



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. 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!
2. 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.
3. 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.
4. Discipline and Behavior Management Policy: Please read the *Discipline and Behavior Management Policy*.
5. Outdoor Play Policy: Please read our *Outdoor Play Policy*.
6. Prevention of Shaken Baby Syndrome and Abusive Head Trauma: This policy is provided for your information.
7. Tobacco Free Campus Policy: This policy is provided for your information.
8. Summary: NC Child-Care Laws and Rules. Please read the pamphlet, *Summary of North Carolina Childcare Law and Rules*.
9. Income Eligibility Application (one per family): We participate in the USDA Child and Adult Care Food Program. Using the instructions provided, please complete this form.
10. 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.

11. WIC Notification: We have to inform all families of the USDA's WIC program. A flyer is provided to meet this requirement.
12. Rates and Hours: Please complete this form with your center director.
13. Signature Pages: Please read and sign each statement on these two pages. If you choose not to sign something, please inform the center director.

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 .)

1. 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.
2. Infant Feeding Guide: This is a reference we provide to all parents. Please review the helpful information before filling out the next two forms.
3. 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.
4. 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 form.

We hope that your family has a wonderful experience!

If you ever have any questions, comments, compliments, or complaints, please do not hesitate to talk with your center director.

CHILD'S APPLICATION FOR ENROLLMENT

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

CHILD INFORMATION:

Date of Birth: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

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

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

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

Work Phone _____ Cell Phone _____

CONTACTS:

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

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

HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes__ No__

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

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

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____

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

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

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

Signature of Parent/Guardian _____ Date _____

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

Signature of Administrator _____ Date _____

ADDITIONAL CONTACTS

Child will be released only to the parents/guardians on the front of this form.
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.

The center cannot accept telephone calls for pick-up authorizations!

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

SEMI-ANNUAL UPDATES

The NC Division of Child Development and Early Education requires that parents update their child's information regularly. By signing below you affirm that you have been provided the opportunity to update any and all information on this form (front and back).

If any change is made to the "Health Care Needs" section a **new** *Child's Application for Enrollment and Children's Medical Report (Medical History)* must be completed by the parent / guardian.

Signature <hr style="border: 0; border-top: 1px solid black;"/>	Signature <hr style="border: 0; border-top: 1px solid black;"/>	Signature <hr style="border: 0; border-top: 1px solid black;"/>
Date: _____	Date: _____	Date: _____
Signature <hr style="border: 0; border-top: 1px solid black;"/>	Signature <hr style="border: 0; border-top: 1px solid black;"/>	Signature <hr style="border: 0; border-top: 1px solid black;"/>
Date: _____	Date: _____	Date: _____
Signature <hr style="border: 0; border-top: 1px solid black;"/>	Signature <hr style="border: 0; border-top: 1px solid black;"/>	Signature <hr style="border: 0; border-top: 1px solid black;"/>
Date: _____	Date: _____	Date: _____
Signature <hr style="border: 0; border-top: 1px solid black;"/>	Signature <hr style="border: 0; border-top: 1px solid black;"/>	Signature <hr style="border: 0; border-top: 1px solid black;"/>
Date: _____	Date: _____	Date: _____

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No___ Yes___ If yes, what? _____

2. Is child currently under a doctor's care? No___ Yes___ If yes, for what reason? _____

3. Is the child on any continuous medication? No___ Yes___ If yes, what? _____

4. Any previous hospitalizations or operations? No___ Yes___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No___ Yes___ ; diabetes No___ Yes___ ;
convulsions No___ Yes___ ; heart trouble No___ Yes___ ; asthma No___ Yes___ .
If others, what/when? _____

6. Does the child have any physical disabilities: No___ Yes___ If yes, please describe: _____

Any mental disabilities? No___ Yes___ If yes, please describe: _____

Signature of Parent or Guardian _____ **Date** _____

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

Height _____% Weight _____%

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____

Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____ Vision _____ Hearing _____

Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal ___ followup _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed; _____

Should activities be limited? No___ Yes___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ **Phone #** _____



Shot Record Request

Please know we also need a copy of your child's most recent shot record.

Thank you!

INSTRUCTIONS

Please complete the Infant and Child Income Eligibility Applications using the instructions below. The application must be signed in number 6 and returned to the child care center.

1-PARTICIPANT’S INFORMATION:

- a. Print the name(s) and birth date(s) of the infant(s) and/or child/children enrolled in the center.

2-HOUSEHOLD GETTING SNAP, TANF, OR FDPIR BENEFITS:

- a. If you participate in SNAP, TANF, or FDPIR provide your case or identification number and skip number 4.
- b. If you do not participate in any of these programs, go on to number 3.

3-FOSTER, HOMELESS, or MIGRANT INFANT/CHILD:

- a. Indicate if either infant/child on the application is a foster infant/child, homeless, or an infant/child from a migrant family.
- b. Households with foster and non-foster infants/children may choose to include the foster infant/child as a household member, as well as any personal income earned by the foster infant/child, on the same household application that includes their non-foster infants/children.
- c. Host families applying for free and reduced priced meals for their own infants/children 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.
- d. If the infant(s) and/or child/children listed are foster, homeless, or from a migrant family, number 4 may be skipped.

4- HOUSEHOLD INCOME:

- a. List the names of all other household members.
- b. 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.

INCOME TO REPORT

<u>Earnings from Employment</u>	<u>Pensions/Retirement/Social Security</u>	<u>Other Income</u>
<ul style="list-style-type: none"> • Wage/salaries/tips • 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 benefits received in cash such housing/uniform allowances. 	

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

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

All Infant and Child Income Eligibility Applications must be signed by an adult household member.

If qualifying by income, 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, check the “No SSN” box. If the participant is a foster infant/child, homeless, or infant/child from a migrant family and/or listed a SNAP, TANF, or FDPIR number a social security number is not needed.

HOUSEHOLD LETTER FOR NON-PRICING INSTITUTIONS

Dear Parent or Guardian,

Please help us comply with the federal requirement mandating the annual submission of program Income Eligibility Applications. 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 an infant and/or child is a member of a SNAP or FDPIR household or is a TANF recipient, the infant/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 infant/child the day care center is eligible for program benefits for the foster infant/child regardless of the income of your household. Households with foster and non-foster infants/children may choose to include the foster infant/child as a household member, as well as any personal income earned by the foster infant/child, on the same household application that includes their non-foster infants/children. Please contact the institution for further instructions.

You should list the name of everyone who lives in your household, including all infants, 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).

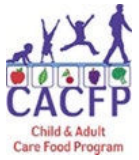
The income reported **must** be the total gross income, before deductions, received by all members of the household last month (i.e. wages, public assistance, TANF or retirement, etc.). Military benefits received in cash, such as housing allowance for military households living off base and food or clothing 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, 2023 - JUNE 30, 2024*

HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional family member add:	\$9,509	\$793	\$397	\$366	\$183

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

You may submit an Infant and Child 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.



INFANT AND CHILD INCOME ELIGIBILITY APPLICATION

INSTITUTION NAME: PBLA, Inc FACILITY NAME: Care-O-World Early Learning Center
 Circle One: Washington Chocowinity Winterville Ayden AGREEMENT#: 7091

1. PARTICIPANT'S NAME & DATE OF BIRTH:

First Name	Last Name	Date of Birth	First Name	Last Name	Date of Birth

2. SNAP, TANF or FDPIR case number:

SNAP # _____ TANF#: _____ FDPIR # _____

If you have provided the case number; DO NOT complete #3 and #4. Skip to complete #5 and #6.

3. Is this application for a:

Foster Infant/Child? Yes No Homeless Infant/Child? Yes No Infant/Child from a migrant family? Yes No

4. HOUSEHOLD MEMBERS MONTHLY INCOME:

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

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 **only** if qualifying by income)

Printed Name _____ Home Telephone # _____ Work Telephone # _____

Address _____ City _____ Zip Code _____

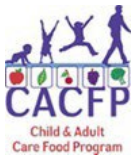
The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your infant/child for free or reduced-price meals. You must include the last four digits of the social security number or check the "no SSN" box of the adult household member who signs the application if qualifying by income. The last four digits of the social security number is not required when you apply on behalf of a foster infant/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 infant/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 infant/child is eligible for free or reduced-price meals and for administration and enforcement of the Program.

To be completed by Institution/Sponsor

TOTAL HOUSEHOLD SIZE _____ TOTAL HOUSEHOLD MONTHLY INCOME \$ _____
 Approved: Free Reduced-Price Denied
 Reason for denial: Income too high Incomplete application Other: _____
 Withdrew on (Date): _____

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

Signature of Eligibility Official (Individual at the Institution Level) – Required _____ Date – Required _____



Infant and Child Enrollment Form

INSTITUTION NAME: PBLA, Inc FACILITY: Care-O-World Early Learning Center
 NAME: Washington Chocowinity Winterville Ayden AGREEMENT#: 7091

Dear Parent/Guardian,

This center/program receives funding from the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs proof of enrollment for all infants and children. Please complete the table below for each infant and/or child in your family enrolled at this center/program. Be sure to sign and date in the space below.

The information below must be completed by the parent or guardian.

Infant/Child's First Name	Infant/Child'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

Normal/Typical Hours of Care: Write in each infant/child's usual arrival and departure time. Indicate a.m. or p.m.

Normal Days of Care: Circle the days of the week each infant/child is usually in attendance at the facility.

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

Meals Normally Eaten – Circle the meals each infant/child 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 each infant/child withdrew: _____

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

This institution is an equal opportunity provider.



Where playing is our business, and learning is our achievement!

ANNUAL CLASSROOM REGISTRATION & SUPPLY FEE

100% Of these funds go directly to lead classroom teachers at Care-O-World Early Learning Centers. Each lead teacher at Care-O-World Early Learning Center has a company card where they purchase needed materials to carry out their planned classroom activities.

- All Children: \$80/child for April 2024 - March 2025.
 - Charged on March 1st, 2024 and due by the end of April 2024.

For school age children, the fee above includes all field trips and special classroom activities during the school year. A Summer Activity Fee will be charged, separately, for the months of June 2024 - August 2024. The Summer Activity Fee covers all field trips, transportation, special events, and our annual school-age t-shirt!

- School Age: \$150/child for Summer 2024 (June - August 2024).
 - Charged on May 1st, 2024 and due by June 15th, 2024.

The Annual Classroom Registration & Supply Fee is non-refundable. The maximum Annual Classroom Registration & Supply Fee is \$120 per family.

Children:

_____	DOB: _____
_____	DOB: _____
_____	DOB: _____
_____	DOB: _____
_____	DOB: _____

Parent's Signature: _____ **Date:** _____

Center Admin Notes (original in youngest child's file):

Total Fee: \$ _____ *In ProCare (date & initials)?* _____



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:

- DO praise, reward, and encourage all children.
- DO reason with and set limits for the children.
- DO model appropriate behavior for the children
- DO modify the classroom environment to attempt to prevent problems before they occur.
- DO listen to the children.
- DO provide alternatives for inappropriate behavior to the children.
- DO provide the children with natural and logical consequences of their behaviors.
- DO treat children as people and respect their needs, desires and feelings.
- DO ignore misbehaviors.
- DO explain things to children on their levels.
- DO use short supervised periods of "time-out."
- DO stay consistent in our behavior management program.
- DO model appropriate behavior.

We:

- DO NOT spank, shake, bite, pinch, punch, pull, slap, or otherwise physically punish the children.
- DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
- DO NOT shame or punish the children when bathroom accidents occur.
- DO NOT deny food or rest as punishment.
- DO NOT relate discipline to eating, resting or sleeping.
- DO NOT leave the children alone, unattended, or without direct supervision of a qualified staff member.
- DO NOT place the children in locked rooms, closets, or boxes as punishment.
- DO NOT allow discipline of children by children.
- DO NOT criticize make fun of, or otherwise belittle children's parents, families or ethnic groups.



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 the development of large motor skills as well as to encourage exercise.

Many believe that children get sick from being outside in the 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 then they are unable to be in attendance. We appreciate your cooperation with this policy.

Prevention of Shaken Baby Syndrome and Abusive Head Trauma CARE-O-WORLD EARLY LEARNING CENTERS

Belief Statement

We, Care-O-World Early Learning 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 death¹. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT².

Procedure/Practice

Recognizing:

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

Responding to:

- If SBS/ABT is suspected, staff will³:
 - Call 911 immediately upon suspecting SBS/AHT and inform the director.
 - Call the parents/guardians.
 - If the child has stopped breathing, trained staff will begin pediatric CPR⁴.

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing webmasterdcd@dhhs.nc.gov.
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: 252-975-5500.

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

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

If no physical need is identified, staff will attempt one or more of the following strategies⁵:

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

In addition, the facility:

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

Prevention of Shaken Baby Syndrome and Abusive Head Trauma CARE-O-WORLD EARLY LEARNING CENTERS

Prohibited behaviors

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

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

Strategies to assist staff members understand how to care for infants

Staff reviews and discusses:

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

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

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

- Brain Development from Birth video, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth
- The Science of Early Childhood Development, Center on the Developing Child,

Parent web resources

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

Facility web resources

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

Prevention of Shaken Baby Syndrome and Abusive Head Trauma CARE-O-WORLD EARLY LEARNING CENTERS

References

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

Application

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

Communication

Staff*

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

Parents/Guardians

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

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

Effective Date & Review

This policy has been reviewed and approved by the directors of Care-O-World Early Learning Centers on October 1st, 2018. This policy will be reviewed annually.



Dear Parents,

Great news, all child care centers in NC are now 100% tobacco-free. At Care-O-World ELC, your child's health is always a priority to us! Our goal is to be an example of excellence when it comes to health and safety for your family, our staff, and visitors.

Our property and all vehicles used to transport your children are smoke-free at all times. You will see tobacco-free signs indicating that smoking and the use of all tobacco products, including electronic cigarettes and vaping products, are not allowed on our property. Signs stating that smoking and the use of other tobacco products are also not allowed in any of the vehicles we use to transport children.

We kindly ask that you support our efforts, and not smoke or use tobacco products on our property.

The purpose of the policy is to protect your child and our staff and visitors from the harms of tobacco use and secondhand smoke. If you use tobacco and are interested in quitting, please call 1-800-QUITNOW (1-800-784-8669) or go to www.guitlinenc.com.

We believe that it is our job to be good role models for the children in our care. A tobacco-free campus policy sets the right example by showing children healthy behaviors. Please respect this policy for the health of our children, families, staff and visitors. Please speak with your center director if you have any questions or concerns.

Thank you!

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 September 2023

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

What Is Child Care?

The law defines child care as:

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

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

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

Family Child Care Homes

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

Child Care Centers

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 five years thereafter. This requirement includes household members who are over the age of 15 in family child care homes.

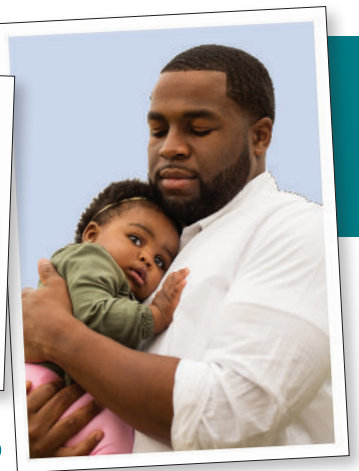
What is WIC?

WIC is a Nutrition Program for Women, Infants, and Children funded by the United States Department of Agriculture.

Am I eligible?

To be eligible, you or your child must:

- Live in North Carolina
- Have a household income equal to or less than 185 percent of the U.S. Poverty Income Guidelines.
A person receiving Medicaid, Work First Families Assistance (TANF), or assistance from the NC Food and Nutrition Services automatically meets the income eligibility requirement.
- Be at nutritional risk based on:
 - Abnormal height and/or weight measurements
 - Abnormal blood test for low iron
 - Documented nutrition-related medical conditions
 - Inadequate dietary intake



Who is WIC for?

- Children up to five years of age
- Pregnant women
- Infants
- Breastfeeding women who have had a baby in the last 12 months
- Women who have had a baby in the last six months

What does WIC provide?

- Breastfeeding support
- Nutrition education
- Nutritious foods
- Referrals for health care

Where do I apply?

To apply for the WIC Program please contact the WIC office that serves the residents of the county in which you live.

- To find the location of the WIC office for the county where you live, you may:
 - contact your local health department or visit www.nutritionnc.com

With some exceptions, each person applying for WIC must be physically present at the time of application at the WIC office.



What happens at a WIC application?

- Your proof of identity, where you live, and household income will be reviewed.
- You will be asked questions about your health and your eating habits.
- Height, weight, and a blood test for iron deficiency will be done unless you bring this information from another clinic or doctor's office.
- A nutritionist or nurse will review your health information to see if you are eligible for WIC.
- Any nutrition problems or questions you have will be discussed.
- If eligible, you will be given "food instruments" to take to the store to get your food.

What will I need?

Examples of what you will need to bring:

Current Identification:

(Only one is needed for each person applying)

Valid driver's license, Social Security card, work/ school ID, Medicaid card, military ID, birth certificate, immunization record; and for infants: hospital crib card or ID bracelet

Proof of Residence (where you live):

(Only one is needed for each person applying)

Recent utility bill, valid driver's license, Medicaid card, bank statement, current rental or mortgage agreement



NSB #0066

Proof of Income:

(before taxes for all members of your household)

- Most recent paycheck stubs or LES for military families
- Current Medicaid card
- Letter of certification from Food & Nutrition Services
- Letter from employer stating gross income and frequency of pay
- Recent tax return for the self-employed

Need more information?

- On the internet go to:
www.nutritionnc.com,
then click on Go to WIC Page
- Call your local WIC office at:

Beaufort County Health Department
1436 Highland Drive
Washington, NC 27889

Phone: 252-946-9705

Pitt County Health Department
201 Government Circle
Greenville, NC 27834

Phone: 252-902-2393



North Carolina Department of Health and Human Services Division
of Public Health • Nutrition Services Branch
www.ncdhhs.gov • www.nutritionnc.com

This institution is an equal opportunity provider. 2/17

Child's Name: _____

Birth Date: ____/____/____

Date of Enrollment: ____/____/____

Primary E-Mail Address: _____

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: ____/____/____

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: ____/____/____

Outdoor Play Policy

I have received a copy of Care-O-World Early Learning 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.

Parent/Guardian Signature

Date: ____/____/____

Parent Handbook

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

Parent/Guardian Signature

Date: ____/____/____

Permission to Photograph and Video Tape

I give Care-O-World Early Learning Center permission to take pictures and videotape my child, _____ . These items may be used for the classroom, newspapers, commercials, press releases, social media, website, and other center created materials.

Parent/Guardian Signature

Date: ____/____/____

Permission to Play Outside of Fenced Area

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.

Parent/Guardian Signature

Date: ____/____/____

Shaken Baby Policy

I, the parent or guardian of _____, have received a copy of Care-O-World's, *Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy*.

Parent/Guardian Signature

Date: ____/____/____

Tobacco Free Campus Notification

I, the parent or guardian of _____, have received a copy of Care-O-World's, *Tobacco Free Campus Policy*.

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: ____/____/____