



ENROLLMENT CHECK LIST

1. **Application**
2. **Contract**
3. **Operational Policies** – Please sign after reading entirely. Keep as reference and become familiar with the material
4. **Children's Medical Report** – Section B to be completed and signed by licensed physician.
5. **Immunization History**
6. **Discipline and Behavior Management Policy**
7. **Travel and Activity Authorization** – Selecting *Blanket Permission for All Given Activities* will avoid frequent completion if this form. Please note that parents will always be informed before their child is transported anywhere.
8. **Infant Feeding Schedule** – For children under 15 months old.
9. **Alternative Sleep Position Waiver**
 - a. Physician Recommendation (*up to 6 months of age*)
10. **Infant/Toddler Safe Sleep Policy**
11. **NC Child Care Law and Rules** – Sign and date
12. **Photo & Video Release Form**
13. **Food Program Enrollment**
 - a. **Building for The Future**
 - b. **Enrollment Forms (CACFP)**
 - c. **Non-Dairy Milk Substitution**
 - d. **Medical Statement for Meal Modifications**
 - e. **Infant Milk & Food Provisions**
14. **Shaken Baby Syndrome Policy** (*sign & date*)
15. **Smoke Free Policy**

CHILD'S APPLICATION FOR ENROLLMENT*To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually***CHILD INFORMATION:**

Date of Birth: _____

Full Name: _____
Last First Middle Nickname

Child's Physical

Address: _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a Medical action plan attached? Yes ___ No ___ (Medical action plan must be updated on an annual basis and when changes to the plan occur)

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns _____

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____

SKYERS CHILD DEVELOPMENT CENTER, LLC

Provider-Parent/Guardian Contract

I agree to enroll my child, _____, in the Skyers Child Development Center, LLC beginning on _____. I have received and read the center's Operational Policies and agree to comply with all rules and responsibilities stated in them.

1. Care will normally begin at _____ o'clock and end at _____ o'clock.
2. Care will include breakfast, lunch and a p.m. snack. Meals for infants are upon demand.
3. The parent will provide food for the following:

4. The charge for care of the child is \$_____ per _____. There will be a charge of \$1 per minute, if the child is picked up after 6:00pm.
5. Payment to Skyers Child Dev. Center will be made in the following manner:
credit card _____ check _____
by _____ on Fridays for the upcoming week.

(name of person paying)

Checks are payable to *Skyers Child Development Center (Skyers CDC)*

Payment is due regardless of attendance.

6. Children may be taken from the center only by the person(s) signed below, by person(s) listed on the Application for Enrollment, and/or under the conditions specified in the Operational Policies.

By signing this contract, parent(s)/guardian(s) agree to abide by the written policies. The center may amend the policies by giving the parent(s)/guardian(s) a copy of the new or changed policies at least two weeks before they go into effect.

Father/Legal Guardian's signature _____ Date _____

Mother/Legal Guardian's signature _____ Date _____

Provider's signature _____ Date _____

Co-signer's signature _____ Date _____

If the parent or legal guardian is under age 18, a co-signer must sign this agreement and act as a guarantor to the contract and agree to be bound by all financial terms.



Parent Handbook of OPERATIONAL POLICIES

Skyers Child Development Center, LLC

7023 Beatties Ford Rd
Charlotte NC 28216
(704) 395-3481 / Phone
(704) 395-3456 / Fax
skyerscdc@bellsouth.net

Janette Skyers, Owner & Director

<p style="text-align: center;"><i>SKYERS CHILD DEVELOPMENT CENTER, LLC</i> <i>OPERATIONAL POLICIES</i></p>
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Welcome to the Skyers Child Development Center. These policies were developed with all parties in mind. Our goal is to provide a safe and nurturing environment where we encourage children to meet their maximum potential in the areas of physical, emotional, mental and social well-being. Our “open door” policy is to encourage parents/guardians to communicate freely and visit at any time.

DAYS/ HOURS/AGES

We are open Monday-Friday from 7:00am to 6:00 pm. Care is provided for children from 3 weeks 12 years old. We also provide drop-in care where our service is not required on a regular basis. Space availability for drop-in students is dependent on regular attendees.

RATES/PAYMENT/OTHER FEES

The tuition depends on the age of your child and being fully potty trained. Regardless of attendance, tuition is due on Fridays (for the upcoming week) before service is rendered. Late fees are incurred for late payments. Your child may not attend a second week until all fees from the prior week is paid in full. Auto payment is available and we also accepted cards and checks. Checks are payable to Skyers Child Development Center (Skyers CDC). Please retain your cancelled checks and credit card receipts as evidence for payment. An annual report of tuition payments will be available each January for tax purposes.

Amendment 2/2/22: Communicable Disease

To maintain the health and safety of all children, parents, and staff the CDC requires the closure of our facility / affected classrooms. Illness is not in our control, however, to keep the facility in operation, tuition will still be required regardless of attendance.

REGISTRATION FEE

In order to start the registration process, a one-time fee of \$100 is due.

LATE PAYMENT FEE

Payment is late if it is not received by closing on the due date. A late charge of \$5.00 per day will be added to your fee if your tuition is not received by closing on the following business day. If payment is not made and your child has been absent for three or more consecutive days without explanation, the child’s space will no longer be guaranteed.

RETURNED CHECKS

There is a \$30.00 charge for “insufficient funds” checks. If there are two occurrences of returned checks, all future payments must be in the form of a money order, cashier’s check, or credit card.

LATE PICK UP CHARGE

If a parent/guardian is late picking up their child, there is a \$1.00 charge per minute. The fee is due at the time of the late pickup. Your child will be denied access until payment is made.

CHANGES

Fees are subject to change. Four weeks notice will be given before any change is implemented.

ENROLLMENT PROCEDURES

Along with paying the registration fee, the following forms must be read, completed and /or signed prior to the first day of your child's attendance:

- Application
- Contract
- Operational Policies
- Medical Report
- Immunization History
- Discipline and Behavior Management Policy
- Travel and Activity Authorization
- Infant Feeding Schedule (under 15 months old)
- Infant/Toddler Safe Sleep Policy
- NC Child Care Law and Rules
- Photo & Video Release Form
- Child Enrollment Form for Child & Adult Care Food Program (CACFP)
- Shaken Baby Syndrome Policy
- Smoke Free Policy

CLOSINGS

The schedule for paid holidays is listed below. If the holiday falls on a weekend, the Center will close the same day as the federal and state offices. Christmas is traditionally scheduled as a five-day holiday.

- New Year's Day
- Martin Luther King Jr.
- President Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day and the following day
- Week of Christmas

VACATION

Tuition is due regardless of attendance.

SEVERE WEATHER

In the event of severe weather, the Center will follow the advice of our local television and radio station. If it is necessary to close, parents will be called to pick up their children. Tuition is due regardless of attendance.

SUPPLIES/PROVISIONS

The parent/guardian should provide the following items:

- 2 standard sized crib fitted sheets and 2 blankets (1yr & older)
- 5 fitted sheets (younger than a year)
- Change of clothes
- Diapers, wipes, bibs
- Bottles and cups must be labeled with the child's name & date

All items should be labeled with the child's name

SIGN IN AND OUT

An adult signature is required when dropping off and picking up your child. A Sign IN/OUT Record will be available.

TERMINATION POLICY

Before removing your child from Skyers Child Development Center, a two-week notice is required in writing. This allows reasonable time to fill the spot. If your child does not continue to attend the Center for the duration of the two weeks, you will be required to pay all fees up to the two weeks notice. The Center will also give a written, two-week notice to the parent/guardian if it should become necessary to terminate your contract.

DISCIPLINE POLICY

Redirection will be the discipline approach used with children in care. No form of corporal punishment will be used at any time on any child for any reason. No child will be punished in relation to food, rest or toileting accidents. A copy of the discipline policy will be reviewed before enrollment and a copy of the signed policy will remain as a part of the child's file. A copy shall also be given to the parent/guardian.

ADMINISTRATING MEDICATIONS

A Medication Permission Form must be completed in full and must contain information on dosage and time(s) to be given. Prescription and over-the-counter drugs will be given under the following conditions:

- The medication is in the manufacturer's original container
- The medicine is prescribed or recommended for the child by a physician
- The child's name is written on the bottle label
- The expiration dated on the bottle has not passed

The parent/guardian must bring an appropriate dispenser for your child.

FIRST AID & CPR CERTIFICATION

The staff is certified in CPR and First Aid. These certifications are kept current. First aid supplies are available at all times for use if necessary.

EMERGENCY INFORMATION REQUEST

Health and emergency information is kept on file for each child and should be updated by the parent as necessary.

TRANSPORTATION PROCEDURES AND PERMISSION

Transportation is not provided for attendance purposes. When transportation is provided for field trips, written parental permission and emergency information is kept in the vehicle. Children will only be transported in approved car seats or safety restraints. The parent/guardian will always be informed before their child is transported anywhere. The Center welcomes parents to volunteer for field trips.

PICK-UP

At the time of enrollment, parents are asked to designate who may pick up their child. No child will be permitted to leave with any person other than those who have been designated by the parent in writing. If the designated person/s is unable to pick up the child, a written permission or a phone call is required prior to pick up. All adults who are not known by the staff must show a valid photo identification before the child is released.

FIRE & LOCKDOWN DRILLS

Fire Drills are conducted with the children on a monthly basis to insure that everyone knows the procedure to follow in case of a fire. Lockdown drills are conducted quarterly so all children and staff are familiar with the procedure during other emergencies.

ABUSE AND NEGLECT REPORTING PROCEDURES

At any time a child is suspected of being abused or neglected, the Center is required by law to report any suspicions to the Department of Social Services in Mecklenburg County.

ACCIDENTS & INJURIES

All efforts are made to provide a safe indoor and outdoor environment for the children. First aid will be administered when necessary. Once the child has been cared for and comforted, the parent will be contacted and informed about the incident. In instances where immediate medical attention is required, the health care professional will be contacted first and the parent will be contacted second. In the case of a serious life threatening injury, 911 will be called. If you cannot be reached, your emergency contact person will be called.

REPORTING INJURIES

An Incident Report will be completed and filed for all accidents and injuries.

ILLNESS

Children who become ill while at the Center will be separated from the other children and their parent/guardian will be called to pick up their child within an hour. Children also need to be picked up within an hour, if the staff becomes ill. The second contact person will be called if a child cannot be picked up within the hour. A child with the following symptoms may not attend the child care:

- Temperature of 100 degrees axillary or 101 degrees orally ...be fever free without medication for 24 hours before returning
- Diarrhea characterized to be more than the child's normal pattern
- Two or more episodes of vomiting within a 12 hour period
- Have scabies or lice
- Difficulty breathing or severe coughing
- Excessive running nose

- Strep throat... return 24 hours after antibiotic treatment begins
- Pertussis (whooping cough)...return 5 days after antibiotic treatment begins
- Skin problems: impetigo or ringworm...return 24 hours after treatment begins
- Tuberculosis...return when health professional states that the child is not infectious
- Red eye with white or yellow discharge... return 24 hours after treatment
- Chicken pox or rash suggestive of chicken pox

Whenever a physician's treatment is administered, a doctor's note is required before the child can return. We want to keep all of the children as healthy as possible. Please contact the Center if your child has a contagious condition, so other parents and the staff may be advised of the situation and respond appropriately.

SANITATION

HANDWASHING

Our hands may look clean, but they are most likely covered with germs. It is very important to wash our hands often and in the proper manner. Children's hands will be washed upon entering the Center, before and after meals, after bathroom visits and diapering, after outside play, after blowing or wiping nose, after covering a cough and sneeze, after contact with any bodily excretions, and when visibly soiled. Hands are also washed after handling a sick child. Parents/guardians must also wash their hands if they visit the classrooms.

DIAPERING

The staff's hands are washed after diapering each child. The child's hands are also washed after each diaper change. Soiled diapers are placed in a covered, leak-proof container, which is emptied and cleaned daily. Soiled clothes are placed in a plastic bag to be taken home. The diapering area and any equipment and supplies that are touched are cleaned and disinfected.

INFANT ROOM

Shoes are not allowed on mats and/or rugs in the Infant Room in order to maintain a sanitary area for the children to have tummy time and crawl around freely.

ADDITIONAL SAFETY TIPS

To minimize accidents while playing:

- Child's nails should be trimmed at all times.
- Hanging earrings are not allowed.
- Necklaces are not allowed.
- Hats with string are not allowed.

POTTY TRAINING

Parents should first introduce the potty to their child. When the child is comfortable with being trained at home, we will start training at the Center. Please avoid clothing with many buttons and snaps. This hinders easy access and the child's independence.

FOOD

A nutritious breakfast, lunch and snack are provided daily. We stop serving breakfast at 8:30, lunch is around 11:30-12:00, and an afternoon snack at 3:00pm. Breakfast consists of milk, vegetable or fruit, and carbohydrate. Lunch consist of milk, protein,

carbohydrate, vegetable and fruit. Snack is 100% juice or milk and a fruit, vegetable or carbohydrate. A variety of food is prepared, so the children do not tire of the same food.

Food brought to the Center for a special occasion such as a birthday or holiday and is to be shared with other children must be purchased from an establishment that is inspected by health officials.

PROGRAM DESCRIPTION

Some of the activities that your child may look forward to are as follows: singing favorite songs, reading stories, painting, outdoor play, sand and water play, block, and manipulative and dramatic play. Children also get the opportunity to learn numbers, letters, colors, shapes and science. Special nurturing and cuddling are the infants' favorite. Playing is your child's work. When children play and interact with a variety of toys that stimulate their social, emotional, physical and thinking skills, their minds and bodies are preparing for future success. Talk and listen to your child. Take an interest in what they have accomplished at the center each day. This will set the tone for the remainder of the evening.

PARENT INVOLVEMENT

Parents have the right to visit the Skyers Child Development Center at any time while their child is present. They are encouraged to participate. Some ways of participation include birthday celebrations, holiday or seasonal parties, donations for special projects and teacher wish lists, reading a story to the children, field trips, or sharing a special talent. Parents are always encouraged to discuss their child's progress and/or concerns they may have with the staff.

I have read and received a copy of the operational policies for the Skyers Child Development Center. The policies have been discussed with me. I understand the policies and agree with them.

Father/Legal Guardian's Signature _____ Date_____

Mother/Legal Guardian's Signature _____ Date_____

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No___ Yes___ If yes, what? _____

2. Is child currently under a doctor's care? No___ Yes___ If yes, for what reason? _____

3. Is the child on any continuous medication? No___ Yes___ If yes, what? _____

4. Any previous hospitalizations or operations? No___ Yes___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No___ Yes___ ; diabetes No___ Yes___ ;
convulsions No___ Yes___ ; heart trouble No___ Yes___ ; asthma No___ Yes___ .

If others, what/when? _____

6. Does the child have any physical disabilities: No___ Yes___ If yes, please describe: _____

Any mental disabilities? No___ Yes___ If yes, please describe: _____

Signature of Parent or Guardian _____ Date _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____

Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____ Vision _____ Hearing _____

Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal ___ followup _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed; _____

Should activities be limited? No___ Yes___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____

Child Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance.

Child's full name:	Date of birth:
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Enter the date of each dose received (Month/Day/Year) or attach a copy of the immunization record.

Vaccine Type	Abbreviation	Trade Name	Combination Vaccines	1 date	2 date	3 date	4 date	5 date
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV	I POL	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib (PRP-T) Hib (PRP-OMP)	ActHIB, PedvaxHIB **, Hiberix	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	ProQuad					
Varicella/Chicken Pox	Var	Varivax	ProQuad					
Pneumococcal Conjugate*	PCV, PCV13, PPSV23***	Prenvar 13, Pneumovax***						

*Required by state law for children born on or after 7/1/2015.

**3 shots of PedvaxHIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

***PPSV23 or Pneumovax is a different vaccine than Prenvar 13 and may be seen in high risk children over age 2. These children would also have received Prenvar 13.

Note: Children beyond their 5th birthday are not required to receive Hib or PCV vaccines.

Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.

Record updated by:	Date	Record updated by:	Date

Minimum State Vaccine Requirements for Child Care Entry

By This Age:	Children Need These Shots:						
3 months	1 DTaP	1 Polio		1 Hib	1 Hep B	1 PCV	
5 months	2 DTaP	2 Polio		2 Hib	2 Hep B	2 PCV	
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12-16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
19 months	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years or older (in child care only)	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years and older (in kindergarten)	5 DTaP	4 Polio	2 MMR	3-4 Hib**	3 Hep B	4 PCV	2 Var

Note: For children behind on immunizations, a catch-up schedule must meet minimal interval requirements for vaccines within a series. Consult with child's health care provider for questions.

Child Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

Vaccines Recommended (not required) by the Advisory Committee on Immunization Practices (ACIP)

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 date	2 date	3 date	4 date	5 date
Rotavirus	RV1, RV5	Rotateq, Rotarix	Age 2 months, 4 months, 6 months.					
Hepatitis A	Hep A	Havrix, Vaqta	First dose, age 12-23 months. Second dose, within 6-18 months.					
Influenza	Flu, IIV, LAIV	Fluzone, Fluarix, FluLaval, Flucelvax, FluMist, Afluria	Annually after age 6 months.					

Updated August 2019

Skyers Child Development Center

Discipline Policies and Procedures

We strongly believe that children need nurturing relationships and a quality environment to thrive. **Positive relationships** foster healthy development. We create these nurturing relationships when we:

- Create trust by supporting children's exploration
- Incorporate lessons in children's play
- Respond to children's words and infants' babbling
- Encourage children as they learn new skills
- Build trusting relationships with families

We also create a **quality environment** by including:

- Predictable and supportive schedules and transitions
- Acceptance of children
- Curricula that caters to all areas of child development
- Teaching strategies that are developmentally appropriate and culturally sensitive
- Engaging activities to help children learn

An ounce of prevention is worth a pound of cure, so we create **preventive strategies** to deal with challenging behaviors:

- Through careful and objective observations, one anticipates wants and needs
- Successful strategies include flexibility and individualization
- Modify environment to prevent and reduce conflict which leads to challenging behaviors
- Create rules and expectations according to the developmental stages of children

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility:

DO

1. Praise, reward, and encourage
2. Reason with and set limits
3. Model appropriate behavior
4. Modify the classroom environment attempting to prevent problems before they occur
5. Listen to children
6. Provide alternatives for inappropriate behavior

Skyers Child Development Center

7. Provide natural and logical consequences
8. Treat children as people and respect their needs, desires, and feelings
9. Ignore minor misbehaviors
10. Explain things to children on their level
11. Use short supervised periods of “time-out”
12. Stay consistent in our behavior management program

DO NOT

1. Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse
3. Shame or punish when bathroom accidents occur
4. Deny food or rest as punishment
5. Relate discipline to eating, resting, or sleeping
6. Leave children alone, unattended, or without supervision
7. Place children in locked rooms, closets, or boxes as punishment
8. Allow discipline of children by children
9. Criticize, make fun of, or otherwise belittle children’s parents, families, or ethnic groups

To ensure proper discipline and behavior management techniques are being implemented, we...

- Review weekly lesson plan
- Routinely observe classroom in person & via security camera
- Train a new hire our Discipline Policy and Procedure before the first day of work
- Practice on-going training and review of pertinent topics to staff members
- Encourage staff to be accountable and supportive of each other
- Encourage families to have purposeful conversations with their children
- Listen to and trust the children

Procedures for staff to confidentially report observations or suspicions of inappropriate treatment of children

- Suspicion is enough reason to make a report because the burden of proof is not on the staff member
- It’s mandatory that a staff immediately reports inappropriate treatment of a child to the supervisor and/or director
- All reports by staff members regarding inappropriate behaviors are held in the strictest confidence. If the observation or suspicion is reported immediately, the reporting staff will not experience any consequence.

Skyers Child Development Center

- Inappropriate behavior is considered an emergency, so there is always access to the director via cell phone even if the director is not on site.
- The staff member observing or suspecting the inappropriate behavior is responsible to report the behavior to DSS and/or DCDEE if the director refuses to do so

Procedures for administrators to respond to inappropriate treatment, discipline, or care

- The director immediately interviews the staff member and child that are a part of the alleged allegation
- The parent/guardian is then informed of the incident
- DSS and/or DCDEE is finally contacted

Consequences for staff who fail to comply with the discipline policies and procedures

- The staff member who is allegedly guilty of inappropriate treatment to a child is immediately suspended from work without pay
- Upon the conclusion of their investigation, the staff member will be terminated if DSS and/or DCDEE concludes that neglect or abuse took place

I, the undersigned parent or guardian of _____, do hereby state that I have read and received a copy of the facility's Discipline Policies and Procedures and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline Policies and Procedures with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian _____

Date: _____

TRAVEL AND ACTIVITY AUTHORIZATION

10 NCAC 3U .0604(1)
G. S. 110-91(6)
REV 8/92

SAMPLE FORM

- ☐ Blanket permission for this activity
☐ Special 1-time permission only
☐ Blanket permission for all given activities

I, _____ parent/guardian of
name of parent/guardian
_____ give my permission to
name of child
_____ for my child to participate in the
name of
following activities

Trips in the van/automobile (facility or parent-owned)

Explain planned activity — where and when

Field trips away from the facility

Explain planned activity — where and when

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

Parent/Guardian Signature

Date Signed

This authorization is valid from ____/____/____ to ____/____/____

In addition, if the facility has planned activities outside the fenced area of the facility,

_____ I will allow my child to play outside the fenced area; or

I will not allow my child to play outside the fenced area.

Parent/Guardian Signature

Date Signed

This authorization is valid from ____/____/____ to ____/____/____

File in child's folder

Infant Feeding

A Guide for Parents and Caregivers

As a new parent or caregiver, you probably receive a lot of advice about how to feed your baby. This booklet will give you some basic information about feeding that can help your baby get the best start in life.

MYTHS and FACTS

MYTH: In hot weather, babies need water in a bottle.

FACT: Formula or mother's milk provides all the liquid a baby needs.

MYTH: Cereal in a bottle will help my baby sleep longer.

FACT: Cereal in a bottle will not help your baby sleep, and it may upset his tummy. Do not feed cereal until your baby can eat it from a spoon.

MYTH: If I am too busy to feed my baby, I can just prop the bottle.

FACT: Propping a bottle is not safe. A baby can choke. Take a break from what you are doing and enjoy this special time with your baby.

Photo courtesy of Wake AHEC



©2015 Carolina Global Breastfeeding Institute
<http://breastfeeding.sph.unc.edu/>

In Collaboration With:
NC Child Care Health and Safety Resource Center
NC Infant Toddler Enhancement Project
Shape NC: Healthy Starts for Young Children
NC Department of Health and Human Services
Wake County Human Services and
Wake County Smart Start

Should I Schedule My Baby's Feedings?



It is best to feed your baby when he is hungry. It may feel tempting to put your baby on a strict feeding schedule, so you will always know when he wants to eat. But do you always eat at exactly the same time every day?

It is best to feed your baby in response to her changing appetite. Your baby may be more or less hungry at different times or on different days—just like you! It is best to feed according to her changing appetite.

Doctors recommend that all babies be fed in response to their hunger cues, not on a strict schedule.

Advantages of cue-feeding include:

- Babies tend to grow better, especially after 3–4 months of age.
- Babies are calm for feedings, so they feed better.
- Breastfeeding moms have an easier time making enough milk for their babies.
- Babies learn to eat when they are hungry, which may help prevent obesity when they are older.

But How Do I Know When My Baby Wants To Eat?

Your baby may not be able to speak, but he still is able to tell you what he needs.

- **When a baby is hungry**, she will open her mouth, stick out her tongue, and move her head from side-to-side. While sleeping, she may start to wriggle. If her hand is near her mouth, she may try to suck on it. **Crying is a late sign of hunger.**
- **When a baby is full**, he will move away from the food. Never prop a bottle, because it forces a baby to eat more than he wants. It makes him overeat and can increase vomiting. Just like adults, babies know when they have had enough.
- **When a baby wants to have some quiet time**, she often will look away. She may have changes in her skin, her movements, or her breathing.
- **When a baby wants to cuddle**, he will look at you. As he gets older, he will smile.
- **When a baby is unhappy**, she will fuss and sometimes cry. All babies do this from time to time. You can never “spoil” your baby by comforting her. Responding to her cries will help her feel more secure and cry less often.

When you try to understand what your baby is “saying,” both of you will be happier and more confident!



Photo courtesy of Wake AHEC

But Why Should I Care About Breastfeeding?

Even if you are not a breastfeeding mother, consider learning more about breastfeeding.

- **I work in child care**, and it is part of my job to care for breastfeeding babies. I want to have the training and information to take the very best care of all of the babies in my care.
- **I am an employer**, and I want to know all I can about supporting my employees, including breastfeeding mothers.
- **There is a mother in my life who is breastfeeding**, my sister or daughter or friend. I want to do all I can to support her choices about feeding her baby.
- **I may have another baby someday.** Although feeding formula is the right choice for our family right now, I would like to learn more about how I can give my next baby the very best start in life, and how breastfeeding can be a part of that.



If you would like to learn more, ask your provider for our booklet “Breastfeeding: Making It Work.”

Copies also can be downloaded at our website:

<http://cgbi.sph.unc.edu/>

Infant Feeding Plan

As your child's caregivers, an important part of our job is feeding your baby. The information you provide below will help us to do our very best to help your baby grow and thrive. **Page two of this form must be completed and posted for quick reference for all children under 15 months of age.**

Child's name: _____

Birthday: _____
m m / d d / y y y y

Parent/Guardian's name(s): _____

Did you receive a copy of our "Infant Feeding Guide?"

Yes

No

If you are breastfeeding, did you receive a copy of:

"Breastfeeding: Making It Work?"

Yes

No

"Breastfeeding and Child Care: What Moms Can Do?"

Yes

No

TO BE COMPLETED BY PARENT

At home, my baby drinks (check all that apply):

- ☐ Mother's milk from (circle)

Mother bottle cup other

- ☐ Formula from (circle)

bottle cup other

- ☐ Cow's milk from (circle)

bottle cup other

- ☐ Other: _____ from (circle)

bottle cup other

How does your child show you that s/he is hungry?

How often does your child usually feed?

How much milk/formula does your child usually drink in one feeding?

Has your child started eating solid foods?

If so, what foods is s/he eating?

How often does s/he eat solid food, and how much?

TO BE COMPLETED BY TEACHER

Clarifications/Additional Details:

At home, is baby fed in response to the baby's cues that s/he is hungry, rather than on a schedule?

Yes No

If NO,

- ☐ I made sure that parents have a copy of the "Infant Feeding Guide" or "Breastfeeding: Making it Work"
- ☐ I showed parents the section on reading baby's cues

Is baby receiving solid food? Yes No

Is baby under 6 months of age? Yes No

If YES to both,

- ☐ I have asked: Did the child's health care provider recommend starting solids before six months?

Yes No

If NO,

- ☐ I have shared the recommendation that solids are started at about six months.

Handouts shared with parents:

Child's name: _____

Birthday: _____
m m / d d / y y y y

Tell us about your baby's feedings at our center.

I want my child to be fed the following foods while in your care:

	Frequency of feedings	Approximate amount per feeding	Will you bring from home? (must be labeled and dated)	Details about feeding
Mother's Milk				
Formula				
Cow's milk				
Cereal				
Baby Food				
Table Food				
Other (describe)				

I plan to come to the center to nurse / feed my baby at the following time(s): _____

My usual pick-up time will be: _____

If my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (choose as many as apply):

☐ hold my baby ☐ use the teething toy I provided ☐ use the pacifier I provided
☐ rock my baby ☐ give a bottle of milk ☐ other Specify: _____

I would like you to take this action _____ minutes before my arrival time.

At the end of the day, please do the following (choose one):

☐ Return all thawed and frozen milk / formula to me. ☐ Discard all thawed and frozen milk / formula.

We have discussed the above plan, and made any needed changes or clarifications.

Today's date: _____

Teacher Signature: _____ Parent Signature _____

Any changes must be noted below and initialed by both the teacher and the parent.

Date	Change to Feeding Plan (must be recorded as feeding habits change)	Parent Initials	Teacher Initials



©2015 Carolina Global Breastfeeding Institute
<http://breastfeeding.unc.edu/>

In Collaboration With:

NC Department of Health and Human
 Services
 NC Child Care Health and Safety Resource
 Center
 NC Infant Toddler Enhancement Project

ITS-SIDS Alternative Sleep Position/Use of Wedge Health Care Professional Waiver

This must be completed by a physician, nurse practitioner, or physician's assistant – 10A NCAC 09.0606/ 10A NCAC 09.1724(e)

This form must be used for an infant aged six months or less. This form may be used for an infant older than six months.

Parent/guardian completes this section.

Child's name _____ Date of birth _____ Age in months _____
Parent/guardian name _____
Address _____
City _____ State _____ Zip _____
Home phone _____ Work phone _____ Cell phone _____
Email _____

Child's primary health care professional completes this section.

Health care professional's name _____
Name of practice _____
Address _____
City _____ State _____ Zip _____
Phone _____ Cell or Pager _____ Fax number _____
Email _____

N.C. Child Care Law requires that child care facilities place all infants on their backs to sleep. At the advice of the infant's primary health care professional, the parent/guardian may authorize the facility to place their infant in an alternative sleep position or to use a wedge for medical reasons. The center shall retain the waiver in the child's record as long as the child is enrolled at the center.

Medical reason for alternative sleep position or use of wedge for infant named above _____

The recommended sleep position for this infant is _____

Specific placement and directions for use of wedge: _____

Effective Dates of Waiver: from ____/____/____ to ____/____/____

Health Care Professional's Signature _____ Date _____

Parent/guardian signs this statement.

I, as the parent or guardian of the above mentioned child, do hereby release and hold harmless the child care facility listed below, its officers, directors, and employees, from any and all liability whatsoever associated with harm to my child due to Sudden Infant Death Syndrome (SIDS). I affirm and acknowledge that the child care facility named above gave me information about SIDS. I authorize this child care facility and its employees to place my child in the alternative sleep position/use a wedge as described above at the recommendation of my child's primary health care professional.

Parent/guardian signature _____ Date _____

An authorized facility representative of the child care facility completes this section.

Name of Child Care Facility _____ ID # _____

Facility Representative's Signature _____ Date _____

Infant/Toddler Safe Sleep Policy

A safe sleep environment for infants reduces the risk of sudden infant death syndrome (SIDS) and other sleep related infant deaths. According to N.C. Law, child care providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share the policy with parents/guardians and staff.



_____ (facility name) implements the following safe sleep policy:

Safe Sleep Practices

1. We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants under 12 months of age on their backs to sleep, unless:
 - **the infant is 6 months or younger** and a signed ITS-SIDS Alternate Sleep Position Health Care Professional Waiver is in the infant's file and a notice of the waiver is posted at the infant's crib.
 - **the infant is 6 months or older** (choose one)
 - ☐ We do not accept the ITS-SIDS Alternate Sleep Position Parent Waiver.*
 - ☐ We accept the ITS-SIDS Alternate Sleep Position Parent Waiver.

We retain the waiver in the child's record for as long as they are enrolled.

3. We place infants on their back to sleep even after they are able to independently roll back and forth from their back to their front and back again. We then allow the infant to sleep in their preferred position.
 - ☐ We document when each infant is able to roll both ways independently and communicate with parents. We put a notice in the child's file and on or near the infant's crib.*
4. We visually check sleeping infants every 15 minutes and record what we see on a Sleep Chart. The chart is retained for at least one month.
 - ☐ We check infants 2-4 month of age more frequently.*
5. We maintain the temperature between 68-75°F in the room where infants sleep.
 - ☐ We further reduce the risk of overheating by not over-dressing infants*
6. We provide infants supervised tummy time daily. We stay within arm's reach of infants during tummy time.
7. We follow N.C Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.
 - ☐ We further encourage breastfeeding in the following ways:*

Safe Sleep Environment

8. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
9. We do not allow pacifiers to be used with attachments.
10. Safe pacifier practices:
 - ☐ We do not reinsert the pacifier in the infant's mouth if it falls out.*
 - ☐ We remove the pacifier from the crib once it has fallen from the infant's mouth.*
11. We do not allow infants to be swaddled.
 - ☐ We do not allow garments that restrict movement.*
12. We do not cover infants' heads with blankets or bedding.
13. We do not allow any objects other than pacifiers such as, pillows, blankets, or toys in the crib or sleep space.
14. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
15. We give all parents/guardians of infants a written copy of this policy before enrollment. We review the policy with them and ask them to sign the policy.
 - ☐ We encourage families to follow the same safe sleep practices to ease infants' transition to child care.*
16. Posters and policies:
 - **Family child care homes:** We post a copy of this policy and a safe sleep practices poster in the infant sleep room where it can easily be read.
 - **Centers:** We post a copy of this policy in the infant sleep room where it can easily be read.
 - ☐ We also post a safe sleep practices poster in the infant sleep room where it can easily be read.*

Communication

17. We inform everyone if changes are made to this policy 14 days before the effective date.
 - ☐ We review the policy annually and make changes as necessary.*

*Best practice recommendation.

Effective date: _____ Review date(s): _____ Revision date(s): _____

I, the parent/guardian of _____ (child's name), received a copy of the facility's Infant/Toddler Safe Sleep Policy. I have read the policy and discussed it with the facility director/operator or other designated staff member.

Child's Enrollment Date: _____ Parent/Guardian Signature: _____ Date: _____

Facility Representative Signature: _____ Date: _____

Space and Equipment

There are space requirements for indoor and outdoor environments that must be measured prior to licensure. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Indoor and outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

Licensed centers must also meet requirements in the following areas.

Staff Requirements

The administrator of a child care center must be at least 21 and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours, including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. All staff who work directly with children must have CPR and First Aid training, and at least one person who completed the training must be present at all times when children are in care. One staff must complete the Emergency Preparedness and Response (EPR) in Child Care training and create the EPR plan. All staff must also undergo a criminal background check initially, and every three years thereafter.

Staff/Child Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. The minimum staff/child ratios and group sizes for single-age groups of children in centers are shown below and must be posted in each classroom. The staff/child ratios for multi-age groupings are outlined in the child care rules and require prior approval.

Age	Teacher: Child Ratio	Max Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 to 3 years old	1:10	20
3 to 4 years old	1:15	25
4 to 5 years old	1:20	25
5 years and older	1:25	25

Additional Staff/Child Ratio Information:

Centers located in a residence that are licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.

Reviewing Facility Information

From the Division's Child care Facility Search Site, the facility and visit documentation can be viewed.

A public file is maintained in the Division's main office in Raleigh for every licensed center or family child care home. These files can be viewed during business hours (8 a.m. -5 p.m.) by contacting the Division at 919-814-6300 or 1-800-859-0829 or requested via the Division's web site at www.ncchildcare.ncdhhs.gov.

How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined and/or may have their licenses suspended or revoked.

Administrative actions must be posted in the facility. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Child Development
and Early Education

Summary of the North Carolina Child Care Law and Rules (Center and FCCH)

Division of Child Development
and Early Education

North Carolina Department of
Health and Human Services
333 Six Forks Road
Raleigh, NC 27609

Child Care Commission
<https://ncchildcare.ncdhhs.gov/Home/Child-Care-Commission>

Revised January 2021

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.

What Is Child Care?

The law defines child care as:

- three or more children under 13 years of age
- receiving care from a non-relative
- on a regular basis - at least once a week
- for more than four hours per day but less than 24 hours.

The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the health, safety, and well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

Family Child Care Homes

A family child care home is licensed to care for five or fewer preschool age children, including their own preschool children, and can include three additional school-age children. The provider's own school-age children are not counted. Family child care home operators must be 21 years old and have a high school education or its equivalent. Family child care homes will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants. Licenses are issued to family child care home providers who meet the following requirements:

Child Care Centers

Licensure as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License. Recreational programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Parental Rights

- Parents have the right to enter a family child care home or center at any time while their child is present.
- Parents have the right to see the license displayed in a prominent place.
- Parents have the right to know how their child will be disciplined.

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Local Child Care Resource and Referral agencies can provide help in choosing quality care. Check the telephone

directory or talk with a child care provider to see if there is a Child Care Resource and Referral agency in your community. For more information, visit the Resources page located on the Child Care website at: <https://ncchildcare.ncdhs.gov/>. For more information on the law and rules, contact the Division of Child Development and Early Education at 919 814-6300 or 1-800-859-0829 (in State Only), or visit our homepage at: <https://ncchildcare.ncdhs.gov/>.

Child Abuse, Neglect, or Maltreatment

Every citizen has a responsibility to report suspected child abuse, neglect or maltreatment. This occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. It may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. It also occurs when a child does not receive proper care, supervision, appropriate discipline, or when a child is abandoned. North Carolina law requires any person who suspects child maltreatment at a child care facility to report the situation to the Intake Unit at Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829. Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any maltreatment complaint or the issuance of any administrative action against the child care facility. North Carolina law requires any person who suspects child abuse or neglect in a family to report the case to the county department of social services.

Transportation

Child care centers or family child care homes providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and child-staff ratios must be maintained.

Record Requirements

Centers and homes must keep accurate records such as children's, staff, and program. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care. Prevention of shaken baby syndrome and abusive head trauma policy must be developed and shared with parents of children up to five years of age.

Discipline and Behavior Management

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in the discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers and family child care homes. Religious-sponsored programs which notify the Division of Child Development and Early Education that corporal punishment is part of their religious training are exempt from that part of the law.

Training Requirements

Center and family child care home staff must have current CPR and First Aid certification, ITS-SIDS training (if caring for infants, 0 to 12 months), prior to caring for children and every three years thereafter. Emergency Preparedness and Response (EPR) in Child Care training is required and each facility must create an EPR plan. Center and home staff must also complete a minimum number of health and safety training as well as annual ongoing training hours.

Curriculum and Activities

Four- and five-star programs must use an approved curriculum in classrooms serving four-year-olds. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans and schedule must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. A written activity plan that includes activities intended to stimulate the development domains, in accordance with North Carolina Foundations for Early Learning and Development. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

Health and Safety

Children must be immunized on schedule. Each licensed family child care home and center must ensure the health and safety of children by sanitizing areas and equipment used by children. For Centers and FCCHS, meals and snacks must be nutritious and meet the Meal Patterns for Children in Child Care. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. Children must have space and time provided for rest.

Two through Five Star Rated License

Centers and family child care homes that are meeting the minimum licensing requirements will receive a one-star license. Programs that choose to voluntarily meet higher standards can apply for a two through five-star license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program, and one quality point option.

Criminal Background Checks

requirement. All staff must undergo a criminal background check initially, and every three years thereafter. This requirement includes household members who are over the age of 15 in family child care homes.

Skyers Child Development Center, LLC

Photo & Video Release Form

I do hereby grant to Skyers CDC the unlimited right to use and/or reproduce photographs, video, and voice of my child and myself in any legal manner for the internal and/or external promotional and informational activities of Skyers CDC.

I agree to allow mine and my child's picture, video, and child's work to be published on the Skyers CDC internet/intranet web pages and publications. I also agree for myself and to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of Skyers CDC in which they are involved.

I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

Student's Name _____

Father/Guardian Signature _____ Date _____

Father/Guardian Name (please print) _____

Father/Guardian Address _____

Mother/Guardian Signature _____ Date _____

Mother/Guardian Name (please print) _____

Mother/Guardian Address _____

Witness Signature _____ Date _____

Witness Name (please print) _____

First Name Include Nicknames	Last Name	Date of Birth	Normal Drop Off And Pick Up Times	Indicate Child's Normal Days of Care	Indicate Normal Meals Child Receives Daily ¹
			Drop Off : Pick Up :	M T U W T H F S S U	B A M L U P M S U E V E
			Drop Off : Pick Up :	M T U W T H F S S U	B A M L U P M S U E V E
			Drop Off : Pick Up :	M T U W T H F S S U	B A M L U P M S U E V E
			Drop Off : Pick Up :	M T U W T H F S S U	B A M L U P M S U E V E

¹ B=Breakfast AM= Morning Snack LU= Lunch PM= Afternoon Snack SU=Supper EVE=Evening Snack

Check One Ethnicity Below:

Hispanic ☐
 Non-Hispanic ☐

Check One Or More Race(s) Below:

☐ American Indian Including South or Central America/Alaskan Native
☐ Black/African American ☐ Asian ☐ White
☐ Native Hawaiian/Other Pacific Islander

*** Enter Confidential Eligibility Information In Boxes A, B, C, and/or D**
Everyone signs in Box E : 

Box A

Name any children on this form who are enrolled in Head Start:

1. _____ 2. _____ 3. _____ 4. _____

Box B

Name any children on this form who are Court Appointed Foster Children living with you or Homeless Children you are hosting (including children evacuated from Japan or Bahrain): See Box B On Back

1. _____ 2. _____ 3. _____ 4. _____

Box C

Enter a case number here if you have one:

SNAP (Food Stamps) # _____ TANF # _____ FDPIR# _____

Box D

IF you enter nothing in Boxes A, B, or C AND your before-tax household income falls below the guidelines on the back in Box D, enter names and income amounts below for all people in your household *other than the children on this form*. Include Yourself!:

Names of household members	Monthly wages	Monthly Social Security Check	Monthly child support or public assistance	Monthly retirement pensions check	Monthly Other Earnings
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

ONLY IF you fill out Box D, enter last 4 digits of your Social Security # XXX-XX- Check if you don't have a SS # ☐



Box E EVERYONE Signs HERE:

Date: _____ Parent/Guardian Signature: _____ Print Name: _____

Street Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

I certify that all of this information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that Program officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal criminal laws.

Office use only: Total household size: _____ Total monthly household income \$ _____

Approved: ☐ Free ☐ Reduced
☐ Paid-Reason: ☐ Income over guidelines ☐ Incomplete ☐ Other

Signature of Eligibility Official _____ Date ____/____/____

State Use Only:

Verified By: _____

Verified Classification: ☐ Free
☐ Reduced
☐ Paid

Reason For Change _____

To Centers:

1. Aid parents in filling in name, date of birth, normal hours and days of care and normal meals.
2. If ethnic and racial ID. is not made, make a discreet visual assessment and record on the form.

3. Fax this form to us immediately upon receipt. 704-334-4060

Get this form to our office during a child's first month of enrollment or your reimbursement may be adversely effected.

Box B

Foster or Homeless Child (Including children evacuated From *Japan and Bahrain)

Indicate if child is a Foster Child or is homeless. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. Additionally, when a host family applies for free and reduced price meals for their own children, the host family may include the homeless family as household members if the host family provides financial support to the homeless family. In such cases, the host family must also include any income received by the homeless family.

*Certification from the agency which assisted with the evacuation or is providing shelter is required.

Box C

Income information you give us will in no way reduce your benefits.



Any information you give us concerning income or ethnic and racial identity is confidential and kept securely.

Box D

Check this table to see if your household income falls below these figures. Then, write your income in the table on the front.

The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses). The income which you report must be the total gross income, before deductions, received by all members of your household last month (i.e. wages, public assistance, TANF or retirement, etc.).

Household size	Weekly income	Monthly income	Yearly income	Household size	Weekly income	Monthly income	Yearly income
1	\$459	\$1,986	\$ 23,828	5	\$1,105	\$4,786	\$57,424
2	\$620	\$2,686	\$32,227	6	\$1,266	\$5,486	\$65,823
3	\$782	\$3,386	\$40,626	7	\$1,428	\$6,186	\$74,222
4	\$943	\$4,086	\$49,025	8	\$1,589	\$6,886	\$82,621
				Each additional person:	+\$162	+\$700	+\$8,399

Net Income (before taxes or any other deductions) to report from last month in Box D:

<u>Earnings from Employment</u> • Wage/salaries/tips • Strike benefits • Unemployment compensation • Net income from self-owned business or farm • Worker's compensation <u>Public Assistance/Child Support/Alimony</u> • Public assistance payments • TANF payments • Alimony/Child support payments	<u>Pensions/Retirement/Social Security</u> Pensions • Supplemental security income • Retirement income • Veteran's payments • Social Security <u>Military Households</u> • All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)	<u>Other Income</u> • Disability benefits • Cash withdrawn from Savings • Interest/dividends • Income from estates/trusts/ investments • Regular contributions from persons not living in the household • Net royalties/annuities/ net rental income • Any other income
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To Parents:

We are a Sponsoring Organization for The Child and Adult Care Food Program. This Federal program supplements your Center's nutrition program. The goal of the food program is to support your Center in serving your children healthy meals. If you can supply income information on this form, it will help us all in assuring your children are given high quality meals. We are available to answer any questions you may have. If income changes during the year, you can amend this form any time.

704-375-3938 800-352-1547

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of social security number if an adult household member who signs fills out the Household Income Information. The Social Security number is not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families(TANF) for Food Distribution Program on Indian Reservations(FDPIR) case number for your child or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a Social Security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the Program. If a child is a Head Start participant, the child is automatically eligible to receive Program meal benefits, subject to submission by Head Start officials of a Head Start Statement of income eligibility or income eligibility documentation.

Parental Request For Non-Dairy Milk OR To Supply Approvable Milk

Any parent who requests a non-dairy milk substitution or requests to provide another approvable milk will complete this form.

1. _____ (PRINT) Center/ Provider Name 2. _____ (PRINT) Name of Child 3. _____ Parent Signature 4. _____ Date

Non-Dairy Milk Substitution Information:

Product must be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D and other nutrients to levels found in cow's milk.

Below are the standards any product must meet. Call if you need help making determinations.

Per 8 ounce serving:

Calcium	>	=	28%	Magnesium	>	=	6%	Vitamin D	>	=	25%
Protein	>	=	8 g.	Phosphorus	>	=	22%	Riboflavin	>	=	26%
Vitamin A	>	=	10%	Potassium	>	=	10%	Vitamin B12	>	=	18%

Creditable choices below. Products may change; always check this chart.

Flavored Products Shown Below Can Only Be Served To Children who are 6 and older.

						
WESTSOY® Organic Plus Plain & Vanilla Soymilk	Silk Original Soymilk – half gallon container only	8th Continent Original or Vanilla Soymilk	Pacific Natural Ultra Soymilk Original or Vanilla	PEARL Organic Soymilk-Smart Original, Smart Creamy Vanilla, or Smart Chocolate	Great Value Original Soy Milk	Kirkland Signature™ Organic Plain Soymilk

Soy Milk

5. ☐ Parent will supply Soy Milk.

or

6. ☐ Childcare will supply Soy Milk.

7. Reason for Soy Milk request (such as vegan or dairy allergy):

8. Product Name From Those Listed:

or Other Approvable Milk

9. ☐ Parent requests to supply approvable milk product (such Organic Milk or Lactose Free Milk).

10. Type of product:

Keep a copy on file and send one to us.

Center Name

**Child and Adult Care Food Program (CACFP)
Medical Statement for CACFP Participants
Requiring Meal Modifications**

Home Provider Name

Dear Parent/Guardian:

This institution/sponsor participates in the Child and Adult Care Food Program (CACFP) and must serve meals and snacks meeting the CACFP requirements. If a participant has a documented disability that restricts his/her diet, the institution/sponsor is required to provide substitutions as identified by a Licensed Physician. If a participant has a documented medical condition that restricts his/her diet, institution/sponsor must have a medical statement from a Licensed Physician or Recognized Medical Authority (Physician's Assistant or Nurse Practitioner), the institution/sponsor at their discretion may provide the substitution. Please have your Physician or Recognized Medical Authority complete and sign this form. Return the completed form to this institution/sponsor.

Participant Information

1. Name:

2. DOB:

Disability or Medical Condition

3. The participant has a disability which restricts his/her diet:
If yes is checked, complete numbers 5 – 9 and sign on line 13

☐ Yes

☐ No

4. The participant has a medical condition that restricts his/her diet:
If yes is checked, complete numbers 5, 8-9 and sign on line 14

☐ Yes

☐ No

5. What is the disability/medical condition requiring modification of meals?

6. Explain why disability restricts participant's diet:

7. Major life activity affected by disability: (Check all that apply)

☐ caring for one's self ☐ performing manual tasks ☐ seeing ☐ hearing ☐ eating
☐ sleeping ☐ walking ☐ standing ☐ lifting ☐ bending ☐ speaking ☐ breathing
☐ learning ☐ reading ☐ concentrating ☐ thinking ☐ communicating ☐ working

Major bodily functions affected by disability: (Check all that apply)

☐ functions of the immune system ☐ normal cell growth ☐ digestive ☐ bowel ☐ bladder
☐ neurological ☐ brain ☐ respiratory ☐ circulatory ☐ endocrine ☐ reproductive functions

Substitutions

8. Identify Foods to Omit from Diet:

9. Identify Foods that may be Substituted in Diet:

Other Special Dietary Needs

10. The participant requires caloric modifications:

☐ Yes

☐ No

11. If yes, provide the caloric modification: _____ calories per day

12. Other therapeutic diets (please explain):

For a participant with a disability (If number 3 is checked yes, this form must be signed by a physician)

13. Signature of Physician:

Date:

For a participant with a medical condition

14. Signature of Recognized Medical Authority:

Date:

**Instructions for Completing the
Medical Statement for CACFP Participants
Requiring Meal Modifications**

Participant Information:

1. Provide the name of the participant who needs the modified meal.
2. Provide the date of birth of the participant.

Disability (formerly known as Handicapped Participant) or Medical Condition

7 CFR Subtitle A, Section 15b.3(i) Definitions:

3. The participant has a disability which restricts his/her diet: Check one. If yes is checked, complete numbers 5 through 9.
 - (i) *A person with a "disability" means any person who has a "physical or mental impairment which substantially limits one or more major life activities of such individual; has a record of such impairment or is regarded as having such an impairment."*
 - (ii) The Americans with Disabilities Act Amendments Act (ADAAA) broadened the list of "Major Life Activities" for purposes of identifying individuals with disabilities and added a new category called "Major Bodily Functions." As amended by the ADAAA, Major Life Activities now also include Major Bodily Functions.
4. The participant has a medical condition that restricts the participant's diet: Check yes or no. If yes is checked, complete numbers 5 and 8 through 9.
5. Briefly describe the disability or medical condition that necessitates the meal modification.
6. If the condition is a disability, explain why disability restricts participant's diet.
7. If the condition is a disability, indicate which major life activity is affected by disability. Major life activities include, but are not limited to caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Check all major life activities that are affected by the disability. If the medical condition is not a disability leave this section blank.

Substitutions:

8. List the foods that must not be served to this participant.
9. For each food that must be omitted from the participant's diet list an alternate substitute that the participant is able to consume.

Other Special Dietary Needs:

10. Indicate whether the meal modification requires a caloric adjustment.
11. Indicate the type of caloric modification needed for the participant.
12. If the meal modification relates to a therapeutic diet or texture modification, please explain.

Health Care Provider Information:

13. If the meal modification is for a person with a disability, the institution/sponsor is required to make the modification and the form must be signed and dated by a physician.
14. If this meal modification is due to a medical condition not constituting a disability, the institution/sponsor is encouraged to make the substitution and the form must be signed and dated by a Recognized Medical Authority. (Physician, Physician Assistant, Nurse Practitioner)

North Carolina Department of Health and Human Services
Division of Public Health
Women's & Children's Health Section
Nutrition Services Branch
Child and Adult Care Food Program
Provision of Breastmilk or Infant Formula and Solid Foods

Institution/Facility Name: _____

Please select from the following choice(s):

- ☐ **I will breastfeed my infant on-site and/or provide expressed breastmilk.**

The Child and Adult Care Food Program (CACFP) encourages and supports breastfeeding. The American Academy of Pediatrics (AAP) recommends exclusively breastfeeding and/or provision of expressed breastmilk for six months; and continued breastfeeding after six months with the introduction of solid foods until at least one year. There is no age limit on breastfeeding or provision of expressed breastmilk. Mothers and infants/children may continue to breastfeed as long as mutually desirable. The North Carolina CACFP aims to help families meet their breastfeeding goals. For breastfeeding support, contact your county's Women, Infant, and Children (WIC) agency or visit www.zipmilk.org to find local breastfeeding resources.

- ☐ **I will accept the iron-fortified formula provided by the institution/facility.**

The facility offers: _____

Enter the name of the Iron-Fortified Infant Formula Provided by this institution/facility

I give permission for this institution/facility to prepare my infant's formula. When breastmilk is not available, infants must receive iron-fortified formula until 12 months of age. It is the parent's or guardian's choice to accept the formula provided by the institution/facility or provide an alternative formula.

NOTE: Infants receiving formula through the WIC Program are also eligible to receive formula from this center or day care home

- ☐ **I decline the iron-fortified formula provided by the institution/facility**

I will provide my infant with the following formula: _____

NOTE: If providing formula, it must be iron-fortified. If the formula provided is a special formula, a medical statement will be requested.

- ☐ **When my infant is developmentally ready to accept solid foods and is around 6 months of age. I want the institution/facility to provide solid food(s) allowed under 7 § C.F.R. 226.20 (b) and policy memo 17-01.**

It is important to delay the introduction of solid foods until around 6 months of age as most infants are not developmentally ready to safely consume them. There is no single, direct signal to determine when an infant is developmentally ready to accept solid foods. An infant's readiness depends on his or her unique rate of development. Centers and day care homes should be in constant communication with parents/guardians about when and what solid foods should be served while the infants are in their care. The AAP provides the following guidance to help determine if your infant is ready for solid foods.

Check below to show your agreement and understanding:

- ☐ When my infant can sit in a high chair, feeding seat, or infant seat with good head control.
- ☐ When my infant is watching me and others eat, reaching for food, and seems eager to be fed.
- ☐ When my infant can move food from a spoon into the throat and does not push it out of the mouth and/or dribbles onto his or her chin.
- ☐ When my infant has doubled his or her birth weight and weighs around 13 pounds or more.

Infant's Name: _____

Infant's Date of Birth: _____/_____/_____

Parent/Guardian Signature: _____

Date: _____/_____/_____

NOTE TO PARENTS: When a parent or guardian chooses to provide breastmilk (expressed breastmilk or breastfeed on-site) or a creditable infant formula and the infant is consuming solid foods, the center or day care home must supply all other required meal components for the meal to be reimbursable.

NOTE TO INSTITUTION/FACILITY: This document is required for all enrolled infants.

Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

Belief Statement

We, Skyers Child Development Ctr. (name of facility), believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death¹. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT².

Procedure/Practice

Recognizing:

- Children are observed for signs of abusive head trauma including irritability and/or high pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

Responding to:

- If SBS/ABT is suspected, staff will³:
 - Call 911 immediately upon suspecting SBS/AHT and inform the director.
 - Call the parents/guardians.
 - If the child has stopped breathing, trained staff will begin pediatric CPR⁴.

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing webmasterdcd@dhhs.nc.gov.
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: 919-527-6335

Prevention strategies to assist staff* in coping with a crying, fussing, or distraught child

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change.

If no physical need is identified, staff will attempt one or more of the following strategies⁵:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.

In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children⁶.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.

Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

Prohibited behaviors

Behaviors that are prohibited include (but are not limited to):

- ☐ shaking or jerking a child
- tossing a child into the air or into a crib, chair, or car seat
- pushing a child into walls, doors, or furniture

Strategies to assist staff members understand how to care for infants Staff reviews and discusses:

- The five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development, ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf
- How to Care for Infants and Toddlers in Groups, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups
- Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of Infant/Toddler Researchers, pages 7-9, www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf

Strategies to ensure staff members understand the brain development of children up to five years of age

All staff take training on SBS/AHT within first two weeks of employment. Training includes recognizing, responding to, and reporting child abuse, neglect, or maltreatment as well as the brain development of children up to five years of age. Staff review and discuss:

- Brain Development from Birth video, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth
- The Science of Early Childhood Development, Center on the Developing Child, developingchild.harvard.edu/resources/inbrief-science-of-eed/

Resources

List resources such as a staff person designated to provide support or a local county/community resource:

Shawn Wilson / Child Care Mecklenburg Nurse 704-432-1975

Parent web resources

- The American Academy of Pediatrics: www.healthychildren.org/English/safety-prevention/athome/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx
- The National Center on Shaken Baby Syndrome: <http://dontshake.org/family-resources>
- The Period of Purple Crying: <http://purplecrying.info/>
- Other _____

Facility web resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma, <http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&=+>
- Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention, http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf
- Early Development & Well-Being, Zero to Three, www.zerotothree.org/early-development

Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

References

1. The National Center on Shaken Baby Syndrome, www.dontshake.org
2. NC DCDEE, ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp
3. Shaken baby syndrome, the Mayo Clinic, www.mayoclinic.org/diseases-conditions/shaken-babysyndrome/basics/symptoms/con-20034461
4. Pediatric First Aid/CPR/AED, American Red Cross, www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, www.childrenscolorado.org/conditions-andadvice/calm-a-crying-baby/calming-techniques
6. Caring for Our Children, Standard 1.7.0.5: Stress <http://cfoc.nrckids.org/StandardView/1.7.0.5>

Application

This policy applies to children up to five years of age and their families, operators, early educators, substitute providers, and uncompensated providers.

Communication

Staff*

- Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children up to five years of age.
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age.
- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgment
- The child care facility shall keep the **SBS/AHT staff acknowledgement form** in the staff member's file.

Parents/Guardians

- Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children up to five years of age.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.
- Parents/guardians will sign an acknowledgement form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgement
- The child care facility shall keep the **SBS/AHT parent acknowledgement form** in the child's file.

* For purposes of this policy, "staff" includes the operator and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.

2/17/17

Effective Date

Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

Parent or guardian acknowledgement form

I, the parent or guardian of _____

Child's name

acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Date policy given/explained to parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date

Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

Staff acknowledgement form:

I _____ (name) acknowledge that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Date policy given/explained to staff person

Staff signature

Date



Smoke Free Policy

Our children at Skyers Child Development Center shall be in a smoke free and tobacco free environment. Smoking and the use of any product containing, made of or derived from tobacco, including e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah, shall not be permitted on the premises, in vehicles used to transport children, or during any off premises activities. All smoking materials shall be kept in locked storage.

I understand and agree with the above policy.

Child's Name: _____

Parent's Name: _____ Date: _____

Parent's Signature: _____ Date: _____

For staff Member use only.

I understand and agree with the above policy.

Staff Name: _____

Staff Signature: _____ Date: _____