



The YESS Learning Center

4211 Hilltop Rd, Greensboro, NC 27407

Phone: 336-852-8571 Website: www.yyess.com

Date: 6/6/11

Re: Summer Camp

Thank you for registering for Summer Camp at The YESS Learning Center! We hope that you are just as excited as we are because we have a fun summer planned.

In this packet, you will find valuable information that will help you finalize your registration and give you additional details regarding our summer activities.

First, you will need to complete the following documentation and bring with you no later than your 1st day of camp. Since we are NC licensed childcare facility, the following documentation is required by the State for each child before they can begin camp with us:

- Child's Enrollment Application with Emergency Contact Information
- Child's Medical Report (Physical Exam/Section B is NOT required for ages 5)
- Immunization Records – you may be able to get a free copy from school*
- Signed Discipline Policy*
- Permission to Administer Topical Ointment/Lotion/Powder (primarily for sunscreen or insect repellent)
- CACFP Child Eligibility Application (up to 3 children on 1 form)*
- CACFP Participant Enrollment Form (up to 5 children on 1 form)*
- NC Child Law & Rules Acknowledgement form*
- Aquatic Activities Policy
- Signed Rules for Summer Camp
- A current photo of your child

*If you are existing student, some of the above forms will not need to be updated & may not be in your folder.

Optional Forms

- Swimming Sign-up Sheet
- YWCA Swimming Participation Release Form
- Game Waiver

Important Fee Information

All parent fees, activity fees and registration fees must be paid in advance before your child can participate in any summer camp activities. All fees and permission slips should be turned in the Friday prior to the scheduled activity week.

Activity fees for Option 1 Group A will be \$150 for the whole summer or \$15 per week. Activity fees for Option 1 Group B will be \$100 for the whole summer or \$10 per week. Options 2 & 3 include all activity fees for both groups. Group A for all options will need to add \$25 to cover ticket and transportation to Carowinds and \$20 to cover Wet 'N Wild. This fee includes 35+ field trips and activities for Group A and 25 + field trips and activities for Group B. Parents are welcome to join us on any of our field trips; however, parent fees may apply. If you are interested in being a chaperone, please see the Director.

Over

We will be offering optional swim lessons for 6 weeks during the summer on Mondays at the YWCA in High Point. Lessons will begin on June 20th and the cost is only \$50. The cost includes 45 min of instructional lesson, 15 min of free time, and transportation for 6 weeks – not a bad deal! If you are interested, please complete the attached Swim Lesson form with payment in full by June 17th. If your child does not participate in the weekly Swim Lessons, there will be activities held at the center for your child to participate in. We have also reserved a number of swim days throughout the summer where all campers will have the opportunity to participate. Splash days are open swim time without instruction. Both swim lessons and splash days will have life guards on duty. Please see the calendar and make sure your child brings their swim suit and towel on the appropriate days.

Please note that the calendar is as final as final can be but understand that we may have some minor changes. However, we will keep you informed and updated by making sure we send home any updates to the calendar.

After your first day, you will be responsible for signing your child in and out of the computer in the foyer. During your first week of camp, you will receive your sign in/out code and the code to enter the building.

We hope that you enjoy our program so much that you will want to stay with us and join us for our after-school program. If you do, there is no additional registration fee and if you decide to join us, you can take advantage of our After-School Program discount rate of \$55 per week. If the bus drops you off at our center, \$55 is all you pay per week. If we pick you up, then transportation fees apply.

If you have any questions or concerns, please feel free to give us a call directly!

Sincerely,
Felicia Price
 Felicia B. Price
 Executive Director / Owner
 336-852-8571 (office)

Vickey Phillips
 Vickey Phillips, Director



The YESS Learning Center 4211 Hilltop Rd, Greensboro, NC 27282
 * Phone: 336.852.8571 * Website: www.yyess.com * Email: info@yyess.com

Summer Camp Checklist

- Please complete and return all required enrollment documentation including a current photo of your child. This must be returned before your child can participate in any summer camp activities.
- Please be sure your child is dressed appropriately for the activities that are scheduled each day. Dress them in clothes that you don't mind getting dirty. Look at their shoes too. Are they safe for the day's activities? Are they brand new on a muddy day?
- We have provided a list of departure & return times for all of our fieldtrips on the back of the field trip calendar. Please be sure your child is here 15 minutes prior to departure time for each field trip. Because most fieldtrip prices are based on a minimum number of participants and paid in advance, refunds are not given for missed fieldtrips, late arrivals, or disenrollment. Teacher contact numbers have also been provided for emergency situations while we are on field trips.
- Please sign and return all *Summer Camp Permission slips* the Friday prior to the scheduled activity week. No child will be permitted to attend any fieldtrips until the completed forms are received. It is recommended that all fees be paid in full the Friday prior to the scheduled activity week in order to avoid a delay in fieldtrip departure times of Monday mornings.
- If your child is not over age 8 or does not weigh at least 80 lbs. please leave his/her booster/car seat in the staff lounge labeled with his/her name on fieldtrip days. Please shake out the seat to ensure any food particles are not in it before bringing it in the building. Although we love having a full house, we prefer children over arts! ☺
- Please label all of your child's belongings. We will not be responsible for lost or misplaced items.
- Please make sure your child has extra clothes in his/her cubby for the summer. Even older children need to change clothes from time to time if they get really messy or have a spill.
- If your child will need sunscreen applied, please complete and turn in a *Permission to Administer Topical Ointment/Lotion/Powder* form. Turn in the form and sunscreen (labeled with your child's name) to your child's teacher to put out of reach of the children. The form will be valid all summer. Please apply the first application at home and we will reapply any additional sunscreen as needed throughout the day.
- On pool and/or water days, please have your child put his/her swimsuit on under their clothes before arriving in the morning. Please make sure your child wears shoes that can get wet on these days. Children must wear shoes during water play time for their protection. Remember to send a towel for your child on water days, inside a plastic shopping bag. On pool days each child should bring a tote with TWO empty plastic shopping bags, water bottle, towel, brush, and any other necessities. Please remember that sunscreen cannot be kept in the child's bag and must be given to the teacher.
- We encourage the children to bring a water bottle that they can keep here and use throughout the summer. Water will be provided outside for refills.
- Please complete and return the YWCA Swimming Participation Release Form if your child will be participating in Swim Lessons. No child will be permitted to participate in YWCA swim activities without this form.
- Please complete a Game Waiver form if you are comfortable with your child sharing his/her electronics (i.e. handheld games, Ipods, etc.....)

Application Date _____

Date of Enrollment _____

CHILD'S APPLICATION FOR CHILD CARE*To be completed and placed on file prior to enrollment*Name of Child _____ Birth date _____
(Last) (First) (MI) (Nickname)

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No ___ Yes ___ Explain: _____

Does your child have any chronic illnesses/conditions: No ___ Yes ___ Explain: _____

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Address _____

Hospital preference _____ Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name _____ Home Phone _____ Office Phone _____

Name _____ Home Phone _____ Office Phone _____

If you cannot call for your child, please give the names of persons to whom the child can be released: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent)

(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. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Operator)

(Date)

DCD 0108
12/99

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____

2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____

3. Is the child on any continuous medication? No ___ Yes ___ If yes, what? _____

4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___ ; diabetes No ___ Yes ___ ;
convulsions No ___ Yes ___ ; heart trouble No ___ Yes ___ ; asthma No ___ Yes ___
If others, what/when? _____

6. Does the child have any physical disabilities: No ___ Yes ___ If yes, please describe: _____

Any mental disabilities? No ___ Yes ___ If yes, please describe: _____

Signature of Parent or Guardian _____ Date _____

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

Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____
Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____
Neurological System _____ Skin _____ Vision _____ Hearing _____
Results of Tuberculin Test, if given: Type _____ date _____ Normal _____ Abnormal _____ followup _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed; _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____

Name of Center: YESS Learning Center

Discipline and Behavior Management Policy

Date Adopted 12/29/08

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

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of "time-out"
12. DO stay consistent in our behavior management program.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of

(child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian _____ Date _____

Distribution: one copy to parent(s) signed copy in child's facility record

**North Carolina
Department of Health and Human Services
Women's and Children's Health
CHILD AND ADULT CARE FOOD PROGRAM
CHILD ELIGIBILITY APPLICATION**

1. PRINT THE PARTICIPANT'S NAME AND DATE OF BIRTH:

NAME OF INSTITUTION: EC CANADA & ASSOCIATES, IB

First Name Last Name Date of Birth

First Name Last Name Date of Birth

First Name Last Name Date of Birth

FACILITY NAME: _____

AGREEMENT NUMBER: 6417

2. SNAP, TANF or FDIPIR: If the household currently receives SNAP, TANF or FDIPIR benefits give the case number. Yes, we receive SNAP, TANF or FDIPIR benefits. Case number is: SNAP # _____ TANF # _____ FDIPIR # _____
If yes, and you have provided the case number, DO NOT complete #3 and #4. Complete #5 (voluntary) and #6. If a child is a member of a SNAP or FDIPIR household or TANF assistance unit, the child is automatically eligible to receive free Program meal benefits, subject to the completion of the application.

3. IS THIS A FOSTER CHILD? Yes No. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children.

4. HOUSEHOLD MEMBERS MONTHLY INCOME: List all others living in your household, DO NOT include participant listed above. List all gross income (before deductions) received last month. If you did not give a SNAP, TANF or FDIPIR case number or if this is not a foster child, you must complete the income information.

Names of all Other Household Members	Monthly Wages Salaries	Monthly Social Security Earnings	Monthly Public Assistance/ Child Support Earnings	Monthly Retirement Pensions Earnings	Monthly Other Earnings
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. ETHNIC IDENTITY: (Please check one).
 Hispanic or Latino Not Hispanic or Latino

RACE OF PARTICIPANT: (Please check one or more).
 White Black or African American American Indian or Alaskan Native
 Asian Native Hawaiian or Other Pacific Islander

6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that Program officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal laws.

Signature of Adult Household Member (Required) _____ Date: _____

Last Four Digits of Social Security Number: (Required for household qualifying by income)

Printed Name _____

Home Telephone # _____ Work Telephone # _____

Address _____

City _____ Zip Code _____

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

For Institution To be classified and completed by institution/sponsor

TOTAL HOUSEHOLD SIZE _____ TOTAL HOUSEHOLD MONTHLY INCOME \$ _____

Approved: Free Reduced Denied
Reason for denial: Income too high Incomplete application Other
Withdraw on (Date): _____

For state use only:
Verified by: _____ Date: _____
Verified classification: Free Reduced Denied
Reason for change in classification: _____

Signature of Eligibility Official _____

Date _____

**Child and Adult Care Food Program (CACFP)
Participant Enrollment Form**

Institution Name: EC CANADA & ASSOCIATES, INC.Agreement Number: 6417

Facility/Provider Name: _____

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below for all participants in your household that are enrolled at this facility. The information below should be completed by the parent or guardian. Please use the guides below the table to complete. Please sign and date this form below.

Participant's First Name	Participant's Last Name	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
		_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
		_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
		_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
		_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
		_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM

Guide:

Normal hours of care: Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.

Normal days of care: Please circle the days of the week the participant(s) are usually in attendance at the facility.

(M=Monday; T=Tuesday; W=Wednesday; TH= Thursday; F=Friday; Sat =Saturday; Sun=Sunday)

Meals Normally Eaten – Please circle the meals the participant(s) usually eats at the facility.

(B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack)

Parent/Guardian Signature: _____

Date: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____

Work Telephone Number: () _____

For Facility/Provider Use Only:

Signature of Facility Representative/Provider: _____ Date: _____

Date the participant withdrew: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

For State Use Only: Complete: _____ Incomplete: _____ Reason: _____ Verified by: _____ Date: _____



Permission to Administer Topical Ointment/Lotion/Powder

Authorization must be provided for staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.

Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

Child's Name: _____

Name of Ointment: _____ Amount: _____

From: ___/___/___ To: ___/___/___ Permission may be given for up to 12 months

Apply to:

- all exposed skin
- face only
- diaper area
- other (specify) _____

When:

- before going outside in the afternoon
 - after each diaper change
 - after a bowel movement
 - other (specify) _____
- We cannot accept "as needed"*

I give permission to my child care provider to apply the medication listed above as instructed.

Parent/Guardian Signature

Date



Permission to Administer Topical Ointment/Lotion/Powder

Authorization must be provided for staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.

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Parent/Guardian Signature

Date

**THE YESS LEARNING CENTER
4211 Hilltop Rd
Greensboro, NC 27407
336-852-8571**

NORTH CAROLINA CHILD CARE LAW & RULES

Attached, you will find a copy of the N.C. Childcare Law and Rules. This summary was created by the N.C. Division of Child Development to make you aware of current childcare laws and regulations.

After receiving a copy of the N.C. Childcare Law and Rules Summary, sign the statement below and return it to the childcare office as soon as possible.



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

Child's Name _____

Age _____

Parent's Signature _____

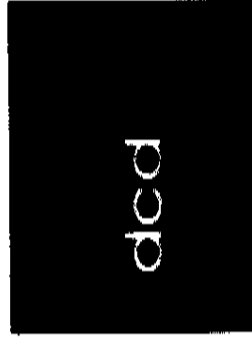
Date _____

TARENT COPY

North Carolina Child Care Law and Rules

Division of Child Development
North Carolina Department of
Health and Human Services
319 Chapanoke Road
Raleigh, NC 27603

May 2009



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

2,000 copies of this document were printed at a cost of \$179.64 or \$0.09 per copy.

Child Abuse or Neglect

Abuse occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. Abuse may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. Neglect occurs when a child does not receive proper care, supervision, or discipline, or when a child is abandoned. North Carolina law requires any person who suspects child abuse or neglect to report the case to the county department of social services. In addition, any person can call the Division of Child Development at 919-662-4499 or 1-800-859-0829 and make a report of suspected child abuse or neglect in a child care operation. Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any abuse/neglect complaint or the issuance of any administrative action against the child care facility.

The following requirements apply to both centers and homes.

Transportation

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

Records

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills practiced with safe evacuation of children must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care.

Discipline

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

Parental Rights

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

The law and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information visit the Resources in Child Care website at: www.ncchildcare.net. For more information on the law and rules, contact the Division of Child Development at 919-662-4499 or 1-800-859-0829, or visit our homepage at: <http://www.ncchildcare.net>.

Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every center or family child care home. These files can be viewed during work hours,

- requested via the Division's web site at www.ncchildcare.net,
- or,
- requested by contacting the Division at 1-800-859-0829.

How to Report a Problem

North Carolina law requires staff from the Division of Child Development to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be fined up to \$1,000 and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development at 919-662-4499 or 1-800-859-0829.

Summary:

"**FALST COPY**"

What is Child Care?

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

It is only when all of these conditions exist that regulation is required. The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development. The purpose of regulation is to protect the well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

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

Star Rated Licenses

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

Family Child Care Homes

A family child care home is licensed to care for five or fewer preschool age children, and can include three additional school-age children. This includes preschoolers living in the home but the provider's own school-age children are not counted (Individuals caring for one or two children are exempt from being licensed.) Licenses are issued to family child care home providers who meet the following requirements:

- Home providers must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children.
- He or she must undergo a criminal records background check initially, and every three years thereafter.
- All household members over age 15 who are present in family child care homes when children are in care must also undergo a criminal records background check. As of December 2008, criminal records checks are done every three years.
- All family child care home providers must have current certification in CPR and first aid and complete an ITSSIDS training every three years. They also must complete a minimum number of training hours annually.

All family child care homes must meet basic health and safety standards. Providers must maintain verification of children's immunization and health status. They must provide developmentally appropriate toys and activities, as well as nutritious meals and snacks for the children in care.

Child Care Centers

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

Licensed centers must meet requirements in the following areas:

Staff

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours including ITSSIDS training for any caregiver that works with infants 12 months of age or younger, and CPR and first aid training. All staff must also undergo a criminal records background check. As of December 2008, criminal records checks are done every three years.

Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes for licensure are shown below and must be posted in each classroom.

Age	Teacher : Child Ratio	Maximum Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School-age	1:25	25

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

Space and Environment

To meet licensing requirements, there must be at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

Caregivers

The Division of Child Development does not promote or require any specific curriculum over another unless programs are using curriculum to get a quality point for the star-rated license. Child care programs choose the type of curriculum appropriate for the ages of the children enrolled. Activity plans must be available to parents and must show a balance of active and quiet, indoor and outdoor activities. Rooms must be arranged to encourage children to explore and use materials on their own.

Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed programs to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) and must have space and time provided for rest.

Aquatic Activities Policy

Revised June 1, 2010

Aquatic activities are defined as activities that take place in, on, or around a body of water such as swimming, swimming instruction, wading, visits to water parks, and boating.

Supervision of Aquatic Activities

- For every 25 children participating in aquatic activities, there must be at least one person who has a current life guard training certificate. These lifeguards cannot be counted in the required staff-child ratio.
- Children under the age of three may not participate in aquatic activities unless it is necessary to implement any child's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP).
- The following staff-child ratios must be maintained during aquatic activities:

<u>Age of Children</u>	<u>Ratio Staff/Children</u>
3 to 4 years	1/8
4 to 5 years	1/10
5 years or older	1/13

- Regardless of the number of children participating, a minimum of two staff members must supervise aquatic activities.
- Adequate supervision and ratios must be maintained at all times. Half the center staff needed to meet staff-child ratios must be in the water and the other half must be out of the water.
- Staff must be positioned in pre-assigned areas that allow them to hear, see, and respond quickly to the children. This includes the pool area, seating, bathroom, and changing areas.

Discipline during Aquatic Activities

- Children that exhibit behavior that is a danger to themselves or others during aquatic activities will be removed from the water and separated from the other children. Once the negative behavior has been addressed the child will have the opportunity to rejoin the group. If the behavior persists, the child will not be permitted to participate in the aquatic activity for the remainder of the day and will be given an alternative activity to do.
- Supervision of the separated child must be maintained at all times.
- If a child must be excluded from aquatic activities more than one day, he/she will no longer be permitted to attend aquatic activities for the remainder of the summer. Refunds of activities fees will not be provided.

Aquatic Safety Hazards

- In the event of a threat of severe weather the teachers and children will seek shelter in a safe and secure place out of danger.
- Teachers will scan the area for hazards such as glass, broken items etc., prior to children entering the pool area. Children may enter the pool area once the hazard has been removed.
- In the event of any obvious health risks such as release of bodily fluids into the pool, the children will be asked to leave the water until the health risk is resolved.
- Teachers must ensure the pool safety rules are posted in the pool area and at the first visit to the pool will review these with the children.

Aquatic Field Trip and Transportation Policies and Procedures

- Existing policies and procedures will be followed during times of aquatic play.
- Policies are made available upon hire in the staff handbook and an annual review of the Aquatics Activity Policy will be required by all teachers and staff involved in aquatic play.

I have reviewed and understand:

1. The YESS Learning Center's Aquatic Activities Policy
2. The guidelines provided by the pool
3. The requirements of Child Care Rule 10A NCAC 09.1403

Employee Signature

Date

Rules for Summer Camp

1. Listen and follow directions at all times.
2. Respect your teacher and peers.
3. No fighting.
4. Keep hands and feet to yourself.
5. No bad language.
6. No running inside – use your walking feet.
7. Use inside voices inside the classroom, inside the center and while being transporting on the bus or van.
8. Remain in seats with seat belts while on the bus or van until you are asked to exit.
9. Stay with your teacher or chaperone at all times especially while on field trips.

Failure to abide by the abovementioned rules and any YESS policies risk losing field trip privileges and could result in dismissal from the program.

Keep top for your records

By signing below, you acknowledge that you have read and understand the Rules for Summer Camp at the YESS Learning Center. You also acknowledge that you have covered these rules with your child.

Child's Name _____

Age: _____

Date: _____

Parent/Guardian's Signature: _____

*****GAME WAIVER *****

Your child, _____
Child's Name

has requested to share his/her _____ with other children. I

understand that YESS Learning Center will not be responsible for lost,
stolen or broken items or any other personal items associated with this
waiver. As Parent/Guardian, I agree and understand the terms of this
waiver.

Signed,

Signature Date

*****GAME WAIVER *****

Your child, _____
Child's Name

has requested to share his/her _____ with other children. I

understand that YESS Learning Center will not be responsible for lost,
stolen or broken items or any other personal items associated with this
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waiver.

Signed,

Signature Date