

Children's File Checklist FCCH

Name of Child: _____ Date of Enrollment: _____

The following items must be present in each child's file

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Application for Enrollment, includes authorization for emergency care	1 st Day	
<input type="checkbox"/> Medical Action Plan (if applicable)	1 st Day/Updated annually	
<input type="checkbox"/> Medical Report	Within 30 days of Enrollment	
<input type="checkbox"/> Immunization Record	Within 30 days of Enrollment	
<input type="checkbox"/> Documentation of Receipt: Discipline Policy	1 st Day	
<input type="checkbox"/> Infant Feeding Plan (children less than 15 months-old)	1 st Day	
<input type="checkbox"/> Infant Sleep Position Waivers (if applicable)	1 st Day	
<input type="checkbox"/> Documentation of Receipt: Safe Sleep Policy (if applicable)	1 st Day	
<input type="checkbox"/> Authorization for Transportation (if applicable)	1 st Day/As Occurs	
<input type="checkbox"/> Documentation of Receipt: Operational Policies	1 st Day	
<input type="checkbox"/> Documentation of Receipt: Summary of Child Care Law	1 st Day	
<input type="checkbox"/> Copies of Incident Reports	As Occurs	
<input type="checkbox"/> Medication Error Report (if applicable)	As Occurs	
<input type="checkbox"/> Off Premise Activities Authorization	As Occurs	
<input type="checkbox"/> Permission to Transport/participate in off premise activities (if applicable)	As Occurs	
<input type="checkbox"/> Nutrition Opt-out Form (if applicable)	As occurs	
<input type="checkbox"/> Documentation of Receipt: Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policies	1 st Day	
<input type="checkbox"/> Permission for aquatic activities (if applicable)	1 st Day	
<input type="checkbox"/> Notification of Smoking and Tobacco Restriction	1 st Day	
<input type="checkbox"/> Animal (Pet) Acknowledgement Form (if applicable)	1 st Day	
<input type="checkbox"/> Written Plan of Care (if applicable)	1 st Day	

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 _____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

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:
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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 influenzae 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***	Prenvar 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 Prenvar 13 and may be seen in high risk children over age 2. These children would also have received Prenvar 13.

Note: Children beyond their 5th 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 Hep B	
5 months		2 Polio				2 Hep B	
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	2 Hep B	4 PCV	
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

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.					
Coronavirus disease 2019	COVID-19	Comirnaty, Spikevax, Nuvaxovid, Jcovden	Annually after age 6 months.					



SAMPLE #1

Updated 8/21

Discipline and Behavior Management Policy

Name of Facility: _____ Date Adopted: _____

No child shall be subjected to any form of corporal punishment. Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following age and developmentally appropriate discipline and behavior management policy:

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their level.
11. DO use short supervised periods of time-out sparingly.
12. DO stay consistent in our behavior management program.
13. DO use effective guidance and behavior management techniques that focus on a child's development.

We:

1. DO NOT handle children roughly in any way, including shaking, pushing, shoving, pinching, slapping, biting, kicking, or spanking.
2. DO NOT place children in a locked room, closet, or box or leave children alone in a room separated from staff.
3. DO NOT delegate discipline to another child.
4. DO NOT withhold food as punishment or give food as a means of reward.
5. DO NOT discipline for toileting accidents.
6. DO NOT discipline for not sleeping during rest period.
7. DO NOT discipline children by assigning chores that require contact with or use of hazardous materials, such as cleaning bathrooms, floors, or emptying diaper pails.
8. DO NOT withhold or require physical activity, such as running laps and doing push-ups, as punishment.
9. DO NOT yell at, shame, humiliate, frighten, threaten, or bully children.
10. DO NOT restrain children as a form of discipline unless the child's safety or the safety of others is at risk.

I, the undersigned parent or guardian of _____
(child's full name)

do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/operator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____ Date: _____

“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 other discipline techniques. The “time-out” space, usually a chair, 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 the other children.

Adapted from original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College

Distribution: one copy to parent(s) and a signed copy in child's facility record

Transportation Permission

A. Parent and Child Information

Name of Parent	Telephone Number - Primary
Name of Child <input type="checkbox"/> Picture attached	Telephone Number - Secondary

B. Emergency Contact Information (non-parent)

Name	Telephone Number
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C. Departure and Return Times

Departure Time	Arrival Time	Return Time
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D. Authorized Destinations

Child transported from	Child transported to
------------------------	----------------------

E. Parent Signature and Other

Person receiving child, if applicable <input type="checkbox"/> On application	Method of Travel
Permission to transport is valid from [give date] to [give date]. From To (up to 12 months)	Transportation Provider
Signature of Parent or Guardian	Date

Transportation Permission

A. Parent and Child Information

Name of Parent	Telephone Number - Primary
Name of Child <input type="checkbox"/> Picture attached	Telephone Number - Secondary

B. Emergency Contact Information (non-parent)

Name	Telephone Number
------	------------------

C. Departure and Return Times

Departure Time	Arrival Time	Return Time
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D. Authorized Destinations

Child transported from	Child transported to
------------------------	----------------------

E. Parent Signature and Other

Person receiving child, if applicable <input type="checkbox"/> On application	Method of Travel
Permission to transport is valid from [give date] to [give date]. From To (up to 12 months)	Transportation Provider
Signature of Parent or Guardian	Date

Off-Premise Activity Permission

A. Parent and Child Information

Name of Parent	<input type="checkbox"/> Emergency Contact	Telephone Number - Primary
Name of Child	<input type="checkbox"/> Picture attached	Telephone Number - Secondary

B. Emergency Contact Information (non-parent)

Name	Telephone Number
------	------------------

C. Authorized Destination and Departure and Return Times

Location of off-premise activity	Departure Time	Return Time
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D. Parent Signature and Date

Permission to participate is valid from [give date] to [give date]. From To (up to 12 months)	
Signature of Parent or Guardian	Date

Off-Premise Activity Permission

A. Parent and Child Information

Name of Parent	<input type="checkbox"/> Emergency Contact	Telephone Number - Primary
Name of Child	<input type="checkbox"/> Picture attached	Telephone Number - Secondary

B. Emergency Contact Information (non-parent)

Name	Telephone Number
------	------------------

C. Authorized Destination and Departure and Return Times

Location of off-premise activity	Departure Time	Return Time
----------------------------------	----------------	-------------

D. Parent Signature and Date

Permission to participate is valid from [give date] to [give date]. From To (up to 12 months)	
Signature of Parent or Guardian	Date

SAMPLE

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Belief Statement

We, GLORYUS BLESSINGS CHILDCARE (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 death¹. 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/AHT².

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 will³:
 - 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 CPR⁴.

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.
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services.
Phone number: 336-641-6000

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 strategies⁵:

- 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 CONSISTENT ROUTINES
- Other COLD TEETHING RINGS/TOYS

In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children⁶.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- Other _____

Prohibited behaviors

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

- shaking or jerking a child



SAMPLE

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

- 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
- 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
- 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

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
- The Science of Early Childhood Development, Center on the Developing Child, 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:

GUILFORD CHILD DEVELOPMENT 336-378-7700 EARLY HEADSTART, CHILDCARE ASSISTANCE, NURSE HOME VISITATION PROGRAM

GUILFORD COUNTY PARTNERSHIP FOR CHILDREN 336-274-5437 RESOURCE AND REFERRALS FOR CHILDCARE ASSISTANCE AND PROTECTIVE SERVICES

Parent web resources

- The American Academy of Pediatrics: 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
- Early Development & Well-Being, Zero to Three, www.zerotothree.org/early-development
- Other _____



SAMPLE

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

References

1. The National Center on Shaken Baby Syndrome, www.dontshake.org
2. NC DCDEE, 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
4. Pediatric First Aid/CPR/AED, American Red Cross, 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
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 acknowledgment
- The child care facility shall keep the signed **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 signed **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.

Effective Date

This policy was reviewed and approved by:

Kennesha Snead

Owner/Director (recommended)

Date

DCDEE Child Care Consultant (recommended)

Date

Child Care Health Consultant (recommended)

Date

Annual Review Dates



SAMPLE

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Parent or guardian acknowledgement form

I, the parent or guardian of _____ (child or children's 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 parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date



SAMPLE

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Staff acknowledgement form:

I _____ (staff 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



Summary of the North Carolina Child Care Law and Rule for Family Child Care Homes

What is Child Care?

The law defines child care as:

- three or more unrelated 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.

It is only when all of these conditions exist that regulation is required. The North Carolina Department of Health and Human Services is responsible for regulating child care. This is carried out through the Division of Child Development and Early Education. The purpose of regulation is to protect the health 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 for five or fewer preschool aged children and an additional three school age children. This includes preschoolers living in the home, but the provider's own school age children are not counted. Individuals caring for one or two children are exempt from being licensed. Family child care homes will be visited at least annually to ensure child care law and all applicable child care requirements are followed and to receive technical assistance from child care consultants.

Two through Five Star Rated License

Homes that meet 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 rated license. The number of stars a program earns is based upon the education level of the operator, the program standards met by the program, and one quality point option.

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 not in a safe environment.

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. North Carolina law requires any person who suspects child abuse or neglect in a family to report that to the county department of social services.

Parental Rights

- Parents have the right to enter a home 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.

Record Requirement

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 parent of children up to five year of age. Providers must develop and adopt a written plan of care for completing routine tasks, such as running errands, meeting family and personal demands, and attending classes, to ensure these tasks do not interfere with the care of children during hours of operation. The plan must be given and explained to parents of children in care and be reflected on the written schedule.

Curriculum and Activities

Four- and five-star programs must use an approved curriculum with four-year-old children. Other programs may choose to use an approved curriculum to earn a quality point for the star rated license. Activity plans and schedules must be available to parents and must show a balance of active and quiet activities. A written activity plan that included activities intended to stimulate the developmental domains, in accordance North Carolina Foundations for Early Learning and Development.

Discipline and Behavior Management

Each facility 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 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 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.

The law and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child Care Resource and Referral agencies can provide help in choosing quality care. For more information about choosing quality child care, parents resources, and/or the North Carolina law and rules, contact the Division of Child Development and Early Education at **919-814-6300** or **1-800-859-0829** or visit our homepage at www.ncchildcare.ncdohhs.gov.

This summary shall be posted for the public to view in accordance with G.S. 110-102



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

Division of Child Development and Early Education
NC Department of Health and Human Services
333 Six Forks Road
Raleigh, NC 27609

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

Revised September 2023

How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a child care facility when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined, and may have their licenses suspended or revoked. Administrative action must be posted in the home. If you believe that a child care provider falls to meet the child care requirements here, or if you have questions, please call the Division of Child Development and Early Education at **919-814-6300** or **1-800-859-0829**.

Licensed homes must, at a minimum, meet requirements in the following areas.

Education and Training

Home providers who received a license on or after January 1, 1998 must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children. All family child care home providers must have current certification in CPR and First Aid and complete the Emergency Preparedness and Response in Child Care training and plan. Family child care home providers licensed to care for infants 12 months and younger, must complete ITS-SIDS training within 12 months prior to applying for a license and complete it again every three years. They must also complete a minimum number of health and safety trainings and annual on-going-training hours.

Criminal Background Checks

Criminal background qualification is a pre-service requirement. All providers and house hold members 16 years and older, must undergo a criminal background check initially, and every five years thereafter.

Reviewing Facility Information

From the Division's Child Care Facility Search Site, the facility and visit documentation can be viewed <http://ncchildcaresearch.dhhs.state.nc.us/search.asp?lang=Eng> [link](#).

A public file is maintained in the Division's main office in Raleigh for every licensed facility. These files can be viewed during business hours (8am-5pm), by contacting the Division at **919-814-6300** or **1-800-859-0829** or requested via the Division's web site at www.ncchildcare.nc.gov.

Health and Safety

Children must be immunized on schedule. All family child care home providers must ensure the health and safety of children by sanitizing areas and equipment. Meals and snacks must be nutritious and meet Meal Patterns of Children in Care. Food must be offered at least once every four hours. All children must be required to play outdoors (weather conditions permitting) and must have space and time provided for rest. They must provide age-appropriate toys and activities. Providers must complete the Emergency Preparedness Response in Child Care training plan.

Transportation

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 parents must give signed permission before a child is transported.

ANIMAL ACKNOWLEDGMENT FORM

Child Care Requirement .1719(b)(3)

Prior to enrollment of children in a family child care home, and before new animals that will be in the home come into the family child care home, a parent of each child must sign a form acknowledging the type of animal and where the animal will be during operating hours. This documentation shall be maintained in each child's file.

<p>I _____ understand that this Family Child Care Home <small style="margin-left: 40px;">Name of Parent (Print)</small></p>	
<p>has the following animal(s) on the premises:</p>	
<p>KASI</p> <hr/>	
<p>KINSLEY</p> <hr/>	
<p>_____</p> <hr/>	
<p>During operating hours, the animal(s) will be located:</p>	
<p>CRATE</p> <hr/>	
<p>OUTDOORS</p> <hr/>	
<p>_____</p> <hr/>	
<p>_____</p> <hr/>	
<p>Parent's Signature</p> <hr/>	<p>Date</p> <hr/>

