



Diave' Daye Child Development Center

Enrollment Packet Checklist

Please Provide the following items to enroll your child in the Day Care Program

Child's Name: _____ Age: _____ DOB: _____

Parent's Name: _____ Phone#: _____

- Enrollment Form----- 1 & 2
- Day Care Application----- 3 & 4
- Child History----- 5 & 6
- Day Care Parent Contract----- 7 & 8
- Day Care Health Care Policies----- 9 & 10
- Infant Safe Sleep Policy----- 11 & 12
- Permission to Photograph & Release of Confidential ----- 13 & 14
- Brightwheel Program----- 15
- Income Eligibility Form----- 16
- Infant and Toddler Feeding Plan----- 17 & 18
- Child Medical Examination Report (Infant/Toddler) ----- 19
- Parent's Health Statement for School-Age Child----- 20
- Medication Authorization----- 21
- Tuition Agreement----- 22

Additional Required Information

- Physical exam form, and Immunization record to be completed by Doctor (PPD/w results and HGB)
- Picture ID for Parent or Guardian and Pick-Up Contacts
- Parents Work Schedule
- Letter to verify that a family is eligible for child care payment assistance

**Diave' Daye Child Development Center – 2813 Lafayette St.
St. Louis, MO 63104 – Phone #314-773-6300
Fax #314-833-3175 - Email Address – weareone@diavedaye.com**



The first part of the paper is devoted to a general discussion of the problem of the existence of solutions of the system of equations

$$\frac{dx}{dt} = f(x, y, z), \quad \frac{dy}{dt} = g(x, y, z), \quad \frac{dz}{dt} = h(x, y, z)$$

where f, g, h are continuous functions of x, y, z and satisfy certain conditions.

It is shown that if the functions f, g, h are continuous and satisfy the conditions

$$|f(x, y, z)| \leq M, \quad |g(x, y, z)| \leq M, \quad |h(x, y, z)| \leq M$$

then the system of equations has a solution in the domain

$$|x| \leq a, \quad |y| \leq b, \quad |z| \leq c$$

where a, b, c are arbitrary positive numbers. The proof is based on the method of successive approximations.

The second part of the paper is devoted to the study of the stability of the solutions of the system of equations

$$\frac{dx}{dt} = f(x, y, z), \quad \frac{dy}{dt} = g(x, y, z), \quad \frac{dz}{dt} = h(x, y, z)$$

with respect to the initial conditions. It is shown that if the functions f, g, h are continuous and satisfy the conditions

$$|f(x, y, z)| \leq M, \quad |g(x, y, z)| \leq M, \quad |h(x, y, z)| \leq M$$

then the solutions of the system of equations are stable with respect to the initial conditions.

The third part of the paper is devoted to the study of the stability of the solutions of the system of equations

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then the solutions of the system of equations are stable with respect to the initial conditions.

The author wishes to express his sincere thanks to the members of the Scientific Department of the Academy of Sciences of the USSR for their interest in his work.

Received by the Editor October 10, 1955



CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		
IDENTIFYING INFORMATION		
PARENT/GUARDIAN NAME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS ☐		
EMAIL ADDRESS		
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
PARENT/GUARDIAN NAME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS ☐		
EMAIL ADDRESS		
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
If you or a member of your immediate family ever served in the U.S. Armed Forces, click here for more information about military-related services in Missouri or visit www.dese.mo.gov/veterans-services .		
EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY OTHER THAN PARENT (AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

**COMMENTS ON CHILD'S DEVELOPMENT
(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)**

RELATED CHILD

☐ Yes ☐ No

CHILD'S RELATION TO CHILD CARE PROVIDER

ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

Are you of Hispanic or Latino origin? ☐ Yes ☐ No

What is your race?
(Select one or more.)

☐
American Indian or
Alaskan native

☐
Asian

☐
Black or African
American

☐
Native Hawaiian or
other Pacific Islander

☐
White

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CACFP REQUIREMENT

Will child attend: ☐ Full time ☐ Part time Check what days your child will attend.		When does your child usually arrive each day?	When does your child usually leave each day?	Describe any changes or variations in usual attendance, including shift changes.
Monday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Tuesday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Wednesday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Thursday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Friday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Saturday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	
Sunday	☐	☐ a.m. ☐ p.m.	☐ a.m. ☐ p.m.	

MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack ☐ None

HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY

☐ New Year's Day
☐ Martin Luther King, Jr.'s Birthday
☐ Lincoln's Birthday
☐ Washington's Birthday

☐ Easter
☐ Truman Day
☐ Memorial Day
☐ Juneteenth
☐ Independence Day

☐ Labor Day
☐ Columbus Day
☐ Veterans Day
☐ Thanksgiving Day
☐ Christmas Day

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in the event of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I authorize

(CHILDCARE FACILITY NAME)

to contact the following:

PHYSICIAN OR CLINIC

NAME

TELEPHONE NUMBER

PREFERRED HOSPITAL

NAME

TELEPHONE NUMBER

ACKNOWLEDGMENTS

A	I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.	PARENT/GUARDIAN INITIALS
B	I have been informed that a copy of the licensing rules for child care home or the licensing rules for group child care homes and centers is available at this facility for review.	PARENT/GUARDIAN INITIALS
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	PARENT/GUARDIAN INITIALS
D	When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.	PARENT/GUARDIAN INITIALS
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.	PARENT/GUARDIAN INITIALS
F	I ☐ do ☐ do not give permission for field trips/excursions. I understand that I will be notified in advance when they are planned.	PARENT/GUARDIAN INITIALS
G	I ☐ do ☐ do not give permission for the facility to transport my child.	PARENT/GUARDIAN INITIALS
H	I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.	PARENT/GUARDIAN INITIALS
I	I have been notified that I may request notice at initial enrollment or at any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	PARENT/GUARDIAN INITIALS

PARENT/GUARDIAN SIGNATURE

DATE

CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE

Diave' Daye CDC
Phone/Fax# 314-773-6300

Day Care Application

Date Received: _____ **Classroom Assignment:** _____

CHILD(REN) LIVE WITH? (Legal Guardian) _____

NUMBER OF PEOPLE IN HOUSEHOLD: _____

LIST ALL OF OTHER MEMBERS OF YOUR HOUSEHOLD:

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>GRADE</u>	<u>CONTACT#</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

CHILD WILL BE BROUGHT BY: _____ **AT** _____ **A.M./P.M.**
CHILD WILL BE PICKED UP BY: _____ **AT** _____ **A.M./P.M.**

I VERIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE:

SIGNATURE: _____

RELATIONSHIP: _____

Diave' Daye CDC
2813 Lafayette Street
St. Louis, MO 63104
Phone #314-773-6300
Email: weareone@diavedaye.com

1. The first part of the document discusses the importance of maintaining accurate records of all transactions.

2. It is essential to ensure that all data is entered correctly and that the system is updated regularly.

3. The second part of the document outlines the procedures for handling customer inquiries and complaints.

4. It is important to maintain a high level of customer service and to respond to inquiries in a timely manner.

5. The final part of the document provides a summary of the key points discussed and offers recommendations for future improvements.

This is to notify all parents that Diave' Daye Child Development Center allows child(ren) with immunization exemption to attend. All children that have an immunization exemption on file.

On August 28, 2015, a new law regarding Immunization went into effect. Section 210.003.7, RSMo. States, "All public, private and parochial day care center, preschools, and nursery schools shall notify the parents or guardian of each child at the time of initial enrollment in or attendance at the facility that the parent or guardian may request notice of whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

Any public, private, or parochial day care center, preschools, and nursery schools shall notify the parents or guardian of the child enrolled in or attending the facility, upon request, of whether there are children currently enrolled in or attending the facility whom an immunization exemption has been filed."

If you would like to request this information, please contact Tamiko Blount (Director) and the information will be provided to you. Please note, the name of individual children is confidential and will not be released. Our response will be limited to whether there are children enrolled at the facility with an immunization exemption on file.

By signing I verify that I read the content and fully understand the notification.

Parent Name: _____

Parent Signature: _____

Date: _____

Management Signature: Tamiko Blount

The first part of the paper discusses the importance of understanding the underlying structure of the data. This is particularly relevant in the context of machine learning, where the ability to identify patterns and relationships in the data is crucial for building accurate models. The second part of the paper focuses on the development of a new algorithm for solving the problem of finding the minimum variance unbiased estimator (MVUE) of the parameters of a normal distribution. This algorithm is based on the theory of sufficient statistics and the Rao-Blackwell theorem.

The third part of the paper presents the results of a simulation study that compares the performance of the proposed algorithm with that of several other well-known methods. The results show that the proposed algorithm consistently outperforms the other methods in terms of both accuracy and computational efficiency. Finally, the paper concludes with a discussion of the implications of these findings for the field of statistics and machine learning.

In conclusion, this paper has presented a new algorithm for finding the MVUE of the parameters of a normal distribution. The algorithm is based on the theory of sufficient statistics and the Rao-Blackwell theorem. The results of a simulation study show that the proposed algorithm consistently outperforms several other well-known methods in terms of both accuracy and computational efficiency.

The authors would like to thank the anonymous reviewers for their helpful comments and suggestions. This work was supported by the National Science Foundation under grant number 1234567.

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Diave' Daye CDC
My Child's History

CHILD'S NAME: _____ SEX: _____ AGE: _____
 BIRTHDATE: _____ PHONE NUMBER: _____
 ADDRESS: _____
 MOTHER / FATHER / LEGAL GUARDIAN: _____
 PHONE NUMBER'S: _____

HEALTH INFORMATION

MEDICATIONS: _____
 ALLERGIES: _____
 ANY RESTRICTIONS: _____
 IF YES, PLEASE STATE: _____

EATING HABITS

WHAT ARE YOUR CHILD'S DISLIKES IN FOOD? _____

ANY FOOD RESTRICTIONS? _____

SLEEPING HABITS

WHAT TIME DOES YOUR CHILD GO TO BED AT NIGHT? _____
 DOES YOUR CHILD NORMALLY NAP DURING THE DAY? _____
 ANY OTHER INFORMATION ABOUT YOUR CHILD'S SLEEPING HABITS? _____

TOILET HABITS

DOES YOUR CHILD ASK TO GO TO THE BATHROOM? _____
 DOES YOUR CHILD HAVE ACCIDENTS? _____
 ANY OTHER HELPFUL INFORMATION ABOUT YOUR CHILD'S TOILET HABITS? _____

GENERAL INFORMATION

NICKNAME: _____
 WHO HAS BEEN TAKING CARE OF YOUR CHILD? _____
 HAS YOUR CHILD HAD PRIOR DAY CARE EXPERIENCE? _____
 HOW DOES YOUR CHILD REACT TO SEPARATION FROM PARENTS? _____

IS YOUR CHILD BY NATURE??
 FRIENDLY _____ AGGRESSIVE _____ SHY _____ WITHDRAWN _____

DOES YOUR CHILD HAVE SIBLINGS? ____ YES: ____ NO, IF SO, HOW DO THEY RELATE?
WHAT MAKES YOUR CHILD ANGRY OR UPSET? _____

HOW DOES YOUR CHILD SHOW THEIR FEELINGS? _____

WHAT ARE YOUR CHILD'S FAVORITE TOYS AND ACTIVITIES AT HOME? _____

IN WHAT WAY CAN WE HELP WITH YOUR CHILD'S DEVELOPMENT? _____

WHAT DO YOU FIND IS THE BEST WAY TO HANDLE DISCIPLINE? _____

HOW DO YOU REWARD OR REASSURE YOUR CHILD? _____

PARENT / LEGAL GUARDIAN

SIGNATURE: _____ DATE: _____

For Office Use Only:

Received on _____

Class Attending _____

Teacher Received: _____

Diave' Daye CDC
2813 Lafayette Street
St. Louis, MO 63104
Phone #314-773-6300
Email: weareone@diavedaye.com

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial data. This includes not only sales and purchases but also expenses and income. The document further states that regular audits are necessary to verify the accuracy of these records and to identify any discrepancies. It also mentions that proper record-keeping is essential for tax purposes and for providing a clear history of the company's financial performance.

In addition to maintaining accurate records, the document highlights the need for transparency in financial reporting. It suggests that the company should provide regular updates to its stakeholders, including investors and creditors, regarding its financial status. This transparency helps to build trust and ensures that all parties have access to the same information. The document also discusses the importance of adhering to established accounting standards and regulations to ensure that the financial statements are reliable and comparable to those of other companies in the industry.

Finally, the document concludes by reiterating the importance of financial discipline and responsible management. It encourages the company to maintain a balanced budget and to avoid unnecessary expenditures. It also stresses the importance of having a contingency plan in place to handle any unforeseen financial challenges. By following these guidelines, the company can ensure its long-term financial stability and success.

Diave' Daye CDC
Parent Contract and Policy

Parent Responsibilities:

- Parent/Guardian is responsible for paying daycare fees as stated on the fee contract.
- If a child misses a day the full weekly fee is still due (See Parent Handbook)
- Parents/Guardians must see that their child attends daycare Monday – Friday, arriving no later than 9:30am. When and if an emergency prohibits a family from arriving before 9:30am, the family must contact the daycare. Failure to do so will jeopardize childcare services for that day.
- Anyone other than parent/guardian dropping off or picking up children must be 18 years or older and is listed on the drop off or pick up form.
- Additional fees will be charged for children left at the center past 7pm, please refer to page 15 of your Parent Handbook.
- Parent/Guardian, we understand that child(ren) will be required to stay home or be picked up from the center if he/she has a fever, contagious illness, or diarrhea. Children cannot come back to school for at least 24 hours if they have a fever or diarrhea. If a child has a contagious illness, they need a doctor's statement to return to the center.
- If the person picking up the child is unfamiliar to the day care staff, the parent/guardian must call the center before the child is picked up. Parents/guardians should inform the person that they will need to show identification when they pick up the child and sign a release form.
- Parents must fill out, sign, and date the necessary forms when enrolling their child.
- Parents must arrange for their child's yearly physical exam.
- Parents are urged to attend Parent Meetings, individual conferences and keep appointments with the day care staff.
- Parents must inform the center of changes in employment, salary status (if you are on the sliding scale), address change, phone number changes, and emergency contact changes.
- Parent agrees to notify the day care center at least five days before the child is withdrawn.
- Parents must give permission for their child to take part in promotional campaigns that may involve picture taking or videotaping.

Day Care Responsibilities:

1. The day care center provides childcare services five days a week except for listed holidays (listed in the Parent Handbook).
2. The daycare is open from 6:00am to 12:00am.
3. The daycare center will provide:
 - a. Developmentally appropriate activities and experience based on State License Regulations and our curriculum.
 - b. Planned field trips
 - c. Emergency accident care while child is in the care of the day care staff
 - d. A healthy atmosphere
 - e. Breakfast, lunch, dinner and two snacks for AM and PM
 - f. A nap or rest time after lunch
4. Every three to six months a scheduled individual parent/teacher conference about the child's progress in the day care center. This conference may take place more often if the parent or day care staff feels it is needed.
5. To provide a copy of Licensing Rules for Child Day Care Centers in MO, to provide staff trained in childcare.
6. To screen staff for child abuse and neglect and criminal record, accessible to parents upon request.
7. Continue to communicate with the family regarding the child's development by way of phone calls, conferences, email, daily reports, progress reports...etc.

I AGREE TO ENTER INTO THIS CONTRACT WITH DIAVE' DAYE CARE CENTER. MY FAILURE TO ABIDE BY THE TERMS OF THIS AGREEMENT WILL RESULT IN THE TERMINATION OF THE CHILD CARE SERVICES I RECEIVE.

I HAVE READ AND FULLY UNDERSTAND ALL THE TERMS OF THIS CONTRACT.

(PARENT/LEGAL GUARDIAN SIGNATURE)

(DATE)

Tamiko Blount
(DAY CARE REPRESENTATIVE SIGNATURE)

(DATE)

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the transparency and accountability of the organization. The text also mentions the need for regular audits to ensure that the records are up-to-date and correct.

In the second part, the document outlines the procedures for handling financial data. It describes the steps involved in collecting, processing, and analyzing financial information. The text also discusses the role of the finance department in ensuring that all financial transactions are properly recorded and reported.

The third part of the document focuses on the management of assets. It discusses the importance of identifying, valuing, and protecting the organization's assets. The text also mentions the need for regular assessments to ensure that the assets are being managed effectively and efficiently.

In the fourth part, the document discusses the management of liabilities. It describes the steps involved in identifying, measuring, and managing the organization's liabilities. The text also mentions the need for regular reviews to ensure that the liabilities are being managed appropriately.

The fifth part of the document discusses the management of equity. It describes the steps involved in identifying, measuring, and managing the organization's equity. The text also mentions the need for regular reviews to ensure that the equity is being managed effectively.

The final part of the document discusses the management of the organization's overall financial health. It describes the steps involved in assessing the organization's financial position and developing strategies to improve its financial performance. The text also mentions the need for regular communication with stakeholders to ensure that they are kept informed of the organization's financial status.

DIAVE' DAYE CDC HEALTH CARE POLICIES

The State of Missouri requires (9 CSR 30-62.192) your child **MUST** have a health exam yearly and immunizations must be kept up to date.

If your child shows signs of general discomfort or seems unwell, the temperature will be taken.

There will be **NO EXCLUSION** for children who exhibit the following symptoms. They will be sent home without exception.

1. Fever over one hundred degrees (100 F) by mouth or ninety degrees (99) under the arm.
2. Diarrhea – more than one (1) abnormally loose stool
3. Severe coughing – high pitched croupy sound, whooping sounds
4. Yellowish skin or eyes, green mucus from nose or mouth
5. Pinkeye – tears, redness of eyelid lining, swelling, drainage, pus
6. An infected skin patch(es) – crusty, bright yellow, dry or gummy areas of the skin
7. Vomiting more than once
8. Headache or stiff neck
9. Severe itching of body or scalp
10. Any type communicable disease

The child must be picked up immediately once notified. This infant must be out of contact with the other infants (from the Daycare) for a complete twenty-four (24) hour period (ex. 9am until 9am).

The ill child will be kept isolated from the other children until the parent(s) arrives. Be assured that our staff will be attentive to him/her until the parent arrives.

When a child goes home with a communicable disease such as: pink eye, head lice, rashes, colds with discolored mucus, yellow discoloration in eyes or skin, impetigo, and ringworm, he/she must have a doctor's statement to return.

Parent's Signature

Date

Child's Name

THEORY OF THE EARTH

The theory of the earth is a branch of geology which deals with the origin and development of the earth and its various parts.

It is a science which seeks to explain the causes of the various geological phenomena which we observe in nature.

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DIAVE' DAYE CDC AUTHORIZATION SLIP

To ensure the safety and well-being of your child we are asking you to initial all items in which you give your permission.

I understand that there will be times when the day care may have to take immediate action for the safety of my child(ren):

_____ I therefore grant permission for Diave' Daye or EKZ to seek immediate medical attention from the nearest healthcare professional or emergent care facility.

_____ I therefore grant permission to said medical professionals to administer any necessary shots (anti-toxin, etc.) or other life stabilizing procedures or surgeries to be administered.

_____ I understand that part of the program of the day care is carried out through field trips, neighborhood walks, and any other field trips outside the daycare facility will require additional field trip form.

It is especially important that the form below is filled out so that we may release your child (ren) to the correct person. All the people listed below will need picture identification on file. Your child will only be released to persons with proper identification and a picture ID on file. The person taking your child home must be at least 18 years of age. If the person is not known by the day care staff, they will need to provide identification. It is important to notify the day care of any changes in your authorization.

_____ **Only the following people are authorized to pick up my child from the center.**

_____ **I will call the center on the day of change if someone different than the individuals listed below will be picking up my child(ren).**

Authorized to take my child home	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Parent/Legal Guardian's Signature: _____

Date: _____

The first part of the paper discusses the importance of the study of the history of the United States. It is argued that a knowledge of the past is essential for a full understanding of the present. The author then proceeds to discuss the various factors that have shaped the development of the United States, including the role of the government, the economy, and the culture.

In the second part of the paper, the author examines the role of the government in the development of the United States. It is argued that the government has played a crucial role in shaping the country's history, from the founding of the nation to the present day. The author then discusses the various ways in which the government has influenced the economy and the culture.

The third part of the paper discusses the role of the economy in the development of the United States. It is argued that the economy has been a major factor in shaping the country's history, from the early years of settlement to the present day. The author then discusses the various ways in which the economy has influenced the government and the culture.

The fourth part of the paper discusses the role of the culture in the development of the United States. It is argued that the culture has been a major factor in shaping the country's history, from the early years of settlement to the present day. The author then discusses the various ways in which the culture has influenced the government and the economy.

In conclusion, the author argues that a knowledge of the history of the United States is essential for a full understanding of the present. It is only by studying the past that we can truly understand the forces that have shaped the country and the challenges that it faces today.



Infant Safe Sleep Policy

Diave Daye will follow all mandated laws pertaining to infant **Safe Sleep procedures**. All infants under the age of 12 months will be laid on their back for naps. No blankets will be in the bed and nothing over or on the sides of the bed with the child during this time. We are actively doing all we can to prevent **SIDS** in our care. All Staff members will take the mandatory infant safe sleep class Within the first 30 days of hire and every 3 years at a department-approved training regarding the **American Academy of Pediatrics (AAP)** safe sleep recommendations contained in the American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. All members of Staff will have class attended documentation on file in the center's filing system. Copies of policies and procedures will be handed out to the parents after every class or changes made by the state. A copy of documents will be available upon parent's request,

Sudden infant death syndrome (**SIDS**) is the sudden death of an infant less than one year of age that cannot be explained after a thorough investigation has been conducted. Including a complete autopsy, an examination of the death scene, and a review of the clinical history.

Sudden unexpected infant death (**SUIDS**) is the sudden and unexpected death of an infant less than one year in age whose manner and cause of death are not immediately obvious prior to investigation. Causes of sudden unexpected infant death include but are not limited to, metabolic disorders, hypothermia or hyperthermia, neglect, or homicide, poisoning and accidental suffocation.

Missouri Law (210.223.12 RSMo,) requires all licensed child care facilities that provide care for children less than one year of age to implement and maintain written safe sleep policy in accordance with the most recent safe sleep recommendations of the **American Academy of Pediatrics (AAP)**. Missouri child care licensing rules require licensed childcare facilities to provide parent(s) and/ or guardian(s) who have infants in care a copy of the facility's safe sleep policy.

Safe Sleep Practices

All infants under the age of one year will be placed on their back for sleep times. Children will have their own bed or cot for sleeping or napping. All cribs have met the Consumer Product Safety Commission standards and guidelines. Firm mattresses with tight fitted sheets are always to be used and the mattress pads are to be tight and fitted to the sides of the crib. If the child wets the bed during sleep, the bedding must be removed along with the mattress and will be cleaned and sanitized immediately. No covers will be in the crib with them during nap or sleep time. The room will be at a comfortable temperature between 68 degrees and 85 degrees. There will be no loose bedding, clothes, pillows, bumpers pads or any other risk causing materials in the crib. Nothing in the crib to block sight of the infant. Securely fitted clothing such as sleepers, and properly fitted clothes. Pacifiers without a string or anything attaching it to the clothes, will be allowed. Bunk Beds, highchairs, strollers, car seats, swings, bouncers or any other sitting equipment shall be used for sleeping or napping at any time. Supervision of infants will include: staff will be positioned in the middle of the room, sight and sound of all infants. The lighting will include both natural light and lamp during nap time. The staff will conduct physical checks every 15 to 20 minutes during nap. Physical checks will consist of looking, touching, and listening to infants breathing and repositioning if needed to ensure they are not overheated or in distress. Infant's head will remain uncovered during nap/ sleep times. Any equipment which interferes with the caregiver's ability to see or hear the child who may be distressed will not be used.

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No persons shall smoke or otherwise use tobacco products in any area of the childcare facility during the period when children cared for under the license are present.

A doctor's notification will be the only legal exception to the back rule. It must be written by a doctor with alternative sleep positions or special sleeping arrangements noted. The facility must have the doctor's statement on file, and it must be signed by the doctor.

Diave' Daye will continue to work to maintain and train all employees of and all new child safe laws and procedures. We will continue to work with the state licensing department to follow all rules and obtain any learning opportunities. Your children's safety is our top priority.

I have read the Infant Safe Sleep Policy; I understand the Missouri Law and the efforts of Diave' Daye to follow the law and any new procedures for child health and safety.

By signing I understand the Infant Safe Sleep Policy that has been stated by Diave' Daye Child Development Center.

I will inform the Administrator of Diave' Daye of any health issues or concerns pertaining to my child (s).

Parents Name _____

Parents Signature _____

Date Signed _____

Diave' Daye Management Signature Tamiko Blount

RELEASE OF CONFIDENTIAL INFORMATION

Diave' Daye CDC
2813 Lafayette Ave
St. Louis, MO 63104
Phone: 314-773-6300 Fax: 314-833-3175

I, _____ give permission for Diave' Daye Care Center to
(Print first and last name of Parent/Guardian)

receive, release, and disclose information on, _____, my child, to and
(Print child's first and last name)

from a pediatrician, clinic, or Primary Care Physician on physical exam results of any test. The related information of these will only be used for health oversight activities, health related services and treatment alternatives, and as required by law.

This release will be valid for 12 months from the date of my signature below.

Parent/Guardian

Date

This form is in concurrence with the HIPPA regulations of 1996. After the parent/legal guardian signs this form, it shall be kept in the child's file for one year.

1. The first part of the paper discusses the importance of the study.

2. The second part of the paper discusses the methodology used.

3. The third part of the paper discusses the results of the study.

4. The fourth part of the paper discusses the conclusions of the study.

5. The fifth part of the paper discusses the implications of the study.

6. The sixth part of the paper discusses the limitations of the study.

7. The seventh part of the paper discusses the future research.

8. The eighth part of the paper discusses the acknowledgments.

9. The ninth part of the paper discusses the references.



Permission to Photograph

I, _____ give permission for Diave' Daye CDC to photograph my child _____ for the following purposes:

Type of Use:	Please Circle One	
	Grant Permission	Decline Permission
Still Photographs:	YES	NO
Display in facility and on Bulletin Boards	YES	NO
Social Media	YES	NO
Website	YES	NO
Center Scrapbook	YES	NO
Other:	YES	NO
Videos:		
YouTube Video for Promotional purposes	YES	NO
Center Gatherings	YES	NO
Other:		

Only first names and possibly last initials (In the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form if I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent Signature: _____

Date _____



1. The first part of the document is a list of the names of the people who were present at the meeting.

2. The second part of the document is a list of the topics that were discussed during the meeting. These topics include the current state of the project, the progress that has been made, and the challenges that are being faced. The third part of the document is a list of the actions that were agreed upon during the meeting. These actions include the assignment of tasks to specific people, the setting of deadlines, and the scheduling of future meetings.

4. The fourth part of the document is a list of the questions that were asked during the meeting. These questions include questions about the project's progress, the challenges that are being faced, and the actions that are being taken. The fifth part of the document is a list of the answers that were given to these questions.

6. The sixth part of the document is a list of the conclusions that were reached during the meeting. These conclusions include the fact that the project is progressing well, the fact that the challenges that are being faced are being addressed, and the fact that the actions that are being taken are effective. The seventh part of the document is a list of the recommendations that were made during the meeting. These recommendations include the need for continued communication, the need for regular meetings, and the need for a clear plan of action.

7. The final part of the document is a list of the people who were responsible for the meeting. These people include the people who organized the meeting, the people who attended the meeting, and the people who were responsible for the meeting's success.

**Child and Adult Care Food Program
Parent Letter – Non-Pricing Child Care Centers
July 1, 2024 through June 30, 2025**

Dear Parent or Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to children and allows the center to provide nutritious meals without increasing the center's fees to you. If your yearly income is equal to or below the amount listed for your family size on the chart below, your child is eligible for free or reduced-price meals. If the income is higher than the amount listed for your family size, you do not need to complete the income application.

Family Size	Yearly Income	Family Size	Yearly Income
1	\$27,861	5	\$67,673
2	\$37,814	6	\$77,626
3	\$47,767	7	\$87,579
4	\$57,720	8	\$97,532

For each additional family member, add \$9,953

To apply for free or reduced-price meal benefits for your children, you must complete the attached Income Eligibility Form (IEF). Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided; however, you are not required to complete the IEF. Notify the center should the household income decrease and/or if the household size increases. A participant may be eligible for free or reduced-price meals. The application is valid until the last day of the month in which the form was approved/dated/signed one year earlier.

Sincerely,

Center Owner/Director

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number for all of the children listed in Part 1.

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER
		/ /		
		/ /		
		/ /		
		/ /		

PART 2: HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)

☐ YEARLY ☐ MONTHLY ☐ 2 X A MONTH ☐ EVERY 2 WEEKS ☐ WEEKLY

HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER

PART 3: RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☐ NO

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
☐	☐	☐	☐	☐

PART 4: SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) XXX-XX-	DATE / /
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER () -

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY	☐	☐

Eligibility Determination: ☐ Free ☐ Reduced ☐ Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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Missouri Department of Health and Senior Services
Section for Child Care Regulation and Child and Adult Care Food Program
INFANT AND TODDLER FEEDING AND CARE PLAN

THIS SECTION TO BE COMPLETED BY CHILD CARE FACILITY:

The formula provided by this child care facility is: _____.

(Check a box) ☐ Yes ☐ No This child care facility is participating in the Child and Adult Care Food Program (CACFP). In order to claim meals for reimbursement, the center must provide infant cereal and other foods when the child is developmentally ready for them.

Instructions to Parents – Please complete for child who is less than 24 months of age. Update information as needed. Use a new form or initial/date changes on this form.

CHILD'S NAME	DATE OF BIRTH	DATE ENROLLED
--------------	---------------	---------------

Feeding Information

Type of Food	Feeding Time	Kinds of Food	Amount of Food
Breast Milk			
Formula			
Infant Food			
Table Food			

Who is preparing (mixing) the formula? Check all that apply: ☐ Parent ☐ Caregiver

Does your child have any problems with feedings, such as choking or spitting up?

☐ Yes Explain: _____
☐ No

Does your child use a pacifier? ☐ Yes ☐ No

Note: Pacifiers, if used, cannot be hung around an infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing cannot be used with sleeping infants.

Infant Feeding Preference (under 12 months)

Mark your preference (check all that apply).

- ☐ I will provide breast milk for my infant.
☐ I will nurse my infant at the center at these times: _____

The facility's formula may be used to supplement feedings if necessary: ☐ Yes ☐ No

If breast milk is unavailable for a feeding, the facility should: _____

- ☐ I request that the formula provided by the child care facility be served to my infant.
☐ I will provide infant formula for my infant. Name of formula: _____
☐ I request that the child care facility provide solid foods for my infant as s/he is ready for them, and after I have discussed it with child care facility staff. **OR**
☐ I will provide solid foods for my infant.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

Toddler Feeding Preference (12 through 23 months)			
Check all that apply: ☐ Spoon ☐ Cup ☐ Feeds Self ☐ Feeding Table or Chair			
Type of Food	Feeding Time	Kinds of Food	Amount of Food
Breast Milk			
Milk			
Table Food			
Arrangements for Sleep – Licensing rules require that infants be placed on their back to sleep.			
Time(s) Child Usually Naps		Length of Nap	
Additional Instructions Related to Sleeping: Note: When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those required by rule, the provider must have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) must put the infant to sleep in accordance with such written instructions.			
☐ My child is 12 months or older, and I give my permission for my child to sleep on a cot.			
Signature of Parent/Legal Guardian		Date	
Diapering Instructions			
List any lotions and/or ointments, etc. that you have provided and give permission for caregivers to use on your child. _____			
For ☐ Wet ☐ Bowel Movement ☐ Rash ☐ Other			
☐ I do not want caregivers to use any lotions, powders, ointments or similar items on my child.			
I will furnish the following baby supplies for my child; clearly labeled with my child's name:			
Special Instructions for Care (e.g., restrictions, allergies, etc.):			
Signature of Parent/Legal Guardian		Date	



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

SAVE

PRINT

RESET

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTHDATE

CURRENT STATE OF HEALTH

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on ____ / ____ / ____, this child can participate in a child care program. This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months.)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN

DATE

PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER
(MAY USE STAMP.)

IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME
(PLEASE PRINT.)

TELEPHONE NUMBER

TO BE FILED IN CHILD'S RECORD AT CHILD CARE FACILITY



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

SAVE

PRINT

RESET

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTHDATE

HEALTH STATEMENT (CHECK ONE)

- ☐ My child is in good health, is able to participate in group care, has no special health or medical requirements.
- ☐ My child is able to participate in group care but has special health or medical requirements as listed below.

SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

Diave' Daye CDC Tuition Agreement

☐ Verified for payment to Diave' Daye CDC for childcare services through the Family Support Division of the State of Missouri.

Beginning: _____

Ending: _____

Co-Payment for your child will be \$_____ per week plus the payment from the Family Support Division of the State of Missouri.

Parent is to assure that the child(ren) will be in the care of Diave' Daye CDC 100% of the time. Failure to comply with the 90% or perfect attendance monthly may result in one or more of the following:

1. 90-day probation
 2. Assessment of the fees
 3. Removal from the program
- _____ Initials required.

Fee Schedule:

- Infants 6 weeks – 22 months Old = \$205.00 weekly
- Toddlers 2 years old = \$195.00 weekly
- 3-4 years old = \$185.00 weekly
- Before & After Care = \$85.00 weekly
- Before or After Care = \$65.00 weekly
- School-Age 5 – 12 years = \$155.00 weekly
- Drop in fee - \$25.00

Tuition verified payment for this child is \$_____

Application fee \$25 Uniform \$15 x ____ Activity fee \$35

Amount due on or before child's first day \$_____

I have read and understand that all fees are due prior to my child's enrollment. My child's tuition is to be paid a week or 2 weeks ahead based on the payment arrangement I choose.

I agree to pay: \$_____ weekly

\$_____ bi-weekly

Parent/Guardian Signature

Date:

Director's Signature: Tamiko Blount

The first part of the document discusses the importance of maintaining accurate records of all transactions.

It is essential that all entries be made in a timely and accurate manner to ensure the integrity of the data.

The following table provides a summary of the data collected over the past six months.

Date		Amount		Description	
1/1/2023	100.00	200.00	500.00	Initial investment	Capital
2/1/2023	150.00	300.00	750.00	Second investment	Capital
3/1/2023	200.00	400.00	1000.00	Third investment	Capital
4/1/2023	250.00	500.00	1250.00	Fourth investment	Capital
5/1/2023	300.00	600.00	1500.00	Fifth investment	Capital
6/1/2023	350.00	700.00	1750.00	Sixth investment	Capital
Total		1050.00	2100.00	Sum of all investments	Capital

The total amount invested over the six-month period is \$2,100.00.

This data is used to calculate the return on investment and to assess the overall performance of the fund.

The results of the analysis show a steady increase in the value of the investment over time.