Kids Korner

2022-2023

Play.
Learn
and
Grow.
Together.

MOREAU COMMUNITY CENTER
making community connections

MOREAU COMMUNITY CENTER
making community connections

Welcome to Kids Korner! We are excited to continue to offer our before and after school program in the South Glens Falls School District.

Our goal is to offer a safe and interactive program for your childcare needs, in the comfort of their home school. The children will be offered a variety of activities which include crafts, games, and STEM. Children may also use this time to complete their homework if they choose. We pledge to make your student's care and well-being a top priority and to communicate openly.

Our program will continue to follow the school calendar at each South Glens Falls Elementary School and will be required to comply with certain school policies and procedures which include safety, dress code, illnesses, delays and snow-days, etc.

Please pay particular attention to the Behavior Management Policy. In an instance where your child behaves in such a way to require suspension, you are responsible for alternate care arrangements.

We have included all the information about our program is this handbook and welcome you to reach out and ask any additional questions. Please turn in the application, including any pages requiring signatures. The rest is your Parent Packet information to keep.

Thank you for choosing to send your child(ren) to Kids Korner!

Sincerely,

Donna Nichols
Executive Director

Jenn Rich
Youth Director

Eligibility:

Children enrolled in the South Glens Falls School District in grades K-7.

All returning Kids Korner children must have a zero balance to enroll for the 2022-2023 school year.

Location:

The Kids Korner program is housed at each South Glens Falls Elementary School. Oliver Winch Middle Schools students can walk the half-mile to Harrison Avenue Elementary school up to the age of 13. If your child(ren)'s home elementary school was Ballard, they can be bussed to Ballard Elementary.

Illness:

To ensure all children are healthy during our program, we ask that you follow the school's illness policy and the any COVID-19 protocols, if still in effect.

If a child becomes ill or is injured during our programs, we will contact you. If we are unsuccessful, we will contact documented emergency contacts. Children will be cared for and monitored in a separate and quiet area until they can be picked up.

Please note that we are unable to administer any medications, unless in an emergency.

Registration:

Registration is preferred to be done in person at the Moreau Community Center. A new application and payment contract must be completed at the beginning of each school year. If you are unable to make it in person, please mail your completed application.

Upon registration there is a $25.00 per family non-refundable fee. The first full week's payment is also due upon registration.

Dress Code: The Moreau Community Center follows the polices of the South Glens Falls School District.

Hours:

AM Program:

The morning program will begin at 7:00am until the school day starts (varies depending on Elementary School)

If the school district is delayed, Kids Korner is delayed for the same period of time. For example, if the school calls a two-hour delay, the AM program will open at 9:00am.

PM Program:

The afternoon program will begin immediately following the end of the school day and will be available until 6:00pm.

If afternoon school activities are cancelled, the PM program will remain open.

If school closes early, due to inclement weather or other emergency, no PM program will be available.

When the school has scheduled half days, we will offer an extended PM program. Separate sign up information and fee details will be communicated, as necessary.

When the school has a snow day we will not have a Kids Korner program.

Kids Korner will also be closed during school Holidays/superintendants days.

If your child(ren) is not picked up by 6:00pm, a $25.00 late fee will apply. If we are unable to reach parents/guardians or anyone on the emergency contact list by 6:30pm, we will alert the local authorities.

Program Fees:

Kids Korner provides flexible fees based on individual family needs.

Weekly Fee:

AM and PM Program = $145 per child; $265 for two children

AM Program Only = $65 per child; $55 each additional child

PM Program Only = $80 per child; $65 each additional child

Daily Fee:

AM Program = $13 per day; $11 each additional child

PM Program = $16 per day; $13 each additional child

Breakfast/Snacks:

The breakfast program is provided by the school.

A healthy snack will be provided in the PM program. If your child would prefer to bring his/her own snack, he/she is welcome to do so.

Requirements:

Please leave personal belongings (toys, electronics, etc.) at home or in backpacks. E-readers and chrome books are approved for homework use.

Kids Korner will follow the same dress code policy as the South Glens Falls School (for example, no hats).

Appropriate footwear must be worn in the gym and on the playground. (e.g no sandals)

Additional information:

All changes to this application during the school year such as changes to the authorized pick up list, emergency contacts, addresses, email, employment changes, etc. must be recorded at the Moreau Community Center as soon as possible.

Kids Korner Registration

2022 – 2023 School Year

Child Information:

1st Child's Name _____ Gender (Please circle) M or F

Date of Birth ____/____/_____ Age _____ Grade _____ Ethnicity _____

2nd Child's Name _____ Gender (Please circle) M or F

Date of Birth ____/____/_____ Age _____ Grade _____ Ethnicity _____

3rd Child's Name _____ Gender (Please circle) M or F

Date of Birth ____/____/_____ Age _____ Grade _____ Ethnicity _____

Address _____

_____, _____, _____
(City) (State) (Zip)

Gender/Ethnicity

Each year we receive funding from the Saratoga County Youth Bureau. Part of the grant requirements include demographic information such as gender, age and ethnicity. We only use the information for the Youth Bureau Funding. If you prefer not to give this information, please leave this section blank.

Parent/Guardian Information

Parent/Guardian #1_____ Relationship_____

Address _____

_____ _____ _____
(City) (State) (Zip)

Home Phone _____ Cell _____ Place of Employment _____

E-mail _____

Parent/Guardian #2 _____ Relationship_____

Address _____

_____ _____ _____
(City) (State) (Zip)

Home Phone _____ Cell _____ Place of Employment _____

E-mail _____

Authorized Pick up List

Person(s) other than parent/guardian listed above authorized to pick-up child

_____ _____
(Name) (Relationship)

_____ _____
(Name) (Relationship)

NOTE: Children will only be released to members listed on this registration form. Individuals **MUST** show photo ID upon pick up.

Emergency Contact/Authorized Pick up

Name: _____ Relationship: _____

Phone # _____ _____ _____
(Home) (Work) (Cell)

Name: _____ Relationship: _____

Phone # _____ _____ _____
(Home) (Work) (Cell)

Name: _____ Relationship: _____

Phone # _____ _____ _____
(Home) (Work) (Cell)

Program Location Information:

Please check those that apply:

School	✓
Ballard	
Harrison Ave.	
Moreau	
Tanglewood	
Oliver Winch Middle School	

☐ **AM Daily** ☐ **PM Daily**

☐ **AM Occasional** ☐ **PM Occasional**

SCAN

Health Information

In an effort to ensure we can properly care for your child in the event of an emergency, please provide the requested information below:

Child #1 Name _____ **Child's Date of Birth** _____

Child #2 Name _____ **Child's Date of Birth** _____

Child #3 Name _____ **Child's Date of Birth** _____

Insurance Carrier _____ ID# _____ Group#_____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

NOTE: Immunizations Records must be turned in with each application.

Please answer Yes or No:

My Child has the following allergies:

Bees	No	Yes (please describe below)
Pollen	No	Yes (please describe below)
Penicillin	No	Yes (please describe below)
Insect Bites	No	Yes (please describe below)
Food	No	Yes (please describe below)
Other:	No	Yes (please describe below)

_____

_____

_____

My child requires a special diet No Yes (please describe below)

_____

_____

My child has a medical or developmental condition requiring special attention:

No Yes (please describe below)

_____

_____

Are there any factors that make it advisable for your child to follow a limited program of physical activity, i.e. heart condition, recent fractures, surgery, asthma or extreme fears? If so, what?

_____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

INDIVIDUAL ALLERGY AND ANAPHYLAXIS EMERGENCY PLAN

Instructions:

- This form is to be completed for any child with a known allergy.
- The child care program must work with the parent(s)/guardian(s) and the child's health care provider to develop written instructions outlining what the child is allergic to and the prevention strategies and steps that must be taken if the child is exposed to a known allergen or is showing symptoms of exposure.
- This plan must be reviewed upon admission, annually thereafter, and anytime there are staff or volunteer changes, and/or anytime information regarding the child's allergy or treatment changes. This document must be attached to the child's Individual Health Care Plan.
- Add additional sheets if additional documentation or instruction is necessary.

Child's Name: Date of Plan: / /
Date of Birth: / / Current Weight: lbs.
Asthma: ☐ Yes (higher risk for reaction) ☐ No

My child is reactive to the following allergens:

Allergen:	**Type of Exposure:** (*i.e., air/skin contact/ingestion, etc.*):	**Symptoms include but are not limited to:** (*check all that apply*)
		☐ Shortness of breath, wheezing, or coughing ☐ Pale or bluish skin, faintness, weak pulse, dizziness ☐ Tight or hoarse throat, trouble breathing or swallowing ☐ Significant swelling of the tongue or lips ☐ Many hives over the body, widespread redness ☐ Vomiting, diarrhea ☐ Behavioral changes and inconsolable crying ☐ Other (specify)
		☐ Shortness of breath, wheezing, or coughing ☐ Pale or bluish skin, faintness, weak pulse, dizziness ☐ Tight or hoarse throat, trouble breathing or swallowing ☐ Significant swelling of the tongue or lips ☐ Many hives over the body, widespread redness ☐ Vomiting, diarrhea ☐ Behavioral changes and inconsolable crying ☐ Other (specify)
		☐ Shortness of breath, wheezing, or coughing ☐ Pale or bluish skin, faintness, weak pulse, dizziness ☐ Tight or hoarse throat, trouble breathing or swallowing ☐ Significant swelling of the tongue or lips ☐ Many hives over the body, widespread redness ☐ Vomiting, diarrhea ☐ Behavioral changes and inconsolable crying ☐ Other (specify)

If my child was LIKELY exposed to an allergen, for ANY symptoms:
☐ give epinephrine immediately

If my child was DEFINITELY exposed to an allergen, even if no symptoms are present:
☐ give epinephrine immediately

Authorization for Medical Treatment

I, being the parent or legal guardian of the above-named minor(s), do hereby appoint The Moreau Community Center staff to act on my behalf in authorizing unexpected or emergency medical, dental, or surgical care or hospitalization in my absence.

The health history given on this application is correct and accurately reflects the known health status of the registered child(ren). The child described has permission to participate in all Kids Korner activities. I give permission to staff to apply basic first aid, and to provide or obtain emergency care and transportation for the child, if needed. I give permission to the physician selected by staff to order x-rays, tests, and treatment related to the health of my child(ren) in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on a "need to know" basis with staff.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Acknowledgements

Liability Waiver

I release the Civic Center of Moreau, Inc. (The Moreau Community Center) and any of its employees, volunteers and board members of any liability in the event of an accident or emergency occurring while my child is participating in Kids Korner and any areas that may be encompassed thereof. Parents will be accountable for damage caused by their child(ren).

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Code of Conduct

Children are expected to follow our Kids Korner Code of Conduct which includes following all staff directions, staying with staff members at all times, and respecting other children, staff and property.

The following will not be tolerated at Kids Korner: use of foul language, physical contact, verbal abuse, weapons, fighting or physical altercations with staff or children.

Parents will be accountable for damage caused by their child(ren).

Personal belongings (toys, electronics, etc.) are not permitted in Kids Korner. Cell phones are permitted for 5th – 7th graders but must be put away during the program. Taking pictures is prohibited.

The Moreau Community Center assumes no responsibility for any personal property that is lost or stolen.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Photographs

I hereby grant permission for Moreau Community Center ("The Center") to photograph my child(ren) participating in Kids Korner activities. Such photo's may be used for printed materials such as brochures, newsletters, website, etc. The Center will exclude names from all material.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

I DO NOT give permission for The Center to use photographs of my child(ren).

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Provider/Parent-Guardian Child Care Payment Agreement

The Moreau Community Center's Kids Korner program is committed to the operation of a safe, quality environment for South Glens Falls children in grades K-7. We pledge to make your child's care and well-being a priority and to communicate openly.

As a non-profit organization, it is essential that fees are paid on time. Our staffing and supplies are directly supported by these fees.

If families have a current balance with The Moreau Community Center, such balance must be paid in full before Kids Korner registration is available.

Invoices will be emailed by the Accounting Specialist on a bi-weekly basis. If payment isn't made within a two-week period, your child may be disenrolled from the Kids Korner program.

Payment Options:

We offer several payment options as follows:

- Check (Made out to Moreau Community Center)
- Credit Card payments via phone
- Cash (must be done in person)
- Paypal (www.moreaucommunitycenter.org/youth-programs)
    - Please ensure you put your child(ren)'s name on the memo line to ensure the appropriate account is applied.

To make a payment over the phone, please call 518-792-6007:

Jennifer Rich ext. 17 or Sarah Spitzer ext. 23

**Note: No payments can be accepted at the Program.*

Late Fee: If your Kids Korner balance is above $100, a $15 late fee may be applied. If payments are more than two weeks late, your child will be discharged from the program. Any account falling into arrears will be handled as follows:

- One reminder phone call and an e-mail with a copy of your invoice will be sent
- If the account is not made current within (7) days, a disenrollment letter will be issued. Upon receipt of payment, your child will be re-enrolled without a new registration fee.
- If the account is not made current within one month, a letter will be issued with a copy to legal claims.

Late Pick-up Fee: If your child(ren) are not picked up by 6:00pm, a $25 late fee will be charged.

Returned Check Fee: A $30 fee will be accessed for any check returned from the bank for insufficient funds.

Payments made by DSS (Department of Social Services)

Parents approved by DSS are responsible for all fees not covered by DSS. Because DSS payments are often delayed, parents/guardians must pay at least $20.00 per week. If DSS pays more than this, we will credit your next invoice.

Please sign below to indicate you understand the terms of this agreement.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Behavior Management Policy

Kids Korner is regulated by Office for Children and Family Services (OCFS) regulation 414.9 and provides staff with guidance and tools for managing the behavior of the children in our Kids Korner program. The policy will outline approaches for handling behaviors and assisting children with making good choices and solving problems. Every parent or guardian will receive a copy of the behavior management policy prior to registration and will be asked to sign that he/she has reviewed the policy.

Children will be provided with guidelines of acceptable behavior. These guidelines will be reviewed with children as a group on the first day of the program, and as needed either in a group setting or with individuals throughout the duration of the program/school year. Included will be examples of behaviors which are unacceptable. Any behavior which results in intentional injury or aggression to another child will prompt a communication with the child's parent/guardian.

All program staff will be responsible for providing a positive and nurturing environment for children. Staff may use teachable moments to assist children with developing self-control and assuming responsibility for his or her actions. If a child needs to be addressed regarding behavior, the staff member will separate the child from the group and speak to him or her privately.

Techniques for staff to utilize include, but are not limited to:

- Be engaged and interested with and in children
- Set clear expectations and reinforce these expectations
- Show concern for what happens with children
- Recognize and be aware of developmental stages of children
- Redirect and distract from problematic situations
- Focus on what the child "should do", not what he/she "shouldn't do"

Conflict Resolution: Children are still learning to safely and constructively resolve conflicts with each other. Learning how to resolve conflict is a significant piece of our behavior management policy. Staff have received training on how to help children verbally express their thoughts and feelings, understand the perspective of others, and come up with solutions to avoid conflict

Bullying: Bullying is demeaning or harassing someone over time in order to make them feel "less than." Any instances of true bullying behavior should be communicated to the Director as soon as possible and appropriate action will be taken to address the situation.

At times, physical intervention may be necessary, however intervention is the act of preventing serious injury by using contact in a short-term situation. If a child is attempting to hurt himself or others, staff should intercede as soon as possible to prevent injury.

When a child's behavior harms, or is likely to harm, another child, damages property, or is seriously disrupting the group interaction, the child will be separated briefly from the group. The duration of the separation should be only long enough for the child to regain self-control so he or she can rejoin the group. The child must be placed where staff can see him or her. One staff member should talk to the child and help guide the child toward making better choices. Taking away activities, gym time, or any other punitive actions is prohibited.

If a child's behavior becomes dangerous or problematic beyond a single incident, staff will notify the Director who will consult with the Executive Director and the parent/guardian to address the problem in a timely manner. Any behavioral incidents will be documented on the required form. A copy of this form will be provided to the child's parent/guardian.

Suspension from the program will be avoided unless a child's behavior is consistently dangerous or persistent. The Executive Director and the Program Director will discuss these situations with parents/guardians, as needed. **A child can/may be suspended on a first-time offense if the behavior has been determined to be disorderly and/or cause harm to themselves and/or others.**

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date:

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSPORTATION CONSENT FORM
Child Day Care Programs

Provider Name: Moreau Community Center Facility ID Number: 00041790/91/92/93 SACC

Program Name: Kids Korner

This form may be used to meet the regulatory requirement to obtain written consent from the parent of a child for any transportation provided or arranged for by a caregiver, and to inform the parent when the person who is providing transportation changes. This form is not the Transportation Plan.

Parents whose children receive transportation services must receive, at the time of enrollment of their children, a copy of the program's transportation plan. If the plan is amended, parents must receive a copy of the amended plan prior to its start date.

It is recommended that a separate Transportation Consent Form be completed for each child.

☐ I have been informed of, and agree to, the transportation plan of the above child care program.

Transportation Plan is attached to this Transportation Consent Form (Yes / No) *circle one*

Date of Transportation Plan 9/8/2022 to 6/23/2023

☐ I give permission for my child *(name)* _____

to be transported by *(caregiver names and/or transportation contractor arranged for by the program)* The South Glens Falls School District. Only SGF approved bus drivers will drive the busses.

At the following times *(check all that apply)*:

☐ Only as recorded on the posted transportation schedule for my child

☐ Other *(explain)*

- On Half Days Tanglewood and Moreau will ride the bus to Harrison. Parents will pick up at Harrison Elementary School
- Ballard students will stay at Ballard unless there is an emergency. Parents will be notified in the event that this needs to happen.
- OWMS students will ride to Harrison. If Ballard is the students home school they will go to Ballard.
- In the event of an emergency relocation, children will be transported to one of the three surrounding Elementary schools, Oliver Winch Middle School or the High School. Children will be transported by SGF school district busses

By signing this form I am giving consent for the above described transportation services.

Parent Printed Name: _____

Parent Signature: X _____

Copy pages 1-16 and give back to parents.

Detach Pages 17-35 for the parents.

Date _____

414.8 Supervision of Children

- Children cannot be left without competent direct supervision at any time. Competent supervision includes awareness of and responsibility for the ongoing activity of each child. It requires that all children be within a teacher's range of vision and that the teacher be near enough to respond when redirection or intervention strategies are needed. Competent supervision must take into account the child's age emotional, physical, and cognitive development.

- School-age childcare programs must employ staff who will promote the physical, intellectual, social, cultural and emotional well-being of the children.

- The school-age childcare program must provide supervision of the staff responsible for the care of children. Workloads and assignments must be arranged to provide consistency of care to children and to allow staff to fulfill their respective responsibilities.

    1. No person other than a director, group teacher or assistant teacher may supervise a group independently even for brief periods of time, except in an emergency.
    2. No person under 18 years of age may be left alone to supervise a group of children at any time, including in an emergency.

- A group teacher, meeting the qualifications of section 414.13, is required for every group of children.

- An additional group teacher or an assistant teacher is required when the number of children in the group dictate that a second teacher be present to meet the teacher/child ratio.

- Whenever the school-age childcare program is in operation and the director is away from the premises, there must be a staff person to act on behalf of the director, who is knowledgeable about the programs operation and policies.

- A staff person who is qualified to perform the duties of an absent staff member must be provided when needed to comply with the applicable teacher/child ratios.

- In other than emergency situations such as illness or accident, parents must be notified in writing 2 weeks prior to any long-term absence of the teachers. This notice must include specific start and end dates of the absence and who will be taking the teacher's place in the day care program.

- When a school-age childcare program is in operation, an adequate number of qualified staff must be on duty to protect the health and safety of the children in care.
  Minimum Supervision Ratios Based on Group Size

AGE OF CHILDREN	TEACHER/CHILD MAXIMUM RATIO	MAXIMUM GROUP SIZE
through 9 years	1:10	20
10-12 years	1:15	30

*Please note: The Moreau Community Center follows the best practice of maintaining a 1:10 ratio.

The supervision ratios are as follows:

1. For a child of school-age through the age of nine years old:

   i. There must be one teacher for every ten children;
   ii. The maximum group size is twenty children

2. For children between the ages of ten years old and twelve years old:
   i. There must be one teacher for every fifteen children;
   ii. The maximum group size is thirty children.

<u>Group size and mixing different age children within groups.</u>

- Group size refers to the number of children cared for together as a unit. Group size is used to determine the minimum teacher/child ratio based upon the age of the children in the group.
- Group size must be maintained in common areas of the building and grounds.
- Groups of children may not be mixed together to use outdoor play areas, exercise areas, gym rooms or other common areas of the center unless, the space is large enough to accommodate multiple groups which must be kept separate.
- When a school-age childcare program cares for children in groups including children both over and under 10 years of age, the teacher/child ratio used must be that ratio applicable to the youngest child in the group.
- There must be a director, group teacher or assistant teacher supervising all applicants, volunteers and persons in the process of approval.

- The use of any type device for social or entertainment purposes, listening to music on headphones, playing screen games, using the internet or making personal calls while supervising children is prohibited. The use of mobile phones is permitted as necessary to promote the children's safety and ensuring the orderly operation of the program.
- The director must approve all plans for field trips, including the type of activity, development needs of children and whether there is the need for additional staff to provide adequate supervision. Such plans must take into consideration the developmental needs of the children.

Below is an example of the health screening sheet:

Kids Korner Weekly Health Screening Sheet

*This sheet is for children that arrive at the program and appear ill or have a new injury (bruise, abrasion, etc)

Day and Date: _____

Child's name: _____ Illness/injury:

Parent/Contact called:_____

Time when child's symptoms were apparent: _____

Action(s) taken until child was picked up:

Time Child was picked up: _____

Releasing children from care.

- No child can be released from the school-age child care program to any person other than his or her parent(s), person currently designated in writing by such parent to receive the child, or any other person authorized by law to take custody of a child.
- No child can be released from the school-age childcare program unsupervised except upon written permission of the child's parent. Such permission must be acceptable to the school-age childcare program and should take into consideration such factors as the child's age and maturity, proximity to his or her home, and safety of the neighborhood.
- When transportation is provided as a service by the program, no child can be released from the day care program directly to the child's home or other destination without first verifying that the parent or person(s) designated by the parent to receive the child is present at that destination to receive the child.

Visitor control procedures.

- Each school-age childcare program shall require any and all visitors to the facility to:
  - sign in upon entry to the premises.
  - indicate in writing the date of the visit and the time of entry to the facility;
  - clearly state in writing the purpose of the visit; and
  - sign out upon departure from the facility indicating in writing the time of departure.
- Each school-age childcare program shall establish written rules and policies as are necessary to provide for monitoring and control of visitors to protect the health, safety and welfare of children in care.
- A teacher must accompany children to the bathroom whenever the bathroom used by the children in care is also available to the public or shared by multiple parties using the facility.
- When bathrooms are exclusively used by the children at the school age childcare program, children may go to the bathroom independently under the following circumstances:
  - the bathroom entrance is within sight of the childcare space or activity area being used at the time the child asks to use the bathroom; and
  - the child has permission from the teacher; and
  - a plan is followed that allows one child at a time to use the bathroom; and
  - there is a plan followed that requires a teacher to be mindful of the time elapsing since the child left to use the bathroom; and
  - that a teacher go find the child using the bathroom, if that child does not return to the group after a reasonable time period has elapsed.

OCFS-4436 (5/2014) FRONT

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

INCIDENT REPORT FOR CHILD DAY CARE

INSTRUCTIONS

- This form may be used to maintain a record of illnesses or injuries of a child while in care.
- This form may be used to notify parents of illnesses or injuries occurring with their children while in care.
- Please PRINT clearly and attach additional sheets if needed.
- **If death of a child occurs, you must immediately notify the Office of Children and Family Services Regional Office at 1-800-732-5207.**

Today's Date: _____ **License/Registration Number:** _____

Program Name: _____

Name of Child: _____ **DOB:** _____

(Please print full first and last name)

Details of Incident (Include date, time and location where incident occurred) (Due to confidentiality, the names of other children involved in any incident may not be shared with parent(s))

Injuries (Include a full description of any and all marks, bruises & abrasions)

Sample

Medical Services/Treatment Provided (Please include any and all treatment, listing who administered treatment)

Caregiver(s)

Name: _____ (PRINT Full Name) **Date:** _____ (MM/DD/YY) **Time:** _____ ☐ AM ☐ PM

_____ (Signature)

Name: _____ (PRINT Full Name) **Date:** _____ (MM/DD/YY) **Time:** _____ ☐ AM ☐ PM

_____ (Signature)

Witnesses to the Incident

Name: _____ (PRINT Full Name) **Date:** _____ (MM/DD/YY) **Time:** _____ ☐ AM ☐ PM

_____ (Signature)

Name: _____ (PRINT Full Name) **Date:** _____ (MM/DD/YY) **Time:** _____ ☐ AM ☐ PM

_____ (Signature)

Parent/Guardian Notified

Name: _____ (PRINT Full Name) **Date:** _____ (MM/DD/YY) **Time:** _____ ☐ AM ☐ PM

_____ (Signature)

Name: _____ (PRINT Full Name) **Date:** _____ (MM/DD/YY) **Time:** _____ ☐ AM ☐ PM

_____ (Signature)

Office of Children & Family Services Notified By

Name: _____ (PRINT Full Name) **Date:** _____ (MM/DD/YY) **Time:** _____ ☐ AM ☐ PM

_____ (Signature)

Sample

MOREAU COMMUNITY CENTER
making community connections

COMMUNICATION FORM

MOREAU COMMUNITY CENTER 144 MAIN STREET
SOUTH GLENS FALLS, NY 12803

DATE: _____

PROGRAM LOCATION: _____ AM _____ PM _____

PERSON FILING REPORT: _____

CHILD'S NAME: _____ GRADE: _____

DEAR PARENT:

_____

_____

_____

_____

_____

ACTION TAKEN:

_____

_____

STAFF SIGNATURE: _____

(Staff please make copy and bring to office)

DEAR PARENTS:

This form is being used to keep you informed of any problems or to report positive behavior your child may be having in our Kids Korner/Camp Moreau Programs. Hopefully, it will improve communication between parents and staff, and that can only benefit the child. If you have any questions, please contact Jennifer Rich, Youth Program Director at 792-6007 ext. 17. If you need further assistance you may then contact Donna Nichols, Executive Director at the Center at 792-6007 ext. 10.

LDSS-4438 (Rev. 5/2005)

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

EMERGENCY EVACUATION PLAN FOR CHILD DAY CARE

This plan must be developed for the emergency evacuation of children, in accordance with current regulations, and be made available to all staff and parents.

PROVIDER/PROGRAM:

Moreau Community Center -Kids Korner

ADDRESS:

76 Harrison Ave, South Glens Falls, NY 12803/ 76 Bluebird Rd/60 Tanglewood Drive, SGF/300 Ballard Rd, Wilton NY 12831

The safe evacuation of children is the first priority

Children must never be left without adult supervision

Emergency Alert

How will you make the children aware of an emergency?
(Use a sound that the children hear only when there is an emergency/drill – example, smoke detector, whistle, bell, etc.)

A fire alarm or bell will ring.

Evacuation Routes

PRIMARY

When in the cafeteria everyone will exit through the side glass doors or the main entrance of the building.

SECONDARY

When in the gym or in the library everyone will exit to the closest exit down one of the hallways.

(See Reverse)

EMERGENCY EVCACUATION PLAN *(Continued)*

Methods of Evacuation

How will you evacuate the children?

Children will line up in a single line and walk quietly and quickly to the nearest exit

Where will you take the children after evacuating the building?

We will walk to the parking lot or the side fields (whichever is closer)

How will you take attendance?

Children will remain in a line. One staff member will count the children while another staff member calls names off.

Who will take attendance?

Team Leader

Assistant

Who will make phone calls to the parents?

Team Leader

Youth Director

Notification of Authorities

Emergency Telephone Numbers:

POLICE:
911 or (518) 885-6761

FIRE:
911 or SGF 792-1674

Who will make phone calls?

Site Supervisor

Youth Director

What phone will you use? (neighbor's, pay phone, pull box, cell phone, etc)

Cell phone

Reminders

- Fire Drills must be conducted on a regular basis in accordance with current regulations
- Record Fire Drills on Record of Fire Drills form. Fire drill will be conducted once a month in the AM and the PM programs.
- If you have questions regarding developing this plan, contact your local police and fire departments or your regional office fire safety representative.

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

EMERGENCY PLAN: Shelter in Place

INSTRUCTIONS

- Emergency Plan includes Evacuation and Shelter in Place
- Use the information on this page to assist you in answering the questions on pages 2 and 3 of this form
- You must share this information with parents
- Depending upon your location, you may want to develop additional plans for special circumstances *(weather, power plants, hazardous spills, etc.)*

What is Shelter in Place

Shelter in Place is a response to an emergency that creates a situation in which it is safer to remain in the building rather than to evacuate.

Generally, Shelter in Place means simply staying indoors. In some situations, sheltering in place includes additional precautions like locking all doors, closing all window shades, remaining in a room away from large windows or turning off heat and air conditioning systems. Most situations calling for sheltering in place are in response to events that have a relatively short duration of hours, not days or weeks. A Shelter in Place **drill** does not include an overnight stay and typically requires no more than a half an hour to complete.

When to Shelter in Place

Some situations that might require sheltering in place are:

- Severe weather conditions
- Extreme temperatures *(cold or hot)*
- A public disturbance that escalated to violent acts
- Chemical or biological spill
- Rabid animal sighting

Local authorities will provide you with information during an actual event. It is crucial that you follow their instructions during and after emergencies regarding Shelter in Place.

Where You Can Shelter

Choose room(s) in your house or apartment for your shelter with as few windows and doors as possible. A large room, preferably with a water supply, is desirable – something like a master bedroom that is connected to a bathroom. Different emergencies may require a different response. **You should follow the directions provided by your local emergency services.**

Design Your Plan

- Designate safe location within the home
- Method used to alert children, caregivers and household members of emergency
- Method to ensure everyone is moved to a safe location *(using daily attendance sheet, performing room searches and head counts, etc.)*
- Method to alert emergency responders *(who calls 911 and how, if needed)*
- Identify how you will ensure everyone arrived safely at safe *location (using daily attendance sheet and head counts, etc.)*.

- Method to engage children in quiet, safe activities while providing competent supervision.
- Method to inform parents in advance of your drills as well as during an actual emergency.

Sheltering Supplies

You must have on site a variety of supplies including food, water, first aid and other safety equipment. In a real emergency, parents may be unable to pick up their children. For this reason, your plan must take into account a child's needs for an overnight stay. You must be ready to provide continuous care for the duration of the emergency. Food supplies must be nonperishable and of sufficient quantity for all children in care.

Required Items

- First aid kit
- Telephone
- Flashlight with extra batteries
- Food & Water
- Infant supplies *(if applicable)*

Items to Consider

- Toileting/diapering supplies
- Battery-powered radio
- Materials to cover windows & vents, if needed
- Games & books
- Medications *(if applicable)*

The Office offers emergency preparedness training available on our website.

Practice, Practice, Practice!

It is necessary to perform & document drills twice per year. The drill form is available online.

Parents must be notified in advance of your Shelter in Place drills.

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

Emergency Plan: Shelter in Place Plan

Family and Group Family Day Care

INSTRUCTIONS

- Use the information on page 1 to assist you in answering the following questions
- ☐ Practice drills must be conducted at least twice per year
- ☐ This plan must be posted or filed in a readily accessible place; consider posting next to the evacuation diagram by the exits
- ☐ This plan should be reviewed with all caretakers before an emergency • Please PRINT clearly

Program Name:
Camp Moreau/Kids Korner

The Location(s)

Identify the room(s) where you will Shelter in Place. Use the space below to indicate the room(s) you've chosen:

Primary Room: Gym

Secondary Room: *(if space allows)* The back of the gym with the divider wall up.

Room & Supply Preparation

Does the room have windows?

Yes - below the roof.

What supplies will you keep stocked?

Water, snacks, Peanut Butter and Jelly, Bread, First Aid Kit

Where will you keep your Shelter in Place supplies?

Storage Closet

How will supplies be accessed in an emergency?

Always accessible for use

How often will you inspect the condition of your emergency supplies?

Weekly inventory will be taken

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

Family and Group Family Day Care

Shelter in Place drills will be conducted in the beginning of the school year and at the end of the school year.

Program Name:
Camp Moreau/Kids Korner

Alerting Staff, Children, 911, Parents & OCFS

How will you notify everyone in the home of the need to Shelter in Place?

By phone

If necessary, who will call 911 and how?

Youth Director or Team Leader: by phone

How will you notify parents of drills and actual emergencies?

Postings on bulletin board and information will be given in the parent Packet

In the event of an actual emergency, when will you notify Office of Children & Family Services?

During or after the event depending on the severity

Occupying the Children While Sheltering

What types of activities will you provide to occupy the children while sheltering in place?

coloring/crafts, board games, reading area.

How will you meet the health, safety and emotional needs of children?

First Aid kit, reassuring kids that parents are aware of what is happening and updating on new appropriate information

OCFS- 6020 (3/2015)

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

TRANSPORTATION PLAN

Child Day Care Programs

Provider Name: Moreau Community Center Facility ID Number: 00041791/92/93/90 SACC

Program Name: Kids Korner

Effective Date of Transportation Plan: 09 / 08 / 2022

This form may be used to document the program's Transportation Plan. The plan is designed to promote the safety of children and inform families of regulatory requirements regarding transportation. The parent will be asked to sign a separate Transportation Consent Form (OCFS 6013).

The Program will obtain written consent from the parent(s) for any transportation of their child provided for, or arranged by a caregiver, and will keep the transportation policy and the written parental consent on file at the program, and parents can be given a copy.

1. A child will never be left unattended in any motor vehicle or other form of transportation.
   Every child will board or leave a vehicle from the curb side of the street.

   Each child will be secured in safety seats or safety belts as required by law. Safety seats will be supplied by: (who)
   South Glens Falls School District
2. Drivers will be 18 years of age or older and hold a current valid license to drive the class of vehicle they are operating. All vehicles used to transport children must have a current registration and inspection sticker.
3. The parent(s) will be provided a copy of this plan at enrollment. If the plan changes, the parent(s) will be provided a copy of the amended transportation plan, prior to its start date. The use of cell phones or any other electronic device during transport, including hand-free devices, is prohibited. Necessary calls will be made once the vehicle is parked in a legally permitted position off the road.
4. The Program will display daily transportation schedules at the following locations: (where)

   On The bulletin board at each program. Online at www.moreaucommunitycenter.org. Parents will be verbally notified of daily transportation scheduling.
5. During the transport of children, the program will adhere to the required ratio of caregivers to children at all times as determined by regulations.
6. When a child is released from the program, the program will verify that the individual approved by the parent(s) to receive the child is present at the designated drop off location. If the approved person is not present as planned the parent(s) will be contacted immediately by the Program.
   The parent will be able to check the posted daily transportation schedule regarding transportation arrangements for each day a child is in care. Other Comments:

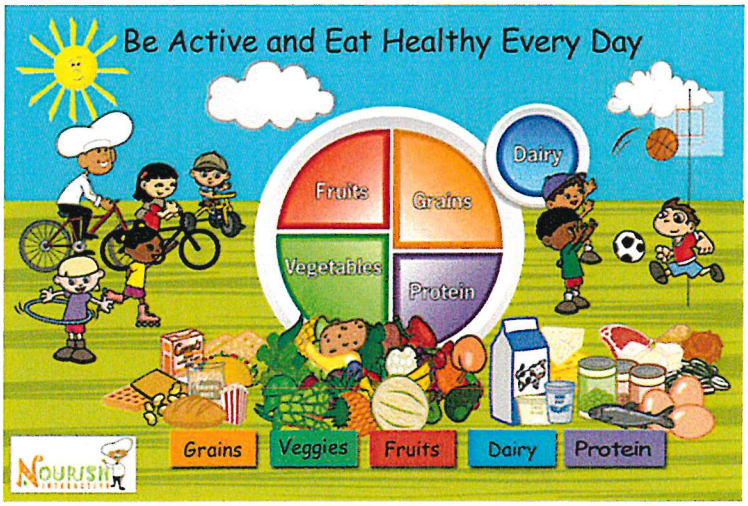
   Staff will make a final sweep upon deboarding the bus to ensure all children have left the bus.

Important Numbers

US Consumer Product Safety Commission	1-800-638-2772 https://www.cpsc.gov/
Food and Drug Administration	1-888-463-6332
Poison Control	1-800-222-1222
Child Care Resource and Referral Agency - Office of Children and Family Serves	1-518-402-3038
Child Care Licensor – Amy Grandy	1-518-486-6917 Amy.Grandy@ocfs.ny.gov
Moreau Community Center	Executive Director - Donna Nichols – 518-792-6007 ext. 10 donna@moreaucommunitycenter.org Youth Director – Jennifer Rich – 518-792-6007 ext. 17 Cell – 518-222-5653 jabare@moreaucommunitycenter.org

The Youth Programs are licensed/Registered under the Office of Children and Family Services. Regulations can be found on http://ocfs.ny.gov/main/childcare/regs/414-SACC.pdf

Each day we will provide a healthy snack. We strive to follow nutritious guidelines. If your child has a food allergy or wishes to have a snack that we don't have please pack a separate snack for them for snack time.



LDSS-2221A (Rev. 10/2008) FRONT

Report Date Case ID Call ID

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REPORT OF SUSPECTED

Time : AM PM Local Case # Local Dist/Agency

CHILD ABUSE OR MALTREATMENT

Subject to Report

Last Name, First Name, Aliases	Sex	Birthday or Age	Race Code	Hispanic/Latino (Y/N)	Relation Code	Role Code	Lang Code

MORE _____

List Addresses and Telephone Numbers (Using Line Numbers From Above)	(Area Code) Telephone No.

Example of NYS Child Abuse Report Form

BASIS OF SUSPICIONS

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write **"ALL"**.

___ DOA/Fatality ___ Child's Drug/Alcohol Use ___ Swelling/Dislocation/Sprains ___ Fractures ___ Substances Poisoning/Noxious ___ Educational Neglect

___ Internal Injuries (e.g., Subdural Hematoma) ___ Choking/Twisting/Shaking ___ Emotional Neglect

___ Lacerations/Bruises/Welts ___ Lack of Medical Care ___ Inadequate Food/Clothing/Shelter

___ Burns/Scalding ___ Malnutrition/Failure to Thrive ___ Lack of Supervision

___ Excessive Corporal Punishment ___ Sexual Abuse ___ Abandonment

___ Inappropriate Isolation/Restraint (Institutional Abuse Only) ___ Inadequate Guardianship ___ Parent's Drug/Alcohol Misuse

___ Inappropriate Custodial Conduct (Institutional Abuse Only) ___ Other (specify)

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.	(If known, give time/date of alleged incident) MO DAY YR Time: AM/PM Additional Sheets attached ☐ The Mandated Reporter Requests Finding of Investigation ☐

CONFIDENTIAL **SOURCE(S) OF REPORT** *CONFIDENTIAL*

NAME	(Area Code) TELEPHONE NAME	NAME	(Area Code) TELEPHONE NAME
ADDRESS		ADDRESS	
AGENCY/INSTITUTION		AGENCY/INSTITUTION	

Relationship

___Med Exam/Coroner ___Physician ___Hosp. Staff ___ Law Enforcement ___Neighbor ___Relative ___Instit. Staff

___ Social Services ___Public Health ___ Mental Health ___School Staff ___Other (Specify)

For Use by Physicians

Medical Diagnosis on Child	Signature of Physician who examined/treated child	(Area code) Telephone No.
Hospitalization Required: ____ None ____ Under 1 week ____ 1-2 weeks ____ Over 2 weeks		
Actions Taken Or About To Be Taken ____ Medical Exam ____ X-Ray ____ Removal/Keeping ____ Not Med Exam/Coroner ____ Photographs ____ Hospitalization ____ Returning Home ___Notified DA		
Signature of Person Making this Report	Title	Date Submitted

Example of NYS Child Abuse Report Form

LDSS-2221A (Rev. 10/2008) REVERSE

TO ACCESS A COPY OF THE LDSS-2221A FORM: Via Internet: http://www.ocfs.state.ny.us/main/forms/cps/

Via Intranet: http://ocfs.state.nyenet/admin/forms/SCR/ OR

TO ORDER A SUPPLY OF FORMS ACCESS FORM (OCFS-4627) Request for Forms and Publications, from either site above, fill it out and send to: **Office of Children and Family Services, Resource Distribution Center, 11 Fourth Ave, Rensselaer, NY 12144.** If you have difficulty accessing this form from either site, you can call **The Forms Hot Line at 518-473-0971.** Leave a detailed message including your name, address, city, state, the form number you need, the quantity and a phone number in case we need to contact you.

New York State Office of Children and Family Services

RACE CODE	ETHNICITY CODE	RELATION CODES FAMILIAL REPORTS *(Choose One)*	ROLE CODE *(Choose One)*	LANGUAGE CODE *(Choose One)*
AA: Black or African-American **AL**: Alaskan Native **AS**: Asian **NA**: Native American **PI**: Native Hawaiian/Pacific Islander **WH**: White **XX**: Other **UNK**: Unknown	*(Check Only If Hispanic/ Latino)*	**AU**: Aunt/Uncle **XX**: Other **CH**: Child **PA**: Parent **GP**: Grandparent **PS**: Parent Substitute **FM**: Other Family Member **UH**: Unrelated Home Member **FP**: Foster Parent **UK**: Unknown **DC**: Daycare Provider **OCFS REPORTS ONLY** **AR**: Administrator **IN**: Instit. Non-Prof **CW**: Child Care Worker **IV**: Instit. Pers/Vol **DO**: Director/Operator **PI**: Psychiatric Staff	**AB**: Abused Child **MA**: Maltreated Child **AS**: Alleged Subject (Perpetrator) **NO** : No Role **UK**: Unknown	**CH**: Chinese **KR**: Korean **CR**: Creole **MU**: Multiple **EN**: English **PL**: Polish **FR**: French **RS**: Russian **GR**: German **SI**: Sign **HI**: Hindi **SP**: Spanish **HW**: Hebrew **VT**: Vietnamese **IT**: Italian **XX**: Other **JP**: Japanese

Example of NYS Child Abuse Report Form

Abstract of Sections from Article 6, Title 6, Social Services Law

Section 412. Definitions

1. **Definition of Child Abuse,** (see also N.Y.S. Family Court Act Section 1012(e))
   An "abused child" is a child less than eighteen years of age whose parent or other person legally responsible for his care:
   1) Inflicts or allows to be inflicted upon the child serious physical injury, or
   2) Creates or allows to be created a substantial risk of physical injury, or
   3) Commits sexual abuse against the child or allows sexual abuse to be committed.
2. **Definition of Child Maltreatment,** (see also N.Y.S. Family Court Act, Section 1012(f))

A "maltreated child" is a child under eighteen years of age whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care:

1) in supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or
2) in providing the child with proper supervision or guardianship; or
3) by unreasonably inflicting, or allowing to be inflicted, harm or a substantial risk thereof, including the infliction of excessive corporal punishment; or
4) by misusing a drug or drugs; or
5) by misusing alcoholic beverages to the extent that he loses self-control of his actions; or 6) by any other acts of a similarly serious nature requiring the aid of the Family Court; or 7) By abandoning the child.

Section 415. Reporting Procedure. Reports of suspected child abuse or maltreatment shall be made immediately by telephone and in writing within 48 hours after such oral report.

Submit the written paper copy of the LDSS-2221A form originally signed to: the County Department of Social Services (DSS) where the abused/maltreated child resides. To locate your local DSS, visit this site http://www.ocfs.state.ny.us/main/localdss.asp.

Residential Institutional Abuse Reports: Submit a paper copy of form, LDSS 2221A, originally signed. It must be submitted directly to the Office of Children and Family Services (OCFS) Regional Office, associated with the county in which the abused/maltreated child is in care.

NYS CHILD ABUSE AND MALTREATMENT REGISTER: 1-800-635-1522 (FOR MANDATED REPORTERS ONLY)
1-800-342-3720 (FOR PUBLIC CALLERS)

Section 419. Immunity from Liability, Pursuant to Section 419 of the Social Services Law, any person, official, or institution participating in good faith in the making of a report of suspected child abuse or maltreatment, the taking of photographs, or the removal or keeping of a child pursuant to the relevant provisions of the Social Services Law shall have immunity from any liability, civil or criminal, that might otherwise result by reason of such actions. For the purpose of any proceeding, civil or criminal, the good faith of any such person, official, or institution required to report cases of child abuse or maltreatment shall be presumed, provided such person, official or institution was acting in discharge of their duties and within the scope of their employment, and that such liability did not result from the willful misconduct or gross negligence of such person, official or institution.

Section 420. Penalties for Failure to Report.

1. Any person, official, or institution required by this title to report a case of suspected child abuse or maltreatment who willfully fails to do so shall be guilty of a class A misdemeanor.

Any person, official, or institution required by this title to report a case of suspected child abuse or maltreatment who knowingly and willfully fails to do so shall be civilly liable for the damages proximately caused by such failure. State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past **and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.**	(If known, give time/date of alleged incident) MO DAY YR Time: AM PM ☐ ☐

Example of NYS Child Abuse Report Form