



If interested in the Boulevard Morning Program, please fill out the information packet and return to the Boulevard Main Office.

Attention: Melissa Geier

The cost of this program is \$150.00 a month due on the first day of every month that program is in session in the café.

**2023-2024**

## **Student Application Checklist**

**Student Name:**\_\_\_\_\_

- Enrollment Form
- Student Release Form
- Release of Info (MHA and School)
- Book bag search form
- Program Policy Agreement Form

## **Mental Health Association in Fulton & Montgomery Counties**

**Johnstown Office:** 307-309 Meadow Street Johnstown, NY 12095

Phone: 518 762-5332 Fax: 518 762- 6823

**Amsterdam Office:** 11 Mohawk Place Amsterdam, NY 12010

Phone: 518 842-3717 Fax: 518 842-0228

Janine Dykeman, Executive Director

Dear families,

The Before School Program will be administered by the Mental Health Association in Fulton and Montgomery Counties in collaboration with the Gloversville Enlarged School District. Program will begin on Tuesday, September 6<sup>th</sup> and will run daily, Monday through Friday when school is in session. Students in kindergarten through fifth grade are eligible to attend. Program will run from 7:00 am-8:30 am. Payment will be due on the first day of program and checks can be made out to MHA. A monthly fee of \$150 will be charged for one student. A 10% discount will be issued for each additional child enrolled.

The payment schedule is as follows:

September 7, 2023

October 2, 2023

November 1, 2023

December 1, 2023

January 2, 2024

February 1, 2024

March 1, 2024

April 8, 2024

May 1, 2024

June 1, 2024

Please complete the attached application and either return it to your child's home school or Boulevard. Questions about the Before School Program can be directed to Melissa Geier at [mgeier@mhafm.org](mailto:mgeier@mhafm.org) or (518) 762-5332 x 108.

Thank you,



Melissa Geier

Community Programs Director

Mental Health Association in Fulton and Montgomery Counties

9/23 2023 – 2024		Mental Health Association In Fulton and Montgomery Counties, Inc. <b>Morning Program Application</b>			<b>GESD Elementary AM Program</b>	
CHILD'S FULL NAME				Date of Birth	AGE	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
CHILD'S HOME ADDRESS				Home Tele		
MAILING ADDRESS (if different from above)				SCHOOL		GRADE
Teacher:						
NAME of PERSON APPLYING FOR CHILD:			Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other	HOME TELE		DAY TIME TELE
ADDRESS of PERSON LISTED ABOVE (if different from child's)				EMAIL ADDRESS		
OTHER PARENT/GUARDIAN		HOME ADDRESS		DAY TIME TELE		
Special Arrangements regarding custody?				Siblings, Ages		
Does your child have any allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>			If yes, what is your child allergic to?			
<b>*** Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with the Program Coordinator. DOES YOUR CHILD HAVE SPECIAL NEEDS? YES <input type="checkbox"/> NO <input type="checkbox"/></b>						
Medical Conditions / Diagnosis Physical Limitations / Surgeries				Prescription Information <i>any medicines taken regularly</i>		
Child's Source of Medical Care / Primary Care Physician's Name				TELE		
Child's Source of Dental Care / Dentist's Name				TELE		
Name of Medical Care Facility / Hospital				TELE		
HEALTH INSURANCE		ID NUMBER	GROUP NUMBER		PERSON WHO CARRIES INSURANCE	
<b>E M E R G E N C Y</b>	<b>D A T A</b>	<b>CONTACT NAME</b>	<b>RELATIONSHIP to STUDENT</b>	<b>TELE # During Program Hours</b>	<b>OTHER TELE # (Check Type)</b>	
				Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>	Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>	
				Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>	Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>	
				Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>	Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>	
				Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>	Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>	
<b>AGREEMENTS:</b>						
1) I have <b>provided information on my child's special needs</b> (Allergies, Diet, Disabilities, Medical information) to the provider, as may be necessary to assist the program in properly caring for my child in case of an emergency.						YES <input type="checkbox"/> NO <input type="checkbox"/>
2) In case of accident or injury, I <b>authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital</b> (listed above) necessary for the proper health and well-being of my child.						YES <input type="checkbox"/> NO <input type="checkbox"/>
3) I understand that the program <b>cannot give my child any medication without written permission from a physician</b> and that my child cannot carry any medications on his/her person during program time.						YES <input type="checkbox"/> NO <input type="checkbox"/>
4) I authorize use of Parent supplied First Aid Cream, Sunscreen, Bug Repellent, Lip Balm, Hand Lotion, Cough Drops as needed.						YES <input type="checkbox"/> NO <input type="checkbox"/>
5) I consent for my child to have his/her photo taken for use in program materials, i.e. scrapbook, video, newspaper, other.						YES <input type="checkbox"/> NO <input type="checkbox"/>
6) I agree to review and update this information whenever a change occurs or twice during the program year.						YES <input type="checkbox"/> NO <input type="checkbox"/>
SIGNATURE of PARENT or PERSON LEGALLY RESPONSIBLE					DATE	
OFFICE USE: REVIEWED BY		DATE	COMPLETE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, HIGHLIGHT NEEDED INFORMATION ABOVE.		DATE COMPLETED
						STAFF

GESD ELEMENTARY AM PROGRAM  
**STUDENT RELEASE FORM 2023 - 2024**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

► **SECTION 1.** Students will only be released from the AM program to those persons designated in writing by the parent or guardian. Please include parents below. Our full Release Policies are found in the Parent Handbook. ***"I authorize the AM Program to release my child to the following person(s):"***

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City/Town/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_ Home Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City/Town/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_ Home Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City/Town/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_ Home Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City/Town/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_ Home Phone \_\_\_\_\_

5. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City/Town/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_ Home Phone \_\_\_\_\_

► **SECTION 2.** In the event that school closes early or cancels, your child must know what to do. In the space below, please share your family's plan:

- ☐ Student will ride Bus # \_\_\_\_\_ to go . . . (check one below)
- ☐ Home
- ☐ Babysitter - Name & telephone: \_\_\_\_\_
- ☐ Relative - Name & telephone: \_\_\_\_\_
- ☐ Neighbor/friend - Name & telephone: \_\_\_\_\_
- ☐ Student will walk home.
- ☐ Other (please describe) \_\_\_\_\_

► **SECTION 3.** The telephone number you provide the school district is the SAME number used to notify you of any early dismissals. Please recognize that we CANNOT PERSONALLY CONTACT EACH FAMILY in the event of an early dismissal.

Do you need to be contacted personally? YES ☐ NO ☐

IF YES, please specify the best means to reach you:

By Phone # \_\_\_\_\_ By Email: \_\_\_\_\_

Form completed by \_\_\_\_\_ Date \_\_\_\_\_

GESD ELEMENTARY AM PROGRAM

RELEASE OF INFORMATION

School Year 2023-2024

PLEASE NOTE: ALL \* AND BOLDED AREAS MUST BE FILLED IN.

\*Child's Name \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

*I hereby authorize the use or disclosure of my child's information as described below. I understand that the authorization is voluntary.*

Exchange of Information between:

GESD Elementary AM Program  
Administered by Mental Health Association in Fulton & Montgomery Counties  
307-309 Meadow Street  
Johnstown, NY 12095

Gloversville Enlarged School District  
234 Lincoln Street  
Gloversville, NY 12078

**\*Description of Information to be released:**

\_\_\_\_ School records including attendance and academic reports, including IEP, 504 Plans and other pertinent student information.

\_\_\_\_ Medical Records as they pertain to the child's involvement in program, e.g. allergies, special accommodations, physical limitations

\_\_\_\_ Other \_\_\_\_\_

**\* Purpose for this disclosure is: (Check all that apply)**

\_\_\_\_ Medical Condition (allergies, including food, environmental, etc.)

\_\_\_\_ To work towards similar goals for student

\_\_\_\_ Coordination of Services

\_\_\_\_ Other \_\_\_\_\_

*I understand that I may revoke this consent at any time except to the extent that action has been taken on it. It is understood that the information to be released is confidential and protected from further disclosure.*

**\*This authorization/consent expires: (Please Specify)**

\_\_\_\_ End of school year 2023-2024

\_\_\_\_ Upon Release of Specified Information

\_\_\_\_ When child is withdrawn from program

\_\_\_\_ Other Conditions: \_\_\_\_\_

\_\_\_\_\_  
\*Signature of parent/guardian

\_\_\_\_\_  
\*Printed Name of parent/guardian

\_\_\_\_\_  
\*Date

Legal representative relationship to the recipient: \_\_\_\_\_

**CANCELLATION / REFUSAL TO RELEASE INFORMATION**

*I hereby cancel or refuse to authorize the release of information indicated above.*

\_\_\_\_\_  
Signature of recipient or legal rep.

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Effective 9/23

## Mental Health Association in Fulton & Montgomery Counties, Inc.

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Dear Parent or Guardian:

As a part of our effort to provide excellent programs for young people, we have found that, at times, our program participants have not utilized our homework time during program as successfully as we would like them to do. We also know from many of you that the completion of homework during program time is a key priority for you. Therefore, we believe there will be times that we may need to enter a youth's book bag to determine what, if any, homework has been assigned to your child and whether or not, the homework was completed during the school day.

As always, we want to give parents the opportunity to exclude their child(ren) from this programming procedure that addresses student academics, behavior, attitudes and skills. Therefore, we are sending this notice home to inform you of this policy and to give you the opportunity to let us know if you do not want your child(ren) to participate in it. We believe that the entering of a youth's book bag to determine homework assignments will help in our ongoing efforts to improve the academic success for your children. Therefore, we want to encourage you to allow your child to participate. If you **DO NOT** want to give permission for this, please let us know by completing the form on the next page and returning it to your child's program staff no later than the first day that they begin program. **If you are willing to have your child participate you do not need to take any further action.** If you have any questions about this procedure, please feel free to call our Operations Manager at 518-762-5332 ext. 101. Thank you for your cooperation.

Sincerely,

A handwritten signature in blue ink, appearing to read "JD/LS".

Janine Dykeman  
Executive Director

**EASP/AASP Parental Permission Form  
Book Bag Searches**

2022-2023 School Year

**PERMISSION FORM**

***Please Sign and Return to the Program Staff No Later than the First Day of Program  
for your child(ren).***

I DO NOT want my child(ren),

\_\_\_\_\_, to  
participate in the Book Bag Homework Search.

Parent(s)/Guardian(s)

Signature(s): \_\_\_\_\_

Print Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_





# GESD ELEMENTARY MORNING PROGRAM



## Parent Handbook 2023 - 2024

### Program Location

Boulevard Elementary School

A program administered by  
The Mental Health Association in Fulton & Montgomery Counties, Inc.

**GESD ELEMENTARY AM PROGRAM  
SITE LOCATION: BOULEVARD ELEMENTARY SCHOOL**

**Community Programs Director: Melissa Geier**  
**Telephone Number: (518) 774-0416**  
**Email Address: mgeier@mhafm.org**

The Morning Program at Boulevard Elementary School operates from 7:00am - 8:30am, on days that school is in session.

This program is available to children who attend Boulevard, Kingsborough, or Park Terrace Elementary Schools.

In case of a fire at the school, the primary relocation site for the children will be the Tractor Supply Store, and the secondary relocation site will be at the Label Shopper Store.

## **HANDBOOK**

This handbook contains the POLICIES AND PROCEDURES of the GESD ELEMENTARY MORNING PROGRAM.

PLEASE KEEP THIS BOOKLET TO REFER TO WHILE YOUR CHILD ATTENDS THE PROGRAM.

This program is a result of the active partnership of the Gloversville Enlarged School District and the Mental Health Association in Fulton & Montgomery Counties.

## **MISSION STATEMENT**

The parents, community members and school district takes ownership in the program and are involved in helping children make better life choices, enhance personal strengths and overcome obstacles.

## **ENROLLMENT POLICY**

All students in the appropriate program grades are eligible to attend once enrolled by the parent/guardian. Participants are enrolled in the program on a first come first serve basis. You will be notified as to when your child may start attending. A waiting list will be instituted when needed.

## **CUSTODY AND VISITATION**

Certified copies of any court orders or divorce decrees provided by the custodial parent, which restricts a parent's ability to seek release of his/her child, should be submitted. Should a parent come to program and request to see his/her child, we cannot prohibit the action unless we have these documents. Therefore, it is imperative that we have the information immediately upon its dispensation.

## EMERGENCY SCHOOL CLOSINGS

When school activities are cancelled by the school district (for example, due to inclement weather) the Morning Program will NOT be held. Families must have a back-up plan that students can initiate if school is cancelled after your child(ren) have arrived to the morning program. Students need to know the family's plan in advance.

**PLEASE BE AWARE that the telephone number you provide the school district for emergency calls is the SAME number used to notify you of any early dismissals.**

Therefore, if the number you provide the school will not reach you during the day time, YOU MUST PROVIDE the Morning School Program ANOTHER WAY to notify you.

## PROHIBITED

Youth are not allowed to have I Pads players, cell phones, cameras, video games or other electronic items in the Morning Program. The above will be confiscated and given back when they are released to their applicable classroom.

Any item from home, including toys, stuffed animals, trading cards and sports equipment are to be kept in the child's backpack and not used during program hours.

The Morning Program is not responsible for any child's personal equipment or other items, that may be lost, stolen, or broken during program.

## PROGRAM ACTIVITIES

### ***Homework/Tutoring Assistance***

Staff members work with youth to help complete assignments and strengthen academic skills. If a child needs to complete homework in the Morning Program for that school day, please inform program staff when the child (ren) enter programs.

## ATTENDANCE POLICY

Daily attendance is taken when your child comes to the Morning Program. Please notify the program staff if your child will be absent. This is important so that all children who are scheduled to attend are accounted for.

## STUDENT DISCIPLINE

### SCHOOL CODE OF CONDUCT

The students are familiar with the codes of conduct and discipline standards established by the school districts in which they attend. Therefore, the regulations and expectations utilized in the after-school program are based upon these regulations.

Disciplining students can be a very sensitive subject for all involved: students, parents and staff. To ensure we use uniform procedures, there is a significant amount of background information provided here.

### PHILOSOPHY

All persons have a lot of choice in their behaviors, that is, we can choose how we respond to different situations. It is important to remember that with this power of choice, we must be held responsible for our actions. Students and adults alike tend to choose behaviors that fulfill their needs.

Occasionally, behavior problems arise that require discipline. **The best types of discipline result in some growth for the student.** Discipline teaches appropriate behaviors in order for students to have a healthy relationship with others and a good sense of their own self-worth. This process of teaching students how to behave appropriately also addresses the importance of respecting the individual student, group and staff. Good discipline provides opportunities for students to learn from mistakes, negligence or impulsiveness.

### STUDENT BEHAVIOR REPORTS

All student discipline problems must be written down on the day of occurrence and as soon as possible. This is important! When you take the time to write down inappropriate behavior, as soon as possible, it helps to keep consistency within the program. The situation will be fresh in your mind and it gives students an immediate consequence. Also, in case you are absent the next day, the behavior report will be completed and available. It is important to talk with children soon after their misconduct in order to hold them accountable. There is no tolerance for name-calling, hitting, kicking, pushing, fighting or hurting someone else. Notify the Community Programs Director immediately.

### REMINDERS, ROLES MODELS, AND ENVIRONMENT

Staff must remind students of established boundaries and when students are approaching these boundaries. Frequently, staff also need to call attention to positive behavior as role models for the group. This empowers students to know what is acceptable, safe and fair.

When a staff member witnesses inappropriate student behavior, the staff member will consider whether the environment can be altered in any manner to alleviate the problem. For example, if two students are disruptive during the homework period, staff would remind the students about their personal responsibilities and then separate the students.

Disciplining a student implies that staff guide students' behaviors "to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care".

"The staff must use acceptable techniques and approaches to help children solve problems." Corporal punishment is prohibited.

"Behavior management must promote self-esteem in children and guide children in such a way as to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care."

### **EXPECTATIONS OF STUDENTS**

When a child's behavior causes concern, a staff member will speak with the student and the parent or guardian will be notified. *These behaviors include but are not limited to: disrespectful behavior; inappropriate language, gestures, notes or pictures; physical or verbal threats.*

**It is our expectation that the student will learn to:**

- Identify and recognize other options available to the student at the time of the incident,
- Assume self-control
- Accept personal responsibility and
- Make amends as necessary.

### **REPORTING BEHAVIORS**

Any incident of negative behavior must be verbally reported to the appropriate Community Programs Director immediately.

Any behavior that causes concern should be addressed tactfully with a parent/guardian. The Community Programs Director may also be involved in addressing student behaviors with parents.



### **DOCUMENTATION**

Staff members who witness an incident of negative behavior must complete a report that includes a description of the incident, time and location, and the names of staff and student participants and/or witnesses. This report needs to be completed by the end of Program and submitted to the Community Programs Director. Parents are asked to sign the report which indicates they were informed of the incident and may receive a copy.

### **Behavior Interventions**

The Community Programs Director, in collaboration with the Staff will determine strategies for any behavioral incident that is considered a safety risk or an inappropriate experience/interaction with another child. The rise of redirection will be implemented by staff initially while the child is still in the current setting. If that does not prove beneficial for the child, a staff member will either sit and support that child while still in their current environment and/or offer the child the opportunity to move away from that setting and go read a book together, go for a walk, or do a learning activity, e.g. cross-word, puzzle. This will be done in an attempt to help the child self-regulate his/her emotions and bodily actions. If none of these interventions are successful a call to the parents/guardians will be made so the child can speak to his/her parent/guardians in an attempt to have the child return to a positive baseline behavior. If the call does not help the child then the parent/guardian(s) will be asked to now pick up the child at program.

*Following several serious incidents, a meeting will be held with the student, parent/guardian, Community Programs Director and/or Staff to determine if the child requires a more controlled, smaller setting than the Morning Program can provide. At that point in time, the student may be discharged from program for the remainder of the school semester. The student may return to program the following semester with a clean slate if prior approval from the Community Programs Director is granted.*

**REPARATION**

A student may make amends for certain situations through various methods ranging from an apology to some type of community service performed within the hours of the Morning Program. Consequences will be determined through conversation with the student(s) and his/her parent(s).

Following several serious incidents, the youth may be discharged from program for the remainder of the school semester. The participant may return the following semester with a clean slate **if** prior approval is granted from the Community Programs Director.

At the Morning Program, the behaviors listed below are of grave concern to the program staff due to the risks that they pose for the safety and well-being of the other youth and staff. These actions cannot be tolerated and may result in the immediate discharge from program for the remainder of the school year:

- **Assault** – Physically hitting or injuring others.
- **Unsafe Behavior** – Any serious, intentional incident that could cause physical injury to others.
- **Larceny** – stealing from any person, school, organization or business.
- **Use or possession of drugs, alcohol, tobacco, matches or lighters.**

## **HEALTH INFORMATION**

***Emergency/Health Information***

Parents are asked to provide emergency information on the Morning Program Registration Form. Information needed includes home and work phone numbers, names and phone numbers of your family physician(s), information regarding medication needs, and your child's medical history. It is important that the Morning Program have this information and that it is current at all times.

Please notify the Community Programs Director of any changes in health needs or contact information.

***Independent Toileting***

Children must be able to self toilet as well as be able to communicate with staff in a timely manner regarding their needs to use the bathroom facilities.

***First Aid/Accidents***

If a child is slightly injured while attending the Morning Program, First Aid will be administered and an Incident Report will be filed. Site staff is trained in First Aid; and the parent/guardian will be notified about the injury that day.

***Serious Injury***

If a child is seriously injured or has a medical emergency while attending the Morning Program, emergency services will be called and the child will be transported to the hospital. Every effort will be made to contact the parent/guardian or emergency contact person listed on the child's registration form. The emergency information you have provided will be taken to the hospital.

**The parent authorizing treatment will be that parent signing the Morning Program Enrollment Form. That person will be the responsible party for the child receiving treatment regarding payment of all treatment costs associated with the injury.**

***It is vital that the emergency information regarding your child be kept current.***

**WHO DO I CONTACT IF I HAVE QUESTIONS?**

Questions regarding your child's activities or behaviors may be discussed in person with staff who directly works with your child. Additionally, you may contact the Community Programs Director. This person can be reached at 518-762-5332.

**MANDATED REPORTING OF CHILD ABUSE AND NEGLECT**

All childcare providers are mandated reporters of suspected child abuse and neglect in New York State. The Morning Program will report any reasonable suspicion of abuse or neglect of a child participating in our program to the New York State Central Registry.

If you suspect a child is being abused or maltreated in New York State, call the Statewide Central Register of Child Abuse and Neglect at 1-800-342-3720. The Child Abuse Hotline is open 24 hours a day; every day of the year. Information is attached to this handbook regarding recognizing and reporting child abuse and neglect.



## How will I know what happens after I make a report?

You may not know, except by seeing changes in the child and family. Our laws require CPS to work under very strict confidentiality rules, for the protection of everybody involved. The workers cannot share information about the report.

You can be assured that if the hotline took your report, CPS is responding to the situation. The law requires that CPS must investigate all reports taken by the hotline. If you think the situation has not changed, or if you know of another incident of abuse or neglect, you may and should make another report to the hotline.

## What else can I do if I think a parent I know is abusing or neglecting a child?

You can let the parent know that you are concerned about her or him. Realize the parent may be under stress, feeling lonely and isolated or inadequate as a parent. Offer your support. For example, give her or him a break by taking care of the children for awhile. Encourage the parent to seek other help. Encourage a parent who is having difficulty dealing with their children to attend a parenting class or support group.

## What if I see a child being mistreated in a public place?

Don't give the parent dirty looks or make snide remarks. That may increase the parent's anger and make things worse. There are positive, supportive things you can say and do. For example, "It looks as if it's been a long day for both of you." "Children can wear you out, can't they? Is there something I can do to help?" Strike up a conversation with the adult; see if you can direct the parent's attention away from the child. Praise the child and parent at the first opportunity.

## How can I find out more about child abuse and neglect?

For information about child abuse and neglect, for referrals to local organizations that help parents and children, and to find out what you can do to prevent child abuse, call the Prevention Information Resource Center (PIRC) and Parent Helpline.

The PIRC and Parent Helpline can be reached from anywhere in New York State, toll-free, 24 hours a day, in English and Spanish: 1-800-342-PIRC (7472).

## To report suspected child abuse or neglect, call the New York Statewide Child Abuse Hotline:

# 1-800-342-3720



Prevent Child Abuse New York  
33 Elk Street, Suite 201 | Albany, NY 12207  
1-800-CHILDREN | 518-445-1273  
[www.preventchildabuseny.org](http://www.preventchildabuseny.org)



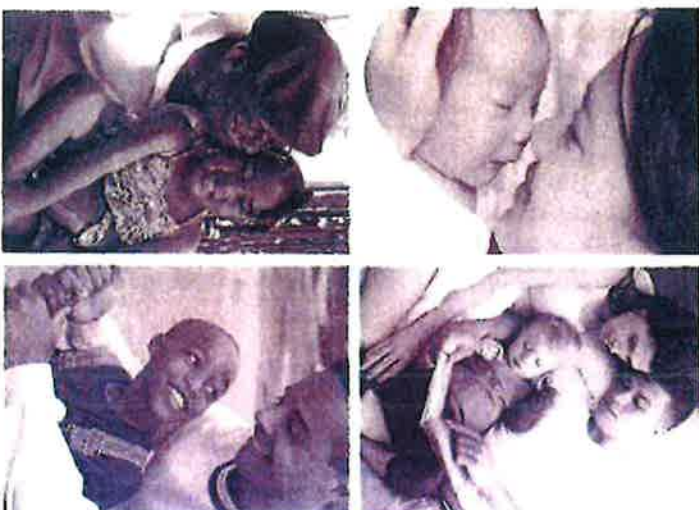
New York State Office of Children & Family Services  
52 Washington Street | Rensselaer, NY 12144  
[info@ocfs.ny.gov](mailto:info@ocfs.ny.gov)

NYC Administration for Children's Services  
150 William Street | New York, NY 10038  
[www.nyc.gov/acs](http://www.nyc.gov/acs)

Pub.5055 (Rev. 06/2017)

# Recognizing and Reporting Child Abuse and Neglect

## Questions often asked by friends, neighbors and relatives



Office of Children  
and Family Services



NYC  
Administration for  
Children's Services

## What is child abuse? How do I recognize it?

Child abuse includes physical abuse, physical neglect, sexual abuse, and emotional abuse of a child under 18 years of age by a parent or other caretaker.

**Physical abuse** is a non-accidental injury to a child by a parent or caretaker. You may see frequent and unexplained bruises, burns, cuts or injuries; the child may be overly afraid of the parent's reaction to misbehavior.

**Physical neglect** is a parent's failure to give the child food, clothing, hygiene, medical care, or supervision. You may see a very young child routinely left alone at home. You may know that a severe illness or injury is not being medically treated. A neighbor's child may frequently turn up at your door—inadequately dressed for the weather—saying his or her parent told him or her to stay away. Physical neglect can be hard to determine. Sometimes what you see is simply poor judgment, but not neglect; sometimes what you see is the result of poverty, and not parental neglect.

**Sexual abuse** ranges from non-touching offenses, such as exhibitionism, to fondling, intercourse, or using the child for pornographic materials. You may see sexual behavior far beyond what is expected for the child's age; a young child might have sudden, unusual difficulty with toilet habits; there may be pain, itching, bruises or bleeding in the genital area. The child might tell you.

**Emotional abuse** includes severe rejection, humiliation and actions intended to produce fear or extreme guilt in a child. You may see a parent who verbally terrorizes the child, who continually and severely criticizes the child, or who fails to express any affection or nurturing.

## Why should I make a report if I suspect child abuse or neglect?

The reason to make a report is to get help for the child and the family. The Statewide Central Register of Child Abuse and Maltreatment (Child Abuse Hotline) will notify the local Child Protective Services (CPS), which is part of the county Department of Social Services. In New York City, the Administration for Children's Services (ACS) will be notified. CPS will investigate and take needed action to protect the child and to help the parent solve problems that are leading to abuse or neglect. For example, the family may be referred to day care or homemaker services to help relieve the pressures of parenthood. CPS might suggest counseling, participation in an alcohol program, or a parenting education program.

## Will the child be taken away from the home if I report?

Only if the child is in immediate danger will she or he be taken into "protective custody." Removing the child from the home is not a routine occurrence. Unless the child is in serious danger, the goal is to keep the family together.

## Then what happens?

Within 24 hours of receiving a report, CPS begins an investigation. Within 60 days they must determine whether the reported suspicion is "indicated" or "unfounded." Indicated means there is evidence that the children have been abused or neglected. If abuse or maltreatment is indicated, CPS will develop a plan with the family to protect the child and to help the parents solve problems that are leading to abuse or neglect.

## Should I be certain? What if I make a mistake?

You need to have a reasonable suspicion of child abuse, not to prove it or be absolutely certain. You might be mistaken, but it is better to err on the side of the child. Not reporting your suspicions may mean that abuse will continue.

If you make a report in good faith, you are immune from civil or criminal liability.

## Do I have to give my name? If I do, will it be confidential?

Reports may be made anonymously. Although you don't have to give your name, we recommend that you do so. The CPS caseworker who will investigate the situation is not the same person—or even the same office—that takes your report. The caseworker may want to talk to you for additional information or clarification. Giving your name will assure that the worker can contact you, and that important information will not be forgotten or lost. Your name will be kept confidential. By law, CPS may not release the name of the person who made the report to the family who was reported.



**GESD ELEMENTARY MORNING PROGRAM****Program Policies Agreement 2023-2024****GESD ELEMENTARY MORNING Program Site Location:****SCHOOL NAME:** \_\_\_\_\_

Student's Name (please print) \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name (please print) \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name (please print) \_\_\_\_\_ Grade \_\_\_\_\_

**PARENT / GUARDIAN:**

- I have received the 2023-2024 Morning Program Parent Handbook and agree to familiarize myself with its policies and procedures. Yes ☐ No ☐
- I understand that I am responsible to follow the policies and procedures described within the Morning Program Parent Handbook. Yes ☐ No ☐
- I agree to speak with my child/children concerning the described behavior expectations and consequences. Yes ☐ No ☐

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**A PROGRAM OF THE****Mental Health Association in Fulton & Montgomery Counties, Inc.**

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