangle			Uses scissors effectively		

- 4's Class: 5 years old

Language/Communication	Development Stages		Social and Emotional	Development Stages	
Follows multiple-step oral directions			Follows classroom rules and routines		
Can sit and listen and pay attention			Accepts and responds to teachers' directions		
Recognizes his/her own first name and last name in print			Participates in group activities		
Knows letters in own first and last name			Only seeks fair share of attention		
Writes own first name and last name			Can cooperate in a group situation		
Knows some letter sounds			Plays by themselves/ can play in a group		
Uses books to engage in pre-reading behaviors			Pretends to be something else during play time		
Tells stories with at least 2 details			Suggests and negotiates ways to resolve conflicts		
Asks and answers simple questions			Regulates own behavior better		
Keeps conversation going with more than 3 back-and-forth			Able to wait their turn		
Uses or recognizes simple rhymes (cat-bat, tall-ball)			Listens to others and accepts others' opinions		
Mathematics			Can express thoughts and feelings		
Recognizes and repeats patterns			Shows empathy and comforts others		
Draws a person with a body			Understands consequences of their actions		
Sorts objects and describes how the groups are similar and different			Physical Development		
Uses words about time "yesterday", "morning", "night", "tomorrow"			Demonstrates locomotor skills: stand on 1 foot, hop, swing, climb		
Match numeral to items counted			Shows balance while moving		
Counts 1-10 items, with one count per item			Dresses and undresses without assistance		
Identifies numerals: 1 2 3 4 5 6 7 8 9 10			Can use bathroom and wash hands independently		
Identifies colors: red blue green orange yellow purple pink white brown black			Can pour, use a fork and spoon, open container, snack bag and lunch bag		
Recognizes shapes: circle square rectangle triangle			Uses scissors effectively		
Can draw shapes and patterns			Holds pencil/marker between fingers and thumb		

❖ **RATIO & GROUPING**

We are known for keeping our adult to child ratio very low. In recent years, we had an average ratio of about 1 adult to 5 children (3:13 in the 2 ½, 3:18 in the 3's, 3:15 in the 4's). It allows for better supervision and individual care.

Our maximum group size is 13 for the 2 ½, 15 for the 4's and 20 for the 3's class. We are lower than the maximum allowed size per room and age group, which favors one-on-one interactions with the teachers, and ample space for children to explore.

Staff/Child Ratios & Grouping of Children

Staff/Child Ratios		Grouping of Children	
Ages	Staff/Child Ratio	Ages	Maximum Group Size*
Under 18 months	1:4	0 to 18 months	12
18 months up to 2 ½ years	1:6	18 months to 4 years	20
2 ½ years up to 4 years	1:10	5 years and older	30
4 years	1:12	*Except during meals, naptime, outdoor activities, specially scheduled events (for example, parties, community speakers, films, etc.), and daily information sharing sessions (for example, "circle time")	
5 years and older	1:15		

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

❖ **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, proper documentation to that effect, must be shared so we can 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.

❖ **SCHOOL CLOSINGS, DELAYED OPENINGS, AND EARLY DISMISSALS**

In the event of inclement weather and delayed opening is necessary or if school closure is the only option, **you will be notified by email, on our Class Dojo app and on our Facebook page.** Two "snow days"/inclement weather days are accounted for in the school calendar.

❖ **SCREENING POLICY**

All parents will indicate verbally at drop off that their child does not have a temperature or covid-19 symptoms and other communicable diseases. If a parent is unable to verify this information, center staff will screen the child. Staff and visitors will self-screen prior to entering with the same conditions as the children.

The school reserves the right to require staff, children and visitors to wear a mask covering the nose and mouth while on our premises -whether inside or outside- as needed, so long as it is permissible by the OOL. In the event that we see the need for face masks, an email would be sent to parents and a note would also be added to our website.

❖ **SCREEN USAGE POLICY**

Community Preschool fosters academic and social growth through interactive activities and play. To this end, for all children ages 2-5 years, the use of TV, computers, and any screen device shall be used only to enhance the learning of a topic, shall be age and developmentally appropriate, and shall not be used as a substitute for passive viewing. Viewing will be limited to no more than 15 minutes for each child in part time care, and no more than 30 minutes for each child who attends the center longer than four hours per day.

For those children with special needs, the amount of screen usage can be modified if the child may benefit from the educational or instructional use of such and must be documented.

❖ **SEASONAL ALLERGY**

If a child has a seasonal allergy which causes coughing, runny nose or rash, **you must have a note from your child's pediatrician** stating that the symptoms are allergy-induced, and the symptoms are not contagious.

❖ **SMOKING**

This is a Non-Smoking facility. Smoking is not permitted inside or **anywhere** outside on school grounds. ***Please cross the street and use the Micheal Mauri park if you must smoke.***

❖ **SNACKS AND LUNCH**

Parents are asked to send in a healthy snack each day. (see FOOD for more information)

❖ **SOCIAL MEDIA POLICY**

Community Preschool uses Facebook and our own website to inform and promote our programs and events. At no time, do we use images of children without parent consent. The staff may communicate with each other and with parents using email, class Dojo, and telephone.

Staff, parents, and all others are prohibited from publishing any content involving Community Preschool and its staff, students and families without prior consent from the administration.

Only the administration is authorized to post on social media regarding Community Preschool. All communication on social media by the staff of Community Preschool must be professional and polite, since it reflects upon Community Preschool. It cannot be defamatory.

❖ **SPECIAL CIRCUMSTANCES**

If the parent(s) or person(s) authorized by the parent(s) appear to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or a staff member, the child would be placed at risk of harm if released to such individual, the center shall ensure that:

1. The child shall not be released to such an impaired individual and the staff member or director may contact Roselle Park Police.
2. Staff members will attempt to contact the child's other parent or an alternative person(s) authorized by the parent for pick up.
3. If we are unable to make alternative arrangements, we shall contact the Division's 24-hour Child Abuse Hotline to seek assistance in caring for the child.

❖ **SUBSTITUTE TEACHER POLICY**

If a teacher is absent it is our practice for the Assistant Teacher to substitute for the absent classroom teacher. They are familiar with the classroom, the curriculum, the teacher's methods and expectations and, most importantly, with the children. When the Assistant substitutes for the classroom teacher, another individual will be called in as the assistant. We do not discriminate. Any qualified and CARI background checked person regardless of their gender, religion, age or race may be part of our staff.

❖ **TAX SEASON:**

We will gladly provide a tuition statement to those who ask, for tax filing purposes. Allow 1-2 weeks for the office to compile the information. **Please ask ahead of time** as tax season and registration arises at the same time and our secretary has a higher workload during that period.

❖ **THERAPY SERVICES**

It is important that you inform the school about services your child may have received or may currently be receiving (speech therapy, behavioral therapy, physical therapy, occupational therapy, etc) so we can better serve him/her. Working hand in hand with the specialist(s) will give us a head start and a better understanding of what works best for your child so s/he can thrive in the best possible way. With proper arrangements, your child's therapist may provide services in the classroom. Please note however that we are unable to provide one-to-one attention with a child at all times. Should your child require the necessary assistance, you will be financially responsible for the extra staff assigned to your child.

❖ TOYS

Toys should remain at home. There will be times when teachers will invite children to bring something from home for “show and tell”.

❖ TUITION

Community Preschool tuition is divided into 10 equal monthly payments for your convenience. Installments are due the 1st day of the month of service. You may choose to pay more than one month at a time. Checks or Money Orders are made payable to *Community Preschool*. The preferred mode of payment is via Zelle for free, at rpcpsbilling@gmail.com.

A \$25 late fee will be applied to your tuition payment if it is received after the 5th day of the month of service and a \$50 late fee will be applied to your tuition if payment is received after the 15th day of the month of service (whether the day falls on a weekend or holiday. Please plan accordingly.)

If you send tuition with your child in his/her school bag, please inform the teachers or contact the office at RPCPSoffice@gmail.com or via Class DOJO, so we know to look for it.

If payment is not received by the 20th day of the current month of service, your child may not attend until your account is once again in good standing. A fee of \$30 will be applied to your account for each returned check for insufficient funds.

If an alternative payment plan is needed, please discuss with the Director as soon as possible to avoid late fees. The Preschool secretary and/or the Director will only discuss tuition and financial agreements with the person whose signature is on the child’s registration form.

❖ VISITS

Throughout the year, parents are welcome to visit the school. We ask that you schedule an appointment in advance with the office to allow more time to discuss your concerns. We welcome you into the classroom at any time to share a story, help with a craft, share your career or holiday celebrations, etc. Please ask your teacher when the best time is to come and visit.

For safety, all visitors to the school are required to have a prior appointment (at least 15 minutes notice) stating the reason for the appointment. If your child has a doctor, a dentist appointment, etc., parent/guardian must provide the student’s teacher with written correspondence such as an email, a Class Dojo message, or a note, advising of the pick up time.

❖ WITHDRAWALS/ TUITION REFUNDS/ VACATIONS:

Community Preschool requires a written notice of a student’s withdrawal from school. Registration fees and security deposits are both non-refundable or transferable to another child for any reason and may not be used toward a partial month before leaving.

There are NO refunds, substitution of days or make up days for illness, family vacations or closings due to inclement weather or any unforeseen circumstances. If your child is absent for a week(s) or month(s) for travel or any other circumstances, tuition is still due in full to secure their space. The security deposit is the June payment and may not be used toward missed days.



Preschool Committee

Mrs. Eline Mahone, member
Mrs Linda Demas, member
Mrs Mary Meglio, member
Ms Diane Wirkus, bookkeeper
Parents representatives

Rev. Jisu Ahn, Pastor
Mrs. Eileen Hirsch, Staff Parish Chair
Mrs. Betty Woodruff, Committee Chair
Mrs. Sonya Leingang, Director

Administration and Office Staff

Sponsor Representative:

Betty Woodruff bettywoodruff30@gmail.com 908-245-1424

Director:

Sonya Leingang RPCPSoffice@gmail.com 848-219-0874

Admin. Assistant/Bookkeeper:

Diane Wirkus CPSbilling@gmail.com 908-245-8651

TEACHERS

2-year-old class:

Denise Tabuena, team teacher
Ortensia Hulpoi, team teacher
Beatriz Felix, teacher assistant
Cindy Pineda, pm teacher assistant

3-year-old class:

Lisa Coler, lead teacher
Sandy Chico-Osorio, teacher assistant
Nicole Morales, teacher assistant
Natalia Castano, teacher assistant

4-year-old class:

Beth Baranowski, lead teacher
Tina Schwarz, teacher assistant
Zuri Littlejhon, teacher assistant

Afternoon classes, Before & after care

Denise Tabuena, Ortensia Hulpoi, Cindy Pineda,
Sandy Chico-Osorio, Zuri Littlejhon, Nicole Morales

Community Preschool - 2023-2024

301 Chestnut Street, Roselle Park, NJ 07204

Rpcommunitypreschool.com / 908-245-8651



Note: 180 days on the calendar. Should we need to make up days for snow closure, the following days would become school days (in order, as needed): 5/24, 6/19, 6/20. We reserve the right to change these dates.

Adopted 3/18/23

SEPTEMBER							17 Days
S	M	T	W	T	F	S	5 & 6 Staff first days - No School 7-First day of school shortened Group 1: 9:00 -10:30 Group 2: 11:00 -12:30 8-Regular hours for all students Half day: 8:45 -11:45 Full day: 8:45 -3:45 BC/AC first day
3	●	⑤	⑥	7	●	2	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	

FEBRUARY							19 Days
S	M	T	W	T	F	S	19,20- NO SCHOOL
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	●	●	21	22	23	24	
25	26	27	28	29			

OCTOBER							21 Days
S	M	T	W	T	F	S	4- Virtual Back-to-School Night 9- NO SCHOOL
1	2	3	☆	5	6	7	
8	●	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	

MARCH							20 Days
S	M	T	W	T	F	S	29- NO SCHOOL
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	●	30	

NOVEMBER							17 Days
S	M	T	W	T	F	S	8 Parent Conferences -Shorten 12:30pm 9 Parent conferences – No School 9-10- NO SCHOOL 22 School closes at 12:30pm 23-24 NO SCHOOL
5	6	7	8	⑨	●	11	
12	13	14	15	16	17	18	
19	20	21	22	●	●	25	
26	27	28	29	30			

APRIL							17 Days
S	M	T	W	T	F	S	1-5 NO SCHOOL
7	●	●	●	●	●	6	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30					

DECEMBER							15 Days
S	M	T	W	T	F	S	22-31 NO SCHOOL
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	●	23	
24	●	●	●	●	●	30	

MAY							21 Days
S	M	T	W	T	F	S	24 & 27 NO SCHOOL
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	●	25	
26	●	28	29	30	31		

JANUARY							21 Days
S	M	T	W	T	F	S	1 NO SCHOOL 15 NO SCHOOL
7	●	2	3	4	5	6	
14	●	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30	31				

JUNE							12 Days
S	M	T	W	T	F	S	18 Last Day of school NO AC for full day students 19 staff clean up 20, 21 set up days for Summer 24 Summer Session 1 starts
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	



CALENDAR OF EVENTS 2023-2024

SEPTEMBER 2023

- 5-6 Staff meeting
- 7 First day: orientation
- 8 First day for all students, all classes
- 27 *Boon Supply fundraiser*

OCTOBER 2023

- 4 Back-to-School Night: Zoom
- 6 *End of Boon Supply fundraiser*
- 9 NO SCHOOL
- 13 Safety day
- 31 Halloween parade

NOVEMBER 2023

- 8 School ends at 12:30
- 8 Parent/teacher conferences 1:00-6:00
- 8 Parent/teacher conferences 9-1:00
- 9-10 NO SCHOOL
- 22 School ends at 12:30
- 23-24 NO SCHOOL

DECEMBER 2023

- 20 Winter Carnival & PJ day
- 21 Sing Along/Shorten session 12:30
- 23-31 Christmas NO SCHOOL

JANUARY 2024

- 1 NO SCHOOL
- 2 First day back
- 15 NO SCHOOL
- 22-26 Scholastic Book Fair

FEBRUARY 2024

- 3 Open House Registration
- 19-20 NO SCHOOL
- 21 Chicks project delivery
- 26 *Gertrude Hawk Fundraiser*

MARCH 2024

- 26-1 Read Across America
- 27 Chicks pick up
- 29 NO SCHOOL

APRIL 2024

- 1-5 Easter Break NO SCHOOL
- 22-26 Healthy Habits Week

MAY 2024

- 3 School Pictures
- 24&27 NO SCHOOL
- 27 Memorial Day Parade

JUNE 2024

- 3-7 Art Week
- 14 School concert
- 14 4's Moving Up Celebration
- 17-18 Trike-a-Thon
- 18 Last day: No after care
- 24 First day of Summer Session 1

JULY 2024

- 19 Last day of Summer Session 1
- 22 First day of Summer Session 2

AUGUST 2024

- 16 Last day of Summer Session 2
- 19 School closed for deep cleaning

COMMUNITY PRESCHOOL

301 Chestnut Street, Roselle Park, NJ 07204

Phone: 908-245-8651 Fax: 908-245-8820

Email: Director@RPCommunityPreschool.com

Website: www.RPCommunityPreschool.com

Community Preschool is sponsored by the Community United Methodist Church

