

Mandatory Requirements for ECD Students
Lab Paperwork Completion and Submission Directions

Welcome to your ECD class(es) containing a lab component! A lab experience is an interesting, enjoyable, and unique opportunity to interact directly with young children, develop your observational and teaching skills, and hone your communication skills. It is the heart of child development—studying children!

The Department of Social Services requires all persons in child care facilities/schools to have certain documentation to ensure the following:

- Evidence of non-conviction
- Physically, mentally, and emotionally able to satisfactorily perform associated duties in child care setting
- Freedom from tuberculosis
- Satisfactory criminal background check through SC State Law Enforcement Division (SLED)

SATISFACTORY COMPLETION AND SUBMISSION OF ALL PAPERWORK IS REQUIRED BEFORE BEGINNING LABS. ANY DELAYS CAN CAUSE A REDUCTION IN YOUR CLASS GRADE!

Completion Checklist

- ___ 1. Receive DSS paperwork packet from instructor.
- ___ 2. Read and complete all forms.
- ___ 3. Visit health care provider to complete Health Assessment Form and administer/read TB test. (Attach any additional information from health care professional to appropriate form.)
- ___ 4. Pay \$30.00 fee for Criminal Background Check at the Business Office. Attach receipt to Criminal Background Check form.

Submission Directions

1. MAKE YOURSELF A COPY OF THE COMPLETED PAPERWORK PACKET FOR YOUR RECORDS.
2. Take the completed paperwork packet, including any additional documentation received from health care professional and receipt of payment of \$30.00 fee for Criminal Background Check to the Division Office for Health and Human Services, A-100.
3. Submit your paperwork packet to your ECD instructor or Sharon Grooms, ECD Department Chair (B7G) or A100 mailbox.

Completion Directions

Your DSS paperwork packet includes forms in the order that follows. If you see a check you must enter some type of information yourself.

Page 1: Director/Staff Evidence of Non-Conviction and Statement of Compliance

Print your full name and address in the spaces provided. This form must be notarized (banks, credit unions, or contact Mrs. Pate at the YTC CDC 803.327.8044) to notarize. In the section for affirmation of non-conviction and statement of compliance, sign your full name on the Staff's Signature line in front of the notary.

Page 2: Consent to Release Information

Complete all of the information requested in the section headed by the directions, "Please Print or Type: (Complete spelling of name required: no initials.)" Sign your full name on the line provided for Signature of Applicant. Write the date in the space provided.

Page 3: Staff Health Assessment Form

Write your name in the space provided labeled, "Name" and complete "DOB" blank by writing your date of birth. Take this form to a health care professional for completion. (M.D., P.A., Nurse Practitioner)

Page 4: South Carolina Department of Social Services Medical Statement/Child Care Facilities

Complete the information requested at the top of the form in the spaces provided: name, social security number, sex, date of birth, home address, and telephone number. In your own words, write a statement about your present health in the space provided.

The section labeled, "Provide Appropriate Information Regarding Freedom from Tuberculosis", should be completed by the health care professional who administers/reads your TB test. **You must return to the health care professional on the third day after you receive the injection in order to have your test site "read".** A reaction to the test may indicate that you have been exposed to TB and further testing may be necessary.

DSS requires "current" TB test results which are valid for three (4) years.

(If you have documentation of a negative TB test that is currently valid (less than 4 years old), you may submit that documentation with your paperwork and will not need to repeat the TB test.)

Page 5: York Technical College Child Development Center Discipline Policy

This information is contained in the DSS paperwork packet so that you will be aware of our discipline policy and will be able to follow it while you are completing lab requirements at the Child Development Center.

Page 6: York Technical College Early Childhood Development Department Criminal Background Check

DSS requires criminal background checks on all persons in child care facilities. Any conviction of the following will make the applicant ineligible for employment in any child care facility and therefore, ineligible to participate in laboratory experiences required in ECD courses: offenses against the person, offenses against morality and decency, contributing to the delinquency of a minor.

Complete the information in the section labeled, "Consent for Criminal Background Check". **Make a copy of your driver's license and attach to the form.**

The ECD Department Manager processes the criminal background checks through the SC State Law Enforcement Division website. Before your criminal background check can be processed, you must go to the business office and pay the \$30.00 fee. **Attach your receipt for payment of the fee to the completed Criminal Background Check form.**

Page 7: Statement of Confidentiality of Information

Please read the statement, sign, and date.

Page 8: Student Contact Information

Please complete the information as required.

REMINDER: MAKE YOUR OWN COPY FOR YOUR RECORDS AND USE UPON EMPLOYMENT. NO COPIES WILL BE PROVIDED.

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: York Technical College Child Development Center

Facility Address: 452 S. Anderson Road Rock Hill SC 29730 York
Street City State Zip County

Director: John Hayes Facility Approval/License/Registration No.: 14,788

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

✓ Staff's Signature: _____ Staff's Title: student

SWORN TO AND SUBSCRIBED BEFORE ME

This _____ day of _____, 20____,

Notary Public for South Carolina

My Commission Expires: _____

South Carolina Department of Social Services
Child Care Licensing
**CENTRAL REGISTRY RELEASE OF INFORMATION
AND COMPLIANCE STATEMENT**

The SC Child Care Licensing Law, Section 63-13-40 D(1) et seq., Code of Laws states that in order to be employed by or to provide caregiver services at a childcare facility licensed, registered, or approved under this sub-article, a Central Registry check must be conducted by DSS to determine any abuse or neglect perpetrated by the person upon a child. However, as stated in Section 63-13-40 D(2), Code of Laws, a person may be provisionally employed or may provisionally provide caregiver services before the Central Registry check is completed if the person executes a sworn statement on a form provided by DSS that he or she is not on the Central Registry for having perpetrated abuse or neglect upon a child. This serves as my consent to authorize SC DSS Child Care Licensing to conduct a search of the Central Registry of Child Abuse and Neglect on myself. I understand that the information may prove unfavorable to me. I agree to hold any source of information, SC DSS and its staff harmless from liability associated with the release of information I have requested using this form. I understand that all information provided on this form will be released to the individual/organization listed below. This consent is effective for a search of the Central Registry for the purpose of working in any child care facility in the State. If it appears to me that the information in the Registry has not been updated or is inaccurate, I will notify SC DSS immediately.

Name of Child Care Facility: York Technical College CDC Name of Director/Operator: John Hayes

Street Address of Facility: 452 South Anderson Road

City: Rock Hill State: SC Zip Code: 29730 County: York

Facility License/Registration/Approval Number: 14788 Check One: NEW Staff Member RENEWAL

(Optional) I want to receive results for this Central Registry check by e-mail at: _____

Print or Type: Spelling of entire name is required; it will be delayed if initials are used.

✓ Full Name (No Initials): _____ Last First Middle DOB: _____ Sex: _____

✓ Maiden/Former Name: _____ Race: _____ Complete SSN (No X's): _____

✓ Current Address: _____

✓ Previous Address: _____

✓ _____ Signature of Applicant _____ Date _____

_____ Witnessed by the Director/Operator _____ Date _____

Submit \$8.00 payment (check or money order) and this form to **Child Care Licensing, 2638 Two Notch Road, Suite 217, Columbia, SC 29204.**

~~**To be completed by authorized DSS employee only.** Results of Search of the Central Registry and SLED Sex Offender Database.~~

- ~~The applicant is not listed as a perpetrator in the Central Registry of Child Abuse and Neglect.~~
- ~~The applicant is listed as a perpetrator in the Central Registry of Child Abuse and Neglect. According to state law, being named as a perpetrator prohibits an individual from being employed in a child care facility.~~
- ~~The applicant information requires research. An additional 10 days are needed to process this request.~~
- ~~The applicant is not listed in the SLED Sex Offender Database.~~
- ~~The applicant is listed in the SLED Sex Offender Database.~~

Central Registry/SLED Sex Offender Database Check Completed by: _____ Authorized DSS Employee _____ Date _____

FOR PROVISIONAL EMPLOYMENT ONLY

THIS FORM ONLY NEEDS TO BE NOTARIZED IF THE EMPLOYEE IS BEING HIRED PROVISIONALLY AS DEFINED BY SECTION 63-13-40 D(2) AT THE TOP OF THE FORM.

I AFFIRM BY THIS SWORN AND SIGNED STATEMENT THAT I AM NOT LISTED IN THE CENTRAL REGISTRY AS A PERPETRATOR OF CHILD ABUSE AND NEGLECT.

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

SWORN TO AND SUBSCRIBED BEFORE ME

This _____ day of _____, 20 _____,

Notary Public for South Carolina

My Commission Expires: _____

**South Carolina Department of Social Services
Child Care Regulatory Services
STAFF HEALTH ASSESSMENT**

Name: _____ DOB: _____

Type of Activity in Child Care: (Check all applicable)
 Adult Member of Household Food Preparation Caring for Children Desk Work
 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.

**South Carolina Department of Social Services
Child Care Regulatory Services
MEDICAL STATEMENT**

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

✓ Name: _____ SSN: N/A
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

**York Technical College
Early Childhood Development Department
Criminal Background Check**

All students in Early Childhood Development program will have a criminal background check through the South Carolina State Law Enforcement Division before entering the laboratory site to complete course requirements. The information obtained from the SLED check will be reviewed by the Early Childhood Development Department Manager. Should there be any question about eligibility to enter a child care environment (pursuant to SC Code of Laws Ann., Section 20-7-2725, as amended), the department manager will consult a representative of the Office of Investigation at the South Carolina Department of Social Services to further review the information contained in the SLED report. Should there be a need to clarify any information in the report; the Criminal Records Office at SLED may be contacted to review the report to ensure accuracy.

Information obtained from criminal background check, along with all other forms required for laboratory experience, will be housed in a locked file and will be kept confidential.

Any conviction of the following will make the applicant ineligible for employment in any child care facility and therefore, ineligible to participate in laboratory experiences required in ECD courses: offenses against a person, offenses against morality and decency; contributing to the delinquency of a minor.

Consent for Criminal Background Check

I have read the information listed above and understand that information obtained from the SLED report will be considered in determining eligibility for placement in a laboratory setting to complete course requirements. I understand I must pay the fee for processing at the YTC Business Office in Student Services and keep the receipt as proof of that payment.

I understand the information I must provide on picture identification (full name, date of birth, gender) and it will be used to conduct a criminal background check and I hereby give my permission for the criminal background check to be processed through the South Carolina Law Enforcement Division or any other law enforcement agency.

I give my permission to York Technical College to conduct the criminal background check and maintain it and other related information on file at the Child Development Center and/or ECD Department Office.

✓ I certify that I have been a resident of South Carolina for the past twelve (12) months.
_____ Yes _____ No

✓ _____
Signature

✓ _____
Date

✓ _____
Printed Full Name (First, Middle, Maiden, Last)

✓ _____
Date of Birth

Witness

Date

(The student will supply one form of picture identification for photocopying and receipt of payment by attaching both to this form. It must be returned to your ECD instructor or dept. chair ASAP)

Child Development Center at York Technical College

Statement of Confidentiality of Information

In a continuing effort to protect the confidentiality of our staff, families and specifically, the children enrolled in our program, all information is kept in a filing system in a closed and/or monitored space.

In the classroom, teachers must use care in securing and sharing information about a child so that the information is only available to that child's family. ***Remember, all information related to health and/or illness is confidential.***

Special or sensitive information about a child or a child's family should only be shared with the lead teacher, the administrative assistant or the Director of the Child Development Center. These staff members will decide how this information is held. Sensitive information will only be shared on a 'need-to-know' basis.

The teachers and staff of the CDC are bound by the "Code of Ethical Conduct and Statement of Commitment", a position statement of the *National Association for the Education of Young Children (NAEYC)*.

Each staff member of the Child Development Center signs a confidentiality statement upon employment with York Technical College. A copy of this statement is included in the 'Family and Staff Communication Guide'. This statement is binding in all regards to any and all sensitive information regarding Staff, Children and Families of the Child Development Center. Also, no photos or images of children can be taken, saved to a hard drive or shared on any social network or public media. Any photos taken for specific reasons must be cleared first with the Director of CDC prior. The consequence of failure to maintain confidentiality may impact employment or student standing at the college. ***The confidentiality statement transcends the Child Development Center physical property and the expectation is that confidentiality of the CDC business and all sensitive information regarding the Staff, the Children and their Families be consistently maintained***

Information about staff, children and their families is often sensitive and improper talk or careless handling of information can cause hurt, harm or embarrassment. Child assessment information is used to support children's development and learning, to support instruction and to identify children who may need additional services. This information is shared in partnership with each child's family. It is by mutual care and respect that we establish, build and maintain a positive and productive partnership with the Families we serve.

By signing this document, I agree to hold any and all information regarding the business of the CDC, the CDC Staff and the children and Families in respectful confidence.

✓ _____
Staff or Student signature:

✓ _____
Date:

YORK TECHNICAL COLLEGE CHILD DEVELOPMENT CENTER

Discipline Policy

Discipline can be defined as "training that develops self-control and character". This approach to discipline is in line with the philosophy of the York Technical College Child Development Center, i.e. building self worth, increasing social competence, and enhancing the dignity of the child. The discipline techniques used at the CDC shall be consistent with this philosophy. We encourage positive behavior by structuring the child's day to give ample opportunity for quiet and stimulating activities, outdoor play, and a rest period. Kind words, hugs, words of encouragement and praise are used often so the child will want to repeat appropriate behaviors. Harsh voices, corporal punishment, physical punishment, scolding, shaming or ridiculing will not be used.

In the case where a child exhibits extreme behaviors (including, but not *limited* to, aggression towards other children, offensive language, destructive behavior toward property, disruption of activities for the entire class, etc.) we will request a conference with the parents to ask for their assistance in resolving the disruptive behavior. No center can meet the needs of all children and we reserve the right to terminate services when a child's behavior poses a direct or significant threat to the health or safety of others, to him/herself, or fundamentally alters the classroom program.

The CDC will use developmentally appropriate methods for guiding behavior while recognizing that all children are unique with individualized past experiences, preferences, and concerns .

The following discipline techniques are clearly inconsistent with this philosophy and therefore, shall not be allowed in the CDC.

- The utilization of corporal punishment, defined as the use of physical force to the body as a discipline measure. (Physical force to the body includes but not limited to spanking, slapping, biting, shaking, etc) Parents are not allowed to use corporal punishment with their child on CDC property.
- Depriving a child of food, water, naps or bathroom facilities.
- The use of food as a reward or a punishment.
- Unsupervised isolation or inappropriate separation.
- Improperly restricting the movement of the child.
- Washing a child's mouth out with soap or other substances.
- The use of fear of humiliation, scolding, shaming, and ridiculing.

The CDC will provide documentation to include:

- Personnel policies and procedures that state the violation of this discipline policy by CDC staff is grounds for dismissal.
- A copy of the discipline policy that will be reviewed, signed, and dated, annually, by parents and CDC Staff

✓ _____
Student Name

✓ _____
Date:

The CDC shall furnish all staff members with a copy of this policy and obtain from each staff member a signed, dated statement that he/she has read and understands the policies and the consequences of violation of this policy and all policies of York Technical College Child Development Center. This statement shall be maintained in the personnel file of each staff member and shall be reviewed, signed and dated by each staff person annually.

Annual Signatures:

N/A

Contact Information for YTC-CDC Lab

✓ Name: (Please print) _____

✓ Email address: _____

✓ Home address: _____

✓ Home tele. #: _____ Cell #: _____

✓ Work telephone #: _____

✓ Work hours: _____ Work days of week: _____

✓ Name of emergency contact: _____

✓ Relationship: _____

✓ Telephone numbers for emergency contact: (H) _____ (C) _____