



## 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.	1 <sup>st</sup> Day	
Medical Action Plan (if applicable)	1 <sup>st</sup> Day/Updated annually	
Medical Report	Within 30 days of Enrollment	
Immunization Record	1 <sup>st</sup> Day	
Documentations of Receipt. Discipline Policy	1 <sup>st</sup> Day	
Infant Feeding Plan (children less than 15 months-old)	1 <sup>st</sup> Day	
Infant Sleep Position Waivers (if applicable)	1 <sup>st</sup> Day	
Infant Safe Sleep Visual Check Charts (if applicable)	1 <sup>st</sup> Day	
Infant Room Protocol, Feeding Schedule, Safe Sleep Policy	1 <sup>st</sup> Day	
Documentations of Receipt: Safe Sleep Policy (if applicable)	1 <sup>st</sup> Day	
Authorization for Transportation (if applicable)	1 <sup>st</sup> Day/As Occurs	
Documentation of Receipt: Center Operational Policies (if applicable)	1 <sup>st</sup> Day	
Documentation of Receipt Summary of Child Care Law	1 <sup>st</sup> 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	
Nutrition Opt-out Form (if applicable)	As Occurs	
Documentation of Receipt: Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policies	1 <sup>st</sup> Day	
Permission for aquatic activities (if applicable)	1 <sup>st</sup> Day	
Notification of Smoking and Tobacco Restriction	1 <sup>st</sup> Day	
Animal (Pet) Acknowledgement Form (if applicable)	1 <sup>st</sup> Day	
Written Plan of Care (if applicable)	1 <sup>st</sup> Day	
Payment Agreement	1 <sup>st</sup> Day	
Policy for Dismissal with Cause Parent Agreement Form	1 <sup>st</sup> Day	
Guidelines for Temporary Exclusion from School for Health Reasons	1 <sup>st</sup> Day	
Fees for Late Pick Up	1 <sup>st</sup> Day	
Safe Arrival & Departure Procedures	1 <sup>st</sup> Day	
Acknowledgement of Receipt of NC Childcare Laws & Rules	1 <sup>st</sup> Day	
Classroom Viewing Request Form	1 <sup>st</sup> Day	
Tadpoles Email Sign Up	1 <sup>st</sup> Day	
Join Text Group/Face Book/Door Code	1 <sup>st</sup> Day	
Food Service Form & Info Sheet	1 <sup>st</sup> Day	



## REGISTRATION INFORMATION

SCHOOL \_\_\_\_\_ START DATE \_\_\_/\_\_\_/\_\_\_ RE-ENROLL \_\_\_ NEW \_\_\_ BIRTHDATE \_\_\_/\_\_\_/\_\_\_

CHILD'S NAME \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_

PRIMARY PARENT/GUARDIAN \_\_\_\_\_

DRIVER'S LICENSE# \_\_\_\_\_ HOME PHONE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(ROUTE/STREET) (CITY) (STATE) (ZIP)

SECOND PARENT/GUARDIAN \_\_\_\_\_

DRIVER'S LICENSE# \_\_\_\_\_ HOME PHONE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(ROUTE/STREET) (CITY) (STATE) (ZIP)

CUSTODY: MOTHER \_\_\_ FATHER \_\_\_ BOTH \_\_\_ OTHER \_\_\_\_\_

### Office Use Only:

CLASS TYPE \_\_\_\_\_ CLASS NAME \_\_\_\_\_ REGISTRATION \$ \_\_\_ PAID \_ DATE \_\_\_/\_\_\_/\_\_\_ CHG \_\_\_

TUITION FEE \$ \_\_\_\_\_ WEEKLY \_\_\_ MONTHLY \_\_\_ PRIVATE PAY \_\_\_ SCHOLARSHIP \_\_\_



## Center Operational Policies

### Hours/Days

Operating time for Day Care is 6:30 am and pickup time is no later than 6:30 pm. If you are late picking up your child you will be charged an \$11 fee after the first 5 minutes and \$1 fee for each additional minute after 6:36 pm. You will receive a 5 min grace period.

### Holidays/Closings/Teacher Work Days

On these days the Center is closed, substitute care is not provided. If holiday falls on week end, center will close on closest business day(s).

The following days are paid holidays for Hester's Creative Schools & YESS Learning Center:

New Year's Day	Labor Day
Martin Luther King Jr. Day	Veterans Day
Good Friday	Thanksgiving Holiday (Thurs. & Fri)
Memorial Day	Christmas Holiday (2 days)
Independence Day	New Year's Day

### Children Served

YESS Learning Center and Hester's Creative Schools 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

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/decreased 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 hours 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 families, Hester's only*)
  - a. After being enrolled 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.
  - b. You must submit your vacation request to the Center Director at least two weeks in advance in writing.
  - c. There will be a limit on how many families can take vacation in one given week. 1<sup>st</sup> come, 1<sup>st</sup> serve.
  - 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.
- \_\_\_ 4. If you take a vacation: (Private paying families, YESS only)
  - a. After being enrolled 1 year, the weekly fee will be 1/3 of the weekly tuition 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.
  - b. You must submit your vacation request to the Center Director at least two weeks in advance.
  - c. 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.
  - d. If the child is absent for a week and no notice is given, half of the weekly tuition fee must be paid.

### 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 1<sup>st</sup> of each month and must be paid in full by the 15<sup>th</sup> 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 1<sup>st</sup> 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, you will still be charged the normal agreed upon rate unless you notify the office of your vacation option above.

- \_\_\_\_ 1. Parents will call before scheduled time of arrival if they are late or not coming that day.
- \_\_\_\_ 2. School Age will not be charged an additional fee for scheduled school breaks or early release days but full weeks will be charged during the summer time only.
- \_\_\_\_ 3. I will notify my DSS caseworker when my child is absent more than 5 days in a month.

**Services Provided**

Hester’s Creative Schools 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.

YESS Learning Center is a full service, first shift childcare center that serves breakfast, lunch, & an afternoon snack. We provide before, and after school care, with transportation from selected schools in our area.

**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 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 make an 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 so that we can include your child in our meal numbers. If your child is dropped off after the meal time, it is your responsibility to feed your child. For meals, families should ensure that your child is present by the following times:

**Breakfast 8:15am                      Lunch 11:00am                      Snack 2:45pm**

**Items to Be Provided by Families**

Please send your child in appropriate clothing for the weather that 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, high chairs, 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 toy)s; 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.

**Discipline Policy**

**We Do:**

- Praise, reward & encourage children.
- Reason with & set limits for children.
- Model appropriate behavior for children.
- Modify the classroom environment to attempt to prevent problems before they occur.
- Listen to children
- Provide alternatives for inappropriate behavior to children.
- Provide children with natural & logical consequences of their behaviors.
- Treat children as people& respect their needs, desires & feelings.
- Ignore minor misbehaviors.

**We Do Not:**

- Spank, shake, bite, pinch, push, pull, shove, slap, kick or otherwise
- Physically punish children or handle roughly in any way.
- Make fun of, yell at, threaten, and make sarcastic remarks about, use profanity or otherwise verbally abuse children.
- Shame or punish children when bathroom accidents occur.
- Deny food or rest as punishment.
- Relate discipline to eating, resting or sleeping.
- Leave children alone without supervision.
- Place children in locked room, closets or boxes as punishment.
- Allow discipline of children by children.
- 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 situation, 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.



**Time Away**

**Center Operational Policies Pg 3**

“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 the other children.

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

Child care 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 child care 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 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 wear a Volunteer/Visitor name badge 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 to obtain owner contact information.

**Photos/Videos of Children**

Hester’s Creative Schools and the YESS Learning Center are committed to protecting and respecting the rights and privacy of children and families. 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.

**Termination**

The Day Care provider reserves the right to terminate this agreement at any time for any sufficient reason, including but not limited to late payment, misbehavior or unruliness of the child or parent. The Day Care staff will make every effort to give a reasonable notice to allow parents time to obtain alternate childcare arrangements. You also have the right to withdraw your child from the Day Care at any time, for any reason. However, you must give the Day Care a one-week notice, two week notice for DSS families when canceling service or one week of tuition, two weeks of DSS parent daily rate is due. By signing this for you agree that this is a legally binding form. Failure to abide by the policies mentioned will result in termination of contract. This policy agreement is subject to change with two weeks written notice and will be updated annually.

We the parents/guardians of \_\_\_\_\_ understand and agree to the above terms of the Center Operation Policies. Child’s name

Father/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Sign

Mother/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Sign

Center Name \_\_\_\_\_ Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian receives a copy of this signed Center Operational Policies**



### Payment Agreement

This agreement summarizes the procedures of Hester's Creative Schools & 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 Hester's/YESS schools.

*Circle one*

YESS Learning Center  
4211 Hilltop Rd  
Greensboro, NC 27407  
336-852-8571

Hester's Creative Schools  
1806 W Vandalia Rd  
Greensboro, NC 27406  
336-292-3362

Hester's Creative Schools  
851 Lakecrest Ave  
High Point, NC 28265  
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 \_\_\_\_\_. 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 increased/decreased with a 20 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 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



Application Date \_\_\_\_\_

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

### Child's Enrollment Application

#### Child Information

Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_

Last

First

Middle

Called by

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

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 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 \_\_\_\_\_

#### 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 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.

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 being posted on bulletin boards or in school albums.

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

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

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



Date of Enrollment	Date of Withdrawal
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## 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 \_\_\_\_\_  
(Child Care 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
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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 \_\_\_\_\_ For my child to participate in a walking trip or to be  
(Child Care Provider)

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
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# CHILD'S MEDICAL FORM

YESS Learning Center \_\_\_\_ Hester's Creative Schools – Vandalia \_\_\_\_ Hester's Creative Schools – Lakecrest \_\_\_\_

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

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

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

**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, 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 \_\_\_\_\_

Results of Tuberculin Test, 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 # \_\_\_\_\_



## POLICY FOR DISMISSAL WITH CAUSE PARENT AGREEMENT FORM

On very rare occasions Hester’s Creative Schools/YESS Learning Center may determine that there is not a satisfactory or appropriate fit for a given child’s continued enrollment in our school. The enrolling parent/guardian’s signature on this form indicates that they have read, understand, and agree to the policy guiding dismissal with cause.

If Hester’s Creative Schools/YESS Learning Center determines that the enrollment of a child may not be a satisfactory fit for our school for any reason, the Center Director will schedule a meeting with the parent/guardian to notify them of the schedule for discontinuing enrollment or if appropriate, the steps needed to avoid dismissal.

The parent/guardian understands and acknowledges that the Center Director/Owner is the sole spokesperson for Hester’s/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.

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

- a. Failure to pay tuition fees on schedule.
- b. Behavior of parent/guardian that is inappropriate for the safety of the school.
- c. Behavior of a child that is inappropriate for the safety of the school
- d. Needs of a child that cannot be appropriately met by the school.

I agree that I have read, understand and will abide by the Dismissal for Cause policy of Hester’s Creative Schools/YESS Learning Center.

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

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

Date \_\_\_\_\_



# GUIDELINES FOR TEMPORARY EXCLUSION FROM SCHOOL 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.

**The 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**



# FEES FOR LATE PICK-UP

## Hours of Operation

Hester's Creative Schools

6:30 am to 6:30 pm Monday thru Friday

YESS Learning Centers

6:30 am to 6:30 pm, Monday thru Friday

*No child shall exceed 10 hours a day.*

*\*Families receiving subsidy 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 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.

**THIRTY 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 EMERGENCY: AN AUTO ACCIDENT**

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

### Fees for Late Pick Up

6:36 - 6:40 .....	\$11 - \$15
6:41 - 6:45 .....	\$16 - \$20
6:46 - 6:50 .....	\$21 - \$25
6:51 - 6:55 .....	\$26 - \$30
6:56 - 7:00 .....	\$31 - \$35

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.
- Sign children in and out per the program's policies. Daily arrival and departure times must be recorded.
- Children must never be left unattended.

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

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

## North Carolina Child Care 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 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 \_\_\_\_\_

### 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 1 Name & Email: \_\_\_\_\_

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



# 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): \_\_\_\_\_

**\*\*This service shall only be used for your personal purpose only and shall not be recorded, sold or uploaded to an Internet site without permission of Felicia Price, Owner/Operator Hester's Creative Schools & 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 user name and password (which is all lowercase).

After you receive your sign on information, please sign onto:

**Hester's:** <http://www.hesterscreativeschools.net> Click on "Locations", scroll down to either the Vandalia or Lakecrest for the location where your child is enrolled, then click the "Click here to view your child's classroom online" link.

**YESS:** <http://www.yyess.com> Click on "Our Services"; then click on "View your child's classroom" link.

### Access

- iPhones:** Download App NVSS Client from the App Store  
**Androids:** Download the app by going to the internet search on your android and type the following link:  
[http://www.netvisiondvr.com/NVSS/Smart\\_APP.html](http://www.netvisiondvr.com/NVSS/Smart_APP.html)
- Open app & select Server Management
- Tap on Plus (+) sign at top right

### Settings:

- Server Name: (Can be anything you wish to name it.)
- IP address: hestersvandalia.no-ip.biz  
hesterslakecrest.no-ip.biz  
yesslearningcenter.no-ip.biz
- Port: 5100
- Username:
- Password:
- Save all settings & close app
- Reopen app & select Live Stream
- Press the + symbol in right corner
- Click on the server of choice & click play

User Name: \_\_\_\_\_

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

**Cameras 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18**

### To Log On

- Go to your school's website (highlighted above)
- Click on Location
- Click on the Location you need to view the cameras
- Allow Active X Controls
- Go to settings in IE and go to compatibly view settings and the address.
- Type in your User ID & Password in top two boxes.
- Check the box with the 16 boxes below Login/Logout.
- Click Login and the cameras you have the right to view will populate in the boxes.

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

## Like Us on Facebook

Each location has a Facebook page.

YESS Learning Center

Hester's Creative Schools - Vandalia

Hester's Creative Schools - 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 closings or delays
- Take advantage of special offers.

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### Door Code for Entry

*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. Enter your personal code: \_\_\_\_\_
2. Press the \* key

**Parent/Guardian receives this page after admin records family's code.**



## Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

### Belief Statement

We, YESS Learning Center & Hester's Creative Schools, 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 death. According to NC Child care Rules, each child care 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 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](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 encourage 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 child care 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 child care facility shall keep the **SBS/AHT Staff Acknowledgement Form** in the staff member's file.

#### Parents/Guardians

- Within 30days 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 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 Pg 3

### Strategies to assist staff member understand 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](http://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](http://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](http://www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf)

### Strategies to ensure staff member 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](http://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/](http://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-Trauma-Shaken-Baby-Syndrome.aspx](http://www.healthychildren.org/English/safety-prevention/at-home/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/>

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_SBS_508-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](http://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_CustomProductCatalog/m4240175_Pediatric_ready_referenc.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/StandardView/1.7.0.5>

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



# BLANKET PERMISSION FOR ROUTINE TRANSPORT OF CHILDREN

\_\_\_\_\_ (Facility's Name) \_\_\_\_\_ (Today's Date)

I \_\_\_\_\_ give permission for \_\_\_\_\_  
(Parent) (Child's name)

to be transported to \_\_\_\_\_  
(Where)

Departure Time \_\_\_\_\_

Return Time \_\_\_\_\_

Method of Travel \_\_\_\_\_

Transportation Provider(s) \_\_\_\_\_

Other important information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission to transport is valid for \_\_\_\_\_ to \_\_\_\_\_. (up to 12 months)

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

\*This form is not to be used for field trips or other off premise activities.

Created August 2008 DCD Child Care Handbook Chapter 10 Resource 6



## 100% Tobacco-Free Policy for North Carolina Child Care Centers

### Belief Statement

We, Hester's Creative Schools/YESS Learning Center, understand that the use of tobacco products on child care premises and in vehicles used to transport children or during any off-premise activities is an environmental hazard and detrimental to the health and safety of children, staff, and visitors.

### Background

Exposure of children to environmental tobacco 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 Child Care Rule 10A NCAC 09.0604 (h)(i)(j) Safety Requirements for Child Care 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, and hookah is not permitted on the premises of the child care facility, on vehicles used to transport children or during off-premise 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 are prohibited at all times:

- On the premises of Hester's Creative Schools/YESS Learning Center
- On vehicles used to transport children
- During any off-premise 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-free Child Care Facility policy**.

### Communication

Our facility will review this policy with parents/guardians, volunteers, and staff in writing and verbally at child care-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-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 Hester's/YESS Learning Center shall keep the signed **Tobacco-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 Hester's/YESS Learning Center shall keep the signed **Tobacco-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 will be asked to refrain while on Hester's/YESS Learning Center premises or to leave the premises.

Consequences for employees who violate the tobacco use policy will be in accordance with personnel policies.



**Definitions**

- **Premises:** the entire child care 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-premise activity:** any event sponsored by our facility that is not on the child care 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, 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 form.
- **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 3<sup>rd</sup> Edition, Standard 304.1.1: Use of Tobacco, Electronic Cigarettes, Alcohol, and Drugs <http://cfoc.nrckids.org/StandardView/3.4.1.1>
- Caring for Our Children 3<sup>rd</sup> 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**

<b>Print name:</b>	
<b>Signature:</b>	

**DCDEE Child Care Consultant (recommended)**

<b>Print name:</b>	
<b>Signature:</b>	

**Child Care Health Consultant (recommended)**

<b>Print name:</b>	
<b>Signature:</b>	

**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 Child Care.

\_\_\_\_\_ 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 Child Care.

\_\_\_\_\_ Date policy given/explained      \_\_\_\_\_ Signature of Staff