

CCC CHILD FILE CHECKLIST

The facility shall keep a separate record for each child. 114-503 G. (1)

REFER TO JUNE 2005 REGULATION BOOKLET 114-503 G. (1) through (8)

- Current Immunization Record – (must be on SC DHEC form)**
- DSS Form 2900 - General Record and Statement of Child's Health signed and dated by parents and director and updated as needed**
- General Record /Enrollment Form to include ALL of the following:**
 - Child's full legal name, nickname, birth date, date of enrollment, current home address and home telephone number**
 - Full name of parents/guardians, work and home telephone numbers, or reachable telephone numbers when the child is in the center**
 - Name, address and telephone number of TWO emergency persons who can assume responsibility for the child and are authorized to arrange medical care if necessary**
 - Name, address, and telephone number of doctor, dentist and health insurance provider**
 - Name, address and form of identification for anyone authorized to take the child from the center also 114-503 F. (2)**
 - Written permission/authorization to obtain emergency medical treatment, to transport children - 114-505 I. (2) (c), to administer medication - 114-505 D. (1), and to participate in swimming activities**
 - A signed statement by parents, UPDATED ANNUALLY, that acknowledges their acceptance and understanding of ALL center Policies 114-503 F. (4), INCLUDING the center Discipline Policies 114-506 B. (2) which SHALL BE CLEARLY DEFINED by the center and state whether or not corporal punishment is used.**
 - Written permission for corporal punishment, if applicable
Punishment shall be clearly defined.**

THE CENTER SHALL HAVE WRITTEN POLICY TO SAFEGUARD THE CONFIDENTIALITY OF ALL RECORDS 114-503 I.

Child's Name:	Date:
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South Carolina Department of Social Services
Child Care Regulatory Services

GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION TO CHILD CARE FACILITY

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: Kids Corner Early Learning Academy LLC County: _____ Select County ...

Address: 1811 South Irby St. #106 Florence SC 29505
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

_____ Full Name Relationship

Address: _____
Street Address City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

_____ Full Name Relationship

Address: _____
Street Address City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: Mon Tue Wed Thurs Fri Sat Sun

Check all meals Child will receive daily: Meals are not offered Breakfast Morning Snack Lunch

Afternoon Snack Dinner Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

_____ Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

_____ Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

PARENT'S AUTHORIZATION FORM FOR CDCC & GDCH

Day Care Name Kids Corner ELA Child's Name _____

A. DISCIPLINE:

Do you understand the discipline policy of the day care? YES NO
Does this day care use corporal punishment as discipline? YES NO
If so, do you give your permission for the staff to spank your child? YES NO NA

Signature

Date

B. MEDICINE:

I give permission for prescription and non-prescription medicine to be given to my child.

Signature

Date

C. EMERGENCY MEDICAL TREATMENT

I give permission to Kids Corner Early Learning Academy to obtain emergency medical treatment.
Name of Day Care

Signature

Date

D. PERSONS AUTHORIZED TO TAKE MY CHILD FROM THE DAY CARE:

Signature

Date

E. I give permission for my child to be transported to and from the day care. I give permission for my child to be transported on field trips.

Signature

Date

F. I give permission for my child to participate in swimming activities.

Signature

Date

Kids Corner Early Learning Academy llc

Disciplinary Form 2023-2024

Our staff members will not withhold opportunities for physical activities (not being permitted to play with the rest of the class or being kept from play times except when a child's behavior is dangerous to himself or others. Staff members will never use physical activity or exercise as punishment, for example, doing pushups or running laps. Playtime or other opportunities for physical activity are never withheld to enforce the completion of learning activities or work. We will not use any strategies that will hurt, shame, or belittle a child. Our center will use appropriate alternate strategies as consequences for negative or undesirable behaviors. There are no strategies that use food as a reward or punishment. There are no strategies that hurt shame or belittle a child. Our goal is to work with the parents to plan developmentally appropriate evidence-based strategies to support children with challenging behaviors. Conscious Discipline & Positive Guidance is a preventive measure that promotes self-control, teaches responsibility, and helps children make good choices. It is the shared responsibility of families and programs to collaborate on strategies that are helpful when working with the child to find alternative options. It requires mutual respect and collaboration between home and care providers. Here at Kids Corner Ela, we promote intentional teaching and social-emotional skills as they guide children toward positive behavior choices. We understand transitions may be rough and it is our goal to ensure a smooth transition into our classroom family.

The student is always asked to be on his or her best behavior. The student is not to disrupt the program with behavior problems. No hitting, bullying, biting, name-calling, offensive language, signs of fighting, spitting, cursing, slapping, or any other ugly behavior will be tolerated. Parents are always financially responsible for their children's behavior at the center and off campus. 4-5-year-old students must be in uniform upon arrival each day. Field trips and school bus transportation are not a requirement of our program. Corporal punishment is prohibited in our center. Parents are fully responsible for childcare payments and co-payments.

Our team of teachers will redirect with positive guidance strategies that will be used to prevent challenging behaviors and appropriately respond to challenging behaviors to promote the social emotional and well-being of children. Our program and staff will work together with parents to teach children appropriate behaviors and how to respond to meet their needs. Depending on the offense, in some cases, parents will be asked to pick up their child. The center will communicate with the parents and may also refer the student for behavior counseling and or screenings for support. You will find a list of procedures we will take. In extreme cases, some steps may be skipped. Kids' Corner Early Learning Academy LLC holds the right to terminate childcare for any reason at any time. All monies, fees, field trip fees, supplies, and donations are nonrefundable.

1. He or she will be given a verbal warning 2. A Note home 3. Phone call 4. Text, Email, or social media messages will be sent to the parent/guardian 5. A Parent Teacher Phone Conference 6. A Referral for behavior counseling or screening 6. Meeting with the Parent/Guardian upon the child's return to school 7. Suspension 8. Termination

Child Name: _____ Date: ____ / ____ / ____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Corporal Punishment Form 2023-24

The use of corporal punishment is prohibited at Kids Corner Early Learning Academy LLC

What is Corporal punishment? Corporal Punishment is the use of physical force on the body as a disciplinary measure. Physical force to the body includes but is not limited to: Spanking, Slapping, biting, kicking, shaking etc.

I clearly read and I understand that corporal punishment is prohibited at Kids Corner Early Learning Academy, LLC by signing below.

(signature) Name: _____ Date: __/__/____

Facility Agreement

Facility Agreement

I have clearly read, accept, understand, and accept all of the policies of Kids Corner Early Learning Academy, LLC including those that refer to or apply to DSS licensing regulations, including discipline policies 114-506b (1) through (8) which shall be clearly defined and states that we will not use corporal punishment at Kids Corner ELA, llc.

The discipline and behavior management policy is implemented when the Facility Agreement is signed.

(Print) Parent/Guardian Name: _____ Date: ___/___/___

Parent/Guardian Signature: _____ Date: ___/___/___

Kids Corner Early Learning Academy, llc

Liability Insurance

Kids Corner Early Learning Academy, LLC, does not carry liability insurance in our center.

By signing below, you clearly agree and understand that Kids Corner ELA, LLC does not carry liability insurance in our center.

By signing below, I the parent, and or legal guardian assume all responsibility for the child named below.

Student Name: _____

(Print) Parent/Guardian Name: _____ Date: ___/___/___

Parent/Guardian Signature: _____ Date: ___/___/___

Late Pick Up fee Notice:

**Before signing, I do understand, I will have to pay a \$35
Late Pick up fee, if I pick up my child/ren after**

_____ : _____.

_____ **Date:** ____/____/____

Parent/Guardian Signature

**I do understand that this late pick-up fee is due at the
time of pick-up.**

_____ **Date:** ____/____/____

Parent/Guardian Signature

\$

Kids Corner Early Learning Academy, LLC Student Information sheet

Student Name:	Special Accommodations:	Food Allergies
Student Birthday Do you celebrate birthdays?	What is your preference regarding care:	Special Diet
Age: Grade	What American holidays you do not celebrate?	
What School does the child attend?	Are there any Religious Food Preferences:	What language does the child speak
#1 Parent/Guardian Name	Parent/ Guardian #1 Phone Numbers	Parent #1 Work Number
#2 Parent/Guardian Name	Parent/Guardian #2 Cell Number	Parent #2 Work Number
What is the child's temperament?	Are there any Social or Emotional Needs: Tell Us about your culture.	Medical Problems
Parent/Guardian Email Address:		
Student Emergency Contact:		
Name: _____		Phone Number: _____-_____-_____
Name: _____		Phone Number: _____-_____-_____
In Case of Emergency: Preferred Hospital and Address:		
Please List the persons you authorize to Pick up your child from Kids Corner ELA:		
1. Name	Phone Number	
2. Name	Phone Number	
3. Name	Phone Number	
Parent/Guardian Signature:		Date: / /

Kids Corner Early Learning Academy, LLC Student Information sheet

Parent/Guardian Signature:

Date: ____/____/____

**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
CACFP MEAL BENEFIT INCOME ELIGIBILITY (CHILD CARE)**

COMPLETE ONE APPLICATION PER HOUSEHOLD. PLEASE USE A PEN (NOT A PENCIL).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12. (If more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related. Children in Foster Care and children who meet the definition of **Homeless, Migrant or Runaway**, are eligible for free meals.

CHILD'S FIRST NAME	MI	LAST NAME	CHECK ALL THAT APPLY	ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME		ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME		ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME		ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME		ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: **SNAP, TANF (FI), or FDPIR?**

IF NO > Go to STEP 3

IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER: **Food Stamp Case Number?**

Write only one case number in this space.

STEP 3 Total Household Gross Income

Are you unsure what income to include here? Turn to page 3 and review the charts titled, "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance Child Support Alimony	How often?				Pensions/Retirement Social Security/SSI/VA Benefits/Other	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if No SSN

STEP 4 Contact Information and adult signature.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

PRINT NAME OF ADULT SIGNING FORM		SIGNATURE OF ADULT			DATE
ADDRESS	CITY	STATE	ZIP	PHONE/EMAIL	

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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, the funds your child care center/provider receives may be impacted. 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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation

for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Only use this address if you are filing a complaint of discrimination.**
This institution is an equal opportunity provider.

DO NOT FILL OUT For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	<input type="text"/>	How often? Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>	Household Size	<input type="text"/>	Eligibility FREE <input type="checkbox"/> REDUCED <input type="checkbox"/> PAID <input type="checkbox"/>	For Child Care Homes Only: Tier I _____ Tier II _____
	<input type="text"/>		Categorial Eligibility	<input type="checkbox"/>		
Determining Official's Signature	<input type="text"/>	Date	<input type="text"/>	Confirming Official's Signature	<input type="text"/>	Date

Family and Culture Questionnaire

We would like take a few minutes of your time to ask you to fill out the following questionnaire. The information collected from the questionnaire will be used to help teachers plan and incorporate individual family traditions in activities that enhance educational success using family beliefs and cultures. We appreciate you taking the time to help. Thank you!

About Me

Childs Name:

Child's Interest:

Foods my child likes to eat:

Things my child likes to do or play with:

Fears or Dislikes:

What words does your child use to let you know she/he needs to potty?

Child learns best by: (Circle al that apply)

Seeing/hearing Feeling

My child falls asleep by (self, parent rocking, etc.):

My child has traveled to:

What items of interest from these places would you be able to share with the class?

Developmental Needs: (if any)

Concerns and/or goals:

About My Family and Culture:

Our family/families are from:

In our home, we speak:

Games we enjoy playing together:

Outdoor activities we do together:

Books we enjoy reading together:

Some recipes/food we enjoy together:

Some ethnic food we prepare in the home are:

Music we enjoy listening to together:

Some of my family traditions are:

We like to celebrate special days such as: (holidays/birthdays)

What items can you bring into the classroom to assist teachers with recognizing these specified family celebrations?

Please discuss with us your “parenting style” or child-rear practices. Are these practices part of a custom culture?

Please list all members of the household:

<u>Name</u>	<u>Relationship to child</u>	<u>What does the child call the family member</u>
1.		
2.		
3.		
4.		
5.		
6.		

Activities: What are some special activities your family participates in daily, weekly, monthly, seasonally, annually, etc. (Dancing, charities, sports, cheerleading, swimming, etc.)

Parent/Family Volunteer Opportunities

What are some customs, foods, dress, etc. from your culture that you would like to share with our Center?

Please list all skills, hobbies and talents you or a family member may wish to share:

Would you like to be called upon to volunteer within the Center?
(Ex. Reading, grounds-work, seasonal projects, field trips, etc.)

Is there any information that you feel is relevant and particular to your family, culture, customs, language, preferences, or traditions that you would like to share?

Please remember we are partners in your child's education and learning. Our goal in gathering the information on this form is to better provide for your child's unique and individual needs. None of the information will be shared with anyone other than those identified in the direct care of your child. Thank you for sharing your child with us!

-TLC Team