

# Kids Korner 2024-2025





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 including crafts and games. 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 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 in 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 UPK-7.

All returning Kids Korner children must have a zero balance to enroll for the 2024-2025 school year.

\*\*\*UPK Kids Korner will be at Moreau Elementary School. If your child is enrolled in the UPK program and needs the Kids Korner program. Please let the school know at registration. For the UPK year only your child will attend school at Moreau Elementary. **You will still need to fill out a Kids Korner application at the Moreau Community Center to be enrolled in Kids Korner.** When your child starts kindergarten he/she will start school in his/her home school location. This will eliminate the bussing from Kids Korner at Moreau to other Elementary School locations.\*\*\*\*

### 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.

**UPK Kids Korner is only at Moreau Elementary. At school registration please alert administration that you will need your child to attend UPK at Moreau for UPK Kids Korner, just for that school year.**

### Illness:

To ensure all children are healthy during our program, we ask that you follow the school's illness policy.

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 policies 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 emergencies, 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/superintendent's 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 = \$165 per child; \$305 for two children

AM Program Only = \$75 per child; \$65 each additional child

PM Program Only = \$90 per child; \$75 each additional child

### Daily Fee:

AM Program = \$15 per day; \$13 each additional child

PM Program = \$18 per day; \$15 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)

### **Student Cell Phone/Apple Watch Policy:**

Cell phones are allowed for middle school students that are coming to the pm program (Harrison or Ballard) to check in with their parents/guardians upon their arrival of the program.

If they feel that they need to use their phone during the program, she/he will need to go to one of the staff members at the program. The staff member will take the student to a quiet location where they can have a brief private conversation, while still being monitored and then return to the group.

Elementary students, grades K-5 must leave their cell phones in their backpacks during the Kids Korner program. If parents/guardians need to be reached during the program time, staff have that information and will use the school phone or their own personal cell phone to communicate with parents/guardians.

If a student has a cell phone out, she/he will be asked to put it in their backpack. If the student does not comply after three warnings by Kids Korner staff, the cell phone will be taken by the team leader and held at the sign out post until the student's parent/guardian arrives at pick up time.

If this happens in the morning the team leader will call the parents and find a reasonable solution that meets the needs of parents, children and staff.

Apple Watches will be allowed in school mode during Kids Korner time. If she/he want to text or call parents, he/she can go to the staff and let us know what they are doing. The staff don't need to know what the text says, nor hear in the conversation. We just need to see the person's name to start the conversation and be in the vicinity.

If we see the watch being used as a toy or is being misused, we will review safety instructions as we would for any item not being used for its correct purposes. If that doesn't help, we will have a calm conversation with parents at pick up time.

### **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.

518-792-6007 ext. 17

[jabare@moreaucommunitycenter.org](mailto:jabare@moreaucommunitycenter.org)

[donna@moreaucommunitycenter.org](mailto:donna@moreaucommunitycenter.org)

# Kids Korner Registration

## 2024 – 2025 School Year

### Child Information:

1<sup>st</sup> Child's Name \_\_\_\_\_ Gender (Please circle) M or F

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Ethnicity \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Gender (Please circle) M or F

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Ethnicity \_\_\_\_\_

3<sup>rd</sup> 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	<input checked="" type="checkbox"/>
Ballard	<input type="checkbox"/>
Harrison Ave.	<input type="checkbox"/>
Moreau	<input type="checkbox"/>
Moreau UPK	<input type="checkbox"/>
Tanglewood	<input type="checkbox"/>
Oliver Winch Middle School	<input type="checkbox"/>

AM Daily

PM Daily

AM Occasional

PM Occasional

# 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)

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

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

   No    Yes (please describe below)

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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?

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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)
		<input type="checkbox"/> Shortness of breath, wheezing, or coughing <input type="checkbox"/> Pale or bluish skin, faintness, weak pulse, dizziness <input type="checkbox"/> Tight or hoarse throat, trouble breathing or swallowing <input type="checkbox"/> Significant swelling of the tongue or lips <input type="checkbox"/> Many hives over the body, widespread redness <input type="checkbox"/> Vomiting, diarrhea <input type="checkbox"/> Behavioral changes and inconsolable crying <input type="checkbox"/> Other (specify)
		<input type="checkbox"/> Shortness of breath, wheezing, or coughing <input type="checkbox"/> Pale or bluish skin, faintness, weak pulse, dizziness <input type="checkbox"/> Tight or hoarse throat, trouble breathing or swallowing <input type="checkbox"/> Significant swelling of the tongue or lips <input type="checkbox"/> Many hives over the body, widespread redness <input type="checkbox"/> Vomiting, diarrhea <input type="checkbox"/> Behavioral changes and inconsolable crying <input type="checkbox"/> Other (specify)
		<input type="checkbox"/> Shortness of breath, wheezing, or coughing <input type="checkbox"/> Pale or bluish skin, faintness, weak pulse, dizziness <input type="checkbox"/> Tight or hoarse throat, trouble breathing or swallowing <input type="checkbox"/> Significant swelling of the tongue or lips <input type="checkbox"/> Many hives over the body, widespread redness <input type="checkbox"/> Vomiting, diarrhea <input type="checkbox"/> Behavioral changes and inconsolable crying <input type="checkbox"/> 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

NEW YORK STATE  
 OFFICE OF CHILDREN AND FAMILY SERVICES  
**INDIVIDUAL HEALTH CARE PLAN  
 FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS**

You may use this form or an approved equivalent to document an individual health care plan developed for a child with special health care needs.

***A child with a special health care need means a child who has a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and who requires health and related services of a type or amount beyond that required by children generally.***

Working in collaboration with the child's parent and child's health care provider, the program has developed the following health care plan to meet the individual needs of:



CHILD NAME: [REDACTED]	CHILD DATE OF BIRTH: [REDACTED] / [REDACTED] / [REDACTED]
NAME OF THE CHILD'S HEALTH CARE PROVIDER: [REDACTED]	<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner

Describe the special health care needs of this child and the plan of care as identified by the parent and the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment.

[REDACTED]

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**Identify the caregiver(s) who will provide care to this child with special health care needs:**

Caregiver's Name	Credentials or Professional License Information (if applicable)
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]



## 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, remaining 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, aggressive 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 5<sup>th</sup> – 7<sup>th</sup> 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.

In order to run our program, 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 until such balance is paid.

### 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](http://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 Nancy Douglas ext. 23

*\*Note: No payments will be accepted at the Program.*

### Account notification is as follows:

- Each week an email will be sent to both parents/guardians listed on the application.
  - In the email you will receive an attached statement.
- After the third week if we don't see a payment by the end of the week you will see a **\$25 late fee on your statement.**
- At the fourth week you will receive a letter from the Executive Director, and your child(ren) will be disenrolled from the program until full payment is received.

**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 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 9/7/2024 to 6/25/2025

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** \_\_\_\_\_

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
Preschool – 3 years	1:7	14
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.

### Group size and mixing different age children within groups.

- 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.

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.**

<b>Today's Date:</b> _____	<b>License/Registration Number:</b> _____
<b>Program Name:</b> _____	
<b>Name of Child:</b> _____	<b>DOB:</b> _____
(Please print full first and last name)	
<b>Details of Incident</b> (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))	
<b>Injuries</b> (Include a full description of any and all marks, bruises & abrasions)	
<b>Medical Services/Treatment Provided</b> (Please include any and all treatment, listing who administered treatment)	

Sample

Caregiver(s)

<b>Name:</b> _____ (PRINT Full Name)	<b>Date:</b> _____ (MM/DD/YY)	<b>Time:</b> _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____ (Signature)			
<b>Name:</b> _____ (PRINT Full Name)	<b>Date:</b> _____ (MM/DD/YY)	<b>Time:</b> _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____ (Signature)			

Witnesses to the Incident

<b>Name:</b> _____ (PRINT Full Name)	<b>Date:</b> _____ (MM/DD/YY)	<b>Time:</b> _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____ (Signature)			
<b>Name:</b> _____ (PRINT Full Name)	<b>Date:</b> _____ (MM/DD/YY)	<b>Time:</b> _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____ (Signature)			

Parent/Guardian Notified

<b>Name:</b> _____ (PRINT Full Name)	<b>Date:</b> _____ (MM/DD/YY)	<b>Time:</b> _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____ (Signature)			
<b>Name:</b> _____ (PRINT Full Name)	<b>Date:</b> _____ (MM/DD/YY)	<b>Time:</b> _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____ (Signature)			

Office of Children & Family Services Notified By

<b>Name:</b> _____ (PRINT Full Name)	<b>Date:</b> _____ (MM/DD/YY)	<b>Time:</b> _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____ (Signature)			





**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.

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)

## 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 an orderly 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 drills 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

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 / 07 / 2024

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](http://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

<u>US Consumer Product Safety Commission</u>	<u>1-800-638-2772</u> <u><a href="https://www.cpsc.gov/">https://www.cpsc.gov/</a></u>
<u>Food and Drug Administration</u>	<u>1-888-463-6332</u>
<u>Poison Control</u>	<u>1-800-222-1222</u>
<u>Child Care Resource and Referral Agency - Office of Children and Family Services</u>	<u>1-518-402-3038</u>
<u>Child Care Licensor – Jacqueline Mason</u>	(518) 473-5771 <u>Mason, Jacqueline (OCFS)</u> <u>&lt;Jacqueline.Mason@ocfs.ny.gov&gt;</u>
<u>Moreau Community Center</u>	<u>Executive Director - Donna Nichols –</u> <u>518-792-6007 ext. 10</u> <u><a href="mailto:donna@moreaucommunitycenter.org">donna@moreaucommunitycenter.org</a></u>  <u>Youth Director – Jennifer Rich –</u> <u>518-792-6007 ext. 17</u> <u>Cell – 518-222-5653</u> <u><a href="mailto:jabare@moreaucommunitycenter.org">jabare@moreaucommunitycenter.org</a></u>

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.



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

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

Example of NYS  
Child Abuse  
Report Form

MORE \_\_\_\_\_

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


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 <input type="checkbox"/> The Mandated Reporter Requests Finding of Investigation <input type="checkbox"/>
--	--

<b>CONFIDENTIAL</b>	<b>SOURCE(S) OF REPORT</b>	<b>CONFIDENTIAL</b>
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
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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)
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<b>AA:</b> Black or African-American <b>AL:</b> Alaskan Native <b>AS:</b> Asian <b>NA:</b> Native American <b>PI:</b> Native Hawaiian/Pacific Islander <b>WH:</b> White <b>XX:</b> Other <b>UNK:</b> Unknown	<i>(Check Only If Hispanic/ Latino)</i>	<b>AU:</b> Aunt/Uncle <b>CH:</b> Child <b>GP:</b> Grandparent <b>FM:</b> Other Family Member <b>FP:</b> Foster Parent <b>UK:</b> Unknown	<b>XX:</b> Other <b>PA:</b> Parent <b>PS:</b> Parent Substitute <b>UH:</b> Unrelated Home Member <b>UK:</b> Unknown	<b>AB:</b> Abused Child <b>MA:</b> Maltreated Child <b>AS:</b> Alleged Subject (Perpetrator) <b>NO:</b> No Role <b>UK:</b> Unknown	<b>CH:</b> Chinese <b>CR:</b> Creole <b>EN:</b> English <b>FR:</b> French <b>GR:</b> German <b>HI:</b> Hindi <b>HW:</b> Hebrew <b>IT:</b> Italian <b>JP:</b> Japanese	<b>KR:</b> Korean <b>MU:</b> Multiple <b>PL:</b> Polish <b>RS:</b> Russian <b>SI:</b> Sign <b>SP:</b> Spanish <b>VT:</b> Vietnamese <b>XX:</b> Other
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Example of NYS Child Abuse Report Form

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

**Section 412. Definitions**

- 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:
  - Inflicts or allows to be inflicted upon the child serious physical injury, or
  - Creates or allows to be created a substantial risk of physical injury, or
  - Commits sexual abuse against the child or allows sexual abuse to be committed.
- 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:
  - 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
  - in providing the child with proper supervision or guardianship; or
  - by unreasonably inflicting, or allowing to be inflicted, harm or a substantial risk thereof, including the infliction of excessive corporal punishment; or
  - by misusing a drug or drugs; or
  - 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.**

- 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