

License # 26002489 & License # 26002490

Date Application Complete	d or Updated		Date of Enrollment		
To be completed, signed,	<u>-</u>	d's Application for Enro the facility on the first day annually.	ollment and updated as changes occur at least		
CHILD INFORMATION	•				
Full Name:					
Last	First	Middle	Nickname		
Date of Birth:		Social Security Number	er:		
Child's Physical Address:					
FAMILY INFORMATIO	N:				
Child lives with: Mor	n ODad	Both Parents	Step-parent		
Father's/Guardian's Nan	ne				
Address (if different fror	n child's)				
Home Phone		Work Phone			
Cell Phone	E-mail Add	ress			
Place of employment					
Mother's/Guardian's Na	me				
Address (if different fror	n child's)				
Home Phone		Work Phone			
Place of employment					
Who should be primary	contact:				
above. The child can also this contract. In the ever	be released to the nt of an emergency	e following individuals as a , if parents/guardians can	to the parents/guardians listed authorized by the person who signs anot be reached, the facility has the person who signs this contract.		
Name	Relationship	Address	Phone Number		
Name	Relationship	Address	Phone Number		
 Name	Relationship	Address	Phone Number		



License # 26002489 & License # 26002490

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 hall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

List any allergies and the symptoms and type of response required for allergic reactions. List any health care needs or concerns, symptoms, of and type of response for these health care needs or concerns. List any particular fears or unique behavior characteristics the child has. List any types of medication taken for health care needs. Please share any other information that has a direct bearing on assuring safe medical treatment for you child. EMERGENCY MEDICAL CARE INFORMATION: Name of health care professional Office Phone: Hospital preference Phone Number , as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency. Signature of Parent/Guardian: Date: Date: In an emergency, other children in the facility will be supervised by 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.	Is there a medical action plan attached?	YES	NO
List any particular fears or unique behavior characteristics the child has. List any types of medication taken for health care needs. Please share any other information that has a direct bearing on assuring safe medical treatment for you child. EMERGENCY MEDICAL CARE INFORMATION: Name of health care professional Office Phone: Hospital preference Phone Number I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency. Signature of Parent/Guardian: Date: Date: I, the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, other children in the facility will be supervised by responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the children.	List any allergies and the symptoms and type of re	esponse required for all	ergic reactions.
List any particular fears or unique behavior characteristics the child has. List any types of medication taken for health care needs. Please share any other information that has a direct bearing on assuring safe medical treatment for you child. EMERGENCY MEDICAL CARE INFORMATION: Name of health care professional Office Phone: Hospital preference Phone Number I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency. Signature of Parent/Guardian: Date: Date: I, the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, other children in the facility will be supervised by responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the children.			
List any types of medication taken for health care needs		, of and type of respons	se for these health care needs
Please share any other information that has a direct bearing on assuring safe medical treatment for you child. EMERGENCY MEDICAL CARE INFORMATION: Name of health care professional Office Phone: Phone Number I,, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency. Signature of Parent/Guardian: Date: Date: I, the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, other children in the facility will be supervised by responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the children.	List any particular fears or unique behavior charac	teristics the child has.	
Name of health care professionalOffice Phone:	Please share any other information that has a dire		
Hospital preference	EMERGENCY MEDIC	AL CARE INFORMATI	ON:
Hospital preference	Name of health care professional	Offic	ce Phone:
Signature of Parent/Guardian: Date: I, the operator, do agree to provide transportation to an appropriate medical resource in the event of a emergency. In an emergency, other children in the facility will be supervised by responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's	Hospital preference	Phone Nu	mber
I, the operator, do agree to provide transportation to an appropriate medical resource in the event of a emergency. In an emergency, other children in the facility will be supervised by responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's	I,, as the medical attention for my child in an emergency.	parent/guardian, autho	orize the center to obtain
emergency. In an emergency, other children in the facility will be supervised by responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's	Signature of Parent/Guardian:	Da	nte:
Signature of Administrator	emergency. In an emergency, other children in the not administer any drug or any medication withou parent, guardian, or full-time custodian.	e facility will be supervi	sed by responsible adult. I will



License # 26002489 & License # 26002490

CHILDREN'S MEDICAL REPORT:

Name of child	Birthdate
A. Medical History (May be completed	
1. Is child allergic to anything? No	Yes If yes, what?
2. Is child currently under a doctor's care	?? No Yes
If yes, for what reason?	
3. Is the child on any continuous medicat	cion? No Yes If yes, for what?
4. Any previous hospitalizations or opera	
Yes; convulsions No Y	eases or recurrent illness? No Yes; Diabetes No es; heart trouble No Yes; what/when?
	ilities: 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 examina authorized agent currently approved by	tion must be completed and signed by a licensed physician, his the N.C. Board of Medical Examiners, a certified nurse eting DHHS standards for EPSDT program.
Height % Weight	_% Head Eyes Ears
Nose Heart Chest	Abd/Gu Ext
	Skin Vision
rieding Nesuits of 15 test if gr	ven: Type date normal abnormal
Developmental Evaluation: Delayed	Age Appropriate If delayed, note significance &
special care needed;	Should activities be limited? No Yes
If yes, please explain:	Any other recommendations:
Date of examination:Signa Phone #	ature of authorized examiner/title

Child Immunization History

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

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

Child's full name: Date of birth:

Enter the date of each dose received (Month/Day/Year) or attach a copy of the immunization record.

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

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

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

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

Record updated by:	Date	Record updated by:	Date

Minimum State Vaccine Requirements for Child Care Entry

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

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



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

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

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

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

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 date	2 date	3 date	4 date	5 date
Rotavirus	RV1, RV5	Rotateq, Rotarix	Age 2 months, 4 months, 6 months.					
Hepatitis A	Нер А	Havrix, Vaqta	First dose, age 12-23 months. Second dose, within 6-18 months.					
Influenza	Flu, IIV, LAIV	Fluzone, Fluarix, FluLaval, Flucelvax, FluMist, Afluria	Annually after age 6 months.					
Coronavirus disease 2019	COVID-19	Comirnaty, Spikevax, Nuvaxovid, Jcovden	Annually after age 6 months.					





License # 26002489 & License # 26002490

SICK/ILLNESS POLICY

Children must be fever free WITHOUT medication for 24 hours before returning to school. A fever is 100 degrees Fahrenheit and above. Children with any of the illnesses mentioned below need to remain home for at least 24 hours AFTER their symptoms have subsided. Illnesses are defined as: Fever Conjunctivitis (pink eye) Flu Unusual Rash Severe Cough Vomiting Yellowish skin or eyes Diarrhea Head Lice Other contagious illnesses not mentioned
Whenever a child goes to the doctor, Flaming Sword Daycare MUST have a doctor's note stating when the child can return to the facility.
If you would like to request a copy of <i>Communicable Diseases and Exclusion from Child Care</i> please let the director know.
I understand that if I (the parent/guardian) is called regarding my child running a fever or developing any of the illnesses mentioned above, I must come to pick my child up within 1 hour of receiving the phone call. If I am unable to make it within that 1 hour, I (the parent/guardian) understand that someone from my emergency contact list will be contacted. I have read and understand this policy.
Parent's/Guardian's Signature Date



License # 26002489 & License # 26002490

PHOTOGRAPHY POLICY

I,, as parent or legal guardian, authorize Flaming Sword Campus to photograph				
Parent's/Guardian's Signature/ Date				
I,, as parent or legal guardian, do NOT authorize Flaming Sword Campus to photograph (name of child) under any circumstance.				
Parent's/Guardian's Signature/Date				
NON-SMOKING POLICY Flaming Sword Daycare follows state rules and regulations in all aspects of childcare. Therefore, we follow state rule 10A NCAC 09 .0604 under the Division of Child Development and Early Education concerning the non-smoking policy, which states, "Children shall be in a smoke free environment. Smoking and the use of any product containing, made, or derived from tobacco, including e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah, shall not be permitted on the premises of the childcare center, in vehicles \used to transport children, or during any off-premises activities." If you do smoke, please do not smoke in your car once you come onto Flaming Sword premises, as this is now unlawful for childcare facilities. Thank you for your cooperation in complying with the new non-smoking state policy and helping us keep the children healthy and safe.				
Parent's/Guardian's Signature/ Date				

License # 26002489 & License # 26002490



License # 26002489 & License # 26002490

DISCIPLINE & BEHAVIOR MANAGEMENT POLICY

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

WE DO:

- Praise, reward, and encourage children
- Reason with and set limits for the children
- Model appropriate behavior for the children
- Modify the classroom environment to attempt to prevent problems before they occur
- Provide alternatives for inappropriate behavior to the children
- Listen to the children
- Provide the children with natural and logical consequences of their behaviors
- Treat the children as people and respect their needs, desires, and feelings
- Ignore minor misbehaviors
- Explain things to children on their level
- Use short, supervised periods of "time-out"
- Stay consistent in our behaviors management program

WE DO NOT:

- Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the child
- Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children
- Shame or punish the children when bathroom accidents occur
- Deny food or rest as a punishment
- Relate discipline to eating, resting, or sleeping
- Leave children alone, unattended, or without supervision
- Place children in locked rooms, closets, or boxes as punishment
- Allow discipline by other children
- Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups

l,	(parent/guardian) of	(child's name) do
hereby state that I have read and policy.	d received a copy of the facility's Discip	line and Behavior Management
Parent's/Guardian's Signature	 	



License # 26002489 & License # 26002490

DISCIPLINE & BEHAVIOR MANAGEMENT POLICY CONT.

"Time Out"

"Time-out" 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-out" space is usually a chair located away from classroom activity but within the teacher's sight. During the "time-out", the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is considered over and the child is treated with the same affection and respect shown to others.

BITING POLICY

Three- to five-year-old biting policy

The first time a child bites, the parent/guardian will be contacted by phone. The second time a child bites, the parent/guardian will be called to come and pick the child up. After the first 30 days of enrollment, if the child continues to bite, he/she will be dismissed from the preschool program.

Two- year- old biting policy

The first and second time a child bites, the parent/guardian will be contacted by phone. The third time a child bites, the parent/guardian will be called to come and pick the child up. After the first 30 days of enrollment, if the child continues to bite, he/she will be dismissed from the preschool program.

Toddler (13-23 months old) biting policy

The first and second time a child bites, the parent/guardian will be contacted by phone. The third time a child bites, the parent/guardian will be called to come and pick the child up. After the first 30 days of enrollment, if a child continues to bite, he/she will be placed on a short suspension from the preschool program. The length of suspension will be 1 week. If suspension occurs, parents/guardians are still responsible for making the appropriate payments for their child's services.

	_	
Parent's/Guardian's Signature		<mark>Date</mark>



License # 26002489 & License # 26002490

CODE OF CONDUCT

Flaming Sword Daycare-ELC sets a high standard for our children, staff, and parents. To provide the proper atmosphere that is required to educate and train our children, everyone shall comply with this Code of Conduct. This code applies to anyone who is on Campus property or representing the childcare facility.

- Dress: the dress requirements are as follows; closed toe shoes with socks. No loose-fitting sandals or flip-flops are permitted. Children should come in clean. This includes clothes, hair, teeth, hands, face, etc. At no time is a staff member responsible for making sure your child's hair is done or washing your child's clothes unless they are soiled while in our facility.
- Assault: Assaulting (physically or verbally) causing or attempting to cause injury or behaving in such a manner that could reasonably cause injury to themselves, a staff member, or another child.
- Verbal Abuse/Disrespect: Participation in any verbal or non-verbal (gesture) action that prevents
 an orderly and peaceful learning environment is not permitted. Cursing, using vulgar, obscene,
 or abusive language or gestures, including slurs or insults intended to mock a person's race, sex,
 national origin, or ability, or using offensive or degrading language or gestures are specifically
 prohibited.
- Fighting: hitting, shoving, scratching, biting, spitting, blocking the path of, or throwing objects at another person in the childcare facility.
- Damage to Property: Intentionally damaging or attempting to damage or deface childcare or campus property or property of others in the facility.

Violations of the above policies may result in the child being in "time-out" or loss of childcare privileges. Repeated violations of these provisions may result in the dismissal from the facility.

My signature below indicates that I have read the Code of Conduct and have explained it to my child.

Parent's/Guardian's Signature	



License # 26002489 & License # 26002490

INFANT/TODDLER SAFE SLEEP POLICY

Child Care Facility: Flaming Sword Daycare- Early Learning Center #1 & #2

Sudden Infant Death Syndrome is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the infant died, and a review of the infant's medical history.

We believe that a safe sleep environment for infants helps lower the chances of an infant dying from SIDS, and that parents and childcare providers can work together to provide a safe sleep environment. According to N.C. Law G.S. 100-91 (15), child care providers caring for infants 12 months of age or younger, you are required to implement a safe sleep policy, share the safe sleep policy with parents/guardians, and participate in Infant-Toddler Safe Sleep and SIDS Risk Reduction in Child Care Training. Flaming Sword Daycare implements the following safe sleep practices.

- 1. We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
- 2. We always place infants under 12 months of age on their backs to sleep, unless:
 - the infant is 6 months or younger and a signed ITS- SIDS Alternate Sleep Position
 Health Care Professional Waiver is in the infant's file and a notice of the waiver is posted
 at the infant's crib.
 - o the infant is 6 months or older (choose one)
 - We do not accept the ITS-SIDS Alternate Sleep Position Parent Waiver.* We accept the ITS-SIDS Alternate Sleep Position Parent Waiver.
 - We retain the waiver in the child's record for as long as they are enrolled.
- 3. We place infants on their back to sleep even after they are able to independently roll back and forth from their back to their front and back again. We then allow the infant to sleep in their preferred position. We document when each infant is able to roll both ways independently and communicate with parents. We put a notice in the child's file and on or near the infant's crib.*
- 4. We visually check sleeping infants every 15 minutes and record what we see on a Sleep Chart. The chart is retained for at least one month. We check infants 2-4 month of age more frequently.*
- 5. We maintain the temperature between 68-75°F in the room where infants sleep. We further reduce the risk of overheating by not over-dressing infants*
- 6. We provide infants supervised tummy time daily. We stay within arm's reach of infants during tummy time.
- 7. We follow N.C Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.



License # 26002489 & License # 26002490

INFANT/TODDLER SAFE SLEEP POLICY CONT.

- 8. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
- 9. We do not allow pacifiers to be used with attachments.
- 10. Safe pacifier practices: We do not reinsert the pacifier in the infant's mouth if it falls out.*

We remove the pacifier from the crib once it has fallen from the infant's mouth.*

- 11. We do not allow infants to be swaddled. We do not allow garments that restrict movement.*
- 12. We do not cover infants' heads with blankets or bedding.
- 13. We do not allow any objects other than pacifiers such as, pillows, blankets, or toys in the crib or sleep space. 1
- 14. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
- 15. We give all parents/guardians of infants a written copy of this policy before enrollment. We review the policy with them and ask them to sign the policy. We encourage families to follow the same safe sleep practices to ease infants' transition to child care.*
- 16. Posters and policies: Family child care homes: We post a copy of this policy and a safe sleep practices poster in the infant sleep room where it can easily be read. Centers: We post a copy of this policy in the infant sleep room where it can easily be read. We also post a safe sleep practices poster in the infant sleep room where it can easily be read.*

Communication

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

*Best practice recommendation.

I, the parent/guardian of		(child's name),	received a copy of the facility's
Infant/Toddler Safe Sleep Poli	icy. I have read the policy an	d discussed it with the fac	ility director/operator or other
designated staff member. Chi	ld's Enrollment Date:	Parent/Guardian	
Signature:	Date:		
FacilityRepresentativeSignatu	re:	Date:	



License # 26002489 & License # 26002490

SHAKEN BABY SYNDROME & TRAUMATIC BRAIN INJURY POLICY

Belief Statement

We, **Flaming Sword Daycare-ELC** 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 North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/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 vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

Responding to:

• If SBS/ABT is suspected, staff will:

Call 911 immediately upon suspecting SBS/AHT and inform the director. O Call the parents/guardians. If the child has stopped breathing, trained staff will begin pediatric CPR.

Reporting:

• Instances of suspected child maltreatment in child care are reported to Division of Child Development and

Early Education (DCDEE) by calling 1-800-859-0829 or by emailing webmasterdcd@dhhs.nc.gov.

 Instances of suspected child maltreatment in the home are reported to the county Department of Social

Services. Phone number:	



License # 26002489 & License # 26002490

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

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies⁵:

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

In addition, the facility:

• Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children.				
• Provides support when parents,	/guardians are trying to calm a cryin	g child and encourage parents to		
take a calming break if needed.				
l,	(parent or guardian) of	(child's name)		
		aken Baby Syndrome/Abusive Head		
Trauma Policy.				
Date policy was given/explained	to parents: Date of c	child's enrollment:		
Printed name of parent/guardian	:	_		
Signature of parent/guardian:		-		
Signature of director:				



License # 26002489 & License # 26002490

BLOOD BORNE PATHOGENS POLICY

Your child's safety is the most important part of our job. Therefore, Flaming Sword Daycare-ELC has developed and implemented a plan to protect children and employees from exposure to bloodborne pathogens. Exposure to and acquisition of bloodborne pathogens is preventable. This policy outlines the prevention strategies for exposure to these pathogens among children and employees and describes steps for responding to an exposure incident when it occurs.

Bloodborne Pathogens Exposure Control Plan training is provided to all employees who might be exposed to blood or other potentially infectious material while on the job. This training occurs at the beginning of employment and at least annually thereafter. Employees who reasonable anticipate coming in contact with blood or other potentially infectious materials, are required to comply with the procedures and work practices outlined in this plan to protect children from coming into contact with bloodborne pathogens.

The Daycare Director and Sanitation Director are responsible for the implementation of the ECP and reviewing the plan at least annually with employees. These individuals ensure the following are completed:

- Written housekeeping protocols written by administrations are followed
- An appropriate disinfectant is available and used
- Documentation of training for all staff who might be exposed to blood or other potentially infectious material while on the job is kept
- The written ECP is available to employees, parents, child care licensor, and health specialist upon request
- The ECP is reviewed and updated annually. I necessary, more frequent reviews are done to reflect or modify tasks and procedures that affect occupational exposure, as well as to reflect new or revised employee positions with occupational exposure
- Ongoing controls are maintained including: available biomedical waste containers, labels and biohazard bags, ensuring available in the appropriate sizes and types, and ensuring other needed supplies, such as sharps containers are available and managed following CDC Recommendations
- All medical actions required are provided and appropriate employee medical records are maintained
- The exposure determination list is up to date
- Parents receive a copy of the bloodborne pathogen policy for the facility

I understand that the complete bloodborne pathogen policy is include in my parents' handbook for my review. If changes are made to the policy, I will receive a copy of any changes immediately.

Parent's/Guardian's Signature/ Date



License # 26002489 & License # 26002490

POTTY (TOILET) TRAINING POLICY

Potty Training- When a child turns 2, he/she will be moved over to Gingerbread Manor where there is more room for them and more hands-on activities. Gingerbread Manor is prohibited from have a diaper changing table at this part of the childcare facilities. Therefore, Flaming Sword Daycare will begin "potty training." We ask that all parents please bring in pull-ups or regular underwear so that we may train your little one. If any parent is in disagreement with this policy, then it may be necessary for the child to be moved to a new facility which delays toilet training.

Potty training will be done in a relaxed manner with the cooperation of the family. We require the child be at least 2 years of age and MUST ALSO show signs of readiness. Positive reinforcement and consistency must be continued at home to help your child understand and not become confused. Our staff will begin by taking your child every 15-30 minutes. Eventually, the duration between bathroom breaks will become longer and encouragement of a child telling a teacher will be highly enforced.

The child MUST be kept in pull-ups or underwear at all times. Please keep in mind that the activity level here at the center can distract your child from responding to an urge to use the potty, more so than at your home. It is required that parents provide the pull-ups and few changes of clothes that are labeled with your child's name.

In the event that your child has a medical condition, diagnosed by one's pediatrician, which would prevent the child from being potty trained and would need to stay in diapers, a Care Plan for Children with Special Health Needs, must be filled out and signed by the pediatrician. Please ask the director for a Care Plan if one is needed.

•	r clothing- During potty training your child needs to be dressed in user friendly clothing as much as ble. Please do not send them in tight clothing that they are incapable of taking off themselves.	
	(parent or guardian) acknowledge that I have read the led potty training policy for Flaming Sword Daycare, written 10/9/2018 and made effective /2018.	
\bigcirc	I acknowledge that I have read the potty-training policy in its entirety and I agree to abide by the policy set forth.	
\bigcirc	I acknowledge that I have read potty training policy and I do not agree with it. I understand I am expected to move my child to another facility and this will serve as my 2 weeks' notice	
Parent	t's/Guardian's Signature Date	



License # 26002489 & License # 26002490

PARENT PARTICIPATION POLICY

Our mission at Flaming Sword Daycare-Early Leaning Center is to provide quality early childhood care and education that will encourage and nurture children. Our program teaches how to respect others and helps them grow socially, emotionally, cognitively, and spiritually. We believe that learning should be fun! After all, children learn best through play. Each month, a different theme is presented to the children. These themes are based on concepts and activities that would interest the children. During the month, weekly lesson plans are created by the teachers that incorporate activities that promote bas skills (letters, number recognition, gross and fine motor skills, etc.). Throughout each age group, we focus on developing the five domains: cognitive ad literacy development, social and emotional development, creative expressions, executive functions, and physical development.

When registering your child with Flaming Sword, we encourage the parents and the child to be present during the initial meeting with the director. The director will speak to the parents about what their expectations are of the facility, any concerns they may have, and any special healthcare concerns the facility should be aware of. A tour will be given of the facility at the time of your initial meeting with the director. During this time parents are encouraged to sit and speak with the child's teacher, observe the classroom setting and interactions between staff and children. The teachers will encourage the child to join in with the activities the other children are participating in at that time. Upon enrolling your child, payment is expected. After payment is made, you will receive a copy of our parent handbook. We encourage parents to read over the handbook as it has vital information in it.

Please note, Flaming Sword Daycare-ELC does not discriminate in its operating policies and admission on that basis of race, disability, or ethnic origin. Children will be admitted into the daycare as space is available. Once a class if filled, applications will be placed on a wait list until space becomes available.

Teachers communicate with parents daily by completing daily reports. For our preschool classes, progress reports are sent home every nine weeks to keep the parents informed on how their child is doing academically. We encourage teacher/parent communication. However, it can be difficult when dropping off or picking your child up to have effective communication at that time. Our director can be reached by e-mail or phone and will be more than willing to set a conference up for the parents and teachers. Our facility also creates monthly newsletters that keep the parents informed on what fun activities they have planned. Open house is conducted for our preschool classes usually in August. This gives the teachers an opportunity to let the parents know what their expectations of them will be for that academic school year. Our website is update periodically as well as our social media account.

Should a parent ever need more information about our childcare program, they can reach the direct Mrs. Jaimie via e-mail or school phone.				
Parent's/Guardian's Signature				



License # 26002489 & License # 26002490

NUTRITION OPT OUT FORM



Child Care Rules .0901(d) and .1706© state:

When children bring their own food for meals and snack to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent/guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent/guardian shall be kept on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the programs designated times. If the child's parent/guardian has opted out but does not provide all the food and drink for the child, the program shall provide supplemental food and drink as if the child's parent/guardian has not opted out of the supplemental food program.

Here at Flaming Sword Daycare-Early Learning Center, parents are expected to bring their child's meals, snacks, and drinks as we do not participate in a food program. All food and drink brought in by the parents will be kept cool in the refrigerator until time of meal and snack. All food and drinks is expected to be labeled DAILY by the parents with the child's first and las name and current date. Failure to have food and drink items labeled is a write up according to state regulations.

I,(parent/guardian) plan to provide a	ll meals, snacks, and drinks for my		
child and do not want his/her meals, snack, or drinks supplemented to meet the Meal Patterns for			
Children in Child Care Programs from the United States Departmen	t of Agriculture (USDA), which are		
based on the recommended nutrient intake judged by the Nation F	Research Council to be adequate		
for maintaining good nutrition.			
Since I opted out, if I do not provide all the meals, snacks or drinks for my child, I understand that the			
program will provide supplemental food and drink.			
David Market Considerate Company			
Parent's/Guardian's Signature: D	ate:		



License # 26002489 & License # 26002490

DROP OFF/PICKUP AND OTHER TIME POLICIES

When receiving your initial application packet, you should also receive a class schedule that is directed towards the building your child will be in. Please take the time to read the schedule so you can become familiar with it. As you can see, your child's day is very busy, even the young ones. The staff here at Flaming Sword Daycare-ELC are not just childcare workers, they are teachers. This means that we oversee helping your child grow in academics and explore the world around them. Schedules are made to help keep positive structure within our classrooms. Afterall, children truly thrive on consistent structure. If schedules are interrupted, it can cause a child to feel overwhelmed and may cause them to act out in a negative way. We like to try and avoid that here. All childcare centers must have a staff/child ratio posted in their room. At times, we may not have all of our children in attendance and a teacher may be asked if they would like to leave early. However, if a parent decides to bring their child in later after this teacher is already gone, we have now violated state regulations. With that being said, we have strict drop off policies, as well as other time related policies.

A child will not be submitted into the childcare facility after **10:00a.m.** unless a doctor's note is brought in by the parent or guardian.

Parents are required to feed their children breakfast at home, if they will be arriving after **8:00a.am.** At 8:00a.m., teachers will begin cleaning up from breakfast and begin their scheduled day. Breakfast will no longer be served after 8:00a.m.

Your child will only be released to you and those you have listed on the front of the application. As we acquire new children, we are still in the process of learning what their parent's/guardians look like. Please do not be offended when a staff member asks to see your I.D., this is protocol. If a new staff member joins our team, they will also ask to see your I.D. Please make sure that anyone you have on your pickup list also brings their I.D. with them. If you need to add on to your pickup list, please send our director an email with the name of the person and a contact phone number for said person.

Pick up time is 6:00p.m. Parents are charged a \$25.00 late fee for every 15 minutes or any part thereof. Payment is expected immediately.

Parent's/Guardian's Signature	



License # 26002489 & License # 26002490

PARENT/GUARDIAN STATEMENT OF COOPERATION AND AGREEMENT

If my child is accepted, I agree to:

- Support the spiritual, moral, dress and disciplinary standards of Flaming Sword Daycare-ELC as outlined in the Parent Handbook.
- Assume responsibility for keeping in regular contact with my child's teachers.
- Support Flaming Sword Daycare-ELC to the best of my ability through attendance and participation in various Flaming Sword Daycare-ELC activities.
- Support, to the best of my ability, the Flaming Sword Daycare-ELC entire program through prayer, time, and financial gifts.
- Adhere to the appropriate channels when resolving conflicts (ie) seek unity in conflict using the Matthew 18 principle 1) seek to resolve issue with the teacher, if further action is needed proceed to 2) schedule a meeting with the Director.
- Accept the Director's decision and understand that Flaming Sword Daycare-ELC reserves the right to dismiss a child based on the lack of cooperation on the part of the child, parent or guardian.
- Attend parent/teacher fellowship meetings and other functions requiring our participation.
- Cooperate in assisting in special workdays called throughout the year.
- Give permission for my child to take part in all Flaming Sword Daycare- ELC activity.
- Absolve Flaming Sword Daycare-ELC, Flaming Sword Academy, and Flaming Sword International Ministries, INC., from liability to me or my child because of any injury to my child during a Flaming Sword Campus activity.
- In case of an emergency or serious illness, we request Flaming Sword Daycare-ELC contact us first. If we are not available, please contact the designated emergency contact. If emergency contact cannot be reached, Flaming Sword Daycare-ELC has permission to make whatever arrangements deemed necessary for my child's treatment.
- If the emergency is life threatening and we cannot be reached, the physician has permission to act accordingly absolving Flaming Sword Daycare-ELC of any liability.
- Allow Flaming Sword Daycare-ELC to provide contact information for our family to the daycare director and parent/teacher in assistance to encourage participation in activities,
- That I, or another designated adult, will bring my child to the center and officially sign him/her in upon arrival each day. Likewise, I or another designated adult will come to the center and officially sign him/her out before departure from the center.
- That I will notify the center in advance if my child will be late due to medical appointments.
- That I will have my child at the center no later than 10:00a.m. each day unless child has a medical appointment, in which I will bring a doctor's note.



License # 26002489 & License # 26002490

I understand:

- There will be daily Bible stories, Bible lessons, Pledge of Allegiance to our country, morning prayer, Christian music, and prayer over our lunches that children are expected to participate in an honorable fashion.
- My child is accepted on the general probationary status for the first quarter.
- Flaming Sword Daycare-ELC reserves the right to dismiss any child who does not adhere to the standards sated in application and handbook.
- If for any reason our child does not cooperate with the disciplinary standards of Flaming Sword Daycare-ELC, I will withdraw him/her without delay in cooperation with the administration and avoid discussion with those not involved so as to avert a spirit of dissension and division at either the child's expense or Flaming Sword Daycare-ELC's expense.
- This application cannot be considered without the application fee and if my child is accepted, I
 agree to the payment and or refund policies as listed in Flaming Sword Daycare-ELC's fee
 schedule and tuition policy.
- I understand that Flaming Sword Daycare-ELC reserves the right to refuse any application or dismiss any child at any time when they deem necessary. Neither this application nor payment of non-refundable fees is considered binding upon Flaming Sword Daycare-ELC.
- If legal action is required to collect tuition, I, the undersigned, will be responsible to pay reasonable attorney's fees and court cost; and
- The premises and classrooms are monitored by closed circuit television with audio and visual surveillance for the protection of the children and staff.

My signature below indicates that I have read, understood, and agreed with this Parent/Guardian Statement of cooperation and agreement.

Parent's/Guard	ian's Signature		 Date	
	J			
		For office u	ise only:	
Da	ate accepted i	n the office	Ву	
	Approve	Disapprove	Parents Notified	



License # 26002489 & License # 26002490

ACKNOWLEDGMENT STATEMENT

I acknowledge that I have received a complete copy of my child's childcare application, to include the following:

- 1. Copy of the Parent Handbook/Operational Policy Manual and I understand I will receive updates/changes at least 14 days before a policy change goes into effect;
- 2. Copy of the NC Child Care Law and Rules
- 3. Copy of the sick/illness Policy
- 4. Copy of the Photography Policy
- 5. Copy of the Non-Smoking Policy
- 6. Copy of the Discipline & Behavior Management Policy
- 7. Copy of the Biting Policy
- 8. Copy of the Code of Conduct Policy
- 9. Copy of the Infant/Toddler Safe Sleep Policy
- 10. Copy of the Shaken Baby Syndrome & Traumatic Brain Injury Policy
- 11. Copy of the Blood Borne Pathogens Policy
- 12. Copy of the Potty-Training Policy
- 13. Copy of the Parent Participation Policy
- 14. Copy of the Nutrition Opt Out Policy
- 15. Copy of the Drop off/ Pickup and Other Time Policies
- 16. Copy of the financial contract
- 17. Copy of the current calendar year
- 18. Copy of the Supply List

I acknowledge that the information contained in this application is true and accurate.

Parent's/Guardian's Signature	<mark>Date</mark>
Child's Name:	
C	OFFICE USE ONLY
Received in office by whom:	Date:
Approved by Director:	Copy given to Lead teacher on this date:
Date a copy was placed in the ERP manual:	ERP Manual in daycare house:



License # 26002489 & License # 26002490

FINANCIAL CONTRACT AGREEMENT

Year:	Child's Name:
Fee: Late Fees-NS Fee: Late Pick-Up 1 st Offense \$25.00 You will have unt child not being ac	Fee:\$100.00 (non-refundable) Fees:\$25.00 each due immediately upon notification infraction Citations
due on Friday BEF	inue to make equal weekly payments in the amounts listed above. Payments will be RE the week begins, no later than 6 PM. ay not be changed once this contract is signed until the next year of registration.
Payment Plan Op	ons (please choose one):
6 weeks- 2	months \$175.00 (Weekly) 2-5 years old \$170.00 (Weekly)
6 weeks- 2	months \$350.00 (Bi-Weekly) 2-5 years old \$340.00 (Bi-Weekly)
6 weeks- 2	months \$725.00 (Monthly) 2-5 years old \$700.00 (Monthly)
Parent's/	uardian's Signature Date



License # 26002489 & License # 26002490

Parent's Understanding and Agreement: I understand and agree to the following:

- There is no reduction of tuition fees due to holiday closings, vacations, absences, or inclement weather closing.
- That if I remove my child from the daycare/preschool program, I must give a two (2) week notice in writing to the office so that I will not be charged for the upcoming month.
- The center's registration fee of \$100.00 per child is due at enrollment. This is an annual fee due again each August 1.
- Daycare is due in advance, which is the Friday no later than 6:00 PM, before the week of daycare to be provided. Acceptable payment is by check, money order, debit, cash, or automatic withdrawal.
- That if I have not paid the tuition in advance, I will be charged a \$25 late fee and care will be denied if payment is not received by Monday at 5:00 PM.
- That I will pay full tuition due each week or month regardless of attendance. This includes absences for illness, scheduled center holidays, or inclement weather closings.
- That, in the event my child is at the center past 6 PM, I will pay \$25.00 per 15-minutes or any part thereof, that I am late, and this fee will be paid by check, money order, cash or debit before the child returns to the center the next day.
- The provision that, I will not be charged for one week of the year when the daycare is closed for maintenance and/or repairs. Daycare has designated that week to be the 4th week of June annually.
- That there will be a \$25 charge on any returned check, and I will be required to pay with debit, a certified check, cash, or money order if this occurs more than twice within one year.
- If payment is late (after Monday at 5:00 pm), and arrangement have not been made with administration, your child will be removed immediately from FS Daycare and will not be able to return
- Legal action will be taken if late payment is owed at any time for any reason and no arrangements have been made with administration to bring the account current.
- Flaming Sword Daycare-ELC #1 and #2 admits students of any race, color, national and ethnic
 origin to all the rights, privileges, programs, and activities generally accorded or made available
 to students at the daycare. It does not discriminate on the basis of race, color, national and
 ethnic origin in administration of its educational policies, admissions policies, scholarship and
 loan programs, and athletic and other school administered programs

Parent's/Guardians Signature	



License # 26002489 & License # 26002490

GETTING TO KNOW YOUR CHILD

hat food does your child especially like?	
hat food does your child especially dislike?	
hat is your child's favorite toy, game, and activity?	
your child potty-trained?	
hat word does your child use for toilet?	
ow does your child express anger or frustration?	
pes your child have any fears?	
hen your child is upset, what helps to comfort him/her?	
ow do you discipline your child?	
as your child been taking an afternoon nap?	
re there special family situations (such as custody specifications, problems arising from situations, ec.)?	
o you anticipate any adjustment problems?	
re there any disorders/developmental issues diagnosed or suspected?	
as your child attend childcare preciously? if yes, where?	
d your child have any problem at the previous daycare?	
hat are your expectations of us?	
o you have any concerns about your child's development?	
ace Ethnic Identity Religion	



License # 26002489 & License # 26002490

Culture	Home Language				
	GETTING TO KNOW YOUR INFANT/TODDLER Please fill out this form for your child ages 0-23 months				
Pre-Mature	BirthFull-termHome Birth / Hospital Birth Weight				
Child's general mo	od: Are they mostly happy, fussy, colicky etc.?				
Has child stayed w	ith anyone else besides parents? Y / N If so, who				
Is child botte or br	east fed?				
If using both, wher	n do you use bottle vs. breast?				
How do you give b	ottle? Room temp, warmed, cold?				
If you warm the bo	ottle, what procedure do you use to warm the bottle?				
Does the child hold	d his or her own bottle?				
Is child on formula	or milk?				
What kind of milk or formula do you use?					
Is child on baby cereal?					
List the kinds you use:					
Is child on strained or other baby foods?					
List the varieties yo	ou use such as fruits, veggies, etc				
Food Likes:	Food Dislikes:				
List amounts of foo Breakfast:	od, types of food and times your child usually eats below:				
Lunch:					



License # 26002489 & License # 26002490

GETTING TO KNOW YOUR INFANT/TODDLER CONT.

Snack:				
Will your child have a bo	ottle or breast-fed be	efore arriving?		
Will your child need bre	eakfast?			
Does your child sleep th	nrough the night?			
Does your child take a n	nap?	When?		
Does your child use a pa				
Do you have any concer				
Race	Ethnic Identity _		religion	
Culture				
Home Language			_	



License # 26002489 & License # 26002490

NOTES FROM THE PARENTS FOR THE TEACHERS AND DAYCARE DIRECTOR



License # 26002489 & License # 26002490

SUPPLY LIST

Infants/Toddlers:

- Diapers
- Wipes
- 3 complete changes of clothes
- We have bibs, but you are more than welcome to bring your own
- Pacifier if they take one with a pacifier container-Pacifiers are not permitted to connect to clothing
- Diaper rash cream- A form will be given to you for permission for us to apply
- If your child is walking, closed toed shoes are required
- Lunchbox with labeled bottles, cups, and food

Two's, Three, and Preschool Class:

- 2 complete changes of clothes- For those potty training, it is suggested you bring at least a week's worth of clothing.
- Closed toed shoes- no sandals
- Blanket
- Pencil box
- Large rounded pencils
- Box of crayons
- Safety scissors
- Glue sticks (2)
- Small bookbag
- Lunchbox with labeled cups and food

All items including but not limited to; bottles, cups, food, lunchboxes, extra clothing, blankets, stuffed animals, etc. should be labeled with child's first and last name. Bottles, cups, lunchboxes must also have current date.