



# Parent Checklist

New Discoveries Parents/Guardians,

Please initial and sign below indicating that you have done the following things:

- \_\_\_\_\_ I have read and signed my contract.
- \_\_\_\_\_ I have read the Policies and Procedures. (Found on our website)
- \_\_\_\_\_ I have filled out the Child Enrollment Authorization Form and if my child is an Infant/Toddler the Infant-Toddler Enrollment Form.
- \_\_\_\_\_ I have stated on the contract my Drop Off/Pick Up times and will contact management if there is a need to change my regular times.
- \_\_\_\_\_ I understand that I can access information about New Discoveries Christian Child Care and Development on the Office of Child Care's website or by calling the toll free number posted on the Information Board by the main entrance.
- \_\_\_\_\_ I authorize New Discoveries to take my child on excursions on the New Life Church property and use activity rooms within the New Life Church building for special events.
- \_\_\_\_\_ I have read the Emergency Plan. (Found on our website)
- \_\_\_\_\_ I have viewed immunization information about New Discoveries and Lane County.
- \_\_\_\_\_ I have provided my child's immunization records and verify they are up to date.
- \_\_\_\_\_ I have seen New Discoveries License and signed the Declaration of Viewing.
- \_\_\_\_\_ I authorize New Discoveries to use Banana Boat 50 sunscreen on my child.
- \_\_\_\_\_ OR will provide sunscreen of choice and have signed the medical authorization form for it.
- \_\_\_\_\_ I authorize New Discoveries to use A&D Ointment
- \_\_\_\_\_ OR will provide the diaper cream of choice and have signed the medical authorization form for it.
- \_\_\_\_\_ I understand that New Discoveries Employees are Mandatory Reporters.
- \_\_\_\_\_ I am enrolled in Brightwheel.
- \_\_\_\_\_ I will use Brightwheel for all payments.
- \_\_\_\_\_ I have read and signed the Photo Release Form.
- \_\_\_\_\_ I understand that New Discoveries is a Christian School and I allow my child to participate in religious activities and events.
- \_\_\_\_\_ I authorize New Discoveries to serve food that may not be on the regular menu for special occasions.
- \_\_\_\_\_ I authorize New Discoveries to bathe my child if it is necessary.
- \_\_\_\_\_ I am aware that New Discoveries is Peanut/Tree nut free and have viewed the policy.

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





Effective: \_\_\_\_\_

Provider-Parent Child Care Contract

The following agreement is made between:

Legal Guardian Date of Birth Social Security Number/DL

Home Phone Work Phone

Home Address Email

Employer's Name and Address

And

Legal Guardian Date of Birth Social Security Number/DL

Home Phone Work Phone

Home Address Email

Employer's Name and Address

And New Discoveries Christian Childcare and Development

Child Care Provider

2080 19th Street Springfield, Oregon 97477

Address

For the care of:

Child's Name Date of Birth

Fees:

The tuition payment fees shall be \$ \_\_\_\_\_ per month and includes curriculum and meals.

Drop off/Pick up times will be from \_\_\_\_\_ a.m. till \_\_\_\_\_ p.m. on the following \_\_\_\_\_ days per week (please indicate your regular schedule)

Monday Tuesday Wednesday Thursday Friday

Additional fees: A \$125.00 supply fee is due at the time of registration and billed annually to your account.

Payment shall be due on: **The 5th of every month**

Wait List- 50% of monthly tuition plus a \$50.00 registration fee is due to hold child care positions offered and will be credited toward the first months tuition upon enrolling. This fee is nonrefundable and serves as your 30 day notice if enrollment does not begin on \_\_\_\_\_.

**Overtime Rates:**

- For the purpose of this contract, overtime will be charged outside your agree upon schedule at \$2.00 per minute plus an additional charge of \$20.00 after every 15 minutes.
- Please stay on your regular Drop off/Pick up schedule as indicated on this contract and contact management if any changes need to be made to your indicated times.

**Closures and Absences:**

We are closed the following days for 2023/2024 school year. These days may vary. Please check your calendar to see the current holiday schedule.

**Labor Day, Indegenous People's Day, Juneteenth, Thanksgiving (Nov. 23rd-24th), Christmas Break (Dec. 22nd-25th), New Year's Day, Martin Luther King Jr. Day, March 29th, Memorial Day, Independence Day, Last day of August**

We do not give credits or make-up days for absences or emergency closures. We follow Springfield school districts ruling on closures due to inclement weather.

**Billing Policy:**

New Discoveries bills on the 1st of the month, payment is due by the 5th and considered late if not paid by the 10th of the month. If payment or payment arrangement is not made by the 25th of the month, your family's services may be discontinued. New Discoveries will reevaluate tuition rates every September and new contracts are to be signed at that time.

A 30 day notice is required for any billing adjustment or withdrawal from the school.

In the event a check payment is returned from our bank, a \$25.00 NSF fee will be assessed. Brightwheel is the preferred payment method at this time. Credit card fees will have an extra charge and ACH has no additional charge.

**Termination Procedure:**

This contract may be terminated by either parent/guardian or provider by giving a 30 day written notice in advance of the ending date. Payment by parent/guardian is due for the notice period, whether or not the child is brought to the provider for care. The provider may terminate the contract without giving notice if the parent/guardian does not make payments when due. Failure by the provider to enforce one or more terms of the contract does not waive the right of the provider to enforce any other terms of the contract.

In the event New Discoveries requests the withdrawal of a child for reasons other than account delinquency, we will refund any unused portion of tuition.

**Signatures:**

By signing this contract, parent(s)/guardians(s) agree to abide by the written policies of the provider. The provider may amend the policies by giving the parent(s)/guardian(s) a copy of the new or changed policies at least 30 days before they go into effect.

**Please note: Changes to this contract will only be permitted twice in one year from date of enrollment.**

Legal Guardian's Signature

Date

Legal Guardian's Signature

Date

Provider's Signature

Date

# Child Enrollment Form



Child's Name (Last, First)		Child Nickname
Date of Birth	Date Entered Care	Age at Entry
<b>ALLERGY ALERT</b> Does your child have allergies? <input type="checkbox"/> YES* <input type="checkbox"/> NO <b>*If yes, please complete an allergy care plan.</b>		
<b>Parent or Guardian Contact Information</b>		
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone
<b>Required Emergency Contact Information-</b> person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
<b>Non-Emergency Contact Information-</b> person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
<b>Medical Contact Information</b>		
Insurance Provider and Policy Information (if applicable)		
Child's medical provider(s) or emergency care facility		Phone
<b>Parent or Guardian Authorizations</b> (not all of these authorizations are required in family child care)		
Please list any restrictions to permission of the following:		
My child may be taken on neighborhood walks. <input type="checkbox"/> Yes <input type="checkbox"/> No Note: A signed permission slip is required for all field trips out of the neighborhood.		
My child may use sunscreen <input type="checkbox"/> Yes <input type="checkbox"/> No My child may apply their own sunscreen under adult supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No		
My child may be photographed and/or recorded for publicity or news purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No This applies to: <input type="checkbox"/> On-site <input type="checkbox"/> Off-site photography and video.		
CC/SC: my child may participate in religious or cultural events described in center policy, including special occasions where food is being served. <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have reviewed a copy of this child care facility's current license certificate. <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have received a written copy of the program's child care policies. <input type="checkbox"/> Yes <input type="checkbox"/> No		
In an emergency, the child care facility has my permission to call an ambulance or transport my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child must be notified as soon as possible.		
Parent/Guardian Signature		Date

Has your child previously been in child care?  Yes  No If yes, what type of care and for how long?

**Child General Information** – please include any information that will assist us in providing quality care for your child

General likes and dislikes

Eating habits and schedule

Sleeping habits and schedule

Developmental and health history that could affect the child's participation in child care

Interactions with other children

How does your child like to be comforted?

Child's home language

Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?

Does your child have any special needs (IFSP, IEP etc.)?  Yes\*  No If yes, please complete a written care plan.

**Child Medical Information**

Does your child have any chronic health issues or specific care needs (such as previous serious illnesses or injuries)?  Yes\*  No If yes, please complete a written care plan.

Does your child regularly need medication, or have medications prescribed for continuous, long-term use?  Yes  No If yes, why?

**Other Children in the Home**

Name	Age	School or other information you want to share:
Name	Age	School or other information you want to share:
Name	Age	School or other information you want to share:
Name	Age	School or other information you want to share:

**Enrollment form annual review or update(s).** A center must have the parent or guardian review, update, and sign or initial the enrollment form at least annually. Please date and initial below anytime the enrollment information is reviewed and/or updated.

Date: \_\_\_\_\_ Parent initials: \_\_\_\_\_  
Date: \_\_\_\_\_ Parent initials: \_\_\_\_\_  
Date: \_\_\_\_\_ Parent initials: \_\_\_\_\_

# Infant and Toddler Additional Enrollment Information

This form should be used in addition to the Child Enrollment Form (PR-0185)



Child's Name	Nickname	Birthdate	Current age:
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Name of Parent(s)	Date filled out by parent:
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## Individual Interests

Does your child say any words? What do they mean?

What are child's favorite games, toys and things to do?

Any information that might be important or helpful to caregivers?

Any pets in your home? If yes, type of pet(s)?

Typical Daily Schedule	Sleep
7:00	Any special sleeping routines?
8:00	
9:00	Does your baby like to be rocked?
10:00	
11:00	Is your baby always put on his/her back to sleep?
12:00	
1:00	When does your baby usually sleep?
2:00	
3:00	How long is a typical sleep period?
4:00	
5:00	

Liquids	Foods
<input type="checkbox"/> Cup <input type="checkbox"/> Bottle <input type="checkbox"/> Parent on-site <b>Milk:</b> <input type="checkbox"/> Formula <input type="checkbox"/> Whole Milk <input type="checkbox"/> Skim <input type="checkbox"/> Breast <input type="checkbox"/> Other: Brand: _____ <b>Type:</b> <input type="checkbox"/> Powder <input type="checkbox"/> Ready to feed <b>Temperature:</b> <input type="checkbox"/> Heated <input type="checkbox"/> Room Temp <input type="checkbox"/> Cool <b>Amount/Serving Size:</b> _____ Juice: <input type="checkbox"/> Apple <input type="checkbox"/> Orange <input type="checkbox"/> Apricot <input type="checkbox"/> Grape <input type="checkbox"/> Peach <input type="checkbox"/> Pineapple Any other liquids? _____ Amount: _____ Frequency: _____	What does your child eat? <input type="checkbox"/> Baby Food <input type="checkbox"/> Table/Finger Foods Types/Amount: _____ _____ _____ _____ _____ _____





# Medication Authorization



**Medication may be given to a child under the following conditions:**

1. A medication authorization form signed and dated by the parent is on file. Complete a separate form for each medication.
2. Prescription medication is in the original container and labeled with the child's name, name of drug, dosage and directions for administering, date and physician's name.
3. For chronic medical conditions, a certified child care center may obtain permission for 12 months or less with specific instructions including when administration is needed, such as inhalers.
4. All medications are inaccessible to children, with child-resistant caps when available, and stored away from food.
5. Medications requiring refrigeration are kept in the refrigerator in a separate tightly covered container with a child-proof lock or latch, clearly marked medication.
6. Parents are informed daily of medications administered to their child.
7. **Programs must immediately document the administration of any medication.**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_ How is the medication to be given: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Does this medication require refrigeration: yes / no      Dates to be given from: \_\_\_\_\_ to \_\_\_\_\_

**I authorize the child care program to dispense the above medication in accordance with the administration information.**

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

Date	Time	Dosage	Medication given by (signature)	Potential side effects observed





# Allergy Care Plan

Date Received by Child Care:

## CHILD INFORMATION

Child's Full Name

Group/Classroom

## EMERGENCY CONTACTS

*\*The parent must be notified immediately of any suspected allergic reactions, or if the child came in contact with the allergen even if a reaction did not occur.*

Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #

## CHILD'S ALLERGY INFORMATION

My child has a severe allergy to:

Describe signs and symptoms of an allergic reaction (including asthma, if applicable):

How to avoid the allergen and prevent an emergency:

## EMERGENCY RESPONSE PLAN

List the steps and procedures to follow during an emergency related to your child's allergy:

## MEDICATIONS\*

*Medication Authorization Form must be completed for each medication*

Describe symptoms that would prompt emergency medication to be given.

- Antihistamine
- Inhaler
- Epi-pen
- Other

List medication to be given during an emergency:

Name of Medication	Dosage	Directions	Expiration Date
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*\*If epinephrine is administered, emergency medical services must be contacted immediately, and OCC within 5 days.*

## SIGNATURES

Parent or Guardian Signature Date

Health Care Provider Signature (recommended) Date







# Certificate of Approval

Be it known that:

**New Life Church**

is hereby granted a Certificate of Approval to operate:

**New Discoveries Christian Child Care and Development**

**2080 19th St**

**Springfield, OR 97477-2526**

The Child Care Licensing Division has conducted a review and found this facility and its operation to be in compliance with the laws of the State of Oregon and applicable administrative rules.

**Hours of Operation:** 7:00 AM - 6:00 PM

**Provider Number:** CC502740

**Age Range:** 1.5 Months through 6 Years

**Maximum Number:** 71

**Ratio Group:** 3A

**Days of Operation:**

Monday: X

Thursday: X

Saturday:

Tuesday: X

Friday: X

Sunday:

Wednesday: X

**This certificate is effective:**

September 18, 2023 through September 18, 2024

**Exceptions:**

**Conditions:**

**Special Conditions:**

Questions or complaints regarding this facility should be directed to:

Child Care Licensing Division  
Ginger Schaffer  
1200 Executive Parkway, Suite 460  
Eugene, OR 97401  
(541) 510 - 5290



## Mandatory Reporting

### **What does reporting mean?**

- You must report any "reasonable suspicion" of child abuse according to Oregon Law.
- DHS child protective services will assess the information you give us and take further action, if necessary.
- Your name will be kept confidential. Only a court of law can order a reporter's name released.
- More comprehensive information on the symptoms of abuse and the law is available from DHS.

### **How to make a report:**

PHONE: 1-855-503-7233

After Hours Contacts: 911

As a mandatory reporter... You must report child abuse and neglect!







## Photo Release Form

I hereby grant permission to use any still and/or moving image (video footage, photographs, and/or audio footage) depicting the child named below, to be used on the daycare's website, social media groups, or other online and/or printed publications without further consideration I acknowledge New Discoveries has the right to alter the photograph(s) at its discretion. I also acknowledge that the daycare may choose not to use my or my child or dependent's photograph(s) at this time, but may do so at a later date. I also understand that once an image is posted on the website or other online platform, the image can be downloaded by any computer user, anywhere in the world. New Discoveries commits to eliminating any identifying information including name and age from the publication

I hereby waive any right I may have to inspect and/or approve the finished product or the copy wherein my child/dependent's likeness appears, or the use of which it may be applied. I hereby release, discharge, and agree to indemnify and hold harmless New Discoveries, its officers, agents and/or designated leadership, from all claims, demands, and causes of action that I or my child/dependent have or may have by reason of this authorization or use of my child/dependent's photographic portraits, pictures, digital images or videotapes, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images or videotapes, or in processing tending towards the completion of the finished product, including, but not limited to, publication on the internet, in brochures, or any other advertisements or promotional materials.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_



# 2023-2024 School Calendar

## New Discoveries

Christian Child Care and Development

2080 19th Street  
Springfield, OR 97477  
541-952-GROW (4769)

<http://newdiscoverieschildcare.org/index.html>

July 23						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 23						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

January 24						
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

May 24						
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

October 23						
Su	M	Tu	W	Th	F	Sa
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 24						
Su	M	Tu	W	Th	F	Sa
				1	2	3
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

June 24						
Su	M	Tu	W	Th	F	Sa
						1
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

November 23						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

March 24						
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					1	2
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

July 24						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 23						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

December 23						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April 24						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

August 24						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



- Holidays/ inservices
- September 4- Labor Day
- October 9 - Indigenous Peoples ' Day
- November- 23 Thanksgiving Holiday
- November- 24 -Thanksgiving Holiday
- December 25-26 -Christmas Holiday
- January 1-New Years Day
- January 15 - Martin Luther King Jr. Day
- March 29-Inservice
- May 27- Memorial Day
- June 19th-Juneteenth
- July 4th - Independence Day
- August 30th- Inservice
- Special Events / Activities**
- September 12,13- Picture Days
- October 31- Harvest Parties
- December 20-Christmas programs
- December 21- Christmas Parties
- February 14- Valentines Parties
- March 4-8- Hat week
- March 28- Easter egg hunts
- May 9- Muffins with Mom Event
- June 13th- Pizza with Pop Event
- July 1-August 29th- Summer session
- August 29th- Kinders last day celebration





## Copay Balance Agreement

- 1 I understand that I am responsible for my child's monthly tuition as agreed upon and as documented in the New Discoveries Child Care contract.
- 2 I understand that "Copay" is any part of tuition not covered or paid for by DHS and any charges incurred as a result of late fees, unscheduled hours/days or lack off attendance.
- 3 I understand that absences are not credited for illnesses, vacations or any interruption to child care services as scheduled and documented in New Discoveries Child Care Contract.
- 4 I understand that the Copay is expected to be paid by the 5th of every month.
- 5 I understand that payment for Copay balances are not paid by the 10th or 20th of the month, I will be charged the agreed late fees and my child may be excluded from further care if the payment is not made by the 25th or arrangments have been made.
- 6 I understand that any overpayment made toward Copay will be either credited to the next month's tuition or reimbursed.
- 7 I understand I will be required to promptly sign monthly billing forms indicating the amount of hours my child attended care. CHECK THE MAILBOXES AT THE END OF THE MONTH
- 8 I understand that missing more than 5 scheduled days in a month may increase the amount owed beyond the Copay amount and I will be responsible for any unpaid balance that DHS does not cover due to excessive absences.

I agree to pay all Copays and monthly tuition balances for child care services both scheduled and unscheduled to New Discoveries. This includes late fees, extra hours/days of care, and unpaid portions of tuition due to excessive absences.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Date \_\_\_\_\_





## Policy on managing Aggressive and Unsafe Behavior

This policy applies to children who are prone to aggressive, overly disruptive, or unsafe behaviors. The regular biting policy applies to toddlers and 2-year-olds who are prone to biting behavior (due to developing new language skills, teething, etc.). The goal of this policy is to avoid the need to expel or suspend by identifying behavior issues early and connecting children with appropriate resources before suspension or expulsion becomes necessary. New Discoveries does not use suspension intermittently or to punish behavior; instead, suspension is a pause in an enrollment to secure the safety of the child and others, and to determine if care can safely be provided going forward based on behaviors.

If your child engages in behaviors that are unsafe and/or extremely disruptive, the following procedures will be followed.

The child will be given an explanation by the teacher of his/her aggressive behavior and will be given a warning that includes further consequences if the behavior continues. If the aggressive behavior continues, the child will be given a time-out and the child will be placed away from the group for one minute per year of age. The teacher will inform the child's parents of the child's actions upon arrival and/or via Brightwheel. The parent will be asked to come pick up the child if behavior can not be brought under control in a reasonable amount of time.

After 3 incidents of severely disruptive or aggressive behavior, the director will set up a conference and provide information to families on how to access community resources and resources for alternative care. New Discoveries is a group care facility and cannot provide the one-on-one support needed for behaviors of this nature.

If a preschool aged child has more than 3 biting incidents or severely aggressive incidents that break skin or leave visible marks within 1 months' time, that child will no longer be eligible for care at New Discoveries.

This policy is reserved for behaviors that are deemed severe, meaning the teachers feel that the classroom cannot be run safely or effectively during incidents.

When a child engages in aggressive behavior that the teachers deem a safety risk or extremely disruptive behavior that affects the overall functioning of the classroom, the staff will alert the director and parents will be notified and possibly be asked to pick up the child as soon as possible or within 30 minutes.

It can be normal for children to grab, push, or hit on occasion, but continuous aggressive or destructive behaviors must be brought under control for a child to remain in care. The director will work with teachers to monitor occurrence reports to identify potential issues, problems, or patterns.

When a child engages in aggressive or unsafe behavior, the center will:

- meet with the child's family to collaborate and implement action plans designed to improve the behavior and reduce the safety risks.
- assist the family in getting the professional supports needed for the child's success if we do not achieve positive change through redirection and positive guidance in a reasonable time.
- collaborate with professional supports/resources to implement and to support our efforts and encourage positive change when we feel like behaviors can be safely managed in the classroom environment.
- maintain a safe environment while working through an action plan and toward positive change.
- consider suspension/termination of enrollment if an unsafe situation is not resolved within a reasonable period.

If behaviors persist, the situation will be evaluated, and a determination will be made as to whether New Discoveries will be able to provide care going forward.

New Discoveries reserves the right to make a final determination at any time as to whether care can safely be provided. If immediate termination is determined to be the best course of action, we reserve the right to make that decision.

Please sign and date below indicating that you have read and are aware of our protocols.

Signature \_\_\_\_\_ Date \_\_\_\_\_