APPENDIX A

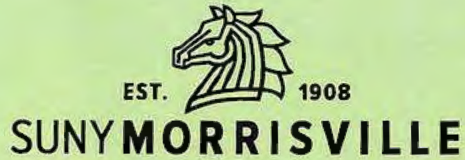
Child's Checklist

The following items must be provided by the parent and should be labeled with the child's first and last name:

At least one complete change of clothing including:
_____Underwear
_____Socks
_____Shirt
_____Pants
_____Sweatshirt or Sweater
_____Shorts
_____Shoes/Sneakers
(Please plan on extra clothing in the wintertime and when your child is potty training.)

Personal Items:
_____Toothbrush
_____Toothpaste
_____Hairbrush (optional)
_____Photos of all people authorized to pick up your child; be sure to include yourself.
(Please be sure to label the backside of the photos with first & last names and the relationship to your child.)
_____Blanket
_____Small stuffed animal and small pillow (only allowed for children over 18 months.)
(All other home toys should remain at home.)
_____Crib sized sheet for napping cot during rest time. (Not applicable for the Infant Room.)

Additional Items:
(May only be necessary for same children and are age specific.)
_____Pacifier
_____Sippy Cup
_____Bottles
_____Formula or Breastmilk (please see Infant Feeding Form for more information)
_____Diapers & Wipes
_____Diaper Cream (with non-medication permission slip)
_____Water Bottle (for Toddlers and Preschoolers)
_____Sunscreen (with non-medication permission slip)
_____Small backpack or bag for transporting personal items.
_____Wet bag (for soiled items to be sent home in)



MAIN CAMPUS

Town of Hamilton

Key

- Dining / Concessions
- EV Charging Station
- Health Center
- University Police
- Emergency Phones
- Campus Store / Student Packages
- Campus Shuttle Stops
- Wheelchair Accessible Entry

Parking Key

- (A) Parking Lots
- Visitor Parking
- Permit Parking - Commuter
- Permit Parking - Residents
- Permit Parking - Faculty / Staff
- Snowmobile Parking

Skyline Dr
South St
South Circle Dr
North Chenango St
South Chenango St
Madison Rd
Eaton St
Eaton Rd
East Main St
Cedar St
Hart Rd
Fisher Way Road

Equine Complex

SUNY EOC 101 New St Syracuse, NY 13202
Equine Rehabilitation Center
Town of Cazenovia

Norwich Campus 20 Conkey Ave Norwich, NY
Town of Eaton

Equine Rehabilitation Center

2 Miles West of Main Campus

4414 US-20
Morrisville, NY

Bliss Rd

Equine Complex

3 Miles North of Main Campus

5187 Fearon Rd
Morrisville, NY 13408

Fearon Rd
S Butler Rd
Swamp Rd

4550 Swamp Rd
Morrisville, NY 13408

BUILDINGS

Admissions / Welcome Center....138
Ag & Clean Energy Center 59
Aquaculture Center........................80
Auto Body Technology Building..134
Automotive Technology Center... 110
Bailey Annex 6
Bailey Hall...5
Bicknell Hall 1
Brooks Hall 10
Butcher Library..............................14
Charlton Hall 45
Crawford Hall 16
Dairy & Crops Incubator................23
Design & Construction Office 13
Draft Barn 143
Electrical Sub Station 60
Equine Institute 108
Equine Rehab Center 142
Farm Machinery 46
Fisher Dairy Complex 111-118
Galbreath Hall 47
Groves Training Center 51
Hamilton Hall 31
Health Center 9
Johnson Arena 120
Johnson Service Building 35
Marshall Hall...................................30
Observatory....................................52
Owens Barn......................................4
Riding and Training Arena...........125
Shannon Hall...................................40
Spader Complex 29
Stable & Lesson Barn....................87
Stowell Arena & Classroom..........50
Student Activities Center 8
Whipple Administration Building...3
Wood Tech Center 15

RESIDENCE HALLS

Cayuga Hall 43
East Hall..36
Fountain View Hall 17
Helyar Hall......................................19
Mohawk Hall 25
Oneida Hall.....................................42
Onondaga Hall 26
South Hall.......................................20
Stewart Hall....................................18
The Commons I............................131
The Commons II...........................145
West Hall...21

ATHLETICS/RECREATION

Athletics Complex........................104
IcePlex...105
Stadium 139

DINING/CONCESSIONS

IcePlex...105
Mustang Alley 8
Seneca Dining Hall 44
Smooth Jazzy Joz 8
Stadium/Hospitality Suite 139

APPENDIX C

THE CHILDREN'S CENTER AT MORRISVILLE STATE COLLEGE, INC. ILLNESS CHART

ILLNESS	MAY RETURN
Bacterial (spinal)	When Health Department gives O.K.
Chicken Pox	When most recent lesion has healed over
Conjunctivitis	24 hours after start of treatment, if symptoms have stopped (significant drainage and excessive tearing)
COVID	10 days after the onset of symptoms or positive test, may return earlier with a negative test
Croup	After illness has subsided
Diarrhea-Gastro	24 hours after last loose stool Enteritis or 1 normal bowel movement
Fever	24 hours after temp is normal, without fever reducer
Hepatitis A	At least 7 days after the onset of jaundice
Impetigo	24 hours after treatment has begun
Influenza	24 hours after symptoms have subsided
Lice	24 hours after treatment has begun
Measles	Sixth day after rash onset
Mumps	Tenth day after onset of symptoms
Pinworms	After treatment is completed
Pneumonia or Epiglottis	Written note from physician. If due to Flu, Health Department must OK
Poison Ivy	After lesions ceases to ooze
Roseola	After illness has subsided
Scabies	After eggs and mites are destroyed
Strep Throat	24 hours after the start of antibiotics
Vomiting	24 hours after last incident

IN ALL CASES, THE CHILDREN'S CENTER AT MORRISVILLE STATE COLLEGE, INC. RESERVES THE RIGHT TO SEND A CHILD HOME WITH SUSPICIOUS OR PROLONGED SYMPTOMS. THIS POLICY WILL BE STRICTLY ENFORCED.

APPENDIX D

The Children's Center at Morrisville State College, Inc.

Bailey Hall, RT 20, Morrisville, NY 13408 315.684.6400 Fax 315.684.6424

RECORD OF SUSPECTED ILLNESS

Child's Name: ______________________________ Date: ___________________________

Date of Birth __________________ Parent/Guardian's Name_________________________

SYMPTOMS NOTICED (CHECK ALL THAT APPLY)

Bleeding	Constipation	Sleepy
Flushed Skin	Headache	Glazed Eyes
Crusty Eyes	Head Lice	Runny Nose
Irritable	Listless	Fever (_______)
Unusual Rash	Stomachache	Sever Cough
Vomiting	Diarrhea	Other:

Action Taken: ____

____

____

Time Director was notified: _____________ Time Parent was notified: ________________

Time Child left The Center: _____________Child may return _________________________

____

____

__________________________________ __________________________________

Person completing report and date of report Witness and Date

__________________________________ __________________________________

Parent Signature Date

****Children returning to care from an illness that require medication to be given at The Center must submit an Authorization to Administer Medication form signed by the child's physician.

APPENDIX E

The Children's Center at Morrisville State College, Inc.

Bailey Hall, RT 20, Morrisville, NY 13408 315.684.6400 Fax 315.684.6424

REPORT OF INJURY

Child's Name________________________Parent/Guardian______________________________

Child's Address______________________________ DOB ______________________________

License #____42194__________ Time Parent/Guardian was notified: ____________________

Date, time and place where accident occurred____

Details of Injury (do not include the names of other children) ____________________________

____

____

____

Injury (ies) ____

____

Treatment administered____

____

Did child leave care for medical treatment (include details) ___________________________

____

Name and address of M.D.____

Group size and teachers supervising the group____

____

_________________________________ _________________________________

Person completing report, position & Date Witness, position & date

_________________________________ _________________________________

Parent Signature Date

Director was notified (time) ________________ (date) ______________________________

OCFS was notified (time) ________________ **(date)** ______________________________

APPENDIX F

NEW YORK STATE DEPARTMENT OF HEALTH
Child and Adult Care Food Program

Income Eligibility Form
for Child Care Centers

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME *The Children's Center at SUNY Morrisville PO Box 901 Morrisville, NY 13408*

Print the name of the child(ren) enrolled in this child care center

1.__________ 2.__________ 3.__________

DIRECTIONS

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION A

SNAP Case #__________

TANF #__________

FDPIR #__________

Names of Foster Children __________

____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature__________

Date__________

FOR SPONSOR USE ONLY

CACFP Agreement #__________

Total Number of Household Members______ (INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income $__________

Free______ Reduced______ Paid______

Date of Determination__________

Signature of Center Staff__________

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1.	$
2.	$
3.	$
4.	$
5.	$
6.	$
7.	$

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature__________

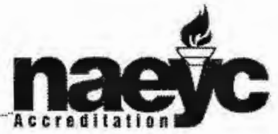
Print Name__________

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER ☐☐☐☐ DATE__________

USDA is an equal opportunity provider and employer.

APPENDIX G

The Children's Center at Morrisville State College, Inc.
PO Box 901, Morrisville, NY 13408 315.684.6400 Fax 315.684.6424



The Children's Center at Morrisville State College, Inc.
Incident Report

Child's Name ____

Child's Address ____

Date of Birth ______________ Parent/Guardian's Name ______________________

Date of Incident ______________________________ Time ______________

Name of person in charge ____________________________

Nature of incident ____

____

____

How did the incident occur? ____

____

____

Follow up actions ____

____

____

What was employee doing when incident occurred? ______________________________

____

____________________________________ ______________________

Person and Title completing report and date of report Witness and Date

____________________________________ ______________________

Parent Signature Director's Signature

APPENDIX H

SCHOOL-AGE PROGRAM
DISRUPTIVE BEHAVIOR POLICY

The staff of The Children's Center at Morrisville State College, Inc. is trained in dealing with many aspects of child behavior. Almost all children go through periods of time when behavior is disruptive. The staff expects this type of activity and will deal with children in a positive, constructive manner. Parents are responsible for working in partnership and cooperation with staff in making every attempt to help children through these periods for a reasonable length of time.

We believe in setting guidelines or limits for children to help them distinguish between appropriate and inappropriate behavior. Our staff uses methods of positive reinforcement and redirection. You will hear our teachers using phrases such as: "I like the way you are...", "You need to use your walking feet", "We need to use our inside voices", "We need to sit at the table", "You need to use your words (rather than hitting)", etc. We hope that through good parent/guardian communication in child care, you can be consistent by using similar disciplining techniques at home.

Disruptive behavior incidents will be documented and families will be offered the opportunity to schedule a conference with the staff involved and/or the Director. Each situation will be reviewed to see if any contributing factors can be changed or eliminated to prevent recurrence in the future.

The School Age Program is unable, however, to care for those children whose needs cannot be met in the confines of our group care program. A child, whose behavior continues to endanger children, either physically of psychologically, will not be permitted to remain in the program.

THE FOLLOWING BEHAVIORS ARE NOT ACCEPTABLE AT THE SCHOOL AGE PROGRAM:

- Physically leaving his/her group and the group's teachers (this includes running through the halls and/or outside the building).
- Foul or "inappropriate" language.
- Rough or abusive behaviors toward peers or teachers (fighting).
- Rough or abusive behavior toward materials, activities or school property.
- Throwing food or beverages.
- Disrespectful behavior (including arguing with teachers).

When these behaviors are present, the following will occur:

1. The child is given a verbal warning to stop the behavior and to regain control.
2. If the child is not able to comply, he/she will be asked to sit apart from the group at a quiet activity.
3. If the child refuses and/or physically leaves the teachers/area, a parent or designated adult will be called to pick the child up immediately.

If unacceptable behavior occurs, an Incident Report will be sent home. After three Incident Reports (or in extreme cases) the child may be dismissed from the program.

APPENDIX I

OCFS-LDSS-7002 (5/2015) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

MEDICATION CONSENT FORM
CHILD DAY CARE PROGRAMS

- This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays.
- Only those staff certified to administer medications to day care children are permitted to do so.
- One form must be completed for each medication. Multiple medications cannot be listed on one form.
- Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older.

LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#1 - #18) AND AS NEEDED (#33 - 35).

1. Child's First and Last Name:

2. Date of Birth: / /

3. Child's Known Allergies:

4. Name of Medication *(including strength)*:

5. Amount/Dosage to be Given:

6. Route of Administration:

7A. Frequency to be administered: ____________________

OR

7B. Identify the symptoms that will necessitate administration of medication: *(signs and symptoms must be observable and, when possible, measurable parameters)*: ____________________

8A. Possible side effects: ☐ See package insert for complete list of possible side effects *(parent must supply)*

AND/OR

8B: Additional side effects:

9. What action should the child care provider take if side effects are noted:

☐ Contact parent ☐ Contact health care provider at phone number provided below

☐ Other *(describe)*: ____________________

10A. Special instructions: ☐ See package insert for complete list of special instructions *(parent must supply)*

AND/OR

10B. Additional special instructions: *(Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situation's when medication should not be administered.)* ____________________

11. Reason for medication *(unless confidential by law)*: ____________________

12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally?

☐ No ☐ Yes If you checked yes, complete (#33 and #35) on the back of this form.

13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered?

☐ No ☐ Yes If you checked yes, complete (#34 -#35) on the back of this form.

14. Date Health Care Provider Authorized: / /

15. Date to be Discontinued or Length of Time in Days to be Given: / /

16. Licensed Authorized Prescriber's Name (please print):

17. Licensed Authorized Prescriber's Telephone Number:

18. Licensed Authorized Prescriber's Signature:

X

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

NON-MEDICATION CONSENT FORM

Child Day Care Programs

- This form may be used when a parent consents to having over-the-counter products administered to their child in a child day care program. These products include, but are not limited to: topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellant.
- This form should NOT be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays. OCFS Form 7002 would meet the consent requirements for medications.
- One form must be completed for each over-the-counter product. Multiple products cannot be listed on one form.
- This form must be completed in a language in which the staff is literate.
- If parent's instructions differ from the instructions on the product's packaging, permission must be received from a health care provider or licensed authorized prescriber.

PARENT TO COMPLETE THIS SECTION (#1 - #14)

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:

4. Name of product (including strength):	5. Amount to be administered:	6. Route of administration:

7A. Frequency to be administered, include times of day if appropriate: ____________________

OR

7B. Identify the conditions that will necessitate administration of the product (signs and symptoms must be observable prior to administration): ____________________

8A. Possible side effects: ☐ See product label for complete list of possible side effects (parent must supply)

AND/OR

8B: Additional side effects:

9. What action should the child care provider take if side effects are noted:

☐ Contact parent ____________________

Other (describe): ____________________

10A. Special instructions: ☐ See package insert for complete list of special instructions (parent must supply)

AND/OR

10B. Additional special instructions: ____________________

11. Reason(s) for use (unless confidential by law): ____________________

12. Parent name (please print):	13. Date authorized:

14. Parent signature:

X

DAY CARE PROGRAM TO COMPLETE THIS SECTION (#15 - #21)

15. Program name:	16. Facility ID number:	17. Program telephone number:

18. I have verified that #1, -#14 are complete. My signature indicates that all information needed to administer this product has been given to the child day care program.

19. Staff's name (please print):	20. Date received from parent:

21. Staff's signature:

X

The Children's Center at Morrisville State College Inc.

LOG OF NON-MEDICATION ADMINISTRATION

- Use this form to document NON-MEDICATION ADMINISTRATION, one medication per child. Each NON-MEDICATION must have a separate form.
- Documentation must be kept with the child's written NON-MEDICATION consent form

CHILD'S NAME______________________________ NON-MEDICATION__________________________________

COMPLETE FOR ALL DOSES GIVEN				COMPLETE WHEN SIDE EFFECTS ARE NOTED		COMPLETE FOR "AS NEEDED" MEDICATION ONLY	
Date Given	Dose	Time (AM or PM)	Administer by (Full Signature)	Any Noted Side Effects	Were Parents Notified Of side effects?	For "as needed" NON-MEDICATION write the symptoms the child exhibited that necessitated the need for the NON-MEDICATION	Were Parents notified NON
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐
		AM ☐ PM ☐			YES ☐ NO ☐		YES ☐ NO ☐