Spoiled Rotten Scholars
Enrollment Application

STUDENT INFORMATION

Student Name:

First _____ Middle _____ Last _____ Preferred _____

Child lives with (name) _____ Relationship _____

Enrollment Date ___/___/___ DOB ___/___/___ Child is: ☐Male ☐Female

Place of Birth _____ Child Social Security # _____

Parent/Guardian:

Mother/Guardian: First _____ Middle Initial _____ Last _____ DOB ___/___/___

Home Address _____ City _____ State _____ Zip _____

Employer _____ Work Address _____

Home # _____ Work # _____ Cell# _____ Email _____

Social Security # _____ Driver's License # _____ State _____

Father/Guardian: First _____ Middle Initial _____ Last _____ DOB ___/___/___

Home Address _____ City _____ State _____ Zip _____

Employer _____ Work Address _____

Home # _____ Work # _____ Cell # _____ Email _____

Social Security # _____ Driver's License # _____ State _____

AUTHORIZED RELEASE & EMERGENCY CONTACT INFORMATION

Your child will only be released to the persons listed above and those authorized below. Legal authorities will be contacted if your child is left at the school one hour after the school closing time. If the person below is also to be used as an emergency contact, please check the box on address line.

Relation _____ Name _____ Home # _____ Work # _____

Address _____ Emergency Contact ☐

Relation _____ Name _____ Home # _____ Work # _____

Address _____ Emergency Contact ☐

Relation _____ Name _____ Home # _____ Work # _____

Address _____ Emergency Contact ☐

Relation _____ Name _____ Home # _____ Work # _____

Address _____ Emergency Contact ☐

Person(s) NOT Authorized To Pick Up Child* _____

* Appropriate documentation such as custody papers should be attached if a parent is not allowed to pick up the child.

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____

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Child's Name: _____ Sex: ☐Male ☐Female Enrollment Date _____

Check normal days of attendance: ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday

List normal times for arrival and departure:
Arrival Time: _____ ☐am ☐pm
Departure Time: _____ ☐am ☐pm

Check meals normally eaten at facility:
☐ Breakfast ☐ Snack
☐ Lunch

(Note: *The weekly schedule is intended to represent a typical week and will only be used to assist with teacher scheduling. We realize that actual schedules will vary based on your needs.)*

MEDICAL INFORMAT ION

My child's pediatrician/physician is _____ Phone #_____
Address_____

My child has Health Insurance Company_____ Hospital Preference_____

My child is subject to (check and give details)
☐ An allergy to medicine, food*, plant, animal, or insect toxin.
☐ A condition or fear that may require special care, procedures, services, medication or diet.
☐ A physical, mental or developmental disability that would prevent my child from participating in the school's regular program or activities.
Please explain special need, condition, fear or allergy: _____
_____

☐ No known conditions or allergies.

_____ (initial) If your child has a temperature of 100 degrees or more, or any symptom of a contagious disease or infection, you must make other child care arrangements. **In most cases, we ask that your child remain at home at least 24 hours after leaving the school because of an illness.** Re-admittance is at the discretion of the Director. In addition, I agree to notify SRS within 24 hours if any member of my immediate household is diagnosed with a communicable disease.

MEDICAL AUTHORIZATION

_____ (initial) I agree that SRS staff may authorize the physician of their choice to provide emergency treatment in the event that neither I nor our family physician can be contacted immediately. SRS agrees to provide transportation to an appropriate medical resource in the event of an emergency and will not administrator any drug or medication without specific instructions from the physician. In the event of such accident or illness, all medical expenses incurred are my responsibility. I release SRS, and all of its employees, officers, directors, servants, and agents from liability incurred as a result of any act they may perform on behalf of my child.

_____ (initial) If your child receives minor scraps or bruises you authorize SRS to clean the scrape and only administer peroxide to the minor scrapes and bruises.

DELIVERY OF STUDENTS

_____ (initial) I agree that when delivering my child to the school, I or the person I have authorized to drop off my child, will personally deliver my child to his/her teacher or the staff person in charge. I further agree that when picking up my child, I or the person I have designated, will personally come into the school and receive my child from his/her teacher or the staff person in charge. At no time will I leave my child at the school without first making his/her presence known to the staff, nor will I take my child from the school without notifying my child's teacher. I further agree that I or the person I have authorized to deliver and/or pick up my child will sign my child in/out on a daily basis.

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____

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FIELD TRIPS AND SPECIAL ACTIVITIES

_____ (initial) I ☐do ☐do not give my permission for my child to participate in field trips and special activities away from school. I understand that I will be notified in advance of any instances in which my child will be taken from the school, including the date, destination, and method of transportation of such trip. In addition, I understand that I will be required to provide written authorization for each field trip/activity away from the school.

ACTIVITIES PLANNED OUTSIDE THE FENCE AREA

_____ (initial) I ☐do ☐do not give my permission for my child to participate in activities planned outside the school's fenced area.

SWIMMING/WATER RELATED ACTIVITIES

_____ (initial) I ☐do ☐do not give my permission for my child to participate in swimming/water related activities.

MEDIA AUTHORIZATION

_____ (initial) I ☐do ☐do not give my permission for me, my spouse, and/or my child to be photographed or videotaped by SRS. I understand that the photographs and/or videos may be used for public display including but not limited to school displays, SRS's website, the Company social media site(s), advertising, newsletters, and promotional materials.

DISCIPLINE POLICY

_____ (initial) I have received a copy of SRS's discipline policy. The policy has been discussed with me and all my questions have been answered. I understand that I will be consulted for advice and/or suggestions of other possible disciplinary actions for my child, if necessary.

CHILD/ABUSE/NEGLECT

_____ (initial) As a child care provider, SRS is mandated by state law to report any cases where there is reasonable cause to believe that a child has been neglected, exploited, deprived, sexually assaulted, sexually exploited, physically injured or suffered death by other than accidental means by a parent, guardian or caretaker, to the proper authorities. SRS will cooperate fully with the authorities in the investigation of all such cases. To avoid any misunderstandings, parents are encouraged to keep the school director aware of any unusual bruises, marks or injuries occurring in the home.

CONFIDENTIALITY STATEMENT

_____ (initial) Information pertaining to your child is considered confidential and will not be released by SRS to third parties without first obtaining your written permission. However, it may be necessary to share relevant information relating to your child's family situation, medical status and behavioral characteristics with authorized members of the state child care licensing agency or with persons authorized by the state licensing regulations or law to receive such information.

CHANGE OF STATUS

_____ (initial) I agree to notify SRS immediately of any changes that occur in the information provided in this enrollment application including work and home address, phone numbers, physician's name, living arrangements, health information, emergency contacts, etc.

NORTH CAROLINA

_____ (initial) I have received information about the Infant Sids Sleep Policy.

_____ (initial) I allow SRS staff to administer _____ teething gel to my infant.

NORT H CAROLINA CHILD CARE LAW AND RULES

_____ (initial) I have received a copy of "North Carolina Child Care Law and Rules" as published by the Division of Child Development in my enrollment materials.

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ATTENTION PARENTS!!
YOU MUST BRING SHOT RECORDS ALONG WITH THIS PACKAGE OR YOUR CHILD WILL NOT BE ABLE TO ATTEND UNLESS FURTHER ADVISED.

PLEASE ALSO ADHERE TO NECCESSARY MATERIALS NEEDED SO THAT MY TEACHERS ARE ABLE TO SPOIL YOUR SCHOLAR TO THE FULLEST!!

Spoiled Rotten Scholars

DCD 0108
12/99

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No___ Yes___ If yes, what? _____
2. Is child currently under a doctor's care? No___ Yes___ If yes, for what reason? _____
3. Is the child on any continuous medication? No___ Yes___ If yes, what? _____
4. Any previous hospitalizations or operations? No___ Yes___ If yes, when and for what? _____
5. Any history of significant previous diseases or recurrent illness? No___ Yes___ ; diabetes No___ Yes___ ; convulsions No___ Yes___ ; heart trouble No___ Yes___ ; asthma No___ Yes___ .
   If others, what/when? _____
6. Does the child have any physical disabilities: No___ Yes___ If yes, please describe: _____

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

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

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

Height _____% Weight _____%

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____
Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____
Neurological System _____ Skin _____ Vision _____ Hearing _____
Results of Tuberculin Test, if given: Type _____ date _____ Normal___ Abnormal _____ followup _____

Developmental Evaluation: delayed _____ age appropriate _____
If delay, note significance and special care needed: _____

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

Date of Examination _____

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

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Revised 7-09

Immunization History

Name: _____ **Date of Birth:** _____

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.

Enter date of each dose - Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP / DT (circle which)					
*Polio					
**Hib					
*Hepatitis B					
*MMR (combined doses)					
***Chicken Pox					
OTHER					
OTHER					

*Required by state law.
**Required by state law, however the requirement for the booster dose, #4, is temporarily suspended.
***Required by State law for children born on or after 4/1/01.

Records Updated by:	Date Updated:

Infant/Toddler Safe Sleep Policy

Child Care Facility: Spurred Letter Scholars

A safe sleep environment for infants reduces the chances of sudden infant death syndrome (SIDS) or other sleep related infant deaths. According to N.C. Law, child care providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share the policy with parents/guardians and staff. We implement the following safe sleep policy.
References: N.C. Law G.S. 100-91 (15), N.C. Child Care Rules .0606 and .1724, Caring for Our Children

Safe Sleep Practices

1. We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants on their backs to sleep, unless a signed *Alternate Sleep Position Waiver-Health Care Professional Recommendation* is in the infant's file and posted at the infant's crib. We retain the waiver in the child's record for as long as they are enrolled.
3. ☐ We do not accept *Parent Waivers* for infants older than six months.* -OR-
   ☑ We accept *Parent Waivers*.
4. We place infants on their backs to sleep even after they can easily turn over from the back to the stomach. We then allow them to adopt their own position for sleep.
   ☑ We document when each infant can roll from back to stomach and tell the parents. We put a notice in the child's file and on or near the infant's crib.*
5. We visually check sleeping infants every 15 minutes and record what we see on a *Sleep Chart*. We document the infant's sleep position, skin color, breathing, level of sleep, and body temperature.
   ☑ We check infants 2-4 month of age more frequently.*
6. We maintain the temperature in the room where infants sleep between 68-75°F and check it on the thermometer in the room.
   ☑ We further reduce the risk of overheating by not over-dressing or over-wrapping infants.*
7. We provide all infants supervised "tummy time" daily.
8. We follow N.C Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.
   ☑ We further encourage breastfeeding in the following ways:* _____

Safe Sleep Environment

9. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
10. ☐ We do not allow infants to use pacifiers. -OR-
    ☑ We allow pacifiers without any attachments.*
    ☑ We do not reinsert the pacifier in the infant's mouth if it falls out.*
    ☑ We remove the pacifier from the crib once it has fallen from the infant's mouth.*
11. We do not cover infants' heads with blankets or bedding.
12. ☐ We do not allow blankets in the crib or sleep space.* -OR-
    ☑ We allow lightweight receiving blankets. We tuck them in at the foot of the crib or approved sleep space and along the sides of the mattress. We place infants on their backs with their feet at the foot of the crib or sleep space.
13. ☑ We do not allow objects other than pacifiers in the crib or sleep space. * -OR-
    ☐ We allow objects other than pacifiers in the crib or sleep space. Number and type of other items: _____
14. We give all parents/guardians of infants a written copy of the *Infant/Toddler Safe Sleep Policy* before enrollment. We review the policy with them, and ask them to sign a statement saying they received and reviewed the policy.
    ☑ We encourage families to follow the same safe sleep practices to ease infants' transition to child care.*
15. We post a copy of this policy or a safe sleep practices poster in the infant sleep room where it can easily be read.

Indicates we follow this best practice recommendation.

Effective date: 6/15/17 Review date(s): _____ Revision date(s): _____

Distribution: We give parents/guardians a copy of the policy. We give all staff, substitutes and volunteers a copy to review. We inform them of changes 14 days before the effective date. We give parents/guardians a copy of the policy they signed and put a copy in child's file.

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

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

Facility Representative Signature: _____ Date: _____

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

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

Belief Statement

We, *Spoiled Rotten Scholars,* 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 will: 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.

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

Reporting:

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

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

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies5:

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

_____ ☐ Other _____

In addition, the facility:

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

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.

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

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.

Acknowledgement of SBS/ AHT Forms

I, the parent or guardian of

_____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 _____

Directors Signature _____

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

Spoiled Rotten Scholars

NIGHT SHIFT POLICIES

_____ (initial) I have been advised that for safety reasons I must contact the facility upon arrival during night shift hours.

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Receipt of Parent Handbook

Child's Name:_____

By signing below, I acknowledge that I have received the parent handbook detailing the policies and procedures of Spoiled Rotten Scholars.

Parent's Signature: _____ Date: _____