

Care-O-World

EARLY LEARNING CENTER



Dear Parent:

First, we would like to thank you for allowing us the opportunity to care for your child. We want the experience for your child, and for you family, to be a positive and rewarding one. With this in mind, we must have certain information about your child and family in order to accomplish this goal.

The following forms will provide us with needed information. Please make sure that the forms are filled out accurately and completely. An explanation for each form is provided below:

1. Emergency Information Cards: Please complete both emergency cards (front and back). All children, regardless of age, must have a doctor, dentist, and hospital listed.
2. Child's Application for Childcare: Make sure we have two numbers of other persons we can contact in case of an emergency (and we are unable to contact you). In the past, the most helpful people have been close relatives, such as grandparents. You must indicate a doctor, dentist, and hospital preference even if your child does not have a regular doctor or dentist. Please do not put any person's name that you do not wish to pick up your child!
3. Child's Medical Report: You need to fill out Section A of the Child's Medical Report, and a physician must fill out Section B (Section B must be completed less than 20 days after enrollment). If your child will not be in our care five days per week or your child is over five years of age, you do not have to have Section B completed by a physician.
4. Shot Record: Please provide us with a copy of your child's shot records and inform us when they receive additional shots. We must have a copy of your child's shot record on file prior to their first day of attendance.
5. Discipline and Behavior Management Policy: Please read the *Discipline and Behavior Management Policy*.
6. Summary: NC Child-Care Laws and Rules. Please read the pamphlet, *Summary of North Carolina Childcare Law and Rules*.
7. Outdoor Play Policy: Please read our *Outdoor Play Policy*.
8. Child Eligibility Application (one per family): We participate in the USDA Child and Adult Care Food Program. Using the instructions provided, please complete this form.
9. CACFP Participant Enrollment Form: This is another form that has to be completed because we participate in the CACFP. Please indicate on this form the normal hours of care for your child, and what meals they will eat at Care-O-World on a typical day.
10. Signature Pages: Please read and sign each statement on these two pages. If you choose not to sign something, please inform the center director.
11. Rates and Hours: Please download the current rate sheet from our web site, www.careoworld.org.

146 Whispering Pines Road
Washington, NC 27889
252.975.2811 Phone
252.975.3765 Fax

203 Gray Road
Chocowinity, NC 27817
252.946.5028 Phone
252.946.5078 Fax

Additional Forms for Infants and Toddlers

(Your center director will provide you with these additional forms or you may print them from our web site, www.careoworld.org .)

12. Infant Feeding Schedule (under 15 months of age): If your child is under fifteen months of age please fill out the Infant Feeding Schedule. Be sure to indicate special eating habits and foods that are acceptable for your child to eat.
13. Infant Formula Form (under 12 months of age): Care-O-World can provide formula for your child while they are in our care. Please read and complete this formula.
14. Safe Sleep Policy (under 12 months of age): Please read our *Safe Sleep Policy*. Also, make sure you sign on the *Signature Pages* stating you have read this policy.

WE HOPE THAT YOUR FAMILY HAS A WONDERFUL EXPERIENCE. IF YOU EVER HAVE ANY QUESTIONS, PLEASE DO NOT HEISTATE TO TALK WITH ONE OF YOUR CENTER DIRECTORS!

146 Whispering Pines Road
Washington, NC 27889
252.975.2811 Phone
252.975.3765 Fax

Care-O-World
EARLY LEARNING CENTER



203 Gray Road
Chocowinity, NC 27817
252.946.5028 Phone
252.946.5078 Fax

Date Application Completed or Updated _____

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.

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

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 _____

Additional Contacts:

Name: _____ Relationship: _____ Phone #: _____ Emergency/ Pick-up
Name: _____ Relationship: _____ Phone #: _____ Emergency / Pick-up
Name: _____ Relationship: _____ Phone #: _____ Emergency / Pick-up
Name: _____ Relationship: _____ Phone #: _____ Emergency/ Pick-up
Name: _____ Relationship: _____ Phone #: _____ Emergency / Pick-up
Name: _____ Relationship: _____ Phone #: _____ Emergency / Pick-up

In addition, if my child's hands and arms become dry and the center feel deemed necessary for lotion to be applied,

_____ I grant permission to Care-O-World Enrichment Center to apply a sensitive skin, no odor lotion to the hands and arm of my child

_____ I do not grant permission for Care-O-World Enrichment Center to apply a sensitive skin, no odor lotion to the hands and arm of my child.

In addition, If the facility has planned activities outside the fenced area of the facility,

_____ I will allow my child to play outside the fenced area: or

_____ I will not allow my child to play outside the fenced area.

I, the undersigned parent or guardian of _____ do hereby state that I have read and received a copy of Care-O-World's Parent Handbook.

My primary email address is: _____

Allergies: _____

Special
Diet: _____

By signing below, I confirm that the information on the front and back of this form is true and accurate to the best of my knowledge.

Parent/Guardian name(Print): _____

Parent/Guardian signature: _____ Date: _____

Children's Medical Report

Name of Child _____ Birth date ___/___/___

Name of Parent / Guardian _____

Address of Parent / Guardian _____

1. Is the above child allergic to anything? YES NO If yes, what?? _____

2. Is the above child currently under a doctor's care? YES NO If yes, for what reason?? _____

3. Is the above child on any continuous medication? YES NO If yes, what medication?? _____

4. Has the above child had previous hospitalizations or operations? YES NO
If yes, when and for what reason? _____

5. Any history of significant previous diseases or recurrent illness?? YES NO;
diabetes?? YES NO; convulsions?? YES NO; heart trouble?? YES NO.
If others, what and when? _____

6. Does the child have any physical disabilities?? YES NO If yes, please describe: _____

I certify that all of the above information is correct and will let Care-O-World Enrichment Center know immediately if anything changes about my child's health condition.

Signature of Parent / Guardian _____ Date ___/___/___

This section is to be filled out by the parent / 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 Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DENHR standards for EPSDT program.

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____

Throat _____ Neck _____ Heart _____ Chest _____ GU _____

Ext _____ Neurological System _____ Skin _____

Results of Tuberculin Test, if given: Type _____ Date ___/___/___ Normal _____ Abnormal _____

Should activities be limited? YES NO If yes, explain: _____

Other recommendations: _____

Signature of authorized examiner and title _____ Date of exam ___/___/___

Address _____ Phone # (____) ____ - _____

Immunization History:

We are also required to have an up-to-date copy of your child's immunization history. Please provide this to the center director.

Care-O-World

EARLY LEARNING CENTER



Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods for 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 all 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 children as people and respect their needs, desires and feelings.
9. **DO** ignore misbehaviors.
10. **DO** explain things to children on their levels.
11. **DO** stay consistent in our behavior management program.
12. **DO** model appropriate behavior.

We:

1. **DO NOT** spank, shake, bite, pinch, punch, 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 direct supervision of a qualified staff member.
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.

146 Whispering Pines Road
Washington, NC 27889
252.975.2811 Phone
252.975.3765 Fax

203 Gray Road
Chocowinity, NC 27817
252.946.5028 Phone
252.946.5078 Fax

The following requirements apply to both centers and homes.

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 ratio must be maintained.

Program Records

Centers and homes 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. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care.

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.

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. 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 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 (In State Only), or visit our homepage at: ncchildcare.nc.gov

Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every center or family child care home. These files can be

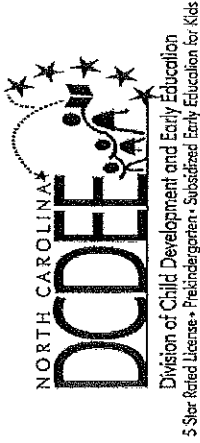
- viewed during business hours (8 a.m. -5 p.m.);
- requested via the Division's web site at www.ncchildcare.nc.gov; or
- requested by contacting the Division by telephone at 919-527-6335 or 1-800-859-0829 -800-859-0829.

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 may have their licenses suspended or revoked. 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 919-527-6600 or 1-800-859-0829.

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.**



Summary of the North Carolina Child Care Law and Rules

Division of Child Development and Early Education

North Carolina Department of
Health and Human Services
820 South Boylan Avenue
Raleigh, NC 27699

Revised March 2016

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

complete an ITS-SIDS training (if caring for infants 0 -12 months) every three years and the Emergency Preparedness and Response in Child Care training and plan. They also must complete a minimum number of training hours annually.

All family child care homes must meet basic health and safety standards. Providers must maintain verification of children's immunization and health status. They must provide developmentally appropriate toys and activities, as well as nutritious meals and snacks for the children in care. All children must participate in outdoor play at least one hour per day, if weather conditions permit.

Child Care Centers

Licensing 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. 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.

Licensed centers must meet requirements in the following areas.

Staff

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. At least one person on the premises must have CPR and First Aid training. All staff must also undergo a criminal records background check initially, and every three years thereafter. One staff must complete the Emergency Preparedness and Response in Child Care training and plan.

Staff/Child Ratios

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 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 and 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.

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 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:

- Home providers must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children.
- He or she must undergo a criminal records background check initially, and every three years thereafter.
- All household members over age 15 must also undergo a criminal records background check initially, and every three years thereafter.
- All family child care home providers must have current certification in CPR and first aid,

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.

Age	Teacher: Child Ratio	Max Group Size
0-12 mths	1:5	10
12-24mths	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

Small centers 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.

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 developmentally appropriate. Outdoor equipment and indoor furnishings must be child size, sturdy, and free of hazards that could injure children.

Curriculum

Four and five star programs must use an approved curriculum in their four-year-old classrooms. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. 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 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 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. They must have space and time provided for rest.

Care-O-World

EARLY LEARNING CENTER



Outdoor Play Policy

According to NC Child Care Rules, all children ages two years and over must have at least one hour of outdoor play each day. Children under two years are required to have at least 30 minutes outside each day. There are increasing concerns about childhood obesity and Care-O-World is committed to encouraging children to eat well and exercise. Our caregivers are required to play with the children to encourage development of large motor skills as well as to encourage exercise.

Many believe that children get sick from being outside in cold, windy, or damp conditions. This is not the case. People get sick from germs, specifically viruses and bacteria. Actually, there are much fewer germs outside than inside!

While outside time may be shortened or cancelled when it is very cold or hot, we hope that you understand that going outside is not an option for our children. They truly enjoy it and it is good for them in multiple ways! Please remember to dress your child according to the weather conditions with layers for cold days and cool, light colored clothing for hot days. Children should wear closed toed shoes and shoes that will stay on their feet while climbing and running.

Lastly, NC Child Care Rules state that if a child is not well enough to participate in outdoor activities they are unable to be in attendance. We appreciate your cooperation with this policy.

146 Whispering Pines Road
Washington, NC 27889
252.975.2811 Phone
252.975.3765 Fax

203 Gray Road
Chocowinity, NC 27817
252.946.5028 Phone
252.946.5078 Fax

**North Carolina Department of Health and Human Services
Women's and Children's Health
CHILD AND ADULT CARE FOOD PROGRAM
CHILD ELIGIBILITY APPLICATION**

PBLA, Inc / Care-O-World

1. PRINT THE PARTICIPANT'S NAME AND DATE OF BIRTH:

NAME OF INSTITUTION: _____

AGREEMENT#: 7091

First Name _____ Last Name _____ Date of Birth _____

FACILITY NAME: Washington or Chocowinity

First Name _____ Last Name _____ Date of Birth _____

2. SNAP, TANF or FDPIR: If a child is a member of a SNAP or FDPIR household or TANF recipient, the child is automatically eligible to receive free Program meal benefits, subject to the completion of the application. If the household currently receives SNAP, TANF or FDPIR benefits give the case number.

Case number is: SNAP # _____ TANF#: _____ FDPIR # _____
If you have provided the case number; **DO NOT** complete #3 and #4. Complete #5 and #6.

3. A foster child is automatically eligible to receive free Program meal benefits, and a Head Start participant is automatically eligible to receive free Program meal benefits, subject to submission by Head Start officials of a Head Start statement of income eligibility or income eligibility documentation.

Is this a Foster Child? Yes No Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children.

Is this a homeless child or a child evacuated from Japan or Bahrain? Yes No Certification from the agency that assisted with the evacuation or is providing shelter is required.

4. HOUSEHOLD MEMBERS MONTHLY INCOME: List all others living in your household, **DO NOT** include participant listed above. List all gross income (before deductions) received last month. If you did not give a SNAP, TANF or FDPIR case number or if this is not a foster child, you must complete the income information.

Names of all Other Household Members	Monthly Wages Salaries	Monthly Social Security Earnings	Monthly Public Assistance/ Child Support Earnings	Monthly Retirement Pensions Earnings	Monthly Other Earnings
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. ETHNIC IDENTITY: (Check one). Hispanic or Latino Not Hispanic or Latino

RACE (Check one or more): White Black or African American American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander

6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct; that the application is being made in connection with the receipt of federal funds, that Program officials may verify the information on the application; and that deliberate misrepresentation of any of the information on the application may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Adult Household Member (Required) _____ Date _____

Check if no SSN
Last Four Digits of Social Security Number
(Required for households qualifying by income)

Printed Name _____

Home Telephone # _____ Work Telephone # _____

Address _____ City _____ Zip Code _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the Program.

For Institution to be classified and completed by institution/sponsor
TOTAL HOUSEHOLD SIZE _____ TOTAL HOUSEHOLD MONTHLY INCOME \$ _____
Approved: Free Reduced Denied
Reason for denial: Income too high Incomplete application Other: _____
Withdrawn on (Date): _____

For state use only:
Verified by: _____ Date: / /
Verified classification:
 Free Reduced Denied
Reason for classification change: _____

Signature of Eligibility Official (Individual at the Institution Level) - REQUIRED

Date - REQUIRED

CACFP ELIGIBILITY APPLICATION INSTRUCTIONS

Please complete the Child and Adult Care Food Program Eligibility Applications using the instructions below. Sign the certification statement and return it to your child care center.

PART 1-PARTICIPANT'S INFORMATION: Complete this part.

Print the name(s) of the child enrolled in the center.

PART 2-HOUSEHOLD GETTING SNAP, TANF, OR FDPIR BENEFITS: Complete this PART and PART 6.

- (1) List your current SNAP, TANF, or FDPIR case identification number.
- (2) An adult household member must sign the certification statement in PART 6.

PART 3-FOSTER or HOMELESS CHILD (Including children evacuated from Japan and Bahrain)

- (1) Indicate if child is a Foster Child or is homeless. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. Additionally, when a host family applies for free and reduced price meals for their own children, the host family may include the homeless family as household members if the host family provides financial support to the homeless family. In such cases, the host family must also include any income received by the homeless family.
- (2) An Adult household Member must sign the certification statement in PART 6.

PART 4- HOUSEHOLD INCOME: Complete this PART and PART 6

- (1) List the names of household members.
- (2) Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e. weekly, every two weeks, twice a month, or monthly) received **last month** for each household member and where it came from, such as earnings, public assistance, pensions and other income (refer to examples below for types of income to report). If any amount last month was less than usual, write the person's usual income.
- (3) An adult household member must sign this income eligibility statement and give the last four digits of his/her social security number in PART 6.

PART 5-RACIAL/ETHNIC IDENTITY: Complete the Ethnic/Racial identity question.

PART 6-SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: All households complete this PART.

- (1) All eligibility applications must have this signature of an adult household member;
- (2) The adult household member who signs the certification statement must include the last four digits of his/her social security number. If he/she does not have a social security number, write "none". If you listed a SNAP, TANF, or FDIR number a social security number is not needed.

INCOME TO REPORT

Earnings from Employment	Pensions/Retirement/Social Security	Other Income
<ul style="list-style-type: none"> • Wage/salaries/tps • Strike benefits • Unemployment compensation • Net income from self-owned business or farm • Worker's compensation 	<ul style="list-style-type: none"> • Pensions • Supplemental security income • Retirement income • Veteran's payments • Social Security 	<ul style="list-style-type: none"> • Disability benefits • Cash withdrawn from savings • Interest/dividends • Income from estates/trusts/ investments • Regular contributions from persons not living in the household • Net royalties/annuities/ net rental income • Any other income
<u>Public Assistance/Child Support/Alimony</u> <ul style="list-style-type: none"> • Public assistance payments • TANF payments • Alimony/Child support payments 	<u>Military Households</u> <ul style="list-style-type: none"> • All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.) 	

**PARENT GUARDIAN/HOUSEHOLD LETTER FOR NON-PRICING INSTITUTIONS
CHILD AND ADULT CARE FOOD PROGRAM**

Dear Parent or Guardian,

Please help us comply with the federal requirement mandating the annual submission of program Income Eligibility Application (CAC 11). This application will be used only for eligibility determination, placed in our files and treated as confidential information. In order for participants and the day care center to be considered eligible for program benefits, an adult household member must complete the program Income Eligibility Application (IEA) for each participant enrolled in the center as soon as possible, sign, date and return it to the day care center. Completion of the application is not mandatory unless you wish to be considered for eligibility as a free or reduced price participant.

If you currently receive SNAP, Temporary Aid to Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR), you are not required to list household income. You may give your SNAP, TANF or FDPIR case number, sign, date and return the application. If a child is a member of a SNAP or FDPIR household or is a TANF recipient, the child is automatically eligible to receive free program meal benefits, subject to completion of the application.

You should also note that if you have a foster child the day care center is eligible for program benefits for the foster child regardless of the income of your household. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. Please contact the institution for further instructions.

You should list the name of everyone who lives in your household, including all children, parents, grandparents and other relatives. The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses).

The income which you report **must** be the total gross income, before deductions, received by all members of your household last month (i.e. wages, public assistance, TANF or retirement, etc.). Military benefits received in cash, such as housing allowance for military households living off base and food or clothing allowance **must** be considered as income. If you have a household member whose last month's income was higher or lower than usual, list that person's expected average monthly income.

REDUCED GUIDELINES EFFECTIVE JULY 1, 2016 - JUNE 30, 2017*

HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$21,978	\$1,832	\$916	\$846	\$423
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
For each additional family member add:	\$7,696	\$642	\$321	\$296	\$148

*Households with income less than or equal to these levels are eligible for free or reduced price meals.

You may submit a program Income Eligibility Application any time during the fiscal year. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family's income during the period of unemployment to be within the eligibility standards for those meals.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, this institution is prohibited from discriminating based on race, color, national origin, sex, age, disability and reprisal or retaliation for prior civil rights activity. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 by fax (202) 690-7442 or email program.intake@usda.gov. This institution is an equal opportunity provider.

**Child and Adult Care Food Program (CACFP)
Participant Enrollment Form**

Institution Name: Care-O-World ELC Agreement Number: 7091
 Facility/Provider Name: PBLA, Inc.

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below for all participants in your household that are enrolled at this facility. The information below should be completed by the parent or guardian. Please use the guides below the table to complete. Please sign and date this form below.

Participant's First Name	Participant's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM

Guide:

Normal hours of care: Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.

Normal days of care: Please circle the days of the week the participant(s) are usually in attendance at the facility.

(M=Monday; T=Tuesday; W=Wednesday; TH= Thursday; F=Friday; Sat =Saturday; Sun=Sunday)

Meals Normally Eaten – Please circle the meals the participant(s) usually eats at the facility.

(B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack)

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____

Work Telephone Number: () _____

For Facility/Provider Use Only:

Signature of Facility Representative/Provider: _____ Date: _____

Date the participant withdrew: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

For State Use Only: Complete: _____ Incomplete _____ Reason: _____ Verified by: _____ Date: _____

Child's Name: _____ Birth Date: ____/____/____

Date of Enrollment: ____/____/____

NC Childcare Law and Rules

I, the parent or guardian of _____, have received a copy of the pamphlet, *Summary of North Carolina Childcare Law and Rules*.

Parent/Guardian Signature

Date: ____/____/____

Permission to Photograph and Video Tape, Including Social Media

I give Care-O-World Early Learning Center permission to take pictures and videotape my child, _____ . These items may be used in the classroom, newspapers, commercials, press releases, etc. Also, these items may be used on Care-O-World's social media web-pages and other related platforms.

Parent/Guardian Signature

Date: ____/____/____

Discipline Policy

I, the undersigned parent or guardian of _____ do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facilities director / coordinator, or other designated staff member, has discussed the facility's Discipline and Behavior Management Policy with me.

Parent/Guardian Signature

Date: ____/____/____

Infant/Toddler Safe Sleep Policy

(only for children less than 1 year old)

I, the undersigned parent/guardian of _____, do hereby state that I have read and received a copy of the facility's Infant/Toddler Safe Sleep Policy and that the facility's director/owner (or other designated staff member) has discussed the facility's Infant/Toddler Safe Sleep Policy with me.

Parent/Guardian Signature

Date: ____/____/____

Outdoor Play Policy

I have received a copy of Care-O-World Enrichment Center's outdoor play policy. I understand that outdoor play is part of a developmentally appropriate early childhood program. Also, I understand according to NC childcare regulations that if my child is not well enough to participate in outdoor activities consequently the child may not be in attendance.

_____ Date: ____/____/____
Parent/Guardian Signature

Parent Handbook

I, the undersigned parent guardian of _____ do hereby state that I have read and received a copy of the Parent Handbook.

_____ Date: ____/____/____
Parent/Guardian Signature

Permission to Play Outside of Fenced Area

In addition, if the facility has planned activities outside the fenced area of the facility (select one):

- _____ I will allow my child to play outside the fenced area; or
_____ I will not allow my child to play outside the fenced area.

By signing below, I confirm that the information on this form is true and accurate to the best of my knowledge.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

My Primary email address is: _____