

Smoking & Vaping Declaration

Educator Compliance Form • JDM Dayhome Agency

Educator & Home Information

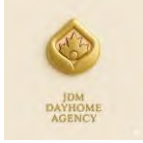
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|-----------------|--|-------|--|
| Educator Name | | Date | |
| Dayhome Address | | Phone | |

Declaration

Please check all that apply. Each box represents a binding declaration by the educator.

- I declare that no person will smoke or vape inside the family day home during hours of care.
- I declare that no person will smoke or vape in any vehicle used to transport children in care.
- I declare that children in care will not be exposed to second-hand smoke or vapour during child care hours.
- I declare that all smoking or vaping products, devices, and related materials will be kept inaccessible to children.
- I will immediately notify the agency of any change to smoking or vaping practices that may affect compliance.

Additional Comments



Signatures

Educator Signature

Date

Agency Representative

Date