Employment Application

Bundle of Joy Academy

402 Fowler Road
Simpsonville, SC 29681
(864) 228-9362

Date:_____

Name:_____

Address:_____

City/State/Zip Code:_____

Phone: Home_____ Cell_____

Email Address:_____

DOB:_____ Gender:_____ Marital Status_____

Name of Spouse:_____

Are you legally eligible for employment in the USA (circle one): Y N

Position you are applying for:_____

On what day will you be available to work? _____

Records of Employment

List below present and past employment beginning with most recent

Name and Address of Employers Telephone	From	To	Starting & Ending Salary	Reason for Leaving	Name of Supervisor

Name and Address of Employers Telephone	From	To	Starting & Ending Salary	Reason for Leaving	Name of Supervisor

Name and Address of Employers Telephone	From	To	Starting & Ending Salary	Reason for Leaving	Name of Supervisor

May we contact your employer? Y or N

If not,
why?_____

Please list any other relative experience:_____

Record of Education

Name & Address	Course of Study	Last yr completed	Diploma or Degree

Personal References (not former employers or relatives)

Name	Occupation	Address	Contact Number

South Carolina Department of Social Services
Child Care Licensing

DIRECTOR/STAFF EVIDENCE OF NON-CONVICTION AND STATEMENT OF COMPLIANCE

This form must be completed by all persons applying for employment with, or employment by, or seeks to provide caregiver services in, or is a caregiver at a child care facility. Keep a copy for your facility file.

The South Carolina Child Care Licensing Law, Section 63-13-40 D(1) et seq., Code of Laws states, "To be employed by or to provide caregiver services at a childcare facility licensed, registered, or approved under this sub-article, a person first shall undergo a state fingerprint-based background check to be conducted by the State Law Enforcement Division (SLED) to determine any state criminal history, a fingerprint-based background check to be conducted by the Federal Bureau of Investigation to determine any other criminal history, and a Central Registry check to be conducted by the department to determine any abuse or neglect perpetrated by the person upon a child. (2) However, a person may be provisionally employed or may provisionally provide caregiver services after the favorable completion of the State Law Enforcement Division name and date of birth-based background check until such time as the SLED and Federal Bureau of Investigation fingerprint-based background check, and the Central Registry check are completed if the person executes a sworn statement on a form provided by the department that he or she has not been convicted of any crime enumerated in this section and that he or she is not on the Central Registry for having perpetrated abuse or neglect upon a child."

This questionnaire and certification is deemed to be continuous in nature, and any future violation or non-compliance with the applicable statute herein must be reported immediately to DSS Child Care Licensing.

I have read and become familiar with S.C. Code Section 63-13-40 (as amended), which provides the requirements for employment in a childcare facility.

I affirm that I am an employee, employer, or seeking employment in a childcare facility, and that I am in compliance with the provisions of S.C. Code Section 63-13-40 (as amended).

I understand that if I am found to be in violation of S.C. Code Section 63-13-40 (as amended), such non-compliance will affect the issuance or status of the licensure/approval/registration of this facility.

I understand, that in accordance with the requirements of S.C. Code Section 63-13-40 (C) (as amended) that all application forms provided for employment at a childcare facility must include, at the top of the application form in large bold type, a statement indicating that a person who has been convicted of a crime enumerated in Subsection (A) who applies for employment with, is employed by, or seeks to provide caregiver services in, or is a caregiver at such a facility, is guilty of a misdemeanor, and, upon conviction, must be fined not more than five thousand dollars, or imprisoned not more than one year, or both.

Name: (Please print) _____

Address: _____

Facility Name: _____

Facility Address: _____
Street City State Zip County

Director: _____ Facility Approval/License/Registration No.: _____

I AFFIRM TO THE ABOVE NON-CONVICTION AND STATEMENT OF COMPLIANCE.

Staff's Signature: _____ Staff's Title: _____

SWORN TO AND SUBSCRIBED BEFORE ME

This _____ day of _____, 20____.

_____
Notary Public for South Carolina

My Commission Expires: _____

DSS Form 2925 (APR 09) Edition of DEC 08 is obsolete.

Instructions for Scheduling Services
"SAFE" Live Scan Digital Fingerprinting
South Carolina DSS Child Care Licensing

On-line Scheduling

- Available 24 hours a day, 7 days a week
- Go to www.identogo.com
- Click on the State of South Carolina
- Click on English or Spanish to begin registration
- Select Agency's ORI Number
  - **SC 920090Z - DSS Child Care**
- Click Go
- Enter your facility ID
  - Your assigned facility ID number that begins with "CC".
- Click Go
- Select Reason
- Click Go
- Verify your facility's name by selecting "Yes" if this is correct.
  - If you select "No" you will be returned to the previous screen to re-enter your correct facility ID number
- Enter Zip Code or choose a region for a location to be fingerprinted
- Click Go
- Choose a location
- Choose a date in blue from the calendar
- Choose appointment time and Click Go
- Enter information from State Applicant Fingerprint Electronic (SAFE) live scan form
- Click Send Information

Call Center Scheduling

- Available Monday through Friday, 8:00 a.m. – 5:00 p.m. EST
- Call 1-866-254-2366 and speak to one of the operators
- Operators will collect required information and schedule your appointment
- Facility ID number is required

NOTE: Walk-ins are accepted but should only be used in an emergency situation when time does not allow the individual to schedule an appointment.

You must show a valid photo ID to be fingerprinted!

Payment Schedule (Effective 3/19/2012)

(SLED/FBI fee plus L-1 processing fee = total fee due)

Regular paid employees (part-time or full-time) $33.00 + $10.00 = $43.00
Regular unpaid employees (part-time or full-time) $30.00 + $10.00 = $40.00
Household Members (in Registered Family Child Care Homes) $30.00 + $10.00 = $40.00
Charitable Organization (Paid Employees)* $24.50 + $10.00 = $34.50
Charitable Organization (Unpaid Employees)* $23.00 + $10.00 = $33.00
**Must submit documentation to SLED verifying non-profit status to receive the rate for charitable organizations.*

Method of Payment

At the **time of appointment scheduling**, L-1 will accept cashier checks, money orders, business checks, Visa or MasterCard, debit cards, E-checks, personal checks and Escrow accounts.
At the **time of appointment**, L-1 will accept cashier checks, money orders, business checks, personal checks and Escrow accounts. (Make checks payable to L-1 Enrollment Services.)

SAFE

State Applicant Fingerprint Electronic Processing Services

Name: Prefix: ___ First:_____ Middle _____ Last _____ Suffix ____

Alias/Maiden Name: First:_____ Middle _____ Last _____ Suffix____

Address:_____ City:_____ State:_____ Zip:_____

Daytime Contact # _____ Social Security #: _____-_____-_____

Date of Birth:_____/_____/_____ Birthplace: _____
Month Day Year *State*

Citizenship: _____ Height: _____ Weight: _____

Driver's License or State ID Number: _____

Original TCN (if this is a reprint): _____

CIRCLE CODES THAT APPLY

SEX	**HAIR COLOR**	**SKIN TONE**
Male	Bald	Black
Female	Black	Dark
RACE	Blond/Strawberry	Dark Brown
American Indian	Brown	Fair
Asian	Gray/Part Gray	Light
White	Red/Auburn	Light Brown
Black	Sandy	Medium
Other	White	Medium Brown
Unknown	**EYE COLOR**	Olive
ETHNICITY	Black Hazel	Ruddy
Hispanic	Blue Maroon	Sallow
Non-Hispanic	Brown Multi-color	Yellow
Unknown	Gray Pink	Other
	Green	

Go to www.identogo.com or call 1-866-254-2366 to schedule fingerprinting appointments. Use requesting agency information below to ensure correct processing and fees.

Please bring your **Driver's License (or other State or Federal issued Photo ID)** to your appointment.

Requesting Agency Information - (This information must be provided by your REQUESTING AGENCY.)

ORI: **SC920090Z** Controlling Agency: **SC DEPT OF SOCIAL SERVICES**
Reason Fingerprinted: **DSS CHILD CARE**
Facility ID/OC Number: CC036746 **Facility Name:** Bundle of Joy Academy
EMPLOYEE: _____ VOLUNTEER: _____

South Carolina Department of Social Services
Child Care Regulatory Services

STAFF HEALTH ASSESSMENT

Name: _____ DOB: _____

Type of Activity in Child Care: (Check all applicable) ☐ Caring for Children ☐ Desk Work
☐ Adult Member of Household ☐ Food Preparation ☐ Driver of Vehicle ☐ Facility Maintenance

THIS SECTION TO BE COMPLETED BY HEALTH PROFESSIONAL WHO DOES HEALTH ASSESSMENT

Part I – Medical History

Does this person have any of the following medical problems?	Yes	No
History of myocardial infarction, angina pectoris, coronary insufficiency?		
History of epilepsy?		
Diabetes?		
Current drug or alcohol dependency?		
Disabling emotional disorder?		
Does this person have any special medical or mental problems which might interfere with the health of the children or that might prohibit this person from providing adequate care for the children. If yes, explain on reverse of form.		
Speech disorder?		
Significant physical findings/chronic medical condition or physical impairment?		
Other special medical problem or chronic disease which requires restriction of activity, medication or which might affect his/her work role? If so, specify on reverse of form.		

Part II

As shown by physical examination, does the individual have:	Yes	No
At least 20/20 combined vision, corrected by glasses if needed?		
Normal hearing?		
Normal blood pressure?		

Part III – Communicable Diseases

Does this person have a communicable disease which would prohibit him/her from working in a child care facility?

☐ Yes ☐ No If yes, please comment: _____

_____

Tuberculosis Certification (If medically recommended or required by the Local Health Officer)

Type of Test: _____ Reading: _____ Date: _____

Immunization Status

Facility staff are at risk of exposure to childhood diseases. Prospective employees who will work with infants should have a review of their immunization status. Employees are also at risk of exposure to live virus, such as polio and CMV.

Immunization status reviewed: ☐ Yes ☐ No

Comments: _____

_____

Print Name & Address of Health Care Provider Telephone Number

Signature of Health Care Provider Date of Examination

HEALTH ASSESSMENTS MUST BE OBTAINED AT LEAST EVERY FOUR (4) YEARS AFTER INITIAL ASSESSMENT AND SUBSEQUENTLY ACCORDING TO THE STATUTE.

DSS Form 2926 (JUN 09) Edition of NOV 99 is obsolete.

South Carolina Department of Social Services
Child Care Regulatory Services

MEDICAL STATEMENT

To be completed by staff, volunteers, and emergency personnel:

Name: _____ SSN: _____
Last First Middle

Home Address: _____
Number Street City State Zip

Date of Birth: _____ ☐ Male ☐ Female Telephone: _____

Statement of your present health in your own words: _____

_____

_____

Have you ever had or do you now have any of the following:

Illness/Condition	Yes	No	Illness/Condition	Yes	No
Vision Problems			Rupture or Hernia		
Ear, Nose, Throat Problems			Hemorrhoids		
Hearing Loss			Sugar or Albumen in Urine		
Frequent/Severe Headaches			Jaundice		
Dizziness or Fainting Spells			Diabetes		
Head Injury			Heart Problems		
Epilepsy or Seizures			Bone, Joint or other Deformity		
Shortness of Breath or Lung Problems			Back Problems		
Spitting up Blood			Tumor, Growth or Cancer		
Tuberculosis			Nervous Condition		
Skin Disease			Drug or Narcotic Habit		
Pain or Pressure in Chest			Adverse Reaction to Medication		
High Blood Pressure			Alcoholism		
Frequent Indigestion			Illnesses or injury not mentioned above		
Stomach, Liver or Intestinal Problems			Loss of consciousness		
Have you ever been refused employment or been unable to hold a job for reasons of health?					
Have you ever been denied life insurance?					
Have you ever been rejected for or discharged from military service for physical, mental or other reasons?					

If any item is checked "Yes", please explain: _____

_____

_____

_____

Please provide appropriate information below regarding freedom from tuberculosis (TB):

NEW EMPLOYEE: Enter below date of written evidence from a physician or health resource attesting you are free from communicable TB. _____
Date of Verification

CURRENT EMPLOYEE: Check below if you are required to have additional tuberculosis tests.

☐ No more TB tests required ☐ TB tests required every _____

I CERTIFY THAT THE ABOVE INFORMATION SUPPLIED BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____ _____
Signature Date

DSS Form 2901 (OCT 07) Edition of JUL 82 is obsolete.

8/4/2014

Bundle of Joy Academy
Child Care Physical Activity Policy

Policy Statement

Bundle of Joy Academy recognizes the importance of physical activity for young children. Implementation of appropriate physical activity practices supports the health and development of children in care, as well as assisting in establishing positive lifestyle habits for the future.

Physical Activity in Child Care

The purpose of this policy is to ensure that children in care are supported and encouraged to engage in active play, develop fundamental movement skills and to have limited screen time. Our center encourages all children to participate in a variety of daily physical activity opportunities that are appropriate for their age, that are fun and that offer variety. In order to promote physical activity and provide all children with numerous opportunities for physical activity throughout the day Bundle of Joy Academy will:

Daily Outdoor Play

- Encourage a least restrictive, safe environment for infants and toddlers at all times.
- Provide a designated safe outdoor area for infants (ages 0-12 months) for daily outdoor play.
- Provide toddlers (ages 1 through 2 year olds) with at least 60-90 minutes of daily outdoor active play opportunities across 2 or 3 separate occasions.
- Provide preschoolers and school age children (ages 3 through 12 year olds) with at least 90-120 minutes of daily outdoor active play opportunities across 2 or 3 separate occasions.
- Increase indoor active play time so the total amount of active play time remains the same, if weather limits outdoor time. Active play will be inside of the gym area.
- Provide a variety of play materials (both indoors and outdoors) that promote physical activity.

Role of Staff in Physical Activity

- Will encourage children to bephysically active indoors and outdoors at appropriate times.
- Will provide 5-10 minutes of planned physical activities at least 2 times daily for children age 3 and older.

Screen Time Limitations

- Not permit screen time (e.g., television, movies, video games and computers) for infants and children two years and younger.

8/4/2014

Physical Activity and Punishment

Staff members do not withhold opportunities for physical activity (e.g., not being permitted to play with the rest of the class or being kept from play time), except when a child's behavior is dangerous to himself or others. Staff members never use physical activity or exercise as punishment, e.g., doing push-ups or running laps. Play time or other opportunities for physical activity are never withheld to enforce the completion of learning activities or academic work. Our center uses appropriate alternate strategies as consequences for negative or undesirable behaviors.

Appropriate Dress for Physical Activity

We at Bundle of Joy Academy have a Ready to Play Policy! Please bring your child ready to play and have fun each day. Your child will participate in both indoor play and outdoor play. Therefore, play clothes and shoes which can get dirty and allow for free and safe movement are most appropriate. We expect parents to provide children with appropriate clothing for safe and active outdoor play during all seasons. The Academy does not allow flip-flops or open-toe shoes for outside play or for inside play in the gym area. If your child wears sandals, please be sure to allow them to wear socks with them. In winter, please provide a warm jacket, hat, gloves or mittens, and weather appropriate shoes or boots. In summer, provide light clothing, hat, and sunscreen. In spring and fall, provide a jacket or sweater, and boots and rain jacket on rainy days. Please be sure to label all outer garments with your child's name. It is our expectation that children will go outside EVERYDAY! ***<You may want to insert information here providing specific details from the ABC Standards regarding temperature ranges and weather advisories that would prohibit outdoor play.>***If you feel your child is too sick to go outside then he/she is too sick to be at the child care center. We request that you keep him/her at home until they are well enough to go outside.

Professional Development

Annual training on promotion of children's movement and physical activity is required for all staff.

My signature below indicates that I have received a copy of the physical activity policy, it has been reviewed with me, and I have read and understand this policy.

Signature_____ **Date**_____

Please circle as appropriate: (**STAFF**) **PARENT**

If parent, name of child_____

DISCIPLINE POLICY

Name of Facility: Bundle of Joy Academy

The use of corporal punishment is strictly prohibited on the premises of this facility or away on any facility sponsored field trip.

Any staff found guilty of administering corporal punishment as a representative of this facility will be suspended or dismissed, depending on the severity. Parents using corporal punishment at the facility or on a facility sponsored field trip may be barred from the facility except to deliver and pick up their child or their child care slot may be terminated depending on the severity.

Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes but is not limited to spanking, slapping, biting, and/or shaking.

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self concepts, problem solving abilities, and self-discipline. Based on this belief, a positive approach to discipline is used and this child care facility will practice the following discipline and behavior management techniques.

WE DO:

- Communicate to children using positive statements
- Communicate with children on their level
- Talk with children in a calm quiet manner
- Explain unacceptable behavior to children
- Give attention to children for positive behavior
- Praise and encourage the children
- Reason with and set limits for the children
- Apply rules consistently
- Model appropriate behavior
- Set up the classroom environment to prevent problems
- Provide alternatives and redirect children to acceptable activity
- Give children opportunities to make choices and solve problems
- Help children talk out problem and think of solution
- Listen to children and respect the children's needs, desires and feelings
- Provide appropriate words to help solve conflicts
- Use storybooks and discussion to work through common conflicts

WE DO NOT:

- Inflict corporal punishment in any manner upon a child's body.
- Spank, hit, shake, bite, pinch, push, pull, slap or otherwise physically punish children.
- Use cruel, harsh, unusual, humiliating or frightening methods of discipline, including threatening the use of physical punishment.
- 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.
- Embarrass children in front of others.
- Compare children.
- Deny food or rest or physical activity as punishment.
- Relate discipline to eating, resting, or sleeping.
- Place children in a locked and/or dark room.
- Leave the children alone, unattended or without supervision.
- Allow discipline of children by children.
- Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

Conferences will be scheduled with parents if particular disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with the parents and documenting behavior problems and interventions, to terminate child care services for that particular child.

My signature below indicates that I have received a copy of the discipline policy and the policy has been reviewed with me. I have read and understand the policy and the consequences of violation of the policy.

Signature_____ **Date**_____

Please circle as appropriate: (STAFF) PARENT

If parent, name of child_____

Bundle of Joy Academy
Child Care Nutrition Policy

Policy Statement

Good nutrition is vital to children's overall development and well-being. In an effort to provide the best possible nutrition environment for the children in our facility, Bundle of Joy Academy has developed the following child care nutrition policies to encourage the development of good eating habits that will last a lifetime.

Child Care Nutrition

Bundle of Joy Academy follows the child care nutrition guidelines recommended by the USDA CACFP (Child and Adult Care Food Program) for all the foods we serve. To provide a healthy and balanced diet that includes fruits, vegetables, and whole grains and limits foods and beverages that are high in sugar, and/or fat, our nutrition policy includes the following:

Fruits and Vegetables

- √ We serve fruit at least 2 times a day.
- √ We offer a vegetable other than white potatoes at least once a day.

Grains

- √ We serve whole grain foods at least once a day.

Beverages

- √ We limit juice intake to once per day in a serving size specified for the child's age group. When served, the juice is 100% fruit juice.
- √ We do not serve sugar sweetened beverages.
- √ We serve only skim or 1% milk to children age 2 years and older.

Fats and Sugars

- √ High fat meats, such as bologna, bacon, and sausage, are served no more than two times per week.
- √ Fried or pre-fried vegetables, including potatoes, are served no more than once per week.
- √ We limit sweet food items to no more than two times per week.

Role of Staff in Nutrition Education

- √ Staff provide opportunities for children to learn about nutrition 1 time per week or more.
- √ Staff act as role models for healthy eating in front of the children.

Meal and snack times are planned so that no child will go more than four hours without being offered food. We provide a variety of nutritionally balanced, high quality foods each day so please do not send your child with outside food and drinks.

Please see the Director prior to sending lunch or snack for your child

8/4/2014

Weekly Menus

Our weekly menus are carefully planned to follow child care nutrition guidelines at every meal. Each menu is designed to provide a wide variety of nutritious foods that are different in color, shape, size and texture. All of our child care menus include foods that are culturally diverse and seasonally appropriate. We also like to introduce new and different foods and include children's favorite recipes in our menu planning. Menus are rotated on a three week basis to provide the children with a balance of variety and familiarity. Menus are adapted to incorporate local and fresh in-season produce when available.

Nutrition and Punishment

Staff will never use food as a reward or as a punishment.

Celebrations

From birthday parties to holidays there are many opportunities for celebrations in our child care center. A birthday party will be held monthly in each classroom. If you would like to recognize your child's actual birthday, we request that you not send in treats or goody bags but instead send a birthday book. For holiday celebrations, a sign-up sheet with specific foods and beverages will be placed in each classroom. Please see your child's teacher if you have any questions or concerns.

Professional Development

Annual nutrition training is required to ensure that all staff understand the important role nutrition plays in the overall well-being of children.

My signature below indicates that I have received a copy of the nutrition policy, it has been reviewed with me, and I have read and understand this policy.

Signature_____ **Date**_____

Please circle as appropriate: (STAFF) **PARENT**

If parent, name of child: _____

CHILD CARE CENTER POLICIES

Parents/Guardian and staff must read, understand, sign and date the following policy agreement, maintained on file and updated annually. DSS Regulation No. 144-503 F(4).

- ☐ 1. Release of Children - DSS Regulation No. 114-503 F(2): this policy must include a security system to prevent the inappropriate release of a child to an unauthorized person, and it should be communicated with parents/guardian.

- ☐ 2. Administration of Medications - DSS Regulation No. 114-503 F(3)(e): Policy must include signed and dated parental consent before administering and medication to any child. Reference DSS Regulation 114-505 D to ensure completion of policy.

- ☐ 3. Discipline and Behavior Management - DSS Regulation No. 114-503 F(3)(f): A CLEARLY DEFINED procedure must include whether or not corporal punishment will be used according to DSS Regulation No. 144-506 B(2). This policy must be re-signed by parents/guardian and staff if any discipline policy changes are made. Parents and staff must sign a facility agreement acknowledging their understanding and acceptance in order to implement the discipline and behavior management policy.

- ☐ 4. Confidentiality - DSS Regulation No. 114-503 I: this policy must safeguard the confidentiality of all records of children to include name, address, and other information about the child or family and information that may identify the child.

- ☐ 5. Tracking Children (Supervision) - DSS Regulation No. 114-504 A(3): Procedures to account for the presence of each child as they enter or exit the premises, enter or exit a vehicle, or move to a new location in or around the center.

- ☐ 6. Emergency Medical Plan - DSS Regulation No. 114-505 C: This plan must address conditions under which emergency medical care or treatment is warranted, steps to be followed in a medical emergency, the hospital/ medical entity to be used, the method of transportation to be used and the a staffing plan to include who will accompany the child with records to the emergency location and will stay with the child until parents/guardian arrive.

- ☐ 7. Evacuation Plan/Emergency Preparedness - DSS Regulation No. 114-505 H(3): The facility must have an up to date written plan for removing the children from the building in case of fire, a natural disaster, or threatening situation that may pose a health or safety hazard. The plan should include procedures for staff training in this emergency plan.

- ☐ 8. Transportation/Field Trips - DSS Regulation No. 114-505 I: Plans are required for routine travel and must be on file in the facility. Plans should include a checklist to account for the loading and unloading of children at every location. Written permission from parents for transporting children to and from the home, school, or other designated places including planned field trips and activities. Reference DSS Regulation No. 114-505 I: to ensure completion of policy.

- ☐ 9. Care of Mildly ILL Children - DSS Regulation No. 114-509 B: If a facility chooses to provide care to children who are mildly ill, written policies and procedures specifying inclusion and exclusion from others is required. The plan must also include communicating with parents/guardian, recording of illness, and listing type of care provided. Specify types of illnesses and symptoms which prohibit care from being provided. Staff must receive training on this plan.

*Family Notices – Parents/Guardian should be provided with the following information upon admission:

- ☐ 10. Liability Insurance – SC Statute 63-13-210 (A)(B): All child care facilities will be asked to show proof of liability insurance. If facility does not have insurance coverage, a written notice must be provided to parents/guardian of enrolled children.

- ☐ 11. Provisional Employment - SC Statute 63-13-45 (A): If a facility chooses to provisional employ persons to provide care to enrolled children, written statements must be provided to parents/guardian indicating that the facility may provisionally employ a person in order to comply with SC laws and regulations when an unexpected staff vacancy occurs.

- ☐ 12. Free and Full Access - DSS Regulation No. 114-503 F(1): Free and full access must be granted to parents/guardian of children enrolled unless court order stipulates otherwise. The visit must not disrupt instructional activities or classroom.

Signature: _____ Date: _____