



Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: (Mom) \_\_\_\_\_ (Dad ) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email address: (Mom) \_\_\_\_\_

Email address: (Dad) \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

School your child attends: \_\_\_\_\_ TRACK #: \_\_\_\_\_

Expected Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Choose from the following:

- ☐ Before School
- ☐ After School
- ☐ Track out
- ☐ Summer Camp
- ☐ All Services

\*Registrations Fee Due:

\_\_\_\_\_ \$35.00 – ONE CHILD \_\_\_\_\_ \$50.00 – FAMILY

If there is any additional information that we need to know about your child, please provide details here:

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**CHILD'S APPLICATION FOR ENROLLMENT***To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually***CHILD INFORMATION:**

Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Physical

Address: \_\_\_\_\_

**FAMILY INFORMATION:**

Child lives with: \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**CONTACTS:**

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

| Name | Relationship | Address | Phone Number |
|------|--------------|---------|--------------|
|      |              |         |              |
|      |              |         |              |
|      |              |         |              |

**HEALTH CARE NEEDS:**

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a Medical action plan attached? Yes ☐ No ☐ (Medical action plan must be updated on an annual basis and when changes to the plan occur)

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

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

List any particular fears or unique behavior characteristics the child has \_\_\_\_\_

List any types of medication taken for health care needs \_\_\_\_\_

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

**EMERGENCY MEDICAL CARE INFORMATION:**

Name of health care professional \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

# Children's Medical Report

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of Parent or Guardian \_\_\_\_\_

## A. Medical History (May be completed by parent)

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

2. Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason? \_\_\_\_\_

3. Is the child on any continuous medication? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

4. Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_ If yes, when and for what? \_\_\_\_\_

5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_ ; diabetes No \_\_\_ Yes \_\_\_ ;  
convulsions No \_\_\_ Yes \_\_\_ ; heart trouble No \_\_\_ Yes \_\_\_ ; asthma No \_\_\_ Yes \_\_\_ .  
If others, what/when? \_\_\_\_\_

6. Does the child have any physical disabilities: No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

Any mental disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

Height \_\_\_\_\_ % Weight \_\_\_\_\_ %

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_

Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_ Ext \_\_\_\_\_

Neurological System \_\_\_\_\_ Skin \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Results of Tuberculin Test, if given: Type \_\_\_\_\_ date \_\_\_\_\_ Normal \_\_\_ Abnormal \_\_\_ followup \_\_\_\_\_

Developmental Evaluation: delayed \_\_\_\_\_ age appropriate \_\_\_\_\_

If delay, note significance and special care needed; \_\_\_\_\_

Should activities be limited? No \_\_\_ Yes \_\_\_ If yes, explain: \_\_\_\_\_

Any other recommendations: \_\_\_\_\_

Date of Examination \_\_\_\_\_

Signature of authorized examiner/title \_\_\_\_\_ Phone # \_\_\_\_\_



## **SAMPLE #1**

Updated 6/19

# **Discipline and Behavior Management Policy**

Name of Facility: \_\_\_\_\_ Date Adopted \_\_\_\_\_

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

### **We:**

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

### **We:**

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

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

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

Date of Child's Enrollment: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## **"Time-Out"**

"Time-out" is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time-out" space, usually a chair, is located away from classroom activity but within the teacher's sight. During "time-out," the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other children.

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

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

## Transportation Permission

### A. Parent and Child Information

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

### B. Emergency Contact Information (non-parent)

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

### C. Departure and Return Times

|                |              |             |
|----------------|--------------|-------------|
| Departure Time | Arrival Time | Return Time |
|----------------|--------------|-------------|

### D. Authorized Destinations

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

### E. Parent Signature and Other

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

## Transportation Permission

### A. Parent and Child Information

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

### B. Emergency Contact Information (non-parent)

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

### C. Departure and Return Times

|                |              |             |
|----------------|--------------|-------------|
| Departure Time | Arrival Time | Return Time |
|----------------|--------------|-------------|

### D. Authorized Destinations

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

### E. Parent Signature and Other

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





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

## Nutrition Opt Out Form

Child Care Rules .0901(d) and .1706(c) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

I \_\_\_\_\_ plan to provide all meals, snacks and

(Parent/Guardian Print Name)

drinks for my child and do not want his/her meals, snacks or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks or drinks for my child, I understand that the program will provide supplemental food and drink.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



10308 Holly Springs Rd., Holly Springs NC (919) 285-3992

This is to authorize my child, \_\_\_\_\_ to participate in the field trips planned by Magnolia Montessori starting on \_\_\_\_/\_\_\_\_/\_\_\_\_. All field trips are planned to leave the center by 9:30 am and return by 12:30pm unless otherwise noted on the daily field trip form.

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) the parent(s) and/or legal guardian(s) of \_\_\_\_\_, a minor, age \_\_\_\_\_, and authorize his/her attendance on this field trip.

I (we) authorize for emergency purposes only, any designated employee of Magnolia Montessori to transport by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor under the general supervision and the advice of a physician licensed to practice medicine in the state of \_\_\_\_\_.

Date of last tetanus/diphtheria booster: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies to drugs or food:

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Please indicate any special medical instructions or pertinent information:

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#### AUTHORIZATION

Parent(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_





## Participation Agreement / Waiver to Swim

**Participation Agreement:** I give permission for my child to participate in swimming with Magnolia Montessori Summer Camp Program. I agree that my child will abide by all swim rules and regulations adopted by Magnolia Montessori relating to the conduct of the program and the use of the facilities provided by the visiting aquatics center. I understand that the failure of my child to observe these rules and regulations may result in his/her exclusion from participation in the field trip for the day and may exclude them from any swim days depending upon the severity of their behavior.

### The Clubhouse Swim Rules:

1. Dress in appropriate swimwear
2. No running within the premises of the visiting center
3. No wrestling or any physical body contact while in the pool
4. Wear flotation device at all times while in the pool unless parent gives consent for their child not to provided that their child is an experienced swimmer
5. No diving in the pool
6. Follow directions of the attending lifeguard on duty

**Swimming Consent:** I give my consent for my child to participate in swimming activities during the summer camp program. I understand that all swimming activities will be conducted under the supervision of a certified life guard and that my child's participation in any swimming event is done at his/her own risk.

**The Clubhouse agrees to the following:** In addition to the aquatics facilities certified lifeguards, The Clubhouse will have at least one staff member of its own in the pool during the specified field trip time, there will be a ratio of 1 staff to 13 students, and children will be required to wear an approved floatation device provided by the visiting aquatics center (unless parent signs a consent to not wear). Also, Magnolia Montessori staff will be in a designated area of the swimming pool to assist the lifeguard in supervision of the swimmers. During bathroom/changing times a staff member will be present to assist children while using the facilities for personal use.

## YOUTH WAIVER AGREEMENT:

I give permission for my child to participate in the swimming field trip provided by Magnolia Montessori. I agree that my child will abide by all rules and regulations adopted by them relating to the operation and conduct of the program and the use of the facilities provided for their summer camp swim field trip. I understand that the failure of my child to observe these rules and regulations may result in his/her being excluded from participation in the program. I represent that my child is physically able to participate in the program. I fully understand that his/her participation may entail the risk of physical injury. I agree to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, and further agree to release, indemnify, and hold harmless Magnolia Montessori, and their respective directors, officers, employees, agents and/or representatives from any and all liability occurring as a result of his/her participation in the program. The undersigned has read & voluntarily signed this waiver slip.

Child's Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Program Swimming \_\_\_\_\_

Address \_\_\_\_\_ Cell: \_\_\_\_\_ Work# \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

- ☒ Check if you give your child permission to swim without a flotation device.

## EXPULSION POLICY



Name of the Child(ren): \_\_\_\_\_

Name of the Parent/Guardian: \_\_\_\_\_

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

### IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

### PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain)

### CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/ angry outbursts.
- Ongoing physical or verbal abuse to staff or other children. Excessive biting.
- Other (explain)



## EXPULSION POLICY

### SCHEDULE OF EXPULSION

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
- The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks notice depending on risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

\_\_\_\_\_  
Name of the Child:

\_\_\_\_\_  
Name of the Parent/Guardian:

#### **Parent/Guardian Signature for Expulsion Policy**

I have read a copy of the center's policy on the expulsion of children from enrollment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### IMMEDIATE CAUSES FOR EXPULSION

- \* The child is at risk of causing serious injury to other children or himself/herself.
- \* Parent threatens physical or intimidating action toward staff members.
- \* Parent exhibits verbal abuse to staff in front of enrolled children.

#### IMMEDIATE ACTIONS FOR CHILD EXPULSION

- \* Failure to pay additional fee due - If documented.
- \* Failure to complete required forms mandating the child's enrollment.
- \* Habitual tardiness when picking up your child.
- \* Verbal abuse to staff.
- \* Other (explain):

#### CHILD'S ACTIONS FOR EXPULSION

- \* Failure of child to adjust after a reasonable amount of time.
- \* Uncontrollable tantrums, angry outbursts.
- \* Ongoing physical or verbal abuse to staff or other children, excessive crying.
- \* Other (explain):



## Magnolia Montessori Parent Handbook-**Track Out/Before and After School Care**

### **Tuition Policy**

Track out payments are due every Monday of each week. Payments received after the close of business on Monday are subject to a \$25 late fee. If your track-out schedule begins in the middle of the week, your tuition will be prorated for you. In the event your child does not attend due to illness, tuition is still due in full according to your child's fee schedule. Should you permanently withdraw your child from the program, no credit or refund of tuition will be given.

### **Payment Options**

Download the parent Smart care app to your phone. *(See enclosed Brochure)* Payments can be paid via Smart care once you have established your login and password.

Check payments should be made payable to Magnolia Montessori.

Money Orders-Made payable to Magnolia Montessori

Cash

### **Returned Checks**

There is a \$35.00 processing fee for any returned checks.

### **Hours of Operation**

Magnolia Montessori is open Monday-Friday from 7:00 a.m-6:00 p.m.

### **Arrivals and Departure Procedures**

Your child must be dropped off and ***signed in*** by an adult who is 18 years of age or older. Upon departure, your child must be signed out by an authorized adult in order to be released.

Authorized adults can be listed on the enclosed emergency form. Any adult picking up other than a parent, legal guardian, will be required to show identification. **Children will not be released to anyone that is not listed on the authorized pick-up form.**

### **Late Pick Up**

There is an overtime charge of \$15 per child for every 15 minutes that your child remains in our care after the scheduled program ends.

**Items Needed for Track out care only:**

- Nutritional Lunch (**Morning breakfast and afternoon snack are provided by Magnolia Montessori**)
- An extra set of clothes clearly labeled with your child's name
- Water bottle labeled with your child's name (optional)

**Magnolia Montessori Authorized Pick up form:**

Please list those authorized to pick up your child from the Magnolia Montessori:

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Magnolia Montessori Smoking/Tobacco Policy:**

Smoking/Vaping is prohibited. This is designated to outside areas of Magnolia Montessori including the play area and parking lot. Smoking is also prohibited in and around all vehicles.

Parent: \_\_\_\_\_

Signature: \_\_\_\_\_

**Magnolia Montessori Sick Policy:**

**PLEASE KEEP YOUR CHILD HOME IF HE/SHE HAS...**

- A temperature of 100 degrees or higher, a sore throat, a rash, vomiting, diarrhea, an ear ache or just doesn't feel well
- Vomited two or more times within a 24 hour period/Diarrhea
- A body rash: especially with fever, lice or nits
- If there is thick mucus or pus draining from the eyes
- If your child is unable to participate in regular activities

Parent: \_\_\_\_\_

Signature: \_\_\_\_\_



## Receipt for Summary of North Carolina Child Care Law



I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_  
\_\_\_\_\_ am in receipt of "Summary: North Carolina Child Care Law and  
Rules".

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### 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 1-800-850-0829 or requested via the Division's web site at [www.ncchildcare.ncdhhs.gov](http://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 1-800-850-0829.



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

# Summary of the North Carolina Child Care Law and Rules (Center and FCCH)

## Division of Child Development and Early Education

North Carolina Department of  
Health and Human Services  
333 Six Forks Road  
Raleigh, NC 27609

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

Revised January 2021

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 FCCBs, meals and snacks must be nutritious and meet the Meal Patterns for Children in Child Care. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. Children must have space and time provided for rest.

### Two through Five Star Rated License

Centers and family child care homes that are meeting the minimum licensing requirements will receive a one-star license. Programs that choose to voluntarily meet higher standards can apply for a two through five-star license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program, and one quality point option.

### Criminal Background Checks

Criminal background qualification is a **pre-service requirement**. All staff must undergo a criminal background check initially, and every three years thereafter. This requirement includes household members who are over the age of 15 in family child care homes.



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

### Belief Statement

We, \_\_\_\_\_ (name of facility), believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

### Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death<sup>1</sup>. 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/AHT<sup>2</sup>.

### 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 will<sup>3</sup>:
  - 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 CPR<sup>4</sup>.

#### 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](mailto:webmasterdcd@dhhs.nc.gov).
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: \_\_\_\_\_

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

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies<sup>5</sup>:

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

#### In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children<sup>6</sup>.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- Other \_\_\_\_\_

# Prevention of Shaken Baby Syndrome and Abusive Head Trauma

## SAMPLE Policy

### Prohibited behaviors

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

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

### Strategies to assist staff members understand how to care for infants

Staff reviews and discusses:

- The five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development, [ncchildcare.nc.gov/PDF\\_forms/NC\\_Foundations.pdf](http://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](http://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](http://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](http://www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth)
- The Science of Early Childhood Development, Center on the Developing Child, [developingchild.harvard.edu/resources/inbrief-science-of-ecd/](http://developingchild.harvard.edu/resources/inbrief-science-of-ecd/)

### Resources

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

### Parent web resources

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

### Facility web resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma, <http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&=+>
- Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention, [http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing\\_SBS\\_508-a.pdf](http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf)
- Early Development & Well-Being, Zero to Three, [www.zerotothree.org/early-development](http://www.zerotothree.org/early-development)
- Other \_\_\_\_\_





# Prevention of Shaken Baby Syndrome and Abusive Head Trauma

## SAMPLE Policy

### References

1. The National Center on Shaken Baby Syndrome, [www.dontshake.org](http://www.dontshake.org)
2. NC DCDEE, [ncchildcare.dhhs.state.nc.us/general/mb\\_ccrulespublic.asp](http://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](http://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](http://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](http://www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques)
6. Caring for Our Children, Standard 1.7.0.5: Stress <http://cfoc.nrckids.org/StandardView/1.7.0.5>

### Application

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

### Communication

#### Staff\*

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

#### Parents/Guardians

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

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

Effective Date \_\_\_\_\_

This policy was reviewed and approved by:

Owner/Director (recommended) \_\_\_\_\_

Date \_\_\_\_\_

DCDEE Child Care Consultant (recommended) \_\_\_\_\_

Date \_\_\_\_\_

Child Care Health Consultant (recommended) \_\_\_\_\_

Date \_\_\_\_\_

Annual Review Dates \_\_\_\_\_



## SAMPLE Policy

### Parent or guardian acknowledgement form

I, the parent or guardian of

Child's name

acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Date policy given/explained to parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date \_\_\_\_\_