**Children’s File Checklist**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following items must be present in each child’s file**

|  |  |  |
| --- | --- | --- |
| **Item** | **Due Date** | **Date Rec/ Completed** |
| **Applications for Enrollment includes authorization for emergency care.** | **1st Day** |  |
| **Medical Action Plan (if applicable)** | **1stDay/Updated annually** |  |
| **Medical Report** | **Within 30 days of Enrollment** |  |
| **Immunization Record** | **1st Day** |  |
| **Documentations of Receipt. Discipline Policy** | **1st Day** |  |
| **Infant Feeding Plan (children less than 15 months-old** | **1st Day** |  |
| **Infant Sleep Position Waivers (if applicable)** | **1st Day** |  |
| **Infant Safe Sleep Visual Check Charts (if applicable)** | **1st Day** |  |
| **Infant Room Protocol, Feeding Schedule, Safe Sleep Policy** | **1st Day** |  |
| **Documentations of Receipt: Safe Sleep Policy (if applicable)** | **1st Day** |  |
| **Authorization for Transportation (if applicable)** | **1st Day/As Occurs** |  |
| **Documentation of Receipt: Center Operational Policies (if applicable)** | **1st Day** |  |
| **Documentation of Receipt Summary of Child Care Law** | **1st Day** |  |
| **Copies of Incident Reports** | **As Occurs** |  |
| **Medication Authorization, Record of medication Administration (if applicable and Medication Error Report (if applicable)** | **As Occurs** |  |
| **Off premise Activities Authorization** | **As Occurs** |  |
| **Permission to Transport/participate in off premise activities (if applicable)** | **As Occurs** |  |
| **Documentation of Receipt: Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policies** | **1st Day** |  |
| **Permission for aquatic activities (if applicable)** | **1st Day** |  |
| **Notification of Smoking and Tobacco Restriction** | **1st Day** |  |
| **Written Plan of Care (if applicable)** | **1st Day** |  |
| **Payment Agreement** | **1st Day** |  |
| **Policy for Dismissal with Cause Parent Agreement Form** | **1st Day** |  |
| **Guidelines for Temporary Exclusion from School for Health Reasons** | **1st Day** |  |
| **Fees for Late Pick Up** | **1st Day** |  |
| **Safe Arrival & Departure Procedures** | **1st Day** |  |
| **Acknowledgement of Receipt of NC Childcare Laws & Rules** | **1st Day** |  |
| **Classroom Viewing Request Form** | **1st Day** |  |
| **Tadpoles Email Sign Up, Pictures of Child & Authorized Person(s) of Release** | **1st Day** |  |
| **Face Book/Door Code** | **1st Day** |  |
| **Food Service Form & Info Sheet** | **1st Day** |  |

A logo with text and images

Description automatically generated with medium confidence

**REGISTRATION INFORMATION**

School \_\_\_ Start Date \_\_\_/\_\_\_/\_\_\_\_\_ Re-Enroll \_\_\_ New \_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male\_\_Female\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Work Phone # \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City, State & Zip)

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Work Phone # \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City, State & Zip)

Custody: Mother \_\_\_\_ Father \_\_\_\_ Both \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only:**

Class Type \_\_\_ Class Name \_\_\_\_ Registration $ \_\_ Paid \_ Date\_\_\_/\_\_\_/\_\_\_\_ Charge\_\_\_

Tuition Fee $\_\_\_\_\_\_\_ Weekly \_\_\_ Monthly \_\_\_\_ Private Pay \_\_\_\_ Scholarship\_\_\_

A logo with text and images

Description automatically generated with medium confidence**Center Operational Policies**

**Hours/Days**

Operating time for Day Care is 7:00 am and pickup time is no later than 6:00 pm. If you are late picking up your child, you will be charged a late pick-up fee. You will receive a 5 min grace period. See the Late Pick-up Fee Policy.

**Holidays/Closings/Teacher Workdays**

The following days are paid holidays for YESS Learning Center: If holiday falls on weekend, center will close on closest business day(s).

New Year’s Day Memorial Day Veterans Day

Martin Luther King Jr. Day Independence Day Thanksgiving Holiday (Thurs. & Fri)

Good Friday Labor Day Christmas Holiday (may be last full week of the year - to be announced)

**ALL NC Pre-K will follow GCS schedule and a copy will be included in the packet.**

**Children Served**

YESS Learning Center serve children in the age range of birth (6 weeks) to 12 years without discrimination of race, color, religion, sex, national origin, age, disability, veteran stats, or any other characteristic protected by law. We will make reasonable accommodations to serve children with special needs and will make individual assessments to determine if we can meet the needs of each child in our group setting.

**Admission Requirements & Enrollment Procedures**

When enrolling your child with us, you are required to complete the Enrollment Registration Information packet to be reviewed by management before your child’s first day. These forms provide vital information for the care, health, and safety of your child. Children with health care needs such as allergies, asthma, or chronic conditions that require specialized health services must have a medical action plan attached to the application upon enrollment. A registration fee is also due upon enrollment and annually thereafter.

**Parent Fees and Payment Plan (NC Pre-K Only)**

Field Trips will be an additional monthly see your child’s teacher for more information. The fees will need to be paid prior to the field trip.

**Parent Fees and Payment Plan (NC Pre-K Wrap Around)**

The full tuition fee is due and payable whether the child attends daycare on the agreed day or not, *regardless of absence or illness*. Additional hours will be subject to additional charges. Your driver’s license number is required to be verified and listed below before we can accept personal checks. Your current tuition fee may increase/decrease with a 20-day written notice.

– Please Initial each line item.

\_\_\_\_ 1. The price for full-time tuition includes 10 hours a day, five days a week. Anything over 10 hours a day/50 hour a week will be charged the posted hourly rate **plus** a $10 fee per hour for going over 10 hours. DSS limits are based on your individual agreement.

\_\_\_\_ 2. Parents will be charged for the full week of fees whether the child comes for one day or all five. Holidays and snow days that fall during the week will be paid for even though the center may be closed.

\_\_\_\_ 3. If you take a **vacation***: (Private paying Vandalia & Lakecrest only)*

1. a. After being enrolled for 1 year, the fee will be waived for 2 weeks when the child is on vacation. These days must be as full weeks, not by the day and must be 5 consecutive business days of the same week.
2. b. You must submit your vacation request to the Center Director at least two weeks in advance in writing.
3. c. There will be a limit on how many families can take vacation in one given week. 1st come; 1st serve.
4. d. Your child must be absent all week before any vacation option can be used. Otherwise, the full amount of tuition will be due on the same date specified in your contract.

**Payment**

Payment for the week is due on the first day of the week. You have the option of paying in cash, credit, debit, check or money order.

– Please Initial each line item.

\_\_\_\_ 1. If a payment is not made on the due date, you will be charged $25 beginning Tuesday at noon for the week that you are late.

Subsidy co-payments are due by the 1st of each month and must be paid in full by the 15th of each month.

\_\_\_\_ 2. If your balance is not paid in full, your child will not be able to attend the following week until your balance is satisfied.

\_\_\_\_ 3. Post-dated checks for childcare are not acceptable. Check must be dated for the day services are being rendered. You must have

a confirmed driver’s license number on file in order for us to accept checks.

\_\_\_\_ 4. Returned checks will be assessed fees payable in cash or money order for:

1. The full amount of the check, and

2. A $30 service fee our bank charges, and

3. Any additional fees incurred as a result of your check not clearing.

If three checks are returned, you must pay in cash or money order thereafter.

\_\_\_\_ 5. You may be required to leave a credit/debit card on file. In the event, you leave our center with a balance or without giving a 2-

week notice, your account will be charged the amount owed (which includes tuition balance, late fees and all service charges).

\_\_\_\_ 6. This agreement shall be renewed annually on the 1st Monday in September along with your registration fee. Current registration

fee is $\_\_\_\_\_ per child and $\_\_\_\_ per family. Registration fees and tuition are subject to change with a 30-day notice. **Absences** – Please Initial each line item.

If your child is absent for any reason:

\_\_\_\_ 1. Parents will call before scheduled time of arrival if they are late or not coming that day.

A logo with text and images

Description automatically generated with medium confidence**Center Operation Policies Continued**

**Services Provided**

YESS Learning Center is a full service, first shift childcare center that serves breakfast, lunch and afternoon snack. We provide before and after school care, with transportation from selected schools in our area. e charged $25 beginning Tuesday at noon for the week that you are late.

Subsidy co-payments are due by the 1st of each month and must be paid in full by the 15th of each month.

\_\_\_\_ 2. If your balance is not paid in full, your child will not be able to attend the following week until your balance is satisfied.

\_\_\_\_ 3. Post-dated checks for childcare are not acceptable. Check must be dated for the day services are being rendered. You must have

a confirmed driver’s license number on file for us to accept checks.

**Nutrition Policies**

We participate in the Federal Food Program, a federal program of the Food Nutrition Service of the USDA with the primary goal to improve nutrition and provide support. Our meals are nutritious and well balanced with grains, proteins, dairy, fruits, and vegetables in age-appropriate amounts. Please do not bring outside food as other children may have food allergies and other children may want to eat what you bring. Outside source food exceptions must be discussed with your director before being brought into the school. Children with special dietary needs must present a doctor’s note with specific needs. We will attempt to supply substitutions but reserve the right to ask parent/guardian to provide items for extenuating circumstances.

**Meals**

If you are running late, please call by 9 am so that we can include your child in our meal numbers. If your child is dropped off after mealtime, it is your responsibility to feed your child. For meals, families should ensure that your child is present by the following times:

**Breakfast \_\_\_\_\_\_am Lunch \_\_\_\_\_\_am Snack \_\_\_\_\_pm**

**Items to Be Provided by Families**

Please send your child in weather appropriate clothing you do not mind getting messy. Parents are urged to bring a blanket to use during naptime. Parents will supply a change of clothes each day, even if the child is fully potty trained; this includes school age children. Parents are responsible for diapers, wipes, and special needs food (with a signed doctor’s note only). Infants/Toddlers should bring labeled bottles/cups with child’s name & date. Pacifiers should also be labeled.

**Cleaning Duties**

Staff are required to perform daily cleaning duties and as needed to maintain consistent cleanliness and high sanitation standards.

* The following items will be cleaned and sanitized/disinfected after each use: diaper changing table, hand washing sinks used after diaper changing and for hand washing before meals, items/surfaces that come in contact with body fluids, highchairs, tables and food service areas.
* Daily cleaning duties include but are not limited to: sweep/mop floors, vacuum; launder Infant items (bibs, wash clothes, sheets, blankets & mouthed soft toys; sanitize cribs after infant’s last nap; clean/disinfect toilets & bathroom sinks
* Weekly cleaning duties include but are not limited to cleaning/sanitizing all toys, vinyl surfaces, dramatic play clothes, cot sheets/blankets & trash cans.
* As needed: walls, chairs, shelves, cabinets, & cubbies. Carpets will be professionally cleaned every six months.

**Photos/Videos of Children**

The YESS Learning Center is committed to protecting and respecting the rights and privacy of children and families. Please be advised our rooms and playgrounds are videotaped (some with audio). We understand that families may want to video or photograph their child while at school. Please do so only if you have checked with the teacher to be sure your child’s classmates are permitted to be photographed. Due to a variety of circumstances and safety issues, please only post video/photos of your child to the internet/social media. If you’d like to video/photograph special performances, please obtain permission of the Director to be sure children participating may be photographed.

**Discipline Policy**

**We Do: We Do Not:**

-Praise, reward & encourage children. -Spank, shake, bite, pinch, push, pull, shove, slap, kick or otherwise

-Reason with & set limits for children. physically punish children or handle roughly in any way.

-Model appropriate behavior for children. -Make fun of, yell at, threaten, and make sarcastic remarks about,

-Modify the classroom environment to attempt to prevent use profanity or otherwise verbally abuse children.

problems before they occur. -Shame or punish children when bathroom accidents occur.

-Listen to children -Deny food or rest as punishment.

-Provide alternatives for inappropriate behavior to children. -Relate discipline to eating, resting or sleeping.

- Provide children with natural & logical consequences of -Leave children alone without supervision.

their behaviors. -Place children in locked room, closets or boxes as punishment.

-Treat children as people& respect their needs, desires & feelings. -Allow discipline of children by children.

-Ignore minor misbehaviors. -Criticize, make fun of, or otherwise belittle children’s parents or

ethnic groups.

\*No child will be subject to any form of corporal punishment or physical discipline and discipline will never be delegated to another child. No child shall be disciplined by assigning chores that require contact with or use of hazardous materials (i.e. cleaning bathrooms, floors, or emptying diaper pails). Discipline must be age-appropriate; however, physical restraints are strictly prohibited and may not be used on children at any time. Physical restraints include therapeutic holds but can be used if indicated in a child’s individualized Education Program (IEP) and the caregiver must follow the documented procedures. Other forms of physical restraint that are prohibited could include putting a child in a highchair for purposes other than feeding or a crib for purposes other than sleeping.

\*In an emergency, it may be necessary to intervene by physically separating or removing a child from a situation to prevent the child from harming themselves or others. For example, if a child is about to run into the street, the Division would expect the caregiver to protect the child and keep the child safe by stopping the child from running out in the street.

A logo with text and images

Description automatically generated with medium confidence**Center Operation Policies Continued**

**Discipline**

\*Nap/rest periods should be limited to no more than two hours. Children must be given alternative activities if they are unable to sleep during nap/rest time. It is not appropriate for children to be forced to remain on their cots or mat for the entire rest period if they are awake.

**Time Away**

“Time Away” is the removal of a child for a short period of time (3-5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The “Time Away” space, usually a chair, is located away from the classroom activity but within the teacher’s sight. During “Time Out”, the child has the chance to think about the misbehavior which led to their dismissal from the group. After a brief interval of no more than five minutes the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over, and the child is treated with the same affection and respect shown to the other children.

**Procedures for Reporting Suspected Child Abuse & Neglect**

Childcare staff or operator who suspects a child has been abused or neglected must notify proper authorities. This requirement applies regardless of where the abuse may have occurred (in child’s home or center).

* Child abuse, neglect, or maltreatment should be reported to the local county Department of Social Services.
* Abuse or neglect in a childcare program may also be reported to the Division of Child Development (919)662-4499 or (800)859-0829

**Parent/Guardian Participation Opportunities**

* **Pre-enrollment Visitation:** Make an appointment with the Director for a tour of the center to see the child’s class and meet their teacher.
* **Activity Participation**: Parents/Guardians are welcome to visit their child’s class at any time. All visitors and volunteers must sign in & out each visit and be accompanied by a staff member while in our building. Parents/Guardians are welcome to assist staff with activities such as art, cooking projects or reading (and must follow all state guidelines). Parents/Guardians must refrain from picking up or holding children other than their own.
* **Parent/Guardian & Teacher Conferences** are held three times during our academic year. This provides an opportunity to discuss your child’s progress and future goals as well as building a relationship with your child’s teacher.
* **School Activities & Events:** Parents/Guardians are encouraged to participate in a variety of activities throughout the year such as: dances/parties, picnics/socials, charity *drives (Trike-a-thons, food drives, lemonade stands)*, book sales, class performances, graduation ceremonies (PK), holiday celebrations, workshops & field trips.
* **Complaints/Compliments:** Parents/Guardians are encouraged to voice any concerns/complaints, issues, compliments, or recommendations to a director at any time. If the issue needs further attention, seek a director for escalation procedures.

We the parents/guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and agree to the above terms of the YESS Learning Center Operation Policies.

Father/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Sign

Mother/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Sign

Center Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian receives a copy of the Center Operational Policies**

A logo with text and images

Description automatically generated with medium confidence

**Payment Agreement-NC Prek Wrap-Around Only**

This agreement summarizes the procedures of YESS Learning Center, the services to be provided, and the fees which will be charged for these services. By signing this agreement, the parent(s)/guardian(s) indicates their understanding of, and agreement with the caregiver’s policies.

The following agreement is made between:

*Print only.*

Parent’s Name(s): Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Phone: HM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can be used for direct communication from the center i.e. weather alerts,

newsletters, and other pertinent information from YESS Learning Center.

*Circle one*

4211 Hilltop Rd 1806 W Vandalia Rd 851 Lakecrest Ave

Greensboro, NC 27407 Greensboro, NC 27406 High Point, NC 28265

336-852-8571 336-292-3362 336-884-5373

Childcare will be provided for the following days and hours:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Arrive |  |  |  |  |  | N/A | N/A |
| Departure |  |  |  |  |  | N/A | N/A |

Your current tuition fee for Childcare is $\_\_\_\_\_ per \_\_\_\_\_ based on \_\_\_\_\_% and \_\_\_\_\_\_\_\_\_\_weekly hours. The full fee is due and payable whether the child attends daycare on the agreed day or not (example: illness). Additional hours will be subject to additional charges. **Your driver’s license number is required to be verified and listed below before we can accept personal checks.** Your current tuition fee may increase/decrease with a 30-day written notice.

By signing this form, you agree that this is a legally binding form. Failure to abide by the center’s policies will result in termination of the contract. This agreement is subject to change with two weeks’ written notice but shall be renewed annually.

|  |  |  |
| --- | --- | --- |
| Father/Guardian’s Signature | Driver’s License # | Date |
| Mother/Guardian’s Signature | Driver’s License # | Date |
| Name of School | Facility License ID# | Date |

A logo with text and images

Description automatically generated with medium confidenceApplication Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Child’s Enrollment Application**

Date of Enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Information**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Called by Date of Birth

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Things that comfort your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Things that scare your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Information** Child lives with **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custody papers to be considered. Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_

**Health Care Needs:**  *Allergies, asthma, or other chronic conditions that require specialized health services, require a medical action plan completed by the child’s parent or health care professional attached to the application.* **Medical action plan attached** *Yes \_\_\_\_ No \_\_\_\_*

List any allergies, the symptoms and type of response required for allergic reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response for them \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any specific 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Authorization**

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

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency, 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.

Director’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photograph Authorization**

We like to display pictures on bulletin boards and in albums to show perspective enrollees the children engaged in activities. Please indicate if photographs in which your child is pictured may be used.

\_\_\_\_\_ Yes, I consent to photographs of my child being posted on bulletin boards and in school albums.

\_\_\_\_\_ No, I do not wish photographs of my child to be posted on bulletin boards or in school albums.

We like to use photos of children enrolled in our school on the YESS’ web site and Face Book page. Please indicate if your child may be photographed and the picture used on the YESS’ web site and Face Book page.

\_\_\_\_\_ Yes, I consent to my child’s photo being used on the YESS web site and Face Book page.

\_\_\_\_\_ No, I do not wish for my child’s photo to be used on the YESS web site and Face Book page.

A logo with text and images

Description automatically generated with medium confidence

**Child’s Care and Emergency Information**

|  |  |  |
| --- | --- | --- |
| Name of Child (Last, First Middle Initial) | Name of Parents | |
| Child’s Date of Birth Home Phone Number | Address (Number & Street) | |
| Allergies, if any | City State Zip Code | |
| Special Health Conditions, if any | |  |
| 1.Parent’s Location When Child’s in Care (Employer, School, etc.) | Hours of Employment Phone Number  ( ) | |
| Address (Number & Street) | City State Zip Code | |
| 2.Parent’s Location When Child’s in Care (Employer, School, etc.) | Hours of Employment Phone Number  ( ) | |
| Address (Number & Street) | City State Zip Code | |

**Person Other Than Parent To Be Notified In Emergency Situation When Parent Is Not Available**

|  |  |
| --- | --- |
| Name | Phone Number  ( ) |
| Address (Number & Street) | City State Zip Code |

**Names of Persons Other Than Parent To Whom Child May Be Released**

|  |  |
| --- | --- |
| 1. | 3. |
| 2. | 4. |

**- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**

|  |  |
| --- | --- |
| **Emergency treatment & transportation:**  I hereby give permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Childcare Provider)  Licensed by the Division of Child Development to secure emergency medical, dental, and/or emergency surgical treatment and to provide emergency.  transportation for the above-named minor child while in care.  ***Non-emergency medical treatment or elective surgery is not included in this authorization.*** | |
| Signature of Parent or Guardian | Date Signed |

|  |  |
| --- | --- |
| **Name of Child’s Physician or Health Clinic** | Office Hours Phone Number  ( ) |
| Address (Number & Street) | City State Zip Code |
| **Hospital Preferred for Emergency Treatment** | **Health Insurance Policy Name & Number** |
| **Name of Child’s Dentist** | Office Hours Phone Number  ( ) |
| Address (Number & Street) | City State Zip Code |
| **Field Trips and Activities Outside the Fenced Playground**  I hereby give permission to YESS Learning Center for my child to participate in a walking trip or to be transported in a vehicle for a field trip. I further give permission to the facility for my child to participate in developmentally appropriate supervised activities outside of the fenced playground. | |
| **Signature of Parent of Guardian** | **Date Signed** |

A logo with text and images

Description automatically generated with medium confidence**CHILD’S MEDICAL FORM**

YESS Learning Center- Hilltop \_\_\_\_ Vandalia \_\_\_\_ Lakecrest \_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Medical History** (May be completed by parent)
2. Is child allergic to anything? No Yes If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. Is child currently under a doctor’s care? No Yes If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 NC 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 \_\_\_\_\_\_\_\_\_\_\_\_

Tuberculin Test Results, if given: Type\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_ Normal \_\_\_ Abnormal \_\_\_\_ follow-up\_\_\_\_

Developmental Evaluation: delayed \_\_\_\_\_\_\_\_\_ age appropriate \_\_\_\_\_\_\_\_\_\_\_

If delay, note significance and special care needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should activities be limited? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Examination \_\_\_\_\_\_\_\_\_\_

Signature of authorized examiner/title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*4211 Hilltop Rd 1806 W. Vandalia Rd 851 Lakecrest Ave*

*Greensboro, NC 27409 Greensboro, NC 27406 High Point, NC 27265*

*P. 336-852-8571 P. 336-292-3362 P. 336-884-5373*

*F. 866-829-4620 F. 336-292-3366 F. 336-884-5404*

*Mailing Address: P.O. Box 7443 Greensboro NC 27417*

A logo with text and images

Description automatically generated with medium confidence**Policy for Dismissal with Cause**

**Parent/Guardian Agreement**

We at YESS recognize that occasionally a child will test limits and break behavior rules as they grow and develop. With grace, we attempt to redirect and remind the children of behavior expectations. Rarely some children will have trouble adapting to the childcare environment or abiding by rules of behavior. Should your child experience some difficulty, we will work closely with you to see if the behavior may be resolved.

**Extreme Behavior\***

On occasion, children display extreme behaviors that are beyond normal, A-typical, age-appropriate behavior. When possible, we will partner with families to rectify extreme behaviors with the following steps:

1. **Verbal notification** from the teacher of **extreme behavior** concerns to parent/guardian and administrator.
2. **Observations** of the child’s day will be documented by the teacher to look for triggers to the **extreme behavior** and shared with admin to form a plan to redirect the behavior. If behavior concerns continue, an admin will observe and document the child during time of day the behaviors most occur to form a plan with the teacher to redirect the behavior.
3. **Parent/Guardian Conference** with teacher and/or administrator to discuss a plan of action based on observations that may include assistance from a third-party agency such as *Bringing Out the Best*.
4. **Up to 3 written incidents** for **extreme behaviors** with phone calls to the parent/guardian

and/or

**Up to 3 immediate pickups** of the child if **extreme behaviors** can’t be reasonably redirected.

*(If parent/guardian doesn’t pick up upon request, child will be suspended for the next day.)*

1. **Suspension** up to 2 days (at the discretion of the Director/Owner) for each **extreme behavior** incident.
2. **Dismissal** after all options have been exhausted.

If the child’s behavior continues to be disruptive to the group, we may determine the enrollment of your child is not satisfactory or an appropriate fit for our school. We reserve the right to ask you to withdraw your child from the center.

**We reserve the right to immediately dismiss your child from our center:**

* If the parent/guardian is non-compliant with the conference, immediate pickups, or suspensions.
* In severe situations. *(These will be handled on a case-by-case basis.)*

***\*Extreme Behaviors*** *are behaviors that are beyond normal, A-typical, age-appropriate behavior that pose a risk to the child, other children, or staff.*

**Examples of Extreme Behaviors**

1. Risk the child’s own safety. *Examples: refusal to come in from playground, leaving class/building without permission, inappropriate climbing/jumping*
2. Inflicts harm or is unsafe to children in our care. *Examples: unprovoked throwing/pushing over furniture; hitting, biting, kicking, or injuring children*
3. Abusive to our staff. *Examples: Verbally threatening, excessive cursing, hitting, or kicking*
4. Disruptive to the class. *Examples: non-compliant with reasonable requests, excessive yelling/screaming, indecent exposure, makes it difficult for teacher to tend to other children in the group*
5. That poses an undue burden on the center or requires additional staff. *Examples: Child needs constant one on one to prevent behaviors, child must be removed frequently for disruptions to the class*

A logo with text and images

Description automatically generated with medium confidence**Policy for Dismissal with Cause**

**Parent/Guardian Agreement (Continued)**

**Other causes for dismissal include but are not limited to the following:**

1. Behavior of parent/guardian that is inappropriate for the safety of the school. *Examples: Verbally threatening, vulgar, cursing, or yelling, aggressive or physical behavior towards any child (including your own), parent/guardian, or staff member.*
2. Failure to pay tuition fees on schedule.
3. The needs of a child that cannot be appropriately met by the school. *Examples: Medical, behavior, or separation anxiety in which the child needs more care than staff can provide without compromising the health and safety of other children; child is unable to participate in activities.*

The parent/guardian understands and acknowledges that the Center Director/Owner is the sole spokesperson for YESS in the case of dismissal. The decision may not be discussed with or appealed to the teachers or any outside source. The decision made by the Center Director and Owner is final.

I agree that I have read, understand, and will abide by the Dismissal for Cause policy of YESS Learning Center.

Parent/Guardian Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff acknowledgement of Policy for Dismissal with Cause**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the Policy for Dismissal with Cause. I commit to providing a safe learning environment for the children in my care. I will communicate with administration and parent/guardians’ behavior concerns in a timely manner. I will work with administration and families to rectify and resolve behavior issues.

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A logo with text and images

Description automatically generated with medium confidence

**Guidelines for Temporary Exclusion**

**from Care for Health Reasons**

**Illness**

We will observe each child’s overall well-being daily. If we notice your child developing symptoms of illness during the day, we will separate them from the other children and attempt to make them comfortable until they are picked up from school. Certain symptoms in children may suggest the presence of a communicable disease or contagious illness. Children who have those symptoms should be excluded from the childcare setting until 1) a physician has certified the symptoms are not associated with an infectious agent or they are no longer a threat to the health of other children at the school and/or 2) the symptoms have subsided.

Please be understanding when we ask you to pick up your child or to get a note from your doctor. Many times symptoms can be ambiguous or misleading. We have to consider all possibilities when something looks suspicious. To make sure that symptoms are not contagious, we may require you to obtain a doctor’s note. By observing the above health standards, you will be protecting your child as well as the other children in the school. Thank you for your cooperation.

Fever: Temperature of 100 degrees auxiliary, “under the arm” or higher especially if accompanied by other symptoms such as vomiting, sore throat, diarrhea, headache, stiff neck, or undiagnosed rash. Child may return to school when the child has been fever free for 24 hours without a fever reducer.

Respiratory Symptoms: Difficult or rapid breathing or severe coughing, child makes high-pitched croupy or whooping sound after he/she coughs; Child unable to lie comfortably due to continuous coughs.

Diarrhea: A sudden onset of bloody stools; 2 or more abnormally runny, watery stools. Child may return to school when the child has been without diarrhea for 24 hours.

Vomiting: One episode of vomiting in a 24-hour period

Eye Drainage: Any thick mucus or discharge coming from the eye; Child may return to the school 24 hours after beginning medication.

Ear Drainage: Any discharge coming from the ear; Child may not return until there is no drainage.

Sore Throat: Sore throat, especially when fever or swollen glands in the neck are present.

Skin Problems: Skin rashes, undiagnosed or contagious; infected sores with crusty, yellow, or green drainage, which cannot be covered by clothing or bandages.

Lice: Must be nit free, no live bugs; must be treated 24 hours before returning to school.

Unusual Color: Yellow or jaundiced eyes or skin, stool is gray or white, or urine is dark.

**Illnesses:** Streptococcal Pharyngitis, Scabies, Chickenpox impetigo, Pertussis, Measles, Mumps, Rubella, Tuberculosis, Hepatitis A, or infectious illness

**Appearance/Behavior:** Child unusually tired**,** lacking appetite, confused, irritable, or difficult to awaken; Child is continuously crying, or requires more attention than staff can provide without compromising ability to care for others.

Illness prevents the child from participating in activities, including outdoor activities.

Please see a director for a complete list of health exclusions or with any questions or concerns.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_understand and

(Parent/Guardian name) (Child’s name)

will abide by the health policies listed above.

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

**Parent/Guardian receives a copy of this signed Guidelines for Exclusion Policy**

A logo with text and images

Description automatically generated with medium confidence

**FEES FOR LATE PICK-UP** NC PreK Only

**YESS Learning Centers**

**Hours of Operation**

7 am to 6 pm, Monday thru Friday

*Each child shall be picked up each day by 2:30pm.*

It is important for children to be picked up on time every day.

There is a charge when the child is not picked up by the end of their designated time.

Of course, we always hope that a parent is not late due to a serious emergency.

When you are late to pick up your child there is an $11 fee charged after the first five minutes and $1 fee for each additional minute after. Your charges for today will be added to your account and full payment will be due by the end of this week.

PLEASE BE SURE THAT YOUR CHILD IS PICKED UP EVERYDAY BY THEIR DESIGNATED HOURS.

**Fees for Late Pick Up (based on minutes late)**

6 – 10 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $15

11 -15. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $20

16 - 20. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $25

21 - 25. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $30

26 - 30. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $35

31 - 35. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $40

36 - 40. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $45

41 - 45. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $50

46 - 50. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $55

51 - 55. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $60

56 - 60. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $65

*(add $5 per 4-minute increment)*

Your Late Pick-Up fee today is $\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the Late Pick-Up Fee Policy.

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

A logo with text and images

Description automatically generated with medium confidence

**FEES FOR LATE PICK-UP-Wrap Around Only**

**YESS Learning Centers**

**Hours of Operation**

7 am to 6 pm, Monday thru Friday

*No child may remain in care more than hours designated in your approved Payment Agreement.*

*\*Families receiving subsidies must adhere to hours designated on vouchers.*

**It is important for children to be picked up on time every day.**

**There is a charge when the child is not picked up by the end of their designated time.**

**Of course, we always hope that a parent is not late due to a serious emergency.**

When you are late to pick up your child(ren) there will be a late pickup fee per child after the first five minutes. See chart below. **Late pick up fees MUST be paid in cash before your child(ren) returns the following day. If you are late 3x in one month, your late fee charge will double, and you will lose the luxury of having a 5 minute grace period.**

**60 MINUTES AFTER CLOSING, THE CHILD WILL BE TURNED OVER**

**TO THE POLICE AND SOCIAL SERVICES**

**IF THE PARENT CANNOT BE REACHED OR HAS NOT CALLED THE SCHOOL**

**DUE TO AN EMERGENCY. EXAMPLE OF AN EMERGECY: AN AUTO ACCIDENT**

PLEASE BE SURE THAT YOUR CHILD IS PICKED UP EVERYDAY BY THEIR DESIGNATED HOURS.

**Fees for Late Pick Up (based on minutes late)**

6 – 10 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $15

11 -15. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $20

16 - 20. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $25

21 - 25. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $30

26 - 30. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $35

31 - 35. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $40

36 - 40. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $45

41 - 45. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $50

46 - 50. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $55

51 - 55. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $60

56 - 60. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. $65

*(add $5 per 4-minute increment)*

Your Late Pick-Up fee today is $\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the Late Pick-Up Fee Policy.

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

**Safe Arrival and Departure Procedures**

Keeping children safe is our goal. Please adhere to the following procedures:

* Upon arrival, all children must be accompanied inside the facility by an adult.
* Staff must be notified of the child’s arrival.
* Upon the child’s departure, an adult must come inside the facility and notify staff that the child is leaving.
* Children will only be released to persons listed on the child’s application as authorized by the parent/guardian. Staff will request to view a driver’s license to verify identity of persons other than known parent/guardian.
* Authorization from parent/guardian is required in writing when anyone other than the designated person(s) as listed on the child’s application arrives to pick up the child.
* Daily arrival and departure times must be recorded. If a child is arriving late, a parent/guardian must call by 9 am to inform the admin. Children must arrive no later than 10:30 am. (See admin for exceptions.)
* Children must never be left unattended.
* Sign children in and out per the program’s policies. Using the onsite tablet & the assigned 4-digit code, children are to be signed in and out through the online Tadpoles ap.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the Safe Arrival and Departure Procedures.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sign Up for Tadpoles**

Tadpoles is a private communication between our school & our families. You will receive information, photos, daily reports & notes in your email. Please update email info as needed.

**Parent/Guardian 1 Name & Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian 2 Name & Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grandparent, Friend, or Other Name & Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **- - - - - - - - - - - - - -**

**Door Code for Entry**

A logo with text and images

Description automatically generated with medium confidence*Please use discretion with who you give your code & do not allow people to enter the building behind you that may not have permission to access the center.*

1. Your personal code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Press the \* key (YESS-Vandalia Building B)

or Press # key (YESS-Hilltop)

(Admin record code, tear and give Door Code portion to parent/guardian.)

A logo with text and images

Description automatically generated with medium confidence**Classroom Viewing Request Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State & Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Please note that this service is an additional fee and can be paid either weekly or monthly. Prices reflect the fee for the first child, each additional child will be at 50% of the rate. Please initial by your preference:

\_\_\_\_ $30 first child, $15 each additional child per month if paid in full by the 5th. Total # children: \_\_\_\_

\_\_\_\_ $10 first child, $5 each additional child per week with your tuition. Total # children: \_\_\_\_

\_\_\_\_ $2 first child, $1 each additional child per day with your weekly tuition.Total # children: \_\_\_\_

\_\_\_\_ I decline access to this service.

If this fee is not paid as agreed, this service will be canceled. This service shall only be used for your personal purposes only and shall not be recorded, sold, or uploaded to any Internet site without permission of YESS Learning Center.

***By signing below, you acknowledge and agree to the classroom camera viewing policies.***

Parent/Guardian’s Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete and return to the office. This form will be returned to you with your assigned username and password (which is all lowercase).**

**- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**

**To View: Go to** [**www.kindercam.com**](http://www.kindercam.com/)

**Select “See Your Kids”**

**Select the name of your child’s school.**

**Username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Password: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **On a Windows/MAC Computer:** Kindercam recommends using Mozilla Firefox or Google Chrome as your browser.
* **iPhone/iPad:** Please use the default Safari browser.
* **Android device:** Please download Google Chrome or Mozilla Firefox from the Google Play store.

**IF YOU NEED TECHNICAL ASSISTANCE, PLEASE CALL US AT 877.221.6516 OR REACH US VIA EMAIL AT TECH\_SUPPORT@KINDERCAM.COM**



**Parent/Guardian receives a copy of this document.**

A logo with text and images

Description automatically generated with medium confidence**Like Us on Facebook**

**Each location has a Facebook page.**

YESS Learning Center-Hilltop

YESS Learning Center– Vandalia

YESS Learning Center - Lakecrest

* **Stay informed of upcoming events.**
* **View photos, videos, and posts of activities in our schools.**
* **Get tips to use with your child.**
* **Be aware of closings or delays.**
* **Take advantage of special offers.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**North Carolina Childcare Law & Rules**

**Acknowledgement of Receipt**

You were given a copy of the NC Childcare Law and Rules. This summary was created by the NC Division of Child Development to make you aware of the current childcare laws and regulations.

After receiving a copy of the NC Childcare Law and Rules Summary, sign the statement below and return it to the childcare office with your enrollment packet.

I acknowledge that I have received a copy of the NC Childcare Law and Rules Summary.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**(Parent/Guardian retains trifold of NC State Childcare Law & Rules.)**

A logo with text and images

Description automatically generated with medium confidence**Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy**

**Belief Statement**

We, YESS Learning Center, 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 childcare, 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 death. According to NC Childcare Rules, each childcare facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT.

**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 vocalizations, 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 will:
* 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 CPR.

Reporting:

* Instance of suspected child maltreatment in childcare are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing [webmasterdcd@dhhs.nc.gov](mailto:webmasterdcd@dhhs.nc.gov).
* Instances of suspected child maltreatment in the home are reported to the county Department of Social services. Phone number**: 336-641-3447**

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

Staff must 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 strategies:

* 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.
* Turn on music or white noise.

In addition, the facility:

* Allows for staff that feels they may lose control to have a short, but relatively immediate break away from the children.
* Provides support when parent/guardians are trying to calm a crying child and encourages parents to take a calming break if needed.

**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

**Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy Pg2**

**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 childcare facility shall review the policy with all staff that provides 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 childcare facility shall keep the **SBS/AHT Staff Acknowledgement** **Form** in the staff member’s file.

Parents/Guardians

* Within 30days of adopting this policy, the childcare 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 childcare facility shall keep the **SBS/AHT Parent Acknowledgment 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.

* - - - - - - - - - - - - -

**Parent or Guardian Acknowledgment Form**

I, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have read and received a copy of

Child’s name

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

* - - - - - - - - - - - - -

**Staff Acknowledgement Form**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have read and received a copy of the facility’s Shaken Baby

Staff name

Syndrome/Abusive Head Trauma Policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date policy given/explained to staff person.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature Date

**Resources Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy**

**Strategies to assist staff members in understanding how to care for infants.**

Staff reviews and discusses:

* The five goals and developmental indicators in the 2013 NC 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/defaullt/files/opre/nitr](http://www.acf.hhs.gov/sites/defaullt/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 receives 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-ecd/

**Resources**

Parent web resources

* The American Academy of Pediatrics: [www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Truama-Shaken –Baby-Syndrome.aspx](http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Truama-Shaken%20–Baby-Syndrome.aspx)
* The National Center on Shaken Baby Syndrome: <http://dontshake.org/family-resources>
* The Period of Purple Crying: <http://purplecrying.info/>

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](http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing%20SBS%20508-a.pdf)
* Early Development & Well-Being, Zero to Three, [www.zerotothree.org/early-development](http://www.zerotothree.org/early-development)

**References**

1. The National Center on Shaken Baby Syndrome, [www.dontshake.org](http://www.dontshake.org)
2. NC DCDEE, ncchildcare.dhhs.state.nc.us/general/mb ccrulespublicc.asp
3. Shaken baby syndrome, the Mayo Clinic, [www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461](http://www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461)
4. Pediatric First Aid/CPR/AED, American Red Cross, [www.redcross.org/images/MEDIA CustomProductCatalog/m4240175 Pediatric ready referenc.pdf](http://www.redcross.org/images/MEDIA%20CustomProductCatalog/m4240175%20Pediatric%20ready%20referenc.pdf)
5. Calming Techniques for a Crying Baby, Children’s Hospital Colorado, [www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques](http://www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques)
6. Caring for Our Children, Standard 1.7.05: Stress [http://cfoc.nrckids.org/Standard View/1.7.0.5](http://cfoc.nrckids.org/Standard%20View/1.7.0.5)

**Parent/Guardian keeps this resource portion of SBS/AHT Policy**

A logo with text and images

Description automatically generated with medium confidence**100% Tobacco, Drug & Alcohol-Free Policy for North Carolina Childcare Centers**

**Belief Statement**

We, YESS Learning Center, understand that the use of tobacco products, marijuana, alcohol, or other illegal drugs on childcare premises and in vehicles used to transport children or during any off-premises activities is an environmental hazard and detrimental to the health and safety of children, staff, and visitors.

**Background**

Exposure of children to environmental tobacco/marijuana smoke is associated with increased rates of lower respiratory illness and increased rates of middle ear effusion, asthma and sudden death syndrome. Exposure during childhood may also be associated with development of cancer during adulthood.

NC Childcare Rule 10A NCAC 09.0604 (h)(i)(j) Safety Requirements for Childcare Centers states that:

* Children shall be in a smoke-free and tobacco-free environment. Smoking and the use of any product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, marijuana and hookah is not permitted on the premises of the childcare facility, on vehicles used to transport children or during off-premises activities. All smoking materials shall be kept in locked storage.
* Signage regarding the smoking and tobacco restriction shall be posted at each entrance to the facility and in vehicles used to transport children.
* The operator shall notify the parent of each child enrolled in the facility, in writing, of the smoking and tobacco restriction.

**Application**

This policy applies to all children, families, visitors, volunteers, and staff.

**Procedures/Practice:**

Smoking and the use of tobacco products, marijuana, alcohol, or other illegal drugs are prohibited at all times:

* On the premises of YESS Learning Center
* On vehicles used to transport children
* During any off-premises activities sponsored by our facility

Signs are posted at each entrance to the facility and on vehicles used to transport children. The signs are posted in a manner and location that adequately notify families, visitors, volunteers, and staff of the **Tobacco, Drug & Alcohol-free Childcare Facility policy.**

**Communication**

Our facility will review this policy with parents/guardians, volunteers, and staff in writing and verbally at childcare-sponsored or related events. Copies of the policy are in Staff Orientation and Child Enrollment information. We may provide materials and information provided by the local health department.

**Staff**

* All current staff members and newly hired staff will review the **Tobacco, Drug & Alcohol-Free Policy** before providing care for children.
* Staff will sign an acknowledgement form that includes the individual’s name, the date the facility’s policy was given and explained to the individual, the individual’s signature, and the date the individual signed the acknowledgement.
* The YESS Learning Center shall keep the signed **Tobacco, Drug & Alcohol -Free Policy Staff Acknowledgement Form** in the staff member’s file.

**Parents/Guardians**

* A copy of the policy will be given and explained to the parents/guardians of newly enrolled children 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 YESS Learning Center shall keep the signed **Tobacco, Drug & Alcohol -Free Policy 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.

**Enforcement**

Parents and visitors using tobacco products, marijuana, alcohol, or other illegal drugs will be asked to refrain while on YESS Learning Center premises or to leave the premises.

The consequences for employees who violate the tobacco, drug & alcohol use policy will be in accordance with personnel policies.

**100% Tobacco, Drug & Alcohol-Free Policy for North Carolina Childcare Centers (Continued)**

**Definitions**

* **Premises:** the entire childcare building and grounds including but not limited to natural areas, outbuildings, dwellings, vehicles, parking lots, driveways, and other structures located on the property.
* **E-cigarette:** Any electronic oral device that employs a mechanical heating element, battery, or electronic circuit regardless of shape or size and that can be used to heat a liquid nicotine solution or any other substance, and the use or inhalation of which simulates smoking. The term shall include any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, or under any other product name or descriptor.
* **Off-premises activity:** any event sponsored by our facility that is not on the childcare facility premises, including but not limited to field trips and educational or entertainment activities.
* **Smoking:** The use or possession of a lighted or heated cigarette, e-cigarette, cigar, little cigar, pipe, marijuana, hookah or any other lighted or heated tobacco product containing, made or derived from tobacco and intended for inhalation in any manner or in any from.
* **Tobacco product:** any product containing, made or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, or ingested by any other means, including but not limited to cigarettes, e-cigarettes, cigars; little cigars, hookah, snuff, snus, and chewing tobacco. A tobacco product excludes any product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

**Tobacco Cessation Resources**

Our facility will consult with the local health department or other appropriate health and community-based organizations to provide staff and administrators with information and access to treatment programs and services to support them in complying with this policy. The North Carolina Quit line 1-800-QUIT-NOW (1-800-784-8669) offers free coaching sessions, helps develop a plan to quit, provides reading materials, and offers counseling. See <http://www.quitlinenc.com>.

**References**

* NC DHHS Tobacco Prevention and Control Branch, <http://tobaccopreventionandcontrol.ncdhhs.gov/smokefreenc/>
* Caring for Our Children 3rd Edition, Standard 304.1.1: Use of Tobacco, Electronic Cigarettes, Alcohol, and Drugs [http://cfoc.nrckids.ord/Standard View/3.4.1.1](http://cfoc.nrckids.ord/Standard%20View/3.4.1.1)
* Caring for Our Children 3rd Edition, Standard 9.2.3.15: Policies Prohibiting Smoking, Tobacco, Alcohol, Illegal Dregs, and Toxic Substances <http://cfoc.nrckids.org/StandardView/9.2.3.15>

**Effective and Review Dates Annual Review Dates**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Effective Date

**This policy was reviewed and approved by:**

**Director/Owner**

|  |  |
| --- | --- |
| **Print name:** |  |
| **Signature:** | |

**DCDEE Childcare Consultant (recommended)**

|  |  |
| --- | --- |
| **Print name:** |  |
| **Signature:** | |

**Childcare Health Consultant (recommended)**

|  |  |
| --- | --- |
| **Print name:** |  |
| **Signature:** | |

**Parent or guardian acknowledgement:**

I, the parent, or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child or children’s name) acknowledge that I have read and received a copy of the facility’s 100% Tobacco-Free Policy for North Carolina Childcare.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date policy given/explained Date of child’s enrollment Print name of parent/guardian Signature of parent/guardian.

**Staff acknowledgment:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) acknowledge that I have read and received a copy of the facility’s 100% Tobacco-Free Policy for North Carolina Childcare.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date policy given/explained Signature of Staff

A logo with text and images

Description automatically generated with medium confidence

**DISCIPLINE AND BEHAVIOR AGREEMENT POLICY Revised 5/22/15**

We: We:

1. DO praise, reward and encourage children. 1.DO NOT spank, shake, bite, pinch, push, pull, shove, slap, kick or

2. DO reason with and set limits for children. otherwise physically punish children or handle roughly in anyway.

3.DO model appropriate behavior for children. 2. DO NOT make fun of, yell at, threaten, make sarcastic remarks

4.DO modify the classroom environment to about, use profanity or otherwise verbally abuse children.

attempt to prevent problems before they occur. 3. DO NOT shame or punish children when bathroom accidents occur.

5.DO listen to children. 4. DO NOT deny food or rest as punishment.

6.DO provide alternatives for inappropriate 5. DO NOT relate discipline to eating, resting or sleeping.

behavior to the children. 6. DO NOT leave children alone without supervision.

7.DO provide the children with a natural and 7. DO NOT place children in locked room, closets, or boxes as

logical consequences of their behaviors. punishment.

8.DO treat children as people and respect their 8. DO NOT allow discipline of children by children.

needs, desires and feelings. 9. DO NOT criticize, make fun of, or otherwise belittle children’s

9.DO ignore minor misbehaviors parents or ethnic group.

No child will be subject to any form of corporal punishment or physical discipline and discipline will never be delegated to another child. No child shall be disciplined by assigning chores that require contact with or use of hazardous materials (i.e. cleaning bathrooms, floors or emptying diaper pails). Discipline must be age appropriate; however, physical restraints are strictly prohibited and may not be used on children at any time. Physical restraints include therapeutic holds but can be used if indicated in a child’s individualized Education Program (IEP) and the caregiver must follow the documented procedures. Other forms of physical restraint that are prohibited could include putting a child in a highchair for purposes other than feeding or a crib for purposes other than sleeping.

In emergency situations, it may be necessary to intervene by physically separating or removing a child from a situation to prevent the child from harming themselves or others. For example, if a child is about to run into the street, the Division would expect the caregiver to protect the child and keep the child safe by stopping the child from running out in the street.

Nap/rest periods should be limited to no more than two hours. Children must be given alternative activities if they are unable to sleep during nap/rest time. It is not appropriate for children to be forced to remain on their cots or mat for the entire rest period if they are awake.

I the undersigned staff member of YESS Learning Center do hereby state that I have read and received a copy of YESS’ Zero Tolerance Policy Toward Inappropriate Voice Tone, Voice Level and Language and YESS Discipline and Behavior Management Policy and that the school Director or other designated staff member as discussed, the school’s Discipline and Behavior Management Policy.

Signature of Childcare Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

**TIME AWAY**

“TIME AWAY” is the removal of a child for a short period of time (3-5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The “time-away” space, usually a chair, is located away from the classroom activity but within the teacher’s sight. During “time-away,” the child has the chance to think about the misbehavior which led to their dismissal from the group. After a brief interval of no more than five minutes the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over, and the child is treated with the same affection and respect shown to the other children. *Adapted from original prepared by Elizabeth Wilson, Student Catawba Technical College*

I, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the above Discipline and

(child’s name)

Behavior Agreement.

**Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_**