

P-8

**DEPARTMENT OF SPECIAL SERVICES
TOWNSHIP OF UNION PUBLIC SCHOOLS
M-E-M-O-R-A-N-D-U-M**

TO: Pat Ditri

From: Kim Conti 

Re: Board Agenda Items

Date: June 18, 2012

Please place the following on the board agenda:

The committee recommends and I so move that approval be given to Dr. Isabel Detrizio Carotenuto to provide Neurodevelopmental evaluations at the rate of \$375.00 per evaluation for the 2012-2013 school year, not to exceed \$9,000.00. (Acct # 11-000-219-320-01-19)

Gingerbread Kidz, LLC
24 Heritage Drive
East Hanover, New Jersey 07936
973-884-3155

April 11, 2012

Director of Special Education Services
2155 Morris Avenue
Union, New Jersey 07083

Dear Ms. Kim Conti:

My fee for a Neurodevelopmental evaluation will be \$375.00 per child for the school year 2012-13. I am willing to continue to come to the respective school if it is more convenient for the parent, or if direct observation of the student is likely to provide a more accurate and comprehensive assessment.

Sincerely,

Isabel DeTrizio Carotenuto, M.D., F.A.A.P.
Neurodevelopmental Pediatrician

ABRAHAM D. MORGANOFF, M.D.
PRACTICE LIMITED TO NEUROLOGY

5 MOUNTAIN BOULEVARD
WARREN, NEW JERSEY 07059
(908)769-8555 FAX(908)769-1306

1020 GALLOPING HILL ROAD
UNION, NEW JERSEY 07083
(908)9641735 FAX(908)9641702

JUNE 12, 2012

BOARD OF EDUCATION
TOWNSHIP OF UNION
COUNTY OF UNION
2369 MORRIS AVE
PO BOX 3139
UNION, NJ 07083-1939

ATTN: KATHY GILMARTIN
DEPT OF SPECIAL SERVICE
2155 MORRIS AVENUE
UNION, NJ 07083

DEAR KATHY:

FOR THE SCHOOL YEAR 2012-2013.
FOR NEUROLOGICAL EVALUATION INCLUDING NARRATIVE REPORT: \$425.00.

IT HAS BEEN A PLEASURE TO BE OF SERVICE TO YOU.

YOURS TRULY,



ABRAHAM D. MORGANOFF, M.D.

Gilmartin, Kathy

From: Isabel Carotenuto [gngrbred@verizon.net]
Sent: Thursday, February 16, 2012 8:54 AM
To: Gilmartin, Kathy
Subject: Dr. C updated info

**Gingerbred Kidz, LLC
24 Heritage Drive
East Hanover, New Jersey 07936
973-884-3155**

**Department of Special Services
Union Public Schools
2155 Morris Avenue
Union, New Jersey**

Dear Ms. Conti, Director:

This message serves to update my contact information as phone number, fax or e-mail address may have changed. Please make careful note of the changes. Thank you.

**Isabel DeTrizio Carotenuto, MD
Neurodevelopmental Pediatrician
Gingerbred Kidz LLC
24 Heritage Drive
East Hanover, New Jersey 07936**

**Phone: 973-884-3155
Fax: 973-884-3523
email: gngrbred@verizon.net**

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/15/2004

PRODUCER
William H. Connolly & Co.
100 Park Street
Montclair, NJ 07042
(973) 744-8500

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Isabel Detrizio Carotenuto, MD
c/o Gingerbread Kidz, LLC
24 Heritage Drive
East Hanover, NJ 07936

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Princeton Insurance Co.	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

DESCRIPTION OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER											
E.L. EACH ACCIDENT	\$											
E.L. DISEASE - EA EMPLOYEE	\$											
E.L. DISEASE - POLICY LIMIT	\$											
OTHER Physicians Medical Malpractice PS00019362 7/23/2004 7/23/2005 Each Occurrence \$2,000,000 Physicians Medical Malpractice PS00019362 7/23/2004 7/23/2005 Aggregate \$4,000,000												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Except 10 days for non-payment of premium.

"Occurrence Plus" Form

CERTIFICATE HOLDER

Isabel Detrizio Carotenuto, MD
c/o Gingerbread Kidz, LLC
24 Heritage Drive
East Hanover, NJ 07936-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

W H Connolly

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTICOLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
Department Of Law and Public Safety
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Medical Examiners

HAS REGISTERED

ISABEL DETRIZIO CAROTENUTO MD
24 HERITAGE DRIVE
E HANOVER NJ 07936-3930

FOR PRACTICE IN NEW JERSEY AS A(N): Medical Doctor

PEDIATRICS

05/15/2003 TO 06/30/2005
VALID


25MA04546500

LICENSE/REGISTRATION CERTIFICATION #

Isabel Detrizio Carotenuto MD
SIGNATURE OF REGISTRANT

[Signature]
DIRECTOR

STATE OF NEW JERSEY DIVISION OF CONSUMER AFFAIRS
THIS IS TO CERTIFY THAT THE



Board of Medical Examiners
HAS REGISTERED
ISABEL DETRIZIO CAROTENUTO MD
Medical Doctor
PEDIATRICS

05/15/2003 TO 06/30/2005

25MA04546500

LICENSE No. DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/ID CARD
IS LOST PLEASE NOTIFY:

Board of Medical Examiners
P.O. Box 183
Trenton, NJ 08625

PLEASE DETACH HERE



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: GINGEBRED KIDZ, LLC
Trade Name:
Address: 24 HERITAGE DRIVE
EAST HANOVER, NJ 07936-3930
Certificate Number: 1099622
Date of Issuance: October 26, 2004

For Office Use Only:
20041026160916824

State of New Jersey
DEPARTMENT OF EDUCATION

PO BOX 500
TRENTON, NEW JERSEY 08625-0500

Note: If blue State seal back-
ground is not present,
this is a photocopy

06/02/2000

ISABEL CAROTENUTO
24 HERITAGE DR
EAST HANOVER, NJ 07936

Your request for criminal history record processing has been completed. The fingerprints submitted by you through the school district, private school or bus contractor have been searched by the New Jersey State Police and the Federal Bureau of Investigation. As a result of that process, you are approved for public school employment in accordance with N.J.S.A. 18A: 6 - 7.1, N.J.S.A. 18A: 39 - 19.1 or N.J.S.A. 18A: 6 - 4.13.

ISABEL CAROTENUTO 146-42-701R
24, HERITAGE DR
EAST HANOVER, NJ 07936
17 - HUDSON
2390 - JERSEY CITY

A notice of qualification has been forwarded to the school district, private school or bus contractor making the original request for a fingerprint search. If you are a substitute teacher working under a county substitute certificate, a notice of qualification has been forwarded to the county superintendent's office in which you are registered. Please retain possession of this letter as proof that you have completed the statutory requirements with the district that submitted your fingerprints for a criminal history background check.

School bus drivers must be printed upon initial application for a school bus endorsement and each time their driver's license is renewed. All other persons must be fingerprinted upon any change in employment from one district or contract service provider to another.

If you have any questions, please call the Criminal History Review Unit at (609) 292-0507.

Sincerely,

Carl H. Carabelli

Carl H. Carabelli, Director
Criminal History Review Unit

New Jersey Is An Equal Opportunity Employer