

Date Application Completed: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_



### CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually

#### CHILD INFORMATION:

Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_  
 Last First Middle Nickname

Child's Physical

Address: \_\_\_\_\_

#### FAMILY INFORMATION:

Child lives with: \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address: \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address: \_\_\_\_\_

#### CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a Medical action plan attached? Yes \_\_\_ No \_\_\_ (Medical action plan must be updated on an annual basis and when changes to the plan occur)

List any allergies and the symptoms and type of response required for allergic reactions. \_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns \_\_\_\_\_

List any particular fears or unique behavior characteristics the child has \_\_\_\_\_

List any types of medication taken for health care needs \_\_\_\_\_

Share any other information that has a direct bearing on assuring safe medical treatment for your child \_\_\_\_\_

#### EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

# Children's Medical Report

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of Parent of Guardian \_\_\_\_\_

**A. Medical History** (May be completed by parent)

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

2. Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason? \_\_\_\_\_

3. Is the child on any continuous medication? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

4. Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_ If yes, when and for what? \_\_\_\_\_

5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_ ; diabetes No \_\_\_ Yes \_\_\_ ;  
convulsions No \_\_\_ Yes \_\_\_ ; heart trouble No \_\_\_ Yes \_\_\_ ; asthma No \_\_\_ Yes \_\_\_ .  
If others, what/when? \_\_\_\_\_

6. Does the child have any physical disabilities: No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

Any mental disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**B. Physical Examination:** This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Height \_\_\_\_\_ % Weight \_\_\_\_\_ %

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_

Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_ Ext \_\_\_\_\_

Neurological System \_\_\_\_\_ Skin \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Results of Tuberculin Test, if given: Type \_\_\_\_\_ date \_\_\_\_\_ Normal \_\_\_ Abnormal \_\_\_ followup \_\_\_\_\_

Developmental Evaluation: delayed \_\_\_\_\_ age appropriate \_\_\_\_\_

If delay, note significance and special care needed; \_\_\_\_\_

Should activities be limited? No \_\_\_ Yes \_\_\_ If yes, explain: \_\_\_\_\_

Any other recommendations: \_\_\_\_\_

**Date of Examination** \_\_\_\_\_

**Signature of authorized examiner/title** \_\_\_\_\_ **Phone #** \_\_\_\_\_

## Child Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance.

Child's full name:	Date of birth:
--------------------	----------------

Enter the date of each dose received (Month/Day/Year) or attach a copy of the immunization record.

Vaccine Type	Abbreviation	Trade Name	Combination Vaccines	1 date	2 date	3 date	4 date	5 date
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV	IPOL	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib (PRP-T) Hib (PRP-OMP)	ActHIB, PedvaxHIB **, Hiberix	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	ProQuad					
Varicella/Chicken Pox	Var	Varivax	ProQuad					
Pneumococcal Conjugate*	PCV, PCV13, PPSV23***	Pprevnar 13, Pneumovax***						

\*Required by state law for children born on or after 7/1/2015.

\*\*3 shots of PedvaxHIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

\*\*\*PPSV23 or Pneumovax is a different vaccine than Pprevnar 13 and may be seen in high risk children over age 2. These children would also have received Pprevnar 13.

**Note:** Children beyond their 5<sup>th</sup> birthday are not required to receive Hib or PCV vaccines.

**Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.**

Record updated by:	Date	Record updated by:	Date

### Minimum State Vaccine Requirements for Child Care Entry

By This Age:	Children Need These Shots:						
3 months	1 DTaP	1 Polio		1 Hib	1 Hep B	1 PCV	
5 months	2 DTaP	2 Polio		2 Hib	2 Hep B	2 PCV	
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12-16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
19 months	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years or older (in child care only)	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years and older (in kindergarten)	5 DTaP	4 Polio	2 MMR	3-4 Hib**	3 Hep B	4 PCV	2 Var

**Note:** For children behind on immunizations, a catch-up schedule must meet minimal interval requirements for vaccines within a series. Consult with child's health care provider for questions.

## Child Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

### Vaccines Recommended (not required) by the Advisory Committee on Immunization Practices (ACIP)

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 date	2 date	3 date	4 date	5 date
Rotavirus	RV1, RV5	Rotateq, Rotarix	Age 2 months, 4 months, 6 months.					
Hepatitis A	Hep A	Havrix, Vaqta	First dose, age 12-23 months. Second dose, within 6-18 months.					
Influenza	Flu, IIV, LAIV	Fluzone, Fluarix, FluLaval, Flucelvax, FluMist, Afluria	Annually after age 6 months.					

Updated August 2019



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# Updated Behavior Management Policies

Effective: February 6, 2020

All students are to be held by lifting under their arms using both hands and raised vertically. Student should be placed facing the adult or in such a manner they engaged to begin assisted self-soothing or positioned to de-escalate their distressed state. Student should be comfortable and unrestricted in this position. If a staff member is unable to carry a student using this method due to medical issues, another staff member will be appointed. No child above the age of three will be held if they show signs of distress by flailing extremities, throwing themselves backwards, or attempting to physically injure themselves or others.

To address children younger than three years of age: When a student is in a state of physical, emotional, or social distress in which they are unable to self-soothe, a staff member will console them with methods deemed appropriate by DHHS when soothing infants and toddlers. The students will be carried, consoled, and/or rocked. If the child continues to be distressed after a reasonable amount of time, administration will be radioed. A determination to inform parents/guardians will be made.

To address children ages three and older within SFQCC care: When a student is in a state of distress in which they are actively injuring themselves or others, staff will remove the other students from the space and radio for assistance from administration. An appointed staff member will stay with distressed student and another with the remaining students.

The staff member assigned to the distressed student will remove obstructions in order to avoid further injury. In addition, the assigned staff member will refrain from physically engaging with the distressed student.

Within a reasonable amount of time, if the distressed student does not de-escalate independently, assistance and guidance from parents/guardians will be requested by phone.

Parents or guardians of the distressed student will attend a mandatory meeting with administration and further steps to address the students social, emotional and behavioral needs will be addressed. A plan of action will be developed in order to best support the student with the resources available within SFQCC and at home. Resources and technical assistance will be requested in order to best avoid suspension or expulsion.

If the parents/guardians do not follow the collaborated action plan within a reasonable amount of time, the student may be suspended or expelled from the program to ensure the safety of all children and staff members.

A distressed student is defined as a student who is harming themselves or others, unable to listen to adults, unable to de-escalate independently.

Administration will ensure policies of behavior management and appropriate implementation of discipline policies are carried out by conducting weekly observations using the close-circuit security camera system. Administration will observe classroom interactions and engagements between staff and students. An

observation chart will be maintained for accountability. Each classroom will be observed for at least five minutes, once a week, for six months.

In the event staff members need to report a concern or event pertaining to classroom management or behavioral policies, a radio is provided to each classroom and the director/owners direct phone numbers are provided to all staff members. In addition, an anonymous method of reporting is available by placing concerns in the front lobby suggestion box.

In the event a parent needs to report a concern or event pertaining to classroom management or the implementation of behavioral policies, SFQCC's phone number, email, and website comment section dedicated to families of the center are provided. In addition, the main lobby's suggestion box provides an anonymous method of reporting for all parties.

Upon notification of inappropriate discipline, care, or mistreatment of children, administration will immediately act by observing the staff member(s) in question and prepare to speak with them directly. In addition, administration will gather evidence from closed circuit video, interview and question staff members and if necessary, interview students involved with parent/guardian consent. The staff member in question will be pulled from the classroom and the concerns will be addressed with administration. A plan of action will be developed; a write-up, additional trainings, suspension, or termination will occur.

Current employees will receive "refresher" trainings pertaining to behavior management and discipline policies on a quarterly basis at staff meetings or in writing. Signatures of receipt will be requested by administration.

New hires will receive a copy of the behavior management and discipline policies in the employee handbook. A signature is required to document receipt and acknowledgment of the policies. This documentation will be retained in each employee's staff file.

Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Child File

# *Discipline and Behavior Agreement Continued*

## Reflection Time or “Time Out”

“Time Out” is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to the other discipline techniques. The “time out” space, usually a chair or comfy area in the classroom, is located away from classroom activity but within the teacher’s sight. During “time out,” the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown to the other children.

*Adapted from and originally prepared by Elizabeth Wilson, Student, Catawba Valley Technical College*

## Biting Policy

This is for the health and safety of each child. We want to provide a friendly learning environment for all our children.

- **If your child bites TWO times in ONE day, your child will be sent home for the rest of the day.**
- **If your child bites FOUR times in ONE week, they will be sent home for the rest of the week.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Out of the Fenced Area Permission

I give permission for my child, \_\_\_\_\_, to participate in activities **outside the fenced area of our playgrounds**. This includes but is not limited to walking to and from the playground and playing on the covered porch in front of our center.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FREE/REDUCED MEAL APPLICATION

Dear Parent/Guardian,

We have been approved for the USDA Food Program. The food program provides the meals we serve at our center. The following information is required by the food program for every child enrolled at our facility. If you have any questions, please let us know. Thank you for your cooperation.

## Participant's Information

\_\_\_\_\_

First Middle Last

Classroom: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male \_\_\_ Female: \_\_\_

Race: White \_\_\_ Asian \_\_\_ Black or African American \_\_\_ Native American \_\_\_  
Pacific Islander \_\_\_ Hispanic or Latino \_\_\_

Days of Normal Care Monday Tuesday Wednesday Thursday Friday

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Milk Preference: Whole/1% Milk Soy Lactaid Free Almond Other: \_\_\_\_\_

\*\*\*\*\*

## Primary Contact Information

\_\_\_\_\_

First Last Relationship to participant

Last 4 of SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_



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

Date of Birth: \_\_\_\_\_

## SFQCC Parent/Guardian Permission for Student Photo and Video Release Form

A copy for each child must be on file with Sneads Ferry Quality Childcare & Preschool regardless of the responses to the questions.

For each of the following release and/or permission statements below, please indicate with a YES or a NO. Please follow each reply with a parent's/Guardian's initials. **Every Statement Must Have a Response!**

**YES/NO**

**Initials**

- |       |       |   |
|-------|-------|---|
| _____ | _____ | I give consent for photographs of my child to appear within the classroom.  |
| _____ | _____ | I give consent and agree for photographs of my child to appear within classroom projects that will be sent home with all classroom students.                    |
| _____ | _____ | I give consent and agree for photographs of my child to appear within the school.   |
| _____ | _____ | I give consent and agree for photographs of my child to appear on the school's web page and/or other news media outlets*.                                       |
| _____ | _____ | I give consent and agree for my child's name to accompany any picture of him/her that may appear on the school's web site and/or other news media outlets*.     |
| _____ | _____ | I give consent and agree for video/digital recordings of my child to occur and be viewed within the classroom.  |
| _____ | _____ | I give consent and agree for video/digital recordings of my child to occur as a classroom project that will be sent home with all classroom students.           |
| _____ | _____ | I give consent and agree for video/digital recordings of my child to occur and be viewed within the school.   |
| _____ | _____ | I give consent and agree for video/digital recordings of my child to occur and be posted for viewing on the school's web page and/or other news media outlets*. |
| _____ | _____ | I give consent and agree for my child's name to accompany any video/digital recordings of him/her that may appear on the school's web site.                     |
| _____ | _____ | I give consent and agree for my child's name to appear in print on the school's web site and/or other news media outlets*.                                      |

I hereby agree to the above terms on behalf of my child. If at any time, I want my child's photograph and/or recording to be removed from any use, I acknowledge that it is my responsibility to inform in writing Sneads Ferry Quality Childcare & Preschool of my decision. By signing, Parents/Guardians agree to and give consent for their child to be photographed and/or video/digitally recorded and for their images to be displayed in the venue indicated by their responses above.

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Parent/Guardian's signature

Date

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma SAMPLE Policy

### Belief Statement

We, SFQCC & SFQCC II (name of facility), believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

### Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death<sup>1</sup>. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT<sup>2</sup>.

### Procedure/Practice

Recognizing:

- Children are observed for signs of abusive head trauma including irritability and/or high pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

Responding to:

- If SBS/ABT is suspected, staff will<sup>3</sup>:
  - Call 911 immediately upon suspecting SBS/AHT and inform the director.
  - Call the parents/guardians.
  - If the child has stopped breathing, trained staff will begin pediatric CPR<sup>4</sup>.

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing [webmasterdcd@dhhs.nc.gov](mailto:webmasterdcd@dhhs.nc.gov).
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: \_\_\_\_\_

### Prevention strategies to assist staff\* in coping with a crying, fussing, or distraught child

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change.

If no physical need is identified, staff will attempt one or more of the following strategies<sup>5</sup>:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.
- Other \_\_\_\_\_
- Other \_\_\_\_\_

In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children<sup>6</sup>.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- Other \_\_\_\_\_

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma SAMPLE Policy

### Prohibited behaviors

Behaviors that are prohibited include (but are not limited to):

- shaking or jerking a child
- tossing a child into the air or into a crib, chair, or car seat
- pushing a child into walls, doors, or furniture

### Strategies to assist staff members understand how to care for infants

Staff reviews and discusses:

- The five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development, [ncchildcare.nc.gov/PDF\\_forms/NC\\_Foundations.pdf](http://ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf)
- How to Care for Infants and Toddlers in Groups, the National Center for Infants, Toddlers and Families, [www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups](http://www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups)
- Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of Infant/Toddler Researchers, pages 7-9, [www.acf.hhs.gov/sites/default/files/opre/nitr\\_inquire\\_may\\_2016\\_070616\\_b508compliant.pdf](http://www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf)

### Strategies to ensure staff members understand the brain development of children up to five years of age

All staff take training on SBS/AHT within first two weeks of employment. Training includes recognizing, responding to, and reporting child abuse, neglect, or maltreatment as well as the brain development of children up to five years of age. Staff review and discuss:

- Brain Development from Birth video, the National Center for Infants, Toddlers and Families, [www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth](http://www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth)
- The Science of Early Childhood Development, Center on the Developing Child, [developingchild.harvard.edu/resources/inbrief-science-of-eed/](http://developingchild.harvard.edu/resources/inbrief-science-of-eed/)

### Resources

List resources such as a staff person designated to provide support or a local county/community resource:

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### Parent web resources

- The American Academy of Pediatrics: [www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx](http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx)
- The National Center on Shaken Baby Syndrome: <http://dontshake.org/family-resources>
- The Period of Purple Crying: <http://purplecrying.info/>
- Other \_\_\_\_\_

### Facility web resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma, <http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&=+>
- Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention, [http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing\\_SBS\\_508-a.pdf](http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf)
- Early Development & Well-Being, Zero to Three, [www.zerotothree.org/early-development](http://www.zerotothree.org/early-development)
- Other \_\_\_\_\_

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma SAMPLE Policy

### References

1. The National Center on Shaken Baby Syndrome, [www.dontshake.org](http://www.dontshake.org)
2. NC DCDEE, [ncchildcare.dhhs.state.nc.us/general/mb\\_ccrulespublic.asp](http://ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp)
3. Shaken baby syndrome, the Mayo Clinic, [www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461](http://www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461)
4. Pediatric First Aid/CPR/AED, American Red Cross, [www.redcross.org/images/MEDIA\\_CustomProductCatalog/m4240175\\_Pediatric\\_ready\\_reference.pdf](http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf)
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, [www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques](http://www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques)
6. Caring for Our Children, Standard 1.7.0.5: Stress <http://cfoc.nrckids.org/StandardView/1.7.0.5>

### Application

This policy applies to children up to five years of age and their families, operators, early educators, substitute providers, and uncompensated providers.

### Communication

#### Staff\*

- Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children up to five years of age.
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age.
- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgement
- The child care facility shall keep the **SBS/AHT staff acknowledgement form** in the staff member's file.

#### Parents/Guardians

- Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children up to five years of age.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.
- Parents/guardians will sign an acknowledgement form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgement
- The child care facility shall keep the **SBS/AHT parent acknowledgement form** in the child's file.

\* For purposes of this policy, "staff" includes the operator and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.

6/18/2018

Effective Date

This policy was reviewed and approved by:

SHANNON POPE

6/18/2018

Owner/Director (recommended)

Date

KIM SHERRY

DCDEE Child Care Consultant (recommended)

Date

Child Care Health Consultant (recommended)

Date

6/18/2019

6/18/2020

6/18/2021

6/1/2022

Annual Review Dates





**Prevention of Shaken Baby Syndrome and Abusive Head Trauma  
SAMPLE Policy**

**Staff acknowledgement form:**

I \_\_\_\_\_ (name) acknowledge that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

\_\_\_\_\_  
**Date policy given/explained to staff person**

\_\_\_\_\_  
**Staff signature**

\_\_\_\_\_  
**Date**



# Automated Payment Processing



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## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) Sneads Ferry Quality Childcare & Preschool to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

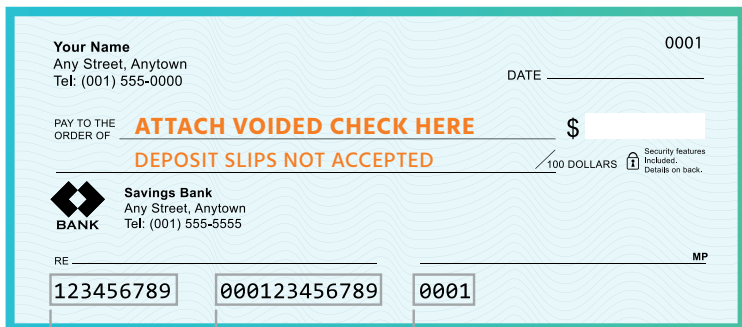
### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card) 2% fee for credit cards

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER

#### FOR OFFICIAL USE ONLY

_____
<b>Date Received</b>
_____
<b>Employee Signature</b>

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## Space and Equipment

There are space requirements for indoor and outdoor environments that must be measured prior to licensure. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Indoor and outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

**Licensed centers must also meet requirements in the following areas.**

## Staff Requirements

The administrator of a child care center must be at least 21 and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours, including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. All staff who work directly with children must have CPR and First Aid training, and at least one person who completed the training must be present at all times when children are in care. One staff must complete the Emergency Preparedness and Response (EPR) in Child Care training and create the EPR plan. All staff must also undergo a criminal background check initially, and every three years thereafter.

## Staff/Child Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. The minimum staff/child ratios and group sizes for single-age groups of children in centers are shown below and must be posted in each classroom. The staff/child ratios for multi-age groupings are outlined in the child care rules and require prior approval.

Age	Teacher: Child Ratio	Max Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 to 3 years old	1:10	20
3 to 4 years old	1:15	25
4 to 5 years old	1:20	25
5 years and older	1:25	25

## **Additional Staff/Child Ratio Information:**

*Centers located in a residence that are licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.*

## **Reviewing Facility Information**

From the Division's Child care Facility Search Site, the facility and visit documentation can be viewed. A public file is maintained in the Division's main office in Raleigh for every licensed center or family child care home. These files can be viewed during business hours (8 a.m. -5 p.m.) by contacting the Division at 919-814-6300 or 1-800-859-0829 or requested via the Division's web site at [www.ncchildcare.ncdhhs.gov](http://www.ncchildcare.ncdhhs.gov).

## How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined and/or may have their licenses suspended or revoked.

Administrative actions must be posted in the facility. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829.



NC DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**  
Division of Child Development  
and Early Education

# Summary of the North Carolina Child Care Law and Rules (Center and FCCH)

Division of Child Development  
and Early Education

North Carolina Department of  
Health and Human Services  
333 Six Forks Road  
Raleigh, NC 27609

Child Care Commission  
<https://ncchildcare.ncdhhs.gov/Home/Child-Care-Commission>

Revised January 2021

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.

## What is Child Care?

The law defines child care as:

- three or more children under 13 years of age
- receiving care from a non-relative
- on a regular basis - at least once a week
- for more than four hours per day but less than 24 hours.

The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the health, safety, and well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

## Family Child Care Homes

A family child care home is licensed to care for five or fewer preschool age children, including their own preschool children, and can include three additional school-age children. The provider's own school-age children are not counted. Family child care home operators must be 21 years old and have a high school education or its equivalent. Family child care homes will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants. Licenses are issued to family child care home providers who meet the following requirements:

## Child Care Centers

License as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License. Recreational programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

## Parental Rights

- Parents have the right to enter a family child care home or center at any time while their child is present.
  - Parents have the right to see the license displayed in a prominent place.
  - Parents have the right to know how their child will be disciplined.
- The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Local Child Care Resource and Referral agencies can provide help in choosing quality care. Check the telephone

directory or talk with a child care provider to see if there is a Child Care Resource and Referral agency in your community. For more information, visit the Resources page located on the Child Care website at: <https://ncchildcare.ncdhs.gov/>. For more information on the law and rules, contact the Division of Child Development and Early Education at 919 814-6300 or 1-800-859-0829 (In State Only), or visit our homepage at: <https://ncchildcare.ncdhs.gov/>.

## Child Abuse, Neglect, or Maltreatment

Every citizen has a responsibility to report suspected child abuse, neglect or maltreatment. This occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. It may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. It also occurs when a child does not receive proper care, supervision, appropriate discipline, or when a child is abandoned. North Carolina law requires any person who suspects child maltreatment at a child care facility to report the situation to the Intake Unit at Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829. Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any maltreatment complaint or the issuance of any administrative action against the child care facility. North Carolina law requires any person who suspects child abuse or neglect in a family to report the case to the county department of social services.

## Transportation

Child care centers or family child care homes providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and child-staff ratios must be maintained.

## Record Requirements

Centers and homes must keep accurate records such as children's, staff, and program. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care. Prevention of shaken baby syndrome and abusive head trauma policy must be developed and shared with parents of children up to five years of age.

## Discipline and Behavior Management

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in the discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers and family child care homes. Religious-sponsored programs which notify the Division of Child Development and Early Education that corporal punishment is part of their religious training are exempt from that part of the law.

## Training Requirements

Center and family child care home staff must have current CPR and First Aid certification, TT-SIDS training (if caring for infants, 0 to 12 months), prior to caring for children and every three years thereafter. Emergency Preparedness and Response (EPR) in Child Care training is required and each facility must also create an EPR plan. Center and home staff must also complete a minimum number of health and safety training as well as annual ongoing training hours.

## Curriculum and Activities

Four- and five-star programs must use an approved curriculum in classrooms serving four-year-olds. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans and schedule must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. A written activity plan that includes activities intended to stimulate the development domains, in accordance with North Carolina Foundations for Early Learning and Development. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

## Health and Safety

Children must be immunized on schedule. Each licensed family child care home and center must ensure the health and safety of children by sanitizing areas and equipment used by children. For Centers and FCHs, meals and snacks must be nutritious and meet the Meal Patterns for Children in Child Care. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. Children must have space and time provided for rest.

## Two through Five Star Rated License

Centers and family child care homes that are meeting the minimum licensing requirements will receive a one-star license. Programs that choose to voluntarily meet higher standards can apply for a two through five-star license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program, and one quality point option.

## Criminal Background Checks

All staff must undergo a criminal background check initially, and every three years thereafter. This requirement includes household members who are over the age of 15 in family child care homes.