

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	1 st Day	
<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"/> Infant Safe Sleep Visual Check Charts (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: Center Operational Policies (if applicable)	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 Authorization, Record of Medication Administration (if applicable), and 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	

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__

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 or 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 # _____

Infant Feeding Plan

As your child's caregivers, an important part of our job is feeding your baby. The information you provide below will help us to do our very best to help your baby grow and thrive. **Page two of this form must be completed and posted for quick reference for all children under 15 months of age.**

Child's name: _____

Birthday: _____
mm / dd / yyyy

Parent/Guardian's name(s): _____

Did you receive a copy of our "Infant Feeding Guide?"

Yes

No

If you are breastfeeding, did you receive a copy of:

"Breastfeeding: Making It Work?"

Yes

No

"Breastfeeding and Child Care: What Moms Can Do?"

Yes

No

TO BE COMPLETED BY PARENT

At home, my baby drinks (check all that apply):

- ☐ Mother's milk from (circle)

Mother bottle cup other

- ☐ Formula from (circle)

bottle cup other

- ☐ Cow's milk from (circle)

bottle cup other

- ☐ Other: _____ from (circle)

bottle cup other

How does your child show you that s/he is hungry?

How often does your child usually feed?

How much milk/formula does your child usually drink in one feeding?

Has your child started eating solid foods?

If so, what foods is s/he eating?

How often does s/he eat solid food, and how much?

TO BE COMPLETED BY TEACHER

Clarifications/Additional Details:

At home, is baby fed in response to the baby's cues that s/he is hungry, rather than on a schedule?

Yes No

If NO,

- ☐ I made sure that parents have a copy of the "Infant Feeding Guide" or "Breastfeeding: Making it Work"
- ☐ I showed parents the section on reading baby's cues

Is baby receiving solid food? Yes No

Is baby under 6 months of age? Yes No

If YES to both,

- ☐ I have asked: Did the child's health care provider recommend starting solids before six months?

Yes No

If NO,

- ☐ I have shared the recommendation that solids are started at about six months.

Handouts shared with parents:

Child's name: _____

Birthday: _____
m m / d d / y y y y

Tell us about your baby's feedings at our center.

I want my child to be fed the following foods while in your care:

	Frequency of feedings	Approximate amount per feeding	Will you bring from home? (must be labeled and dated)	Details about feeding
Mother's Milk				
Formula				
Cow's milk				
Cereal				
Baby Food				
Table Food				
Other (describe)				

I plan to come to the center to nurse / feed my baby at the following time(s): _____

My usual pick-up time will be: _____

If my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (choose as many as apply):

☐ hold my baby ☐ use the teething toy I provided ☐ use the pacifier I provided
☐ rock my baby ☐ give a bottle of milk ☐ other Specify: _____

I would like you to take this action _____ minutes before my arrival time.

At the end of the day, please do the following (choose one):

☐ Return all thawed and frozen milk / formula to me. ☐ Discard all thawed and frozen milk / formula.

We have discussed the above plan, and made any needed changes or clarifications.

Today's date: _____

Teacher Signature: _____ Parent Signature _____

Any changes must be noted below and initialed by both the teacher and the parent.

Date	Change to Feeding Plan (must be recorded as feeding habits change)	Parent Initials	Teacher Initials



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In Collaboration With:

NC Department of Health and Human
 Services
 NC Child Care Health and Safety Resource
 Center
 NC Infant Toddler Enhancement Project

Alternative Sleep Position Waiver

Parent

Parents may only use this waiver for infants over the age of six months.

Parent/guardian completes this section.

Child's name _____ Date of birth _____ Age in months _____

Parent/guardian name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Email _____

The child care facility named below places all infants on their backs to sleep to reduce the risk of Sudden Infant Death Syndrome (SIDS); Child Care Rule .0606 (a)(1). As the parent or guardian of the child named above, I request my child be placed to sleep in an alternative sleep position now that my child is 6 months or older; Child Care Rule .0606 (e). The facility shall retain the waiver in the child's record as long as the child is enrolled at the center.

This waiver is valid if I have checked the box(es) below:

☐ I request that my child not be placed on the back to sleep and instead placed to sleep in the alternative sleep position described below.

I request that the child care facility place my child in the alternative sleep position described below.

☐ I request that a wedge is used for my child according to the direction and for the specified reason(s) I provided below :

Effective Dates of Waiver: **from** ____/____/____ **to** ____/____/____

I, as the parent or guardian of the above mentioned child, do hereby release and hold harmless the child care facility listed below, its officers, directors, and employees, from any and all liability whatsoever associated with harm to my child due to Sudden Infant Death Syndrome (SIDS). I affirm and acknowledge that the child care facility named above gave me information about SIDS. I authorize this child care facility and its employees to place my child in the alternative sleep position described above at my request.

Parent/guardian signature _____ Date _____

An authorized facility representative of the child care facility completes this section.

Name of Child Care Facility _____ ID # _____

Facility Representative's Signature _____ Date _____

Name of Facility: _____

Discipline and Behavior Management Policy

Date Adopted _____

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 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 levels.
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 spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

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 _____

Distribution: one copy to parent(s) 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
C. Departure and Return Times		
Departure Time	Arrival Time	Return Time
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
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

Summary of the North Carolina Child Care Law for Child Care Centers

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, of 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 done through the Division of Child Development and Early Education. The purpose of regulation is to protect the 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.

Star Rated Licenses

Centers 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 levels their staff meet and the program standards met by the program.

Child Care Centers

Licensing as a center is required when six or more 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 not to be licensed. 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.

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, 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 919-527-6335 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.**

Parental Rights

- Parents have the right to enter a 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.

How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a child care center when there has been a complaint. Child care providers who violate the law or rules may be fined up to \$500, issued an administrative action, fined and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements here, or if you have questions, please call the Division of Child Development and Early Education at 919-527-6300 or 1-800-859-0829.

Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every licensed center. These files can be viewed during business hours (9am-3pm) or requested via the Division's web site at www.ncchildcare.nc.gov or, viewed from the Division's Child Care Facility Search Site <http://ncchildcaresearch.dhhs.state.nc.us/search.asp?lang=English>, requested by contacting the Division at 1-800-859-0829.

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

Staff Education and Criminal Records Background Checks

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 annually including IT5-SIDS training for any caregiver that works with infants 12 months of age or younger. One staff must complete the Emergency Preparedness and Response in Child Care training and plan. On January 1, 2013 House Bill (HB) 737 became effective. This legislation made criminal record checks a pre-service requirement. All staff must also undergo a criminal records 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. Ratios and group sizes for licensure are shown below and must be posted in each classroom. A sample staff/ratio chart can be found on the DCDEE website under "Provider Documents."

Age	Teacher : Child Ratio	Maximum Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School age	1:25	25

When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.

Space and Equipment

Centers must have at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well-maintained, and age-appropriate. Outdoor equipment and indoor furnishings must be child size, sturdy, and free of hazards that could injure children.

Program Records

Centers must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained.

Curriculum

The Division of Child Development and Early Education does not promote or require any specific curriculum over another. The Division website maintains a list of approved curriculums for four-year-old children. Activity plans must be available to parents and must show a balance of active and quiet activities. Rooms must be arranged to encourage children to explore and use materials on their own.

Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed programs to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) and must have space and time provided for rest. Centers must complete the Emergency Preparedness and Response in Child Care training and plan.

Transportation

Child care centers 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 ratio must be maintained.

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 discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, stepping, or other physical discipline) is prohibited in all centers. 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 quality child care, parents can visit the Resources in Child Care website at www.ncchildcare.nc.gov For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829, or visit our homepage at www.ncchildcare.nc.gov

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



Division of Child Development and Early Education
NC Department of Health and Human Services
820 South Boylan
Avenue Raleigh, NC 27669

Revised March 2016

Prevention of Shaken Baby Syndrome and Abusive Head Trauma SAMPLE Policy

Belief Statement

We, _____ (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: _____

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 _____
- 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 children⁶.
- 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
- 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-eecd/

Resources

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

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 _____

Prevention of Shaken Baby Syndrome and Abusive Head Trauma SAMPLE Policy

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 **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.

Effective Date _____

This policy was reviewed and approved by:

Owner/Director (recommended) _____

Date _____

DCDEE Child Care Consultant (recommended) _____

Date _____

Child Care Health Consultant (recommended) _____

Date _____

Annual Review Dates _____



The North Carolina Child Care Health and Safety Resource Center
www.healthychildcarenc.org • 800.367.2229

The NC Resource Center is a project of the Department of Maternal and Child Health, UNC Gillings School of Global Public Health
Developed November 2016



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

Parent or guardian acknowledgement form

I, the parent or guardian of _____

Child's name

acknowledges 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

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

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

WATER ACTIVITIES PERMISSION FORM

My child _____ has permission to participate in the following

type of water activity: _____

Location of activity _____

(Description of all types of water activities included)

_____ Parent's Signature	_____ Date
_____ Parent's Signature	_____ Date
_____ Parent's Signature	_____ Date
_____ Parent's Signature	_____ Date

Permission must be updated at least annually.

If activity is off-site, transportation authorization is required and regulations regarding transportation must be followed.

Facility ID# & Name _____
Operator: _____

Written Plan of Care

Hours of Operation: _____ to _____

Date adopted: _____

All family child care home operators are required to develop and adopt a written plan of care for completing routine tasks; such as running errands, meeting family and personal demands, and attending classes. This ensures that routine tasks do not interfere with the care of children during hours of operation. This is required by Child Care Rule 10A NCAC 09 .1712(a)

NOTE: This plan of care must be given and explained to parents of children in care on or before the first day the child attends. Parents must sign a statement acknowledging the receipt and explanation of the plan. If the operator amends the plan, the operator must give written notice of the amendment to parents at least 30 days before the amended plan is implemented.

Part 1 Check the option that applies to your FCCH:

- ☐ I do not complete routine tasks while children are in care. If this changes, I will develop a plan of care and give parents at least 30 days notice prior to implementation. *If you check this option, only complete part 3.*
- ☐ I will complete routine tasks while children are in care. Below is a schedule of routine tasks and typical times they are completed while children are in care. *If you check this option, complete part 2 and 3.*

Part 2 Complete Routine Tasks Schedule:

Fill in this information to reflect the most accurate days/times routines tasks typically occur.

Task/Destination	Plan of Care for children T = Transport S = Substitute caregiver	Frequency Weekly/Monthly	Departure Time	Return Time
<i>Example</i> Bank/BB&T – HWY 70	<i>T</i>	<i>Tuesday</i>	<i>10:30 a.m.</i>	<i>11:30 a.m.</i>

Note: Routine tasks listed above must also be included on the written schedule.

- ☒ List any additional caregiver(s) and/or substitute caregiver(s) that will care for children while you, the operator, complete routine tasks. These individuals must meet requirements for staff qualifications stated in Rule .1701.
-
- ☒ Specify how you will maintain compliance with transportation requirements specified in Rule.1723 when children are transported off premises to accompany you while completing routine tasks:
-
- ☒ Indicate how parents will be notified when children accompany you off premises for routine tasks not specified on the written schedule:
-
- ☒ Indicate any other steps that will be taken to ensure routine tasks do not interfere with the care of children during hours of operation:
-

Part 3 Signatures

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of this family child care home's Written Plan of Care and that the operator has discussed the plan of care with me.

Date of Child's Enrollment: _____

Signature of Parent/Guardian: _____ Date: _____
Signature of Operator: _____ Date: _____

Distribution: One signed copy to parent/guardian; signed copy in child's file.

GloryUs Blessings Childcare
4306 Baker Ave
Greensboro, NC 27407
336-355-9605 Landline/Fax
Owner/Director: Kennesha Snead
Provider/Parent Agreement Policy

___ Full Tuition is paid regardless of attendance.

___ Parents are required to have a written 2-week notice in advance before a child is withdrawn or a 1-week fee will be charged to our account.

Holidays vacations, trainings, snow days are observed including:

New Years

Good Friday

MLK Birthday

Memorial Day Weekend

3 marked Days in August

Veterans Day Weekend

2 Days for Thanksgiving

3 Days for Christmas

Family Participation

- Parents are required to bring diapers, Wipes, formula and change of clothes based on the season
- Parents involvement is required directly and indirectly by volunteering time and/or by donations especially during the holidays for Easter, Thanksgiving and Christmas and Back to school sessions
- Smoking and tobacco restriction – Children must be in a smoke free and tobacco free environment during operating hours, on vehicles used to transport children, and during off premise activities. Parent must be notified, in writing, of the smoking and tobacco restriction. Tobacco products must be kept in locked storage. [Rule .1719]

Parents Signature: _____ Date: _____

Driver's License Number: _____ Date: _____

Debit/CC Number: _____ 3 digits on Back: _____

Authorization for late payment/1-week Termination

Directors Signature: _____ Date: _____

GloryUs Blessings Childcare
4306 Baker Ave
Greensboro, NC 27407
336-355-9605 Landline/Fax
Owner/Director: Kennesha Snead
Provider/Parent Agreement Policy

Program Philosophy

GloryUs Blessings Childcare believes that every child is unique in their own special way. Our job has a great importance to each individual child's life. As a teacher it is our job to educate, have fun and be your child's advocate. Children learn best by visual and hands on and that's why we believe that interaction/play is very important in their lives. Communication between parents and staff is very important. We can touch their hearts and have a great impact on our children's lives inside and outside the classroom. We will be great teachers because we have the patience and enough love for all of our children and parents.

Mission Statement

Our mission is to provide quality childcare for all children of all ages in a loving and caring manner.

We will strive to give the children an excellent quality of life where they will grow and strengthen their minds, bodies, and spirits.

As well as provide a loving, caring and nurturing environment for the children.

We will assist in the planning and education of the children's future.

We will help prepare our children of today to become great men and women of tomorrow.

We will provide a professional, educational, loving and safe environment where your child will learn and grow.

As a teacher we will educate, have fun and be your child's advocate.

We will meet the needs of our parents, community and all others involved in the growth and the future of our children.

Our children are the future of our country. They are the replica of who we are, what we teach, and what we do with and around them. I recognize and respect the uniqueness and potential in every child. I believe that children learn and develop through play and the quality of play is just as important for learning and the development at the time of play. I also believe that the teachers should be trained and qualified to teach the children of our future. Our teachers are role models for our children and are responsible for the positive guidance to enhance our children's social, emotional, and physical skills in and outside of our center.

GloryUs Blessings Childcare
4306 Baker Ave
Greensboro, NC 27407
336-355-9605 Landline/Fax
Owner/Director: Kennesha Snead
Provider/Parent Agreement Policy

Business Hours and Operations

Ages 0-12 years

Monday-Friday (Weekends available upon request and availability with staff or a sitter)
24 hours Care (closed occasionally for trainings)

Daily Activities

Arrival/Breakfast 7-9AM
Arts/Crafts
Lunch 12N-1245PM
Manipulatives
Nap 1P-3P Hours vary
Science
Snack 3P
Library
Homework/Journal 3-4P
Life Skills
Outdoors 4p-5Pm
Dinner 5P

Infant Feeding Schedule

Name of Child: _____ Date of Birth: _____
Name of Child: _____ Date of Birth: _____

Please bring:

Bottles
Formula
Special Milk w/ Drs. Note

Payments in form of Cash, Money Order, Zelle Transfer, Debit cards accrue a fee based on the amt.

— Tuition: \$120 \$160 (Paid By Friday For the Following Week: Week begins/Ends M-F)
— Late Fee \$5/Day Late after the 1st of the month for Vouchers Private Pay Due by Friday for Monday
— Application Fee: \$25 Waived w/Voucher
— Activity Fee: \$40/year (Not reimbursable, Not prorated, Covers all trips/activities)
— Annual Teaching Strategies Gold Assessment ~~\$22.95~~ 22.95
— Transportation: \$30/week (Paid Friday for the Following Week)
— Sat/Sun Drop in \$40/Day (Reserved and Paid by Friday for the Weekend No Reimbursement)

Payment Contract

For services Rendered to my child _____

I _____

The undersigned have read all and do agree to abide by all the terms, conditions and procedures of this contract between myself and GloryUs Blessings Childcare. I understand that if I fail to pay any and all parts of my agreed fee, GloryUs Blessings will take any means necessary to collect this debt.

Parents Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Social Security Number: _____ - _____ - _____ Initial _____

Driver's License Number: _____ Initial _____

All Voucher Parent Fees are non-refundable and you must finish the month before changing your vouchers to another center: Initial: _____

My weekly, bi-weekly, monthly fee is: _____

Teaching Strategies Yrly Fee: \$21.95

Start Date: _____

My child is scheduled to be in care from _____ to _____ (if hours vary you must submit schedule to me by _____)

If they are in care other than these times there will be a late fee assessed or extended fee.

Checks, Cash, Debit, CC through Tuition Express.com

Parents Signature: _____ Date: _____

Director/Owners Signature: _____ Date: _____

Facility ID# & Name _____
Operator: _____

Written Plan of Care

Hours of Operation: _____ to _____

Date adopted: _____

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-
- ☒ Specify how you will maintain compliance with transportation requirements specified in Rule.1723 when children are transported off premises to accompany you while completing routine tasks:
-
- ☒ Indicate how parents will be notified when children accompany you off premises for routine tasks not specified on the written schedule:
-
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-

Part 3 Signatures

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Date of Child's Enrollment: _____

Signature of Parent/Guardian: _____ Date: _____
Signature of Operator: _____ Date: _____

Distribution: One signed copy to parent/guardian; signed copy in child's file.

ENROLLMENT WORKSHEET

Guilford Child Development
4306 Baker Ave.
Greensboro, NC 274070000

BLANK ENROLLMENT WORKSHEET

CHLD INFO:

First Name: _____ MI: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ SSN: _____ - _____ - _____
DOB: ____/____/____ Enrollment Date: ____/____/____ Sex: ____ Male ____ Female

PARENT INFO:

First Name: _____ MI: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ SSN: _____ - _____ - _____
Sex: ____ Male ____ Female Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____
Email: _____ Over Night Stay Approved: ____ Yes ____ No

WORK SCHEDULE

____ Do No Work ____ Typical 9 to 5 ____ Night Shift ____ Work Schedule Varies

FORMULA OPTION

____ I will supply formula and food ____ I accept the formula and food the Provider Supplies
____ I will supply the formula and the Provider will supply the food.

Name of Formula: _____

PAYMENT SOURCE

____ Private
____ DHS
____ DFS

SCHOOL INFO:

CHILD'S RACE

____ School Age ____ Pre-School ____ Home-School ____ White (not Hispanic) ____ Black (not Hispanic)
____ AM Kindergarten ____ PM Kindergarten ____ Kindergarten ____ Hispanic ____ Pacific Islander / Asian
____ Variable Kindergarten (Alternates AM and PM) ____ American Indian / Alaskan Native

Schooling is Year Round: ____ Yes School Name: _____

School Number: _____ School District: _____

I anticipate the Days my child will participate will be: ____ MON ____ TUE ____ WED ____ THU ____ FRI ____ SAT ____ SAT ____ Days will vary

Drop Off Time: _____ AM / PM Pick Up Time: _____ AM / PM Times will vary

I anticipate the Days my child will participate will be: ____ Breakfast ____ AM Snack ____ Lunch ____ PM Snack ____ Dinner ____ Evening Snack

- FOR PROVIDER USE -

RELATIONSHIP TO PROVIDER

____ Not Related
____ Related, Non-resident

Special Needs Child: ____ Yes ____ No

Special Diet: ____ Yes ____ No

If Special Diet, explain: _____

Child will participate in CACFP: ____ Yes

Child Number: _____

Child Group: _____

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