



Registration Payment Enclosed YES \_\_\_\_ Amount \_\_\_\_ Ck # \_\_\_\_ Cash \_\_\_\_  
(Office Use Only)

Date: \_\_\_\_ School Year: \_\_\_\_ Grade Level: \_\_\_\_

Student Full Name: \_\_\_\_  
Last First Middle Preferred Name

Home phone: \_\_\_\_ Student cell phone: \_\_\_\_

Address: \_\_\_\_

\_\_\_\_  
City State Zip Code County

Date of Birth: \_\_\_\_ Gender: \_\_\_\_ Race: \_\_\_\_ Blood Type: \_\_\_\_

Allergies: \_\_\_\_ Medication: \_\_\_\_

Any type of disability: \_\_\_\_

Previous school attended: \_\_\_\_

**Insurance and Medical Contacts (REQUIRED)**

Insurance Company: \_\_\_\_ Phone: \_\_\_\_

Policy Holder: \_\_\_\_ ID number \_\_\_\_

Name of Student's Doctor: \_\_\_\_ Office Phone: \_\_\_\_

Name of Student's Dentist: \_\_\_\_ Office Phone: \_\_\_\_

Hospital: \_\_\_\_ Phone: \_\_\_\_

**Emergency Contacts (other than parents – one name per line)**

Contact Name: \_\_\_\_ Relation: \_\_\_\_

Home Phone: \_\_\_\_ Business Phone: \_\_\_\_ Mobile Phone: \_\_\_\_

Contact Name: \_\_\_\_ Relation: \_\_\_\_

Home Phone: \_\_\_\_ Business Phone: \_\_\_\_ Mobile Phone: \_\_\_\_

**Father's Information:** Pastor: \_\_\_\_\_ Alumni: \_\_\_\_\_ Supporting Church Member: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last First Middle Preferred Name

Marital Status: \_\_\_\_\_ E-mail: (required) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Church Regularly Attending: \_\_\_\_\_

Emergency Contact: Yes \_\_\_ No \_\_\_ Allowed to pick up child: Yes \_\_\_ No \_\_\_

**Mother's Information:** Alumni: \_\_\_\_\_ Supporting Church Member: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Last First Middle Preferred Name

Marital Status: \_\_\_\_\_ E-mail: (required) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Church Regularly Attending: \_\_\_\_\_

Emergency Contact: Yes \_\_\_ No \_\_\_ Allowed to pick up child: Yes \_\_\_ No \_\_\_

Will your child need extended care? \_\_\_\_\_ **If yes, complete the Extended Care Enrollment form and attach.**

**All families paying tuition and fees must enroll with FACTS. Visit [fscspatriots.org](http://fscspatriots.org) to enroll with FACTS.**

**I wish to pay on the 12 month plan July-June \_\_\_\_\_ I wish to pay on the 10 month plan August-May \_\_\_\_\_**

Authorization For Use of Pictures – Fayetteville Street Baptist Church (FSBC) and/or Fayetteville Street Christian School (FSCS) are hereby authorized to take or permit pictures to be taken of our family and/or my child/children for the purpose of public relations (newspapers, its web site, and/or on television) for FSBC and/or FSCS (will list Names Only-if necessary-associated with the picture). Yes \_\_\_ No \_\_\_

I agree the school has permission to provide first aid treatment. Yes \_\_\_ No \_\_\_

I agree the school may authorize the physician/hospital of his/her choice to provide emergency care in the event student's doctor/dentist contacts cannot be reached. Yes \_\_\_ No \_\_\_

I have **signed and attached** the NCCSA Liability Waiver Form. Yes \_\_\_ No \_\_\_

My child has permission to participate in class approved field trips. Yes \_\_\_ No \_\_\_

I have read the **Student Handbook** and will abide by all policies, rules, and regulations therein. Yes \_\_\_ No \_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fayetteville Street Christian School**  
**Extended Care Enrollment**  
**Return with Registration Form**

**Please Print**

**Child's Name:** \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Gender: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any Type of disability: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Allowed to pick up child:** (other than parents)

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

If my child has homework, I would like for them to work on it during extended care. Yes \_\_\_\_ No \_\_\_\_

I agree the extended care employee may authorize the physician/hospital of his/her choice to provide emergency care in the event student's contacts cannot be reached. Yes \_\_\_\_ No \_\_\_\_

I agree the school has permission to provide first aid treatment. Yes \_\_\_\_ No \_\_\_\_

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

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

**Extended Care Fees will be applied to FACTS.**

Extended Care Hours: 6:30 a.m. – 7:30 a.m. and 3:15 p.m. – 6:00 p.m.

One Child:	\$800/school year	Emergency Daily Drop In: \$10 per child
Two Children:	\$1200/school year	
Three or more Children:	\$1400/school year	
Each Additional Child:	\$200/school year	

# NORTH CAROLINA CHRISTIAN SCHOOL ASSOCIATION

## Liability Waiver Form

*This Liability Waiver Form must be completed and signed by the parent or guardian for each student before participation in any NCCSA Event. The original must be on file in the school office.*

### PARENT/GUARDIAN RELEASE

FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, it is agreed as follows:

The undersigned hereby releases and forever discharges the North Carolina Christian School Association (NCCSA) along with all of its agents, employees, directors, officers, assigns, and attorneys, from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any NCCSA-sponsored event or associated activity that takes place at any location approved by the North Carolina Christian School Association.

The undersigned hereby assumes all risk of injury associated with any such event and fully indemnifies and holds harmless the NCCSA along with its agents, employees, directors, officers, assigns, and attorneys, from and against each and every liability, loss, cost, damage, and expense, including attorney's fees, which the NCCSA along with its agents, employees, directors, officers, assigns, and attorneys may incur as a result of any NCCSA-sponsored event or associated activity that takes place at any location approved by the North Carolina Christian School Association.

The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

THE UNDERSIGNED HAS CAREFULLY READ THE FOREGOING RELEASE, WAIVER, AND INDEMNITY AGREEMENT, KNOWS THE CONTENTS THEREOF, AND SIGNS THIS DOCUMENT AS HIS/HER OWN FREE ACT. THIS IS A LEGALLY BINDING AGREEMENT WHICH THE UNDERSIGNED HAS READ AND UNDERSTANDS.

*This liability waiver/release applies to the following participating student:*

Student's Name: \_\_\_\_\_

*who is currently enrolled in the following NCCSA member school:*

School Name: \_\_\_\_\_

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

Street

City

ZIP

Date: \_\_\_\_\_

Parent/Guardian's Signature

Parent/Guardian's Printed Name

**Notice to sponsoring school:** A parent or guardian of the named student must sign this document before such student can participate in any NCCSA-sponsored event.

\*The NCCSA reserves the right to periodically perform random checks on schools to make sure their forms are current. Schools found out of compliance with these policies will be subject to a \$100 fine and/or forfeiture of categories entered.

## Nutrition Opt Out Form

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

# Parent Signature Form

Child's name: \_\_\_\_\_

I acknowledge that I have received a copy of the North Carolina Child Care Law and Rules.

**Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

I allow my child to attend music class each week in a separate classroom that is not under preschool standards.

**Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

I acknowledge that I have read and received a copy of the facility's 100% tobacco-free policy for North Carolina Child Care.

**Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

Because our students must walk from the school building to the lunchroom for snack and lunch, they must walk outside the fenced area.

I, \_\_\_\_\_, will/will not **(circle one)** allow my child, \_\_\_\_\_ to walk with supervision outside the fenced area.

## 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 # \_\_\_\_\_



## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

### Belief Statement

We, Fay St. Christian (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: 336-683-8000

### 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

### 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:

Rachel Callicutt

Pastor Randy Browder

### 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

### 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.

8/1/18

Effective Date

This policy was reviewed and approved by:

*Rachel Collicott*  
Owner/Director (recommended)

8/1/18  
Date

DCDEE Child Care Consultant (recommended)

Date

Child Care Health Consultant (recommended)

Date

Annual Review Dates

The North Carolina Child Care Health and Safety Resource Center  
[www.healthychildcarenc.org](http://www.healthychildcarenc.org) • 800.367.2229

The NC Resource Center is a project of the Department of Maternal and Child Health, UNC Gillings School of Global Public Health  
Developed November 2016



## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

### 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

Name of Facility: \_\_\_\_\_

## Discipline and Behavior Management Policy

Date Adopted 8/1/18

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 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 levels.
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 spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

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 \_\_\_\_\_

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

## 100% Tobacco-Free Policy for North Carolina Child Care Centers

### Purpose/Belief Statement

We, Fay St. Christian (name of facility), understand that the use of tobacco products on child care premises and in vehicles used to transport children or during any off-premise activities is an environmental hazard and detrimental to the health and safety of children, staff, and visitors.

### Background

Exposure of children to environmental tobacco smoke is associated with increased rates of lower respiratory illness and increased rates of middle ear effusion, asthma, and sudden infant death syndrome. Exposure during childhood may also be associated with development of cancer during adulthood.

N.C. Child Care Rule 10A NCAC 09 .0604 (h)(i)(j) Safety Requirements for Child Care Centers states that:

- Children shall be in a smoke-free and tobacco-free environment. Smoking and the use of any product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah is not permitted on the premises of the child care facility, on vehicles used to transport children or during off-premise activities. All smoking materials shall be kept in locked storage.
- Signage regarding the smoking and tobacco restriction shall be posted at each entrance to the facility and in vehicles used to transport children.
- The operator shall notify the parent of each child enrolled in the facility, in writing, of the smoking and tobacco restriction.

### Application

This policy applies to all children, families, visitors, volunteers, and staff.

### Procedures/Practice:

Smoking and the use of tobacco products are prohibited at all times:

- on the premises of the child care facility
- on vehicles used to transport children
- during any off-premise activities sponsored by our facility

Signs are posted at each entrance to the facility and on vehicles used to transport children. The signs are posted in a manner and location that adequately notify families, visitors, volunteers, and staff of the tobacco-free child care facility policy.

### Communication

Our facility will review this policy with parents/guardians, volunteers, and staff in writing and verbally at child care-sponsored or related events. Copies of the policy are in staff and parent handbooks. We may provide materials and information provided by the local health department.

### Staff\*

- All current staff members and newly hired staff will review the **Tobacco-Free Policy** before providing care for children.
- Staff will sign an acknowledgement form that includes the individual's name, the date the facility'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 signed **Tobacco-Free Policy staff acknowledgement form** in the staff member's file.

#### Parents/Guardians

- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children 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 signed **Tobacco-Free Policy 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.

#### Enforcement

Parents and visitors using tobacco products will be asked to refrain while on the child care premises or to leave the premises.

Consequences for employees who violate the tobacco use policy will be in accordance with personnel policies.

#### Definitions

- "Premises" – the entire child care building and grounds including but not limited to natural areas, outbuildings, dwellings, vehicles, parking lots, driveways, and other structures located on the property.
- "E-cigarette" – Any electronic oral device that employs a mechanical heating element, battery, or electronic circuit regardless of shape or size and that can be used to heat a liquid nicotine solution or any other substance, and the use or inhalation of which simulates smoking. The term shall include any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, or under any other product name or descriptor.
- "Off-premise activity" – any event sponsored by our facility that is not on the child care facility premises, including but not limited to field trips and educational or entertainment activities.
- "Smoking" – The use or possession of a lighted or heated cigarette, e-cigarette, cigar, little cigar, pipe, hookah or any other lighted or heated tobacco product containing, made or derived from tobacco and intended for inhalation in any manner or in any form.
- "Tobacco product" – Any product containing, made or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, or ingested by any other means, including but not limited to cigarettes, e-cigarettes, cigars; little cigars, hookah, snuff, snus, and chewing tobacco. A tobacco product excludes any product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

#### Tobacco Cessation Resources

Our facility will consult with the local health department or other appropriate health and community-based organizations to provide staff and administrators with information and access to treatment programs and services to support them in complying with this policy. The North Carolina Quitline 1-800-QUIT-NOW (1-800-784-8669) offers free coaching sessions, helps develop a plan to quit, provides reading materials, and offers counseling. See <http://www.quitlinenc.com>.



## References

- NC DHHS Tobacco Prevention and Control Branch,  
<http://tobaccopreventionandcontrol.ncdhhs.gov/smokefreenc/>
- Caring for Our Children 3<sup>rd</sup> Edition, Standard 3.4.1.1: Use of Tobacco, Electronic Cigarettes, Alcohol, and Drugs <http://cfoc.nrckids.org/StandardView/3.4.1.1>
- Caring for Our Children 3<sup>rd</sup> Edition, Standard 9.2.3.15: Policies Prohibiting Smoking, Tobacco, Alcohol, Illegal Drugs, and Toxic Substances <http://cfoc.nrckids.org/StandardView/9.2.3.15>

## Effective and Review Dates

8/1/18

Effective Date

This policy was reviewed and approved by:

Director/Owner

Print name: Rachel Callcutt	Date: 8/1/18
Signature: Rachel Callcutt	

DCDEE Child Care Consultant (recommended)

Print name:	Date:
Signature:	

Child Care Health Consultant (recommended)

Print name:	Date:
Signature:	

Annual Review Dates





**Parent or guardian acknowledgement form**

I, the parent or guardian of \_\_\_\_\_ (child or children's name) acknowledge that I have read and received a copy of the facility's 100% Tobacco-Free Policy for North Carolina Child Care.

\_\_\_\_\_  
Date policy given/explained to  
parent/guardian

\_\_\_\_\_  
Date of child's enrollment

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



**Emergency Pickup Contact Information**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

The following requirements apply to both centers and homes.

### Transportation

Child care centers or family child care homes providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and child-staff ratio must be maintained.

### Program Records

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care.

### Discipline and Behavior Management

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in the discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers and family child care homes. Religious-sponsored programs which notify the Division of Child Development and Early Education that corporal punishment is part of their religious training are exempt from that part of the law.

### Parental Rights

- Parents have the right to enter a family child care home or center at any time while their child is present.
- Parents have the right to see the license displayed in a prominent place.
- Parents have the right to know how their child will be disciplined.

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information visit the Resources in Child Care website at: [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov). For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829 (In State Only), or visit our homepage at: [ncchildcare.nc.gov](http://ncchildcare.nc.gov)

### Reviewing Files

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

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

### How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829.

### Child Abuse, Neglect, or Maltreatment

Every citizen has a responsibility to report suspected child abuse, neglect or maltreatment. This occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. It may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. It also occurs when a child does not receive proper care, supervision, discipline, or when a child is abandoned. North Carolina law requires any person who suspects child maltreatment at a child care facility to report the situation to the Intake Unit at Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829. Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any maltreatment complaint or the issuance of any administrative action against the child care facility. North Carolina law requires any person who suspects child abuse or neglect in a family to report the case to the county department of social services.



3 Star Rated Licensee • Prekindergarten • Subsidized Early Education for Kids

# Summary of the North Carolina Child Care Law and Rules

## Division of Child Development and Early Education

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

Revised March 2016

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

### What Is Child Care?

The law defines child care as:

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

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

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

### Star Rated Licenses

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

### Family Child Care Homes

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

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

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

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

### Child Care Centers

Licensing as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License. Programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Licensed centers must meet requirements in the following areas.

#### Staff

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. At least one person on the premises must have CPR and First Aid training. All staff must also undergo a criminal records background check initially, and every three years thereafter. One staff must complete the Emergency Preparedness and Response in Child Care training and plan.

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes for licensure are shown below and must be posted in each classroom.

Age	Teacher: Child Ratio	Max Group Size
0-12 mths	1:5	10
12-24mths	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School-age	1:25	25

*Small centers in a residence that are licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.*

### Space and Equipment

Centers must have at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Outdoor equipment and indoor furnishings must be child size, sturdy, and free of hazards that could injure children.

### Curriculum

Four and five star programs must use an approved curriculum in their four-year-old classrooms. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

### Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. They must have space and time provided for rest.

### Staff/Child Ratios