**Mission**

The Mission of the *CCSU Drop-In Child Care Center* is to provide a high-quality, meaningful, and developmentally appropriate educational experiences for children ages 3-12 years old, that is easily accessible and supportive to the needs of our CCSU students, faculty, and staff.

**Vision**

The *CCSU Drop-In Child Care Center* supports all learners through social and emotional learning, differentiated instruction and culturally responsive teaching. We provide high quality preschool education and enrichment programs to support the needs of our students, faculty, and staff. We strive to promote equity in education and seek to provide educational advancement opportunities to strengthen our community.

**Early Childhood Learning Philosophy**

At the CCSU Drop-In Childcare Center, we believe in high quality early childhood experiences that promote creative thinking and problem solving. Children have a natural desire to learn. Our highly trained teachers intentionally provide an atmosphere that is rich and warm with materials and opportunities for children to communicate, socialize, work, play, and negotiate with others. Our classrooms are designed to encourage curiosity, exploration and problem solving. Purposeful play is developmentally appropriate and a significant element of our program to enhance each child’s intellectual, social, emotional, and physical development. Our students become actively engaged in experiences which include foundations of math, science, social studies, creative art, language arts, music, movement, and dramatic play. Teachers design structured and unstructured activities and provide opportunities for children to work independently and collaboratively. Activities, experiences, and teacher-child interactions focus on the development of a positive self-concept, respect for others, and continued growth and development in creative thinking, cognition, early literacy skills, independence, self-sufficiency, fine and gross motor skills.

*The Drop-In Childcare Center offers Pre-Kindergarten Activities and Enrichment Activities. See schedule for specific times:*

Pre-Kindergarten Activities: activities geared toward children 3-5 years of age.
Enrichment Activities: activities geared toward children ages 3-5, 6-8, and 9-12.

THE CCSU DROP-IN CENTER IS ADMINISTERED BY CENTRAL CONNECTICUT STATE UNIVERSITY AND IS NOT CURRENTLY LICENSED BY THE CONNECTICUT OFFICE OF EARLY CHILDHOOD.
**Registration:**

To register a child between the ages of 3-12, the parent/guardian must be a current CCSU student, faculty, or staff member. All registered children must be potty-trained to attend. Parents/guardians must remain on campus while using The Drop-In Childcare Services. Registration includes the completion and submission of all documents including:

- Child Enrollment
- Emergency Medical Care Authorization Form
- Parent/Guardian Information Packet & Behavior Management Policy Agreement
- Consent to attend special programs on the CCSU campus (optional)
- Early Childhood Health Assessment Record

*Once all of the documents have been submitted*, you will receive an email. The email will confirm your completed registration and approved access to use the CCSU Drop-In Center portal. The email will also include important information to prepare you for your first visit and instructions on how to reserve a space for your child. You may not use the service until you have submitted all required documents and received the official email confirmation with additional instructions. There is a 4-hour limit per day for services. Parents/guardians are required to remain on the CCSU campus at all times while using the center.

**Reservation:** Spaces can be reserved online one day in advance, at this time. To reserve a spot on the same day, you will need to call the center directly. Space is limited and all children must have a reservation prior to attending. Soon, reservations will be permitted more than one day in advance. We will keep you updated as this policy evolves.

**Emergency Reservation:** To accommodate unexpected or emergency situations that occur after hours, an email can be sent to the Director and Program Coordinator who will respond as soon as possible.

**Cancelations:** We respectfully request that cancelations are made as soon as possible to give others opportunity to fill the spot. Failure to cancel a reservation may put reservation privileges at risk.

*Each child entering the center must have a completed registration and updated physical form signed and dated by his/her pediatrician, including current immunization documentation. Physical forms must be updated yearly.*

**Contact Information:**

Kelly McCarthy – CCSU Drop-In Center Director

School of Education & Professional Studies

Carrol Hall

[kellymccarthy@ccsu.edu](mailto:kellymccarthy@ccsu.edu)

860-832-2125
CCSU Drop-In Childcare Center

FALL SEMESTER 2022

Hours of Operation:

Monday through Thursday

10:30 am – 3:00 pm  
Pre-Kindergarten Activities (accommodations can be made for older children by request)

3:00 pm – 4:00 pm  
Drop-In Center Closed

4:00 pm to 7:30 pm  
Enrichment Activities

Friday

9:00 am – 1:00 pm  
Pre-Kindergarten Activities (accommodations can be made for older children by request)

The Drop-In Center follows the 2022-2023 University Academic Calendar
Pre-Kindergarten Curriculum

Our comprehensive early childhood curriculum is designed to meet the individual needs of each child. Taking advantage of the natural curiosity of our young students, we utilize purposeful play in combination with an inquiry-based approach to learning. This approach enhances the development of early critical thinking and reasoning skills while enabling each child to progress at their own individual pace. Our student-centered curriculum covers many subject areas including social & emotional, cognition, language & literacy, math, science, technology, social studies, movement, music, and art education. Students become stimulated throughout the year with our monthly themes and lessons that strongly align with the Connecticut Early Learning and Development Standards and Connecticut Preschool Curriculum Framework. Each day students are engaged in a wide variety of rich activities. The activities are developmentally appropriate, intentionally selected, and designed to include large-group, small-group, and one-to-one teacher time.

The Creative Curriculum for Preschool

The Creative Curriculum for Preschool is based on five fundamental principles. With these principles in mind, our teachers can support the development and learning of the whole child.

- Positive interactions and relationships with adults provide children with a critical foundation for successful learning.
- Social-emotional competence is a significant factor in school success.
- Constructive, purposeful play supports essential learning.
- The physical environment affects the type and quality of learning interactions and experiences.
- Teacher-family partnerships promote children’s development and learning.

Heggerty Phonemic Awareness Pre-Kindergarten Curriculum

Phonemic awareness is the understanding that spoken words are made up of individual sounds, which are called phonemes. Phonemic awareness includes the ability to isolate sounds, manipulate sounds, blend and segment the sounds into spoken and written words. Phonemic awareness training provides the foundation on which phonics instruction is built.

Wilson Fundations Pre-K Program

The specific activities are designed to support students’ emerging understanding of the alphabetic principle of letter-sound associations, and the written language skill of manuscript letter formation. Its purpose is to teach pre-k students the names of the letters and the corresponding sounds, as well as teach them the formation of lowercase and uppercase letters.

The First Steps in Music for Preschool and Beyond

The First Steps in Music curriculum is designed to prepare children to become musical in three ways:

- Tuneful – to have tunes in their heads and learn to coordinate their voices to sing those tunes.
- Beatful – to feel the pulse of music and how that pulse is grouped in either 2s or 3s.
- Artful – to be moved by music in the many ways music can elicit an emotional response.

Our musical activities include:

Songs and Rhymes  Fingerplays and Action Songs  Circle Games
Echo Songs  Songtales  Movement Exploration
Call and Response
CASEL and Shape America: Social and Emotional Learning

Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. (CASEL)

Character Development

The CCSU Drop-In Child Care Center works closely with our families to contribute to the development of our young children’s values. Character development is woven into the curriculum throughout the year with a focus on the following:

Honesty
Respect
Kindness
Responsibility
Patience
Acceptance

Monthly Themes

Balls
Buildings
Clothes
Exercise
Wheels
Water
Trees
Reduce, Reuse, Recycle

Pre-Kindergarten Daily Activity Schedule

Our daily schedule blocks out time and establishes a sequence for routines and experiences. A good schedule for preschool students is balanced, offering choices and a range of activities, some initiated by children and others planned by teachers. A daily schedule establishes the consistency that helps young children predict the sequence of daily events and thus feel more secure and in control of events.

- Welcome and Open Exploration
- Circle Time; calendar, music and movement, theme lesson
- Learning Centers and Theme Art Activity
- Snack
- Outside exploration
- Read aloud & small groups
- Closing Circle
Learning Centers

Learning centers are a vital part of a high-quality preschool program. Centers allow young children to learn in the most meaningful way, through hands-on play experiences. Our learning centers are designed to encourage critical thinking about skills and concepts and apply them to enhance their learning.

Blocks and Building Center

The Block and Building Center incorporates a variety of blocks, building materials, and inspirational props. The type of blocks in the center changes throughout the school year and connect with monthly themes, keeping learners actively engaged and developing fine motor skills. This center offers many opportunities for learning through imaginative play. Children expand their vocabulary and oral language skills when they are introduced to new content specific words and engage in discussions about their creations. Children learn about math and science as they explore concepts including shapes, patterns, measurement, balance, and textures. This setting encourages creativity through dramatic play and the construction of original designs and structures.

Drama Center

The Drama Center is a place where children can take on a role and pretend. Dramatic play is central to children’s healthy development and learning during the preschool years. When children engage in dramatic play, they deepen their understanding of the world as they learn and develop skills that will serve them throughout their lives. To engage in dramatic play with others, children have to negotiate roles, agree on a topic, and cooperate to portray different situations. They can recreate life experiences and try to cope with emotions by acting out roles in a variety of scenarios. They practice fine motor skills, hand-eye coordination, and visual discrimination. They use oral language, reading, and writing skills. When children pretend, they develop images in their minds and make connections to prior knowledge, experiences, and situations. These images are a form of abstract thinking. The drama center facilitates the exploration of math concepts, sharing ideas, and problem-solving.

Language and Literacy Center

The Language and Literacy Center is an inviting space with soft furniture, beautiful picture books, and corresponding props and manipulatives. This is a place for children to develop the motivation and skills necessary for reading and writing. They can listen to stories read aloud, look through books independently, retell familiar stories, and make up their own stories. They practice and strengthen all of the aspects of language and literacy, (reading, writing, listening, and speaking). Comprehension grows as they learn new words and develop phonological awareness when they hear and explore the sound of language through books. Books help children gain a better understanding of the world around them, begin to interpret symbols, make predictions, and think about cause and effect. Through books, children also develop an understanding about counting, number recognition, color, size, and shape.

Sensory Table

This center involves sensory experiences that appeal to young children including sand, water, and much more! In this space, play delights the senses, challenges children’s minds, and promotes all areas of development. The sensory table activities can inspire children to work together, express thoughts and feelings, and have a calming effect. Fine motor skills and hand-eye coordination is developed working with props, funnels, sieves, molds, and measuring cups. Objects that sink and float inspire inquiry about cause and effect. Children expand their vocabulary and build emerging literacy skills. Scientific exploration of liquids, solids, textures, volume, and capacity promote hands-on, student-centered learning opportunities.
**Math & Science Center**

In the Math and Science Center, children will become engaged in activities that include numbers, counting, sequencing, matching, sorting, and classifying. Children will play games and work with manipulatives that build mathematical thinking skills. This space also supports children’s scientific inquiry and knowledge through observation and hands-on exploration. Key content and scientific principals will include the difference between living and non-living, life cycles, earth and sky. The materials and activities in this center, encourages children to use their five senses to observe, explore and experiment with scientific phenomena.

**Writing Center**

In this center, children have multiple and varied opportunities to identify letters, make connections between letters and the sounds they represent, and experiment with a wide variety of materials including: multiple types of writing implements, paper, clay, foam, lacing cards, books, puzzles, and games. Children play with the sounds of language using rhymes, poems, songs and finger play. The writing center encourages various types of drawing, coloring, and writing including scribbling, letter-like marks, and developmental spelling. Self-initiated efforts to write letters that represent the sound of words are encouraged. Activities in this area strengthen fine motor skills, letter identification, and phonemic awareness.

**Enrichment Program**

Enrichment activities are planned for children ages 3-5, 6-8, and 9-12. Enrichment activities may include:

**Enrichment Ages 3-5**

- Circle Time Activities
- Center Exploration
- Arts and Crafts
- Music and Movement
- Outdoor Exploration

**Enrichment Ages 6-8**

- Study Skills
- Old School Games Club
- Outside the Lines *Arts & Crafts*
- Where the Wild Things Are Book Club
- Calm Classroom Mindfulness
- Maker Space
- Outdoor Activities

**Enrichment Ages 9-12**

- Study Skills
- Old School Games Club
- Live in Color *Arts & Crafts*
- Bookworms Club
- ZEN Yoga Club
- Maker Space
- Outdoor Activities
CCSU Drop-In Childcare Center Policies & Procedures

Behavior Management Policy

One of the best ways to address challenging behavior is to prevent it. With a proactive approach, our teachers utilize practices that support positive behavior. We provide flexible spacing to support different types of learning styles. We plan and organize our classroom, lessons, and activities to ensure smooth transitions. Materials are set up in safe and accessible manner. Positive behavior expectations are clear, simple, and taught explicitly. Teachers plan, teach, and practice routines and procedures. Reinforcement and re-teaching happen throughout the year and as needed. Appropriate consequences for unacceptable behavior are managed when necessary. Our center specifically prohibits abusive, neglectful, corporal, humiliating or frightening punishment. Physical restraint is prohibited, unless such restraint is necessary to protect the health and safety of the child or other people.

Our Center uses Positive Behavior Strategies and Supports, (PBS), to develop and maintain a safe and healthy learning environment. Positive behavior strategies are evidence-based, proactive approaches to addressing challenging student behavior. Positive behavior strategies encourage the observation of behavior as a form of communication. Every behavior sends a message about what a student needs. Positive behavior strategies help to proactively reduce challenging behaviors while also building trusting relationships between teachers, students, and families. Once the behavior is understood, the appropriate response can be more effective. Especially in a preschool setting, students often lack the language or communication skills to express what they need. Understanding what the behavior is communicating is the key.

Some examples of positive behavior strategies that are used at the Center include:

- Setting clear behavior expectations
- Modeling positive behavior
- Pre-correcting and prompting
- Respectful redirection
- Nonverbal signals
- Brain breaks
- Routines
- Proximity
- Quiet corrections
- Positive phrasing
- Praising positive behavior
- Active ignoring
- Teach replacement skills
- Problem solving

Our highly skilled teachers have proven success with strong classroom management techniques that encourage the growth and development of each child’s self-esteem. Our teachers are trained to observe challenging behavior and carefully select appropriate responses that guide young learners to handle intense emotions and build positive interpersonal relationships. This approach fosters self-discipline and respect for others. Regardless of skill and experience, sometimes a child’s behavior is difficult to read. In cases when a challenging behavior persists, our teachers make contact with families to work collaboratively and find solutions. All students will be continuously supervised during all disciplinary actions.
CCSU Drop-In Child Care Center

Abuse and Neglect Policy

As mandated reporters, all of our staff have a responsibility to prevent the child abuse and neglect of any children involved in our center.

1. **Child Abuse is defined as:** (CT statutes, Section 46b-120)

   A child who has had
   - Non-accidental physical injuries inflicted upon him
   - Injuries which are at variance with the history given of them
   - Is in a condition, which is the result of maltreatment, such as, but not limited to, malnutrition, sexual exploitation, and deprivation of necessities, emotional maltreatment or cruel punishment.

2. **Child neglect is defined as:** (CT General Statutes, 46b-120)

   A child who has been
   - Abandoned
   - Denied proper care and attention physically, educationally, emotionally or morally
   - Allowed to live under circumstances, conditions or associations injurious to his well-being

3. **Child Abuse includes:** (CT General Statutes, 46b-120)

   - Any non-accidental physical or mental injury, (shaking, beating, burning).
   - Any form of sexual abuse, (sexual exploitation).
   - Neglect of a child, (failure to provide food, clothing, shelter, education, mental care, appropriate supervision).
   - Emotional abuse, (excessive belittling, berating, or teasing which impairs the child’s psychological growth).
   - At risk behavior, (placing a child in a situation which might endanger him by abuse or neglect).

4. **Staff responsibilities:** (CT General Statutes, Sections 17a-101, 17a-101a, 17a-101b, 17a-101c, and 17a-101d.)

   As childcare providers, we are mandated by law to report any suspicion that a child is being abused, neglected or at risk.

5. **Procedure for Reporting a suspected case of abuse or neglect:**

   - Call the Department of Children and Families (open 24 hours a day) at 1-800- 842-2288.
   - Call the Connecticut Office of Early Childhood at 1-800-282-6063 or 1-860-509- 8045.
   - The reporter’s name is required, but may be kept confidential.
   - Information required to report:
6. Mandated reporters must report orally to DCF or a law enforcement agency within 12 hours of suspecting that a child has been abused or neglected. Within 48 hours of making the report, the mandated reporter must submit a written report (DCF – 136) to DCF.

Staff are protected by law from discrimination or retaliation for reporting suspected abuse or neglect (CT General Statutes, Section 17a-101e).

All phone calls to DCF shall be documented and kept on file at the Center. A copy of all statements from staff and the DCF-136 shall also be kept on file.

7. The administration of the CCSU Drop-In Child Care Center supports zero tolerance for abuse and neglect and will implement immediate action should there be an allegation that a staff member abused or neglected a child.

The administration will protect the child, including immediate notification of a parent or guardian, once there is an allegation of abuse or neglect of a child in our program.

Any staff member accused of abuse or neglect may be immediately removed from his or her position until DCF’s investigation is completed. Based on whether the allegations were substantiated or not, the employee would either be dismissed from his/her position or allowed to return to work.

8. Staff Training:

Staff will be required to attend bi-annual staff meetings, held in September and February, focusing on the steps for reporting suspected abuse and neglect and the role of a mandated reporter. All new staff will be trained in these procedures prior to their start in the classroom.

9. Provisions for informing families of abuse and neglect:

A copy of this policy will be included in our parent information packet, and each family will be given a copy upon enrollment. A copy of this policy will also be posted on the parent board. When an accusation of abuse or neglect by a staff member is made, the Drop-In Child Care Center director must immediately inform the parents or guardians that a report has been made to DCF. Health care officials may need to talk to a child’s parents to access the cause of the child’s injuries and offer support and guidance.
CCSU Drop-In Child Care Center
Closing Time Plan

If a child is not picked up within fifteen minutes of our closing time, the following procedures will take place:

1. A staff member will attempt to call the child’s parent/guardian using the contact information on file.

2. If the parent/guardian cannot be reached, the staff will attempt to contact the emergency contact and alternate contact people listed on file.

3. If the parents/guardians, emergency contacts, and alternate contacts with permission to release forms on file cannot be reached, the police will be contacted after one hour past the center closing time.

4. At that time, the child may be released to the police.

5. Two staff members will remain with the child at all times.
Drop-In Center Policies & Procedures (continued)

Parents using the Drop-In Center must remain on campus at all times. If a parent needs to leave the campus, the child must be picked up from the Drop-In Center prior to leaving. Violations to this rule will result in loss of Drop-In Center privileges.

Illness:

For the health and safety of our students and staff, we respectfully request that any child who shows symptoms of illness, please refrain from using Drop-In Center services.

Snacks:

The Drop-In Center is a nut-free facility. We respectfully request that you do not bring a snack for your child to eat at the Center. Snacks will be provided in the morning and in the afternoon by the Drop-In Center. The snack will include either a fruit or a vegetable and a carbohydrate served with water. The carbohydrate will be a type of cracker, (Ritz cracker, goldfish, saltines). The Drop-In Center does not serve or provide lunch.

Parent Access to Program and Facility:

Parents who are CCSU students, faculty, or staff and have submitted all required registration documents and received the official confirmation email, will have access to the Center during hours of operation. The CCSU Key Card will allow you to enter through the playground gate entrance. The Center door will be locked but parents/guardians will be buzzed into the atrium and met at the classroom door.

Medication Policy:

The Drop-In Center does not administer medication to children at this time.

CCSU Drop-In Child Care Center Closing Time Plan:

*Please make sure you have read and understand the Closing Plan explained in this packet.

Behavior Management Policy:

*To use the Drop-In Center services, it is mandatory to read and agree to the Behavior Management Policy which is explained in this packet. Please contact the center director if you have any questions.

Registration:

*Please see the registration process explained in this packet.

Reservation: Spaces can be reserved online one day in advance. To reserve a spot on the same day, you will need to call the center directly. Space is limited and all children must have a reservation prior to attending.

Emergency Reservation: To accommodate unexpected or emergency situations that occur after hours, an email can be sent to the Director and Program Coordinator who will respond as soon as possible.

Cancellations: We respectfully request that cancelations are made as soon as possible to give others opportunity to fill the spot. Failure to cancel a reservation may put reservation privileges at risk.
CCSU Drop-In Child Care Center

Emergency Plans

Medical Emergency Plan:

- A qualified staff member will attend to first aid as needed.
- Another staff member will notify the parent/guardian.
- Consultation with the child’s doctor/dentist will be attempted as necessary.
- If contact with the child’s doctor/dentist cannot be made, the Center’s medical/dental consultant will be contacted.
- In an extreme emergency, 911 will be called.
- The ambulance will transport the child and a staff member to the nearest hospital.
- The child’s emergency permission form will be brought to the hospital with them.
- Another staff member will notify the parent/guardian or the emergency/alternate contact person on file and told to meet the child at the emergency room.
- Additional staff will be recruited to maintain required ratios as needed.

Medical Non-Emergency:

If a child becomes ill while at the Center:

- Parent/guardian will be notified.
- The child will be moved to an administrative office.
- A cot will be available.
- A staff member will remain with the child at all times.

Weather:

In the event of a snow day or any other hazardous weather emergency:

- The program will follow the CCSU school closing, delay, or early dismissal schedule.
- Parents are notified via radio/television announcement, (closing or delay), or will be contacted via cell phone to pick their child, (early dismissal).
- Ratios will be maintained at all times.
- Two staff members will remain until all children are picked up.

Shelter In-Place

- Staff and children will remain locked indoors away from windows and doors.
- First aid staff will be on hand to administer first aid, as needed, until emergency personnel can arrive.
- Parents will be notified after immediate danger has passed.

Evacuation:

In the event that the facility must evacuate:

- Children will be taken to Willard-DiLoreto Hall Health Center. (Marcus White Hall is the back-up location).
- Notes will be posted to alert parents of the re-location details.
- Parents will be notified via cell phone to pick up their child.
- Ratios will be maintained at all times.
- Two staff members will remain with the children until all children are picked up.
CCSU Drop-In Childcare Center
Enrollment Form

Date of Application: __________ Date of Enrollment: __________

Child’s Name: __________________________ Child’s Date of Birth: ______________
Child’s Address: __________________________ City: __________ Zip Code: _________
Parent/Guardian Name: __________________________ Address: _____________________________
City: __________ Zip Code: _________ E-mail Address: _____________________________
Home Phone #: ________________ Cell Phone #: ________________ Work Phone #: ________________
Parent/Guardian: __________________________ Address: _____________________________
City: __________ Zip Code: _________ E-mail Address: _____________________________
Home Phone #: ________________ Cell Phone #: ________________ Work Phone #: ________________

Medical Information

Allergies: ___________________________________________________________________________
Date of last Tetanus: ___________________________________________________________________
Other important medical information: ______________________________________________________

Insurance Carrier: _____________________________________________________________________
Insurance ID: _____________________

Child’s Physician:
Name: __________________________ Address: _____________________________ City: __________
Phone #: _____________________________________________________________________________

Child’s Dentist:
Name: __________________________ Address: _____________________________ City: __________
Phone #: _____________________________________________________________________________

Authorized Permission for Emergency Pick Up

(Adults who may be contacted if parent/guardian cannot be reached and to whom the child may be released)

1. Name: ____________ Phone #: ____________ Relationship: ____________
2. Name: ____________ Phone #: ____________ Relationship: ____________
3. Name: ____________ Phone #: ____________ Relationship: ____________
CCSU Drop-In Childcare Center

Emergency Authorization

Name of child: ________________________________________________________________

I give my consent for the First Aid and CPR certified staff of the CCSU Drop-In Childcare Center to administer First Aid and CPR to my child and to contact the above-named physician or dentist if my child has a medical/dental emergency. I give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Signature of Parent/Guardian: __________________________________ Date: ________________

Signature of Parent/Guardian: __________________________________ Date: ________________

Preferred Medical Facility: _______________________________________________________

CCSU Drop-In Childcare Center

Parent Information Packet & Behavior Management Policy

Name of child: ________________________________________________________________

I acknowledge that I have read the Parent Information Packet and agree to abide by the policies and procedures contained in it. I acknowledge that I have read the Behavior Management Policy and techniques used to manage child behaviors at the facility. I have had the opportunity to discuss or clarify any questions I might have related to the Parent Information Packet and Behavior Management Policy.

Signature of Parent/Guardian: __________________________________ Date: ________________

Signature of Parent/Guardian: __________________________________ Date: ________________

CCSU Drop-In Childcare Center

Permission for Activities Away From the Premises (optional)

Name of child: ________________________________________________________________

I give my consent for my child to attend scheduled activities/programs that occur on the CCSU campus.

Signature of Parent/Guardian: __________________________________ Date: ________________

Signature of Parent/Guardian: __________________________________ Date: ________________
State of Connecticut Department of Education  
Health Assessment Record

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part 1) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part 2) and the oral assessment (Part 3).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physician assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

<table>
<thead>
<tr>
<th>Student Name (Last, First, Middle)</th>
<th>Birth Date</th>
<th>□ Male □ Female</th>
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| Primary Care Provider | American Indian/ |  
|------------------------|-----------------|------------------|
|                        | Asian/Pacific Islander | Hispanic/Latino |
|                        | Other             |                  |

<table>
<thead>
<tr>
<th>Health Insurance Company/Number* or Medicaid/Number*</th>
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<table>
<thead>
<tr>
<th>Does your child have health insurance?</th>
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<tbody>
<tr>
<td>Does your child have dental insurance?</td>
<td>Y</td>
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</table>

* If applicable

Part 1 — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle Y if “yes” or N if “no.” Explain all “yes” answers in the space provided below.

<table>
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<th>Any health concerns</th>
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<th>Hospitalization or Emergency Room visit</th>
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<th>Concussion</th>
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<tbody>
<tr>
<td>Allergies to food or bee stings</td>
<td>Y</td>
<td>N</td>
<td>Any broken bones or dislocations</td>
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<td>N</td>
<td>Fainting or blacking out</td>
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<td>Heart problems</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Any daily medications</td>
<td>Y</td>
<td>N</td>
<td>Problems running</td>
<td>Y</td>
<td>N</td>
<td>High blood pressure</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Any problems with vision</td>
<td>Y</td>
<td>N</td>
<td>“Mono” (past 1 year)</td>
<td>Y</td>
<td>N</td>
<td>Bleeding more than expected</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Uses contacts or glasses</td>
<td>Y</td>
<td>N</td>
<td>Has only 1 kidney or testicle</td>
<td>Y</td>
<td>N</td>
<td>Problems breathing or coughing</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Any problems hearing</td>
<td>Y</td>
<td>N</td>
<td>Excessive weight gain/loss</td>
<td>Y</td>
<td>N</td>
<td>Any smoking</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Any problems with speech</td>
<td>Y</td>
<td>N</td>
<td>Dental braces, caps, or bridges</td>
<td>Y</td>
<td>N</td>
<td>Asthma treatment (past 3 years)</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Family History</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any relative ever have a sudden unexplained death (less than 50 years old)</td>
<td>Y</td>
<td>N</td>
<td>Diabetes</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any immediate family members have high cholesterol</td>
<td>Y</td>
<td>N</td>
<td>ADHD/ADD</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please explain all “yes” answers here. For illnesses/injuries/etc., include the year and/or your child’s age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any medications your child will need to take in school:

*All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child’s health and educational needs in school. 

Signature of Parent/Guardian Date

To be maintained in the student’s Cumulative School Health Record
Part 2 — Medical Evaluation

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name ___________________________ Birth Date ___________ Date of Exam ___________

☐ I have reviewed the health history information provided in Part 1 of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

<table>
<thead>
<tr>
<th>*Height in. / %</th>
<th>*Weight lbs. / %</th>
<th>BMI / %</th>
<th>Pulse</th>
<th>*Blood Pressure /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Describe Abnormal</td>
<td>Ortho</td>
<td>Normal</td>
<td>Describe Abnormal</td>
</tr>
<tr>
<td>Neurologic</td>
<td>Neck</td>
<td>Shoulders</td>
<td>Arms/Hands</td>
<td>Hips</td>
</tr>
<tr>
<td>HEENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Gross Dental</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitalia/hernia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Postural</th>
<th>☐ No spinal abnormality</th>
<th>☐ Spine abnormality:</th>
<th>☐ Mild</th>
<th>☐ Moderate</th>
<th>☐ Marked</th>
<th>☐ Referral made</th>
</tr>
</thead>
</table>

Screenings

<table>
<thead>
<tr>
<th>*Vision Screening</th>
<th>*Auditory Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type:</td>
<td>Type:</td>
</tr>
<tr>
<td>Right</td>
<td>Left</td>
</tr>
<tr>
<td>With glasses 20/</td>
<td>20/</td>
</tr>
<tr>
<td>Without glasses 20/</td>
<td>20/</td>
</tr>
<tr>
<td>☐ Referral made</td>
<td>☐ Referral made</td>
</tr>
</tbody>
</table>

TB: High-risk group? ☐ No ☐ Yes  PPD date read: ___________________________ Results: ___________________________ Treatment: ___________________________

*IMMUNIZATIONS

☐ Up to Date or ☐ Catch-up Schedule: MUST HAVE IMMUNIZATION RECORD ATTACHED

*Chronic Disease Assessment:

Asthma ☐ No ☐ Yes ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent ☐ Exercise induced

If yes, please provide a copy of the Asthma Action Plan to School

Anaphylaxis ☐ No ☐ Yes ☐ Food ☐ Insects ☐ Latex ☐ Unknown source

Allergies If yes, please provide a copy of the Emergency Allergy Plan to School

History of Anaphylaxis ☐ No ☐ Yes Epi Pen required ☐ No ☐ Yes

Diabetes ☐ No ☐ Yes ☐ Type I ☐ Type II Other Chronic Disease:

Seizures ☐ No ☐ Yes, type:

☐ This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.

Explain: ____________________________________________

Daily Medications (specify):

This student may: ☐ participate fully in the school program

☐ participate in the school program with the following restriction/adaptation:

This student may: ☐ participate fully in athletic activities and competitive sports

☐ participate in athletic activities and competitive sports with the following restriction/adaptation:

☐ Yes ☐ No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness. Is this the student’s medical home? ☐ Yes ☐ No ☐ I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA Date Signed Printed/Stamped Provider Name and Phone Number
Part 3 — Oral Health Assessment/Screening
Health Care Provider must complete and sign the oral health assessment.

To Parent(s) or Guardian(s):
State law requires that each local board of education request that an oral health assessment be conducted prior to public school enrollment, in either grade six or grade seven, and in either grade nine or grade ten (Public Act No. 18-168). The specific grade levels will be determined by the local board of education. The oral health assessment shall include a dental examination by a dentist or a visual screening and risk assessment for oral health conditions by a dental hygienist, or by a legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse who has been trained in conducting an oral health assessment as part of a training program approved by the Commissioner of Public Health.

<table>
<thead>
<tr>
<th>Student Name (Last, First, Middle)</th>
<th>Birth Date</th>
<th>Date of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Grade</td>
<td>Male Female</td>
</tr>
<tr>
<td>Home Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name (Last, First, Middle)</th>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dental Examination</th>
<th>Visual Screening</th>
<th>Normal</th>
<th>Referral Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed by:</td>
<td>Completed by:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentist</td>
<td>MD/DO APRN PA</td>
<td>Yes</td>
<td>Yes No</td>
</tr>
<tr>
<td></td>
<td>Dental Hygienist</td>
<td>Abnormal (Describe)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Assessment</th>
<th>Describe Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Dental or orthodontic appliance</td>
</tr>
<tr>
<td>Moderate</td>
<td>Saliva</td>
</tr>
<tr>
<td>High</td>
<td>Gingival condition</td>
</tr>
<tr>
<td></td>
<td>Visible plaque</td>
</tr>
<tr>
<td></td>
<td>Tooth demineralization</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Carious lesions</td>
</tr>
<tr>
<td></td>
<td>Restorations</td>
</tr>
<tr>
<td></td>
<td>Pain</td>
</tr>
<tr>
<td></td>
<td>Swelling</td>
</tr>
<tr>
<td></td>
<td>Trauma</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

Recommendation(s) by health care provider: _______________________________________

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child’s health and educational needs in school.

Signature of Parent/Guardian ____________________________________________ Date __________

Signature of health care provider ______________________________________
DMD / DDS / MD / DO / APRN / PA / RDH Date Signed Printed/Stamped Provider Name and Phone Number
Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
<th>Dose 5</th>
<th>Dose 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP/DTaP</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DT/Td</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IPV/OPV</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep A</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep B</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCV</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Disease Hx of above (Specify) (Date) (Confirmed by) Exemption: Religious Medical: Permanent Temporary Date: Renew Date: 

Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry. Medical exemptions that are temporary in nature must be renewed annually.

Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.

GRADES 7 THROUGH 12

- Tet/Td: 1 dose of Tdap required for students who completed their primary DTP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.

HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

** Verification of disease: Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.