

# Lil' Busy Bodies Child Care CHILDREN'S FILE CHECKLIST

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

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

Forms	Date Received/Completed
<input type="checkbox"/> Application	
<input type="checkbox"/> Emergency Information	
<input type="checkbox"/> Feeding Schedule (children less than 15 months of age)	
<input type="checkbox"/> Medical Exam	
<input type="checkbox"/> Immunization Record	
<input type="checkbox"/> Discipline	
<input type="checkbox"/> Permission for play outside fenced area	
<input type="checkbox"/> Copy of Summary NC Child Care Law, Parent Hand Book and Incident Reports Form	
<input type="checkbox"/> Documentation of Receipt for: Summary of NC Child Care Law, Parent Hand Book and Incident Reports Form	
<input type="checkbox"/> Time Out	
<input type="checkbox"/> ITS/SIDS, Safe Sleep Policy	
<input type="checkbox"/> Financial Agreement	
<input type="checkbox"/> Quick Find Info Sheet	
<input type="checkbox"/> Travel and Activity Authorization	
<input type="checkbox"/> Free/Reduced Lunch Application	
<input type="checkbox"/> Photo/Video Permission Form	

# Lil' Busy Bodies Child Care Center

35 Roberts Road, Sanford, NC. 27332 Ph. 919-498-0044

(It's all about the Children)

## Documentation of Receipt

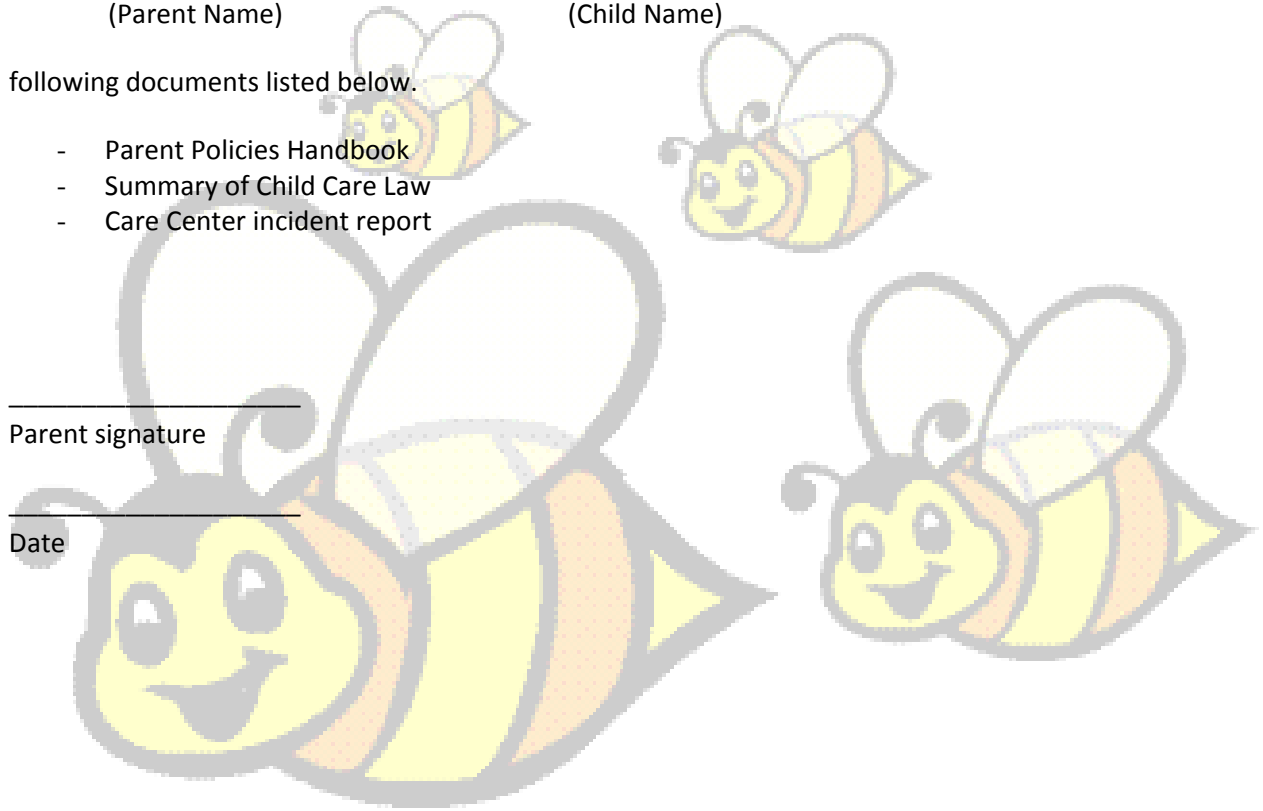
I, \_\_\_\_\_ parent of \_\_\_\_\_ have received  
(Parent Name) (Child Name)

following documents listed below.

- Parent Policies Handbook
- Summary of Child Care Law
- Care Center incident report

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date



# Lil' Busy Bodies Child Care Center

## Financial Agreement

### Fees and Discounts

Upon enrollment, parents must pay a non-refundable registration fee of \$40.00. Parents enrolling more than one child at a time will only pay one registration fee. However, if parents choose to withdraw their child from the center and re-enroll at a later date, another registration fee will be required. We treat all families equal. If a parent is enrolling additional children, they will receive a 5% discount off regular fees per child.

### Requested Days of Attendance

Days: M T W T F

Hours: \_\_\_\_\_ AM to \_\_\_\_\_ PM (10 Hours per day maximum)

Requested: Full-time or Before/After school (circle one)

**I have requested the above days and hours and I am in agreement to pay \$ \_\_\_\_\_ per week**

### Full Time

Consist for a maximum of **10 hours per day** Monday through Friday. Parents and families who do not use their hours during the week are still responsible for full payment. If you need more than 10 hours it will cost \$7.00 per additional hour.

### Payments

Payments for Child Care are due in advance of the weeks care and no later than the close of business Monday, if not received, a late fee will be imposed to the regular payment schedule starting that Tuesday. Payments can be paid in cash, credit/debit card or by check

### Fines

1. **Check Returned**, a \$25.00 fee will be added to your account, additionally; you will only be allowed to pay with cash, credit or debit. NO EXCEPTIONS.
2. **Late payment**, a \$10.00 late fee per day will be added to your regular fee starting that Tuesday. In addition, your child (ren) shall be removed from care by the close of business on Tuesday. You will have 5 working days to pay your balance or your family slot will be replaced (by the close of business on the following Tuesday)
3. **Late Pick-Up**, A \$5.00 FEE FOR THE FIRST FIVE MINUTES and \$5.00 FEE FOR EACH ADDITIONAL MINUTES THERE AFTER FOR ALL PARENTS PICKING THEIR CHILD (REN) UP AFTER 6:00 PM. For example, parents who leave their child at the Center past closing will be charged \$5.00 up to the first 5 minutes. Each minute after the first 5 minutes will cost an additional \$5.00; parents will be billed \$10 at 6 minutes, \$15 at 7 minutes, \$20 at 8 minutes. The Center's clock at the sign in table will be used for the official time.

**I understand and accept these terms and financial agreement for payment rendered to me by Lil Busy Bodies Child Care Center.**

\_\_\_\_\_  
PARENT(S) SIGNATURE

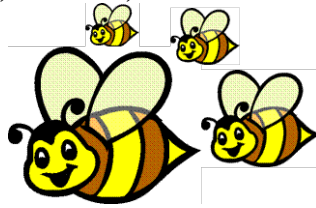
\_\_\_\_\_  
DATE

\_\_\_\_\_  
DIRECTOR SIGNATURE

\_\_\_\_\_  
DATE

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## PHOTO/VIDEO PERMISSION FORM

I, **give/don't give** (circle one) Lil' Busy Bodies Child Care permission to take pictures/videos of my child(ren) \_\_\_\_\_, \_\_\_\_\_.

These pictures/videos may be posted at Lil' Busy Bodies Child Care Center, posted on their website, put in yearbooks to be distributed to other families, used in projects, or put in other news media sources. They may also be used as examples in projects and presented in classes that I may teach to other providers.

Parents Signature \_\_\_\_\_

Date \_\_\_\_\_



Dear Parent,  
We have been approved for the Food Program. In order for your child to qualify for the food program, we will need your social security number.

Thank you for your help,

Management

Participant's Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

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

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Race: White \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ Native American \_\_\_\_\_

Pacific Islander \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_

Social Security # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Days of Normal Care

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Name of Center: \_\_\_\_\_



# Infant/Toddler Safe Sleep Policy Sample (Revised)

Date Adopted: \_\_\_\_\_

Sudden Infant Death Syndrome (SIDS) 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 baby died and a review of the baby's clinical history.

Child care providers can maintain safer sleep environments for babies that help lower the chances of SIDS. N.C. law requires that child care providers caring for children 12 months of age or younger, implement a safe sleep policy, share this information with parents and participate in training.

In the belief that proactive steps can be taken to lower the risks of SIDS in child care and that parents and child care providers can work together to keep babies safer while they sleep, this facility will practice the following safe sleep policy:

## Safe Sleep Practices

1. All child care staff working in this room, or child care staff who may potentially work in this room, will receive training on our infant Safe Sleep Policy.
2. Infants will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a waiver notice will be posted at the infant's crib and the waiver filed in the infant's file.
3. The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer for sleep.
4. We will follow this recommendation by the American Academy of Pediatrics. However, child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
5. **Visually checking sleeping infants.** Sleeping infants will be checked daily, every 15-20 minutes, by assigned staff. The sleep information will be recorded on a Sleep Chart. The Sleep Chart will be kept on file for one month after the reporting month. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care.

**We will check to see if the infant's skin color is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly. We will check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.**

6. Steps will be taken to keep babies from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping the baby.

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 Infant/Toddler Safe Sleep Policy and that the facility's director/ owner/operator (or other designated staff member) has discussed the facility's Infant/Toddler Safe Sleep Policy with me.

Date of Child's Enrollment: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Child Care Provider: \_\_\_\_\_

Date: \_\_\_\_\_

*Distribution: one signed copy to parent(s)/guardian(s); signed copy in child's facility record.*

*Effective date: 5/1/04*

*Review: #1 12/15/05*

*Revisions: #1 1/1/06 COM;*

## Safe Sleep Environment

7. Room temperature will be kept between 68-75°F **and a thermometer kept in the infant room.**
8. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding. **We may use a sleep sack instead of a blanket.**
9. No loose bedding, pillows, bumper pads, etc. will be used in cribs. We will tuck any infant blankets in at the foot of the crib and along the sides of the crib mattress.
- 10 Toys and stuffed animals will be removed from the crib when the infant is sleeping. **Pacifiers will be allowed in infants' cribs while they sleep.**
11. A safety-approved crib with a firm mattress and tight fitting sheet will be used.
12. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency.
13. No smoking is permitted in the infant room or on the premises.
14. All parents/guardians of infants cared for in the infant room will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.
15. **To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.**

## Best Practices

1. All staff will participate in *Responding to an Unresponsive Infant* practice drills twice each year, in April and in October, in conjunction with fire drills.