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
Name	Relationship	Address	Phone Number
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 _____

EMERGENCY CARE INFORMATION:

In case of an emergency involving my child _____, and I (we) _____ (parents / guardians) cannot be reached, I (we) authorize First Presbyterian Child Development Center to contact the following:

Contact Name _____Relationship _____

Cell Phone_____ Work Phone_____ Home Phone_____

Contact Name _____Relationship _____

Cell Phone_____ Work Phone_____ Home Phone_____

Contact Name _____Relationship _____

Cell Phone_____ Work Phone_____ Home Phone_____

Name of people who may pick up your child:

_____ Relationship_____ Phone _____

_____ Relationship_____ Phone _____

_____ Relationship_____ Phone _____

_____ Relationship_____ Phone _____

Is there anyone who may NOT pick up your child:

_____ Relationship_____

_____ Relationship _____

Child's Previous School Attendance:

School Dates Attended

_____

_____

_____

In order for us to better meet your child's needs and for their classroom experience to be the most successful, please answer the following questions.

Do you have any concerns about your child's development in any of the following areas (please check all that apply):

Small motor skills _____
(cutting, pincher grasp, feeding himself, holding a crayon etc.)

Large motor skills _____
(walking, running, jumping, climbing, walking up steps etc.)

Behavioral Issues _____
(hitting, biting, kicking, listening etc.)

Speech _____
(articulation, stuttering, non-verbal etc.)

Language _____
(following simple directions, answering questions, understanding language etc.)

Social/Emotional _____
(shyness, inability to share, separation anxiety etc.)

Vision _____
(discern colors, see objects at a distance, see objects close-up)

Hearing _____
(distinguishing between different sounds, able to hear spoken words)

Please explain any items checked: _____

_____

Has your child been evaluated for any of the following?

Speech _____ Behavior _____ Development _____ Language _____
Results of the Evaluation _____

_____

Has your child received or is currently receiving any preschool services at this time?

Occupational Therapy _____ Physical Therapy _____ Speech _____
Language _____ Other _____

Services are being provided through _____

Health Questionnaire and Medical Report

First Presbyterian Church Child Development Center

Child's Name _____ Birth date _____

Parent or Guardian Name _____

Parent or Guardian Address _____

Medical History (to be completed by parent or guardian)

1. Does your child have any allergies? ☐ Yes ☐ No
   If Yes, please list allergies and explain steps taken in case of accidental exposure.

2. Is your child currently under a doctor's care? ☐ Yes ☐ No
   If Yes, please explain.

3. Is your child on any continuous medication? ☐ Yes ☐ No
   If Yes, please list the name of the medication(s) and the reason it is being given.

4. Has your child ever been hospitalized? ☐ Yes ☐ No
   If Yes, please list dates and reasons for hospitalization.

5. Does your child have any history of:
   - diabetes ☐ Yes ☐ No
   - convulsions ☐ Yes ☐ No
   - heart problems ☐ Yes ☐ No
   - significant disease or recurrent illness (please list) ☐ Yes ☐ No
   - other conditions (please list) ☐ Yes ☐ No

6. Does your child have any mental or physical disabilities? ☐ Yes ☐ No
   If Yes, please explain.

Signature of Parent or Guardian_____

Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the NC Board of Medical

DCD 0108
12/99

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

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.

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

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

Licensure 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.ncdhhs.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.ncdhhs.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, ITS-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 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 FCCHs, 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

Criminal background qualification is a **pre-service requirement.** 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.

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

First Presbyterian Church Child Development Center
Prevention of Shaken Baby Syndrome and
Abusive Head Trauma Policy
March 2018

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

Belief Statement
We, First Presbyterian Church Child Development Center, 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. According to North Carolina Child Care Rule 10A NCAC 09 .0608, each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/ADT.

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 of 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:
    - Call 911 immediately up suspecting SBS/AHT and inform the director.
    - Call the parents/ guardians
    - If the child has stopped breathing, trained staff will begin pediatric CPR.

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education by call 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:(919) 790-3224

Prevention strategies to assist staff in coping with a crying, fussing, or distraught child
Staff first determine in 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:

- 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.

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.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.

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, www.ncchildcare.nc.gov/PDF forms/NC Foudations.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/apre/nitr/inquire may 2016 070616 b508compliant.pdf

Strategies to ensure staff members understand the brain development of children up 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
- The Science of Early Childhood Development, Center on the Developing Child

Resources

- Wake County Human Services, Child Care Health Consultant, 919-212-7902

Parent Web Resources

- The American Academy of Pediatrics: www.healthychildren.org/English/Safety-prevention/at-hom/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/

Facility web resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/ Abusive Head Trauma. http://cfpc.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

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: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

First Presbyterian Church Child Development Center

Walking Field Trip Permission Slip

There are times during the school year when the children will have the opportunity to participate in a walking field trip around the grounds of the school, to nearby nature spaces, the Capitol grounds or other local businesses and community resources that are in close proximity to the Center. These trips (including stroller/buggy rides for infants and toddlers) will be related to the unit of study that our class is exploring and to provide additional opportunities for time outdoors. This is a wonderful way to expose the children to fresh air, local resources and relationships between curriculum and community.

Your written permission is required for your child to participate.

No child will be permitted to participate in a walking field trip without parental consent.

We look forward to exploring the world around us!

I give permission for my child to accompany his/her class on all walking field trips planned and supervised by First Presbyterian Church Child Development Center. . Staff will ensure a safe walking route and supervision to/from the school.

Student Name:

Parent Signature:

Date:

First Presbyterian Child Development Center

Please sign and date each of the following permissions or agreements.

Child's Name: _____

RECEIPT OF PARENT HANDBOOK AGREEMENT

I, the undersigned parent/legal guardian of the child named above, do hereby state that I have read, understood, and agree to the current First Presbyterian Church CDC Parent Handbook. The Center Director has given me the opportunity to ask any questions I may have about the Parent Handbook.

Signature of Parent/Legal Guardian_____Date_____

SUMMARY OF THE NC CHILD CARE LAW FOR CHILD CARE CENTERS

I, the undersigned parent/legal guardian of the child named above, have received and read the Summary of the NC Child Care Law for Child Care Centers. I will consult my Center Director if I have any concerns or questions.

Signature of Parent/Legal Guardian_____Date_____

GUIDANCE AND BEHAVIOR MANAGEMENT AGREEMENT

I, the undersigned parent/legal guardian of the child named above, do hereby state that I have read, understood and agree to the First Presbyterian Church CDC Discipline and Behavior Management Policy. The Center Director has given me the opportunity to ask any questions I may have about this policy.

Signature of Parent/Legal Guardian_____Date_____

PROMISE OF COMMITMENT

In order to remain enrolled in good standing, I, the undersigned parent/legal guardian of the child named above, promise to do the following:

- Observe center policies,
- Cooperate with the Center's faculty and philosophy
- Pay tuition in a prompt manner

Signature of Parent/Legal Guardian_____Date_____

CHURCH FACILITIES AND GROUNDS ACTIVITY PERMISSION

I, the undersigned parent/legal guardian of the child named above, give permission for participation in activities at First Presbyterian Church CDC: within the church buildings and on the church grounds.

Signature of Parent/Legal Guardian_____Date_____

PHOTOGRAPH RELEASE

I, the undersigned parent/legal guardian of the child named above, grant permission to First Presbyterian Church CDC to use photographs/videos of my child for informational and professional development purposes (ex: center website, center closed Facebook page, displays, bulletin boards, classroom projects, memory keepsakes, slideshows, newsletters, celebrations and presentations). No identification will be on the photographs/videos.

I agree that my consent will continue until I withdraw it in writing to First Presbyterian Church CDC. I hereby represent that I have the legal right to issue such consent.

Signature of Parent/Legal Guardian_____Date_____

Infant/Toddler Feeding Schedule

First Presbyterian Church Child Development Center

First Presbyterian Church Child Development Center is required by North Carolina Childcare Law to have a current feeding schedule for each child ***under the age of 15 months.***

Each schedule must be dated and bear the parent's signature. Therefore, we are asking you to give us a written document concerning *"what"* and *"when"* your child needs to eat. Please be as specific as possible. Parents should update their child's form each time the feeding schedule changes.

For children who have transitioned to table food, the Center provides a light breakfast, a hot lunch, and an afternoon snack. (Initially, parents may choose specific items from the menu to supplement the baby foods provided from home.)

****A note about sending milk and food from home**: Our Center requests that parents bring *prepared* bottles each day, rather than powdered formula. We also request that baby foods be furnished in plastic containers, in the correct amount for one feeding. All storage bottles and dishes must be labeled with the child's name and date. Prepared foods allow us to spend more time caring for our infants, and less time mixing, measuring, and transferring foods from one container to another.

Thank you for helping us to keep this document up-to-date.

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	Located in the Director's office
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):

- o Mother's milk from (circle)

  Mother bottle cup other
- o Formula from (circle)

  bottle cup other
- o Cow's milk from (circle)

  bottle cup other
- o 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,

- o I made sure that parents have a copy of the "Infant Feeding Guide" or "Breastfeeding: Making it Work"
- o 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,

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

  Yes No

If NO,

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

Handouts shared with parents:

Child's name: _____ Birthday: _____
mm / dd / yyyy

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

CAROLINA GLOBAL BREASTFEEDING INSTITUTE
Improving Family Health

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

Our Center encourages breast-feeding. Breast-feeding has superior nutritional and immunity benefits for infants. We encourage mothers to: 1) visit the Center during the day in order to breast-feed or 2) express and store breast milk for bottle-feedings during the day. In order to handle stored breast milk in the safest way, we observe the following procedures:

1. The mother will store her milk in a bottle or bag and will refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the baby will drink at one feeding. (Storing milk in smaller amounts reduces the amount of milk wasted.) The milk must be labeled with the baby's name and the date it is to be used.
2. Storage times:
    a. Fresh, refrigerated breast milk must be used within 7 days of the time it was expressed. (Milk that will be used within 7 days of expression should be refrigerated, rather than frozen; immunity factors in breast milk are better preserved by refrigeration.)
    b. Frozen breast milk stored in a refrigerator freezer with a separate door must be used within 3 months of the time it was expressed.
    c. Frozen breast milk stored in a freezer compartment inside a refrigerator must be used within 2 weeks of the time it was expressed (due to the varying temperature caused by frequent door-opening).
    d. Frozen breast milk stored in a deep freezer at 0 degrees F must be used within 6 months of the time it was expressed.
3. It is required that frozen breast milk is thawed before being brought to the Center.
4. We ask that breast milk be brought to the Center in clean, sterilized bottles. We require that milk stored in bags be transferred into bottles at home, in order to reduce the risk of contamination.
5. At the Center, breast milk will be stored in refrigeration at 45 degrees F or below.
6. Breast milk should not be heated in the microwave. This method will create pockets of scalding milk that will burn your baby (and it destroys some of the beneficial properties of breast milk). At the Center, breast milk will be heated in the following ways:
    a. By using a bottle warming device.
    b. By holding the bottle under warm, running water. (Warm water will be used—rather than hot water—so as not to bring the temperature of the milk to the boiling point.)
    c. After heating, breast milk should be swirled gently before testing the temperature. Swirling will redistribute the cream into the milk.
7. After a bottle has been used to feed an infant over a 1-hour period, the unused remainder must be discarded and cannot be returned to the refrigerator.

Breast Milk Procedures
First Presbyterian Church Child Development Center

Parent Agreement

_____ I will not be providing breast milk for use during the center day.

_____ I, agree to provide breast milk for _____ (child's name) in clean, sterilized bottles. I will store the milk in the appropriate serving size for my baby. I take full responsibility for maintaining this milk at 45 degrees F or below during home storage. I will label each bottle with my child's name, the date that the milk was expressed, and—in the case of frozen milk—the date and time that the milk was subjected to a "heat thaw" or a "cold thaw."

Parent's Signature: _____ Date: _____

Infant Toddler Feeding Schedule

First Presbyterian Church Child Development Center

Information for Infants and Toddlers
First Presbyterian Church Child Development Center

Child's Name:

Is your child bottle-fed?___ breast-fed?___ If breast-fed, do you plan to visit the center to nurse?

How do you burp your child?

Does your child have any feeding difficulties?

Feeding Times: Milk_____ Juice_____
Water_____
Other (specify)

How do you feed your child? Lap_____ Highchair_____ Other (specify)

Can your child feed him or herself?

What words or signals does your child use to indicate that he/she is hungry?

Pacifier___ Suck thumb___ Comfort item
(specify)_____

Diapering Instructions (Note: medication forms must be completed for any ointments or creams):

Are bowel movements regular? Yes___ No___ How many per day?_____

Can child: sit alone_____ crawl_____ pull self to standing_____ walk supported_____ walk alone_____

Does child have a "fussy" time? Yes___ No___ If yes, describe when and how is it handled.

Has toilet training been attempted? Yes___ No___ If yes, describe methods used.

Infant/Toddler Safe Sleep Policy

A safe sleep environment for infants reduces the risk of sudden infant death syndrome (SIDS) and other sleep related infant deaths. According to N.C. Law, child care providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share the policy with parents/guardians and staff.

_____(facility name) implements the following safe sleep policy:

Safe Sleep Practices

1. We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants under 12 months of age on their backs to sleep, unless:
   - **the infant is 6 months or younger** and a signed ITS-SIDS Alternate Sleep Position Health Care Professional Waiver is in the infant's file and a notice of the waiver is posted at the infant's crib.
   - **the infant is 6 months or older** (choose one)
     - ❑ We do not accept the ITS-SIDS Alternate Sleep Position Parent Waiver.*
     - ❑ We accept the ITS-SIDS Alternate Sleep Position Parent Waiver.

   We retain the waiver in the child's record for as long as they are enrolled.
3. We place infants on their back to sleep even after they are able to independently roll back and forth from their back to their front and back again. We then allow the infant to sleep in their preferred position.
   - ❑ We document when each infant is able to roll both ways independently and communicate with parents. We put a notice in the child's file and on or near the infant's crib.*
4. We visually check sleeping infants every 15 minutes and record what we see on a Sleep Chart. The chart is retained for at least one month.
   - ❑ We check infants 2-4 month of age more frequently.*
5. We maintain the temperature between 68-75°F in the room where infants sleep.
   - ❑ We further reduce the risk of overheating by not over-dressing infants*
6. We provide infants supervised tummy time daily. We stay within arm's reach of infants during tummy time.
7. We follow N.C Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.
   - ❑ We further encourage breastfeeding in the following ways:*_____
     _____

Safe Sleep Environment

8. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
9. We do not allow pacifiers to be used with attachments.
10. Safe pacifier practices:
    - ❑ We do not reinsert the pacifier in the infant's mouth if it falls out.*
    - ❑ We remove the pacifier from the crib once it has fallen from the infant's mouth.*
11. We do not allow infants to be swaddled.
    - ❑ We do not allow garments that restrict movement.*
12. We do not cover infants' heads with blankets or bedding.
13. We do not allow any objects other than pacifiers such as, pillows, blankets, or toys in the crib or sleep space.
14. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
15. We give all parents/guardians of infants a written copy of this policy before enrollment. We review the policy with them and ask them to sign the policy.
    - ❑ We encourage families to follow the same safe sleep practices to ease infants' transition to child care.*
16. Posters and policies:
    - **Family child care homes:** We post a copy of this policy and a safe sleep practices poster in the infant sleep room where it can easily be read.
    - **Centers:** We post a copy of this policy in the infant sleep room where it can easily be read.
      - ❑ We also post a safe sleep practices poster in the infant sleep room where it can easily be read.*

Communication

17. We inform everyone if changes are made to this policy 14 days before the effective date.
    - ❑ We review the policy annually and make changes as necessary.*

***Best practice recommendation.**

Effective date:_____ Review date(s): _____ Revision date(s): _____

I, the parent/guardian of _____(child's name), received a copy of the facility's Infant/Toddler Safe Sleep Policy. I have read the policy and discussed it with the facility director/operator or other designated staff member.

Child's Enrollment Date: _____ Parent/Guardian Signature:_____ Date: _____

Facility Representative Signature: _____ Date: _____

Reference: N.C. Law G.S. 100-91 (15), N.C. Child Care Rules .0606 and .1724, Caring for Our Children

Revised September 2019