

Covenant Child Care

Infant Enrollment Package Age Birth-15 Months

A Ministry of Franklin Covenant Church

Dear Parent,

Welcome to Covenant Childcare (CCC).

We are excited about working together and forming a relationship with you and your child. CCC provides high quality childcare and a sound developmental program to infants and toddlers, ages birth – 3 years.

This Enrollment Package and Parent Handbook is your companion to the Parent Orientation Interview. The documents are required before your child can attend. The Parent Handbook answers your questions about general policies like enrollment, drop-off and pick-up policies, health, safety, nutrition and billing. Please take the time to read through this information.

When you have completed the forms, please call or email me to schedule your Parent Orientation and Interview. . Your physician may FAX the medical and immunization documentation to 828-575-5277. Child care cannot begin until all forms are completed.

Stephanie Campbell, Director

Cell Phone: 828.342.7737, Office Phone: 828.524.5664

Email: stephanie@covenantchildcare.net

FAX: 828.575.5277



Dear Parents of Infants and Young Toddlers (6 weeks – 23 months:

Covenant Child Care (CCC) provides three (breakfast, lunch, and a snack) infant formula bottles, and baby food free of charge to infants and young toddlers. We provide three clean bottles every day. If your child consumes more than three (3) 6-8 ounce bottles you will need to bring extra bottles each day to supplement.

Formula and Food

A provision of milk/formula form is included in this enrollment package; please designate on that form the type of formula you would like for us to use.

Our food program offers the following formulas:

- ✓ Gerber Soothe
- ✓ Parent's Choice:
 - Sensitive
 - Soy
 - Regular Iron Fortified

Diapers and Wipes

Diapers and wipes are also included in tuition for all infants and young toddlers. We use the **Parent's Choice brand** of diapers and **Parent's Choice hypo allergenic, unscented diaper wipes**.

We ask that parents **DO NOT** bring a diaper bag. We do not have adequate storage for additional bags, toys or equipment in the infant room.

If you have any questions concerning your child's diet, if he is allergic to anything please let Nancy Wheeler, our Nutrition Services coordinator, know right away as well as your child's Lead Teacher.

Thank you,

Stephanie Campbell, Director

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

Date of Birth: _____

Full Name: _____
Last First Middle Nickname

Child's Physical

Address: _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

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

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

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

Work Phone _____ Cell Phone _____

CONTACTS:

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

Name	Relationship	Address	Phone Number

HEALTH CARE NEEDS:

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

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

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

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

List any types of medication taken for health care needs _____

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

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

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

Signature of Parent/Guardian _____ Date _____

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

Signature of Administrator _____ Date _____

Emergency Medical Information

Child's name: _____

Parent's name: _____

Parent's home phone: _____

Parent's work phone: _____

If parents cannot be reached call: _____

@ this phone number: _____

Doctor: _____ Phone: _____

Hospital Preference: _____

Please use the space below to indicate any allergies or special medical precautions.

Pick Up List:

Name	Phone Number
1.	
2.	
3.	
4.	
5.	

Medical Release

"If emergency medical care becomes necessary, I give permission for my child to receive treatment as a physician deems necessary."

Signature of Parent or Guardian

Date

Individual Care Plan

Family Information Form

Child:
Child's Date of Birth:
Teacher:
Family Member(s):
Date:

Arrival

What time will you usually arrive at the center? _____

What will help you and your child say good-bye to each other in the morning?

Diapering and Toileting

What type of diapers do you use? _____

How often do you change your child's diaper? When does your child usually need a diaper change?

Are there any special instructions for diaper changes?

Is your child beginning to use the toilet? If so, are there any special instructions for toileting?

Sleeping

How will we know that your child is tired and needs to sleep?

When does your child usually sleep? For how long does he or she usually sleep?

What helps your child to fall asleep?

We put babies to sleep on their backs. Is your baby used to sleeping on his or her back? **Y / N**

How does your child wake up? Does he or she wake up quickly or slowly? Does your child like to be taken out of the crib immediately or to lie alone in the crib for a few minutes before being held?

Individual Care Plan
Family Information Form, continued**Eating****Babies:**

Are you breast-feeding or bottle-feeding your baby? _____

If breast-feeding, will you come to the center to breast-feed? **Y / N** _____

If so, at what time? _____

If not, will you send expressed breast milk? _____

If bottle-feeding,

What kind of formula do you use? _____

How do you prepare the bottles? _____

How much do you prepare at one time? _____

How much does your baby drink at one time? _____

Does your baby drink bottles of water during the day? **Y / N** _____

If so, when and how much? _____

Is your baby eating solid foods? **Y / N** _____

If so, which ones? _____

When? _____

How do you prepare your baby's solid foods? _____

How much does your baby eat at one time? _____

How is your baby used to being fed (in what position)? _____

Does your baby eat any finger foods? If so, which ones? _____

All Children:

What are some of your child's favorite foods? _____

What foods does your child dislike? _____

Is your child sensitive or allergic to any foods? If so, please list them.

Are there any foods that you don't want your child to eat?

Individual Care Plan
Family Information Form, continued**Dressing**

Is there anything special that we should know about dressing and undressing your child?

Awake Time

How does your baby like to be held? What position does your baby prefer when awake?

In what language do you speak and sing with your child at home?

What language does your child use when talking and singing with family members?

What does your child like to do when awake?

How do you play with your child?

Departure

What time will you usually come to pick up your child? _____

What will help you and your child say hello to each other at the end of the day?

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 # _____

Medication Administration Permission for Over-the-Counter Topical Medications and Fluoridated Toothpaste

Parent/guardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, powders and fluoridated toothpaste. Sunscreen and baby lotion are examples. Only accept items in their original containers and clearly labeled with the child's name. Keep insect repellents in locked storage and all other items out of reach of children when not in use.

Child's Name _____

Permission is given to apply the following (name/type) Equate Brand Zinc Oxide Type Diaper Cream

Amount Grape sized amount applied with a tissue. Expiration date, if applicable _____

Fluoridated toothpaste should be a rice sized smear for children under 3 and pea sized for children 3 and over.

Permission may be given for up to 12 months. Permission valid from ____ / ____ / ____ to ____ / ____ / ____

Where to apply the ointment, repellent, lotion, cream, powder or fluoridated toothpaste:

- ☐ all exposed skin ☐ diaper area ☐ other (specify) _____
☐ face only ☐ toothbrush

When to apply the ointment, repellent, lotion, cream, or powder:

- ☐ before going outside ☐ after each diaper change ☐ other/as needed for (specify) _____
☐ after a bowel movement ☐ before tooth brushing

Describe how to apply the ointment, repellent, lotion, cream, or powder. _____

I give permission to my child care provider to apply the medication listed above as instructed:

Parent/guardian name

Parent/guardian signature

Date

Medication Administration Permission for Over-the-Counter Topical Medications and Fluoridated Toothpaste

Parent/guardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, powders and fluoridated toothpaste. Sunscreen and baby lotion are examples. Only accept items in their original containers and clearly labeled with the child's name. Keep insect repellents in locked storage and all other items out of reach of children when not in use.

Child's Name _____

Permission is given to apply the following (name/type) Sunscreen: Equate brand 50SPF

Amount _____ Expiration date, if applicable _____

Fluoridated toothpaste should be a rice sized smear for children under 3 and pea sized for children 3 and over.

Permission may be given for up to 12 months. Permission valid from ____ / ____ / ____ to ____ / ____ / ____

Where to apply the ointment, repellent, lotion, cream, powder or fluoridated toothpaste:

- ☐ all exposed skin ☐ diaper area ☐ other (specify) _____
☐ face only ☐ toothbrush

When to apply the ointment, repellent, lotion, cream, or powder:

- ☐ before going outside ☐ after each diaper change ☐ other/as needed for (specify) _____
☐ after a bowel movement ☐ before tooth brushing

Describe how to apply the ointment, repellent, lotion, cream, or powder. _____

I give permission to my child care provider to apply the medication listed above as instructed:

Parent/guardian name

Parent/guardian signature

Date



covenant child care

265 Belleview Park Road, Franklin, NC 28734

Phone: 828-524-5664

Children's Food Program

Enrollment and Income Eligibility package for "Child and Adult Care Food Program." (CACFP) follows this page.

Upon enrollment at our center and annually in July, all participating families are asked to update their records.

Your completed program forms will be reviewed and processed to determine eligibility based on your income. You will be notified in writing what your classification of participation is, free meals, reduced priced meal or paid meals; please check your child's mailbag for the eligibility letter.

If you do not return the forms, your enrollment will be determined incomplete and denied. You will need to bring your child's lunch and snacks each day or pay full price for meals until you have submitted the Enrollment and Eligibility forms for the current program year to determine your family's classification for the CACFP.

Rates for Meals and Snacks: Breakfast, AM Snack, Lunch and PM Snack

Reduced Price: \$14.00 per week

Paid: \$26.00 per week

Menus are distributed monthly by the 1st in your child's mail bag.

Thank you for your cooperation,

Stephanie Campbell, Administrator

CACFP ELIGIBILITY APPLICATION INSTRUCTIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dear Parent or Guardian,

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

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

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

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

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

REDUCED GUIDELINES EFFECTIVE JULY 1, 2018 - JUNE 30, 2019*

HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$22,459	\$1,872	\$936	\$864	\$432
2	\$30,451	\$2,538	\$1,269	\$1,172	\$586
3	\$38,443	\$3,204	\$1,602	\$1,479	\$740
4	\$46,435	\$3,870	\$1,935	\$1,786	\$893
5	\$54,427	\$4,536	\$2,268	\$2,094	\$1,047
6	\$62,419	\$5,202	\$2,601	\$2,401	\$1,201
7	\$70,411	\$5,868	\$2,934	\$2,709	\$1,355
8	\$78,403	\$6,534	\$3,267	\$3,016	\$1,508
For each additional family member add:	\$7,992	\$666	\$333	\$308	\$154

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

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 by fax (202) 690-7442 or email program.intake@usda.gov. This institution is an equal opportunity provider.

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

Institution Name: _____ Agreement Number: _____

Center Name: _____

Dear Parent/Guardian,

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

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

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

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

Normal Days of Care: Please circle the days of the week each child is usually in attendance at the facility.

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

Meals Normally Eaten – Please circle the meals each child usually eats at the facility.

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

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

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____ Work Telephone Number: () _____

For Facility/Provider Use Only:

Signature of Facility Representative/Provider: _____ Date: _____

Date each child withdrew: _____

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

This institution is an equal opportunity provider.

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

1. PRINT PARTICIPANT'S NAME & DATE OF BIRTH:

INSTITUTION NAME: _____

First Name Last Name Date of Birth

AGREEMENT#: _____

First Name Last Name Date of Birth

FACILITY NAME: _____

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

Case number is: **SNAP #** _____ **TANF#:** _____ **FDPIR #** _____

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

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

Is this a Foster Child? ☐ Yes ☐ No

Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children.

Is this a homeless child or a child evacuated from Japan or Bahrain? ☐ Yes ☐ No

Certification from the agency that assisted with the evacuation or is providing shelter is required.

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

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

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

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

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

Signature of Adult Household Member (Required) _____ Date _____

Check if no SSN ☐

Last Four Digits of Social Security Number
(Required for households qualifying by income)

Printed Name _____

Home Telephone # _____ Work Telephone # _____

Address _____ City _____ Zip Code _____

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

For Institution to be classified and completed by institution/sponsor

TOTAL HOUSEHOLD SIZE _____ TOTAL HOUSEHOLD MONTHLY INCOME \$ _____

Approved: ☐ Free ☐ Reduced ☐ Denied

Reason for denial: ☐ Income too high ☐ Incomplete application ☐ Other: _____

Withdrawn on (Date): _____

For state use only:

Verified by: _____ Date: _____

Verified classification:

☐ Free ☐ Reduced ☐ Denied

Reason for classification change:

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

Date

**CHILD AND ADULT CARE FOOD PROGRAM
PROVISION OF BREASTMILK OR
INFANT FORMULA AND PROVISION OF BABY FOOD**

Name of child care provider or center Covenant Child Care

This institution/facility offers Parents Choice Soy, Sensitive and Regular Iron Fortified formula for infants
(Iron-Fortified Formula name must be filled in by institution/facility)

through the Child and Adult Care Food Program. It is a parental choice whether or not to use this formula based on you and your infant's needs.*

Please select from (✓) the following choice(s):

☐ I will provide breastmilk for my infant.

☐ I will use the iron-fortified formula offered by this facility. I give permission for the formula to be mixed and/or bottles to be prepared for my infant by this facility's staff.

☐ I will not use the iron-fortified formula offered by this facility.
If not, which formula will you send for your infant? _____
If the formula you provide is a special formula, a medical statement will be requested.

☐ My infant is four (4) months old or older and is developmentally ready for baby foods. I want the institution/facility to provide the following baby food(s) for my infant, which are allowed under 7CFR §226.20 (b) (2) (3) (4).

Allowable foods for infants are: iron-fortified infant cereal, fruit, vegetable, meats or meat alternates, enriched or whole grain bread and crackers. Foods shall be of appropriate texture and consistency to meet developmental needs.

Baby foods provided by institution/facility must be in compliance with the infant meal pattern as required by 7CFR §226.20.

Infant's Name _____

Infant's Age _____

Parent's Signature _____ Date _____

**Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when she/he is at child care. If you find that you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care institution/facility.*

Infant Feeding Schedule

Name of Child _____ Date _____

Date of Birth _____

Instructions

1. How many bottles each day during the time at childcare:

2. Instructions for Feeding:

A. Bottles, ounces of (breast milk, formula, milk, juice)

B. Food (baby food, cereal, table food)

3. I plan to nurse: (approximate time) ☐ _____

Parent Signature

Changes in Schedule (Must be recorded as eating habits change)

Food:	Date to Introduce:	New Instructions:	Parent or Staff Signature:
Milk			
Baby Food			
Juice			
Cereal			
Table Food			

** Must be completed for all children less than 15 months old*

Covenant Child Care d/b/a Franklin Covenant Church

Blanket Permission for Routine Transport of Children

I _____ (Parent/Guardian) give permission for _____ (Child) to go on nature walks, buggy or wagon rides with my class and teachers on the premises of Franklin Covenant Church INC., outside of the fenced playground areas. Caregivers will be present with children at all times. Infant caregivers will use Kangaroo infant carriers at times, strollers, and ByeBye Buggies.

Permission to transport is valid for _____ until the duration of child's enrollment.

Signature of Parent or Guardian

Date

*This form is not to be used for field trips or other off premise activities.

Permission to Photograph, Video and Circulate Media

I, _____, do / do not (circle one) Covenant Child Care permission to photograph or video my child for the purposes of documentation of developmental accomplishments, documenting participation in special events and daily activities to share in (check all that apply):

☐ Personal Developmental Portfolio

☐ Monthly Family Newsletter

☐ Video presentations at parent events

☐ Internet and Social Media (Facebook)

Signature of Parent or Guardian

Date

Name of Center: Covenant ChildCare d/b/a Franklin Covenant Church Inc.



Infant/Toddler Safe Sleep Policy Sample (Revised)

Date Adopted: _____

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's clinical history.

Child care providers can maintain safer sleep environments for babies that help lower the chances of SIDS. N.C. law requires that child care providers caring for children 12 months of age or younger, implement a safe sleep policy, share this information with parents and participate in training.

In the belief that proactive steps can be taken to lower the risks of SIDS in child care and that parents and child care providers can work together to keep babies safer while they sleep, this facility will practice the following safe sleep policy:

Safe Sleep Practices

1. All child care staff working in this room, or child care staff who may potentially work in this room, will receive training on our infant Safe Sleep Policy.
2. Infants will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a waiver notice will be posted at the infant's crib and the waiver filed in the infant's file.
3. The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer for sleep.
4. We will follow this recommendation by the American Academy of Pediatrics. However, child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
5. **Visually checking sleeping infants.** Sleeping infants will be checked daily, every 15-20 minutes, by assigned staff. The sleep information will be recorded on a Sleep Chart. The Sleep Chart will be kept on file for one month after the reporting month. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care.

We will check to see if the infant's skin color is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly. We will check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.

6. Steps will be taken to keep babies from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping the baby.

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 Infant/Toddler Safe Sleep Policy and that the facility's director/ owner/operator (or other designated staff member) has discussed the facility's Infant/Toddler Safe Sleep Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____

Date: _____

Signature of Child Care Provider: _____

Date: _____

Distribution: one signed copy to parent(s)/guardian(s); signed copy in child's facility record.

Effective date: 5/1/04

Review: #1 12/15/05

Revisions: #1 1/1/06 COM;

Safe Sleep Environment

7. Room temperature will be kept between 68-75°F and a **thermometer kept in the infant room.**
8. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding. **We may use a sleep sack instead of a blanket.**
9. No loose bedding, pillows, bumper pads, etc. will be used in cribs. We will tuck any infant blankets in at the foot of the crib and along the sides of the crib mattress.
- 10 Toys and stuffed animals will be removed from the crib when the infant is sleeping. **Pacifiers will be allowed in infants' cribs while they sleep.**
11. A safety-approved crib with a firm mattress and tight fitting sheet will be used.
12. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency.
13. No smoking is permitted in the infant room or on the premises.
14. All parents/guardians of infants cared for in the infant room will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.
15. **To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.**

Best Practices

1. All staff will participate in *Responding to an Unresponsive Infant* practice drills twice each year, in April and in October, in conjunction with fire drills.

**COVENANT CHILD CARE
FRANKLIN COVENANT CHURCH INC.
DISCIPLINE POLICY**

The following is a statement of the discipline policy of COVENANT CHILDCARE. We ask that both parents read the statement. When you have read and understand the policy, please sign below on the appropriate lines.

The goal of effective discipline is to teach each child how to live usefully and happily with himself/herself and others.

We, at COVENANT CHILD CARE, believe the benefits of respect, consistency and positive reinforcement are more effective than corporal punishment. **As such, no form of corporal punishment will be used at Franklin Covenant Church facilities a/k/a COVENANT CHILD CARE by parents or staff members.** COVENANT CHILD CARE'S discipline policy is consistent with the policy of the North Carolina Division of Child Development.

In an effort to prevent challenging behaviors, Covenant Child Care, carefully plans activities and meaningful learning opportunities, and employs the use of guidance procedures such as redirection and planned ignoring to support children as they navigate the development of social relationships with peers and teachers.

All parents are required to attend an orientation to the childcare center that includes time spent in the classroom with their child as a show of affirmation and emotional support to the child.

When the need presents itself, the following methods of discipline will be used by classroom teachers:

1. Model appropriate behavior. No child shall be handled roughly in any way, including:

shaking, pushing, shoving, pinching, slapping, biting, kicking, spanking, pulling arms, legs or other body parts as well as squeezing hands, neck or arms.
2. Redirect the child from an unacceptable activity to a more acceptable activity.
3. Provide alternative activities.
4. Give praise whenever possible for appropriate behavior.
5. Ignore behavior that would best be ignored when possible.
6. Distract children from inappropriate behavior.
7. Allow a child to get away from the situation briefly. This respects the fact that the child may be overly stimulated or upset and need an opportunity to be apart from the group.
8. Give the child time to consider his behavior. There will be a specified place (in full view of the caregiver) where the child will be allowed to sit for no more than 3 minutes of quiet time. This will be used as one of the last options for controlling a child's behavior. When a child's ability to understand that he/she is being asked to sit for quiet time, is impaired by disabilities or young age (under age 2), his/her behavior will be dealt with by distraction, redirection or pick up protocol as outlined below.
9. If these methods of discipline fail to bring about the acceptable behavior necessary for safe and happy relationships with the other children in group care, a conference with parents will be requested.
10. Parents will be notified, daily, in writing, when their child has exhibited antisocial or delinquent behaviors, and will be required to acknowledge the notice by their signature. The family will be informed and given resources to support their child's behavior problem.

**COVENANT CHILD CARE
FRANKLIN COVENANT CHURCH INC.
DISCIPLINE POLICY**

COVENANT CHILDCARE will follow these guidelines, at all times, about the discipline of children:

1. No child shall be subjected to any form of corporal punishment by their parent, the owner, operator, administrator, or staff at this child care facility. For the purposes of this statement, "staff" shall mean any regular or substitute caregiver, any regular or substitute caregiver, any volunteer, and any auxiliary personnel, such as cooks, secretaries, janitors, maids, vehicle drivers, etc. "Parent" shall mean any parent, guardian or a caregiver designated by the parent.
2. No child shall be handled roughly in any way, including shaking, pushing, shoving, pinching, slapping, biting, kicking, spanking, pulling arms, legs or other body parts as well as squeezing hands, neck or arms.
3. No child shall ever be placed in a locked room, closet, or box.
4. No discipline shall ever be delegated to another child.
5. Discipline shall in no way be related to food, rest, or toileting;
 - a) No food shall be withheld, or given, as a means of discipline.
 - b) No child shall ever be disciplined for lapses in toilet training.
 - c) No child shall ever be disciplined for not sleeping during rest period.
6. Children will be spoken to with a respectful tone of voice at all times.
7. Caregivers will not put hands on children for anything other than gentle and appropriate intentions.
8. A caregiver will never physically force a child to specified place for quiet time, raise her voice or place her hands on a child's face to force eye contact.
9. **ACTING OUT BEHAVIORS** are out-of-control aggressive impulses that often result in antisocial or delinquent behaviors. Antisocial or delinquent behaviors are impulsive, aggressive, sometimes violent behaviors, that do not comply with established social and ethical codes. For example, tantrums, violent outbursts of temper accompanied with hitting, kicking, biting and screaming. If a child exhibits Acting Out Behaviors toward teachers and or peers, and does not calm down within a reasonable period of time (i.e. 30 minutes) the following protocol will be exercised:

After the methods outlined above fail to bring about acceptable behavior, and the child refuses to get away quietly from the situation:

- a) **TEACHERS WILL** immediately call or text the center **FLOATER** to contact the **PERSON IN CHARGE** for assistance.
- b) The **PERSON IN CHARGE WILL** respond immediately and ask the child if they would like to go outside of the classroom to calm down. The **PERSON IN CHARGE** will offer their hand to the child, if they want to leave the classroom, the two will go outdoors or to the auditorium for a cooling down period.
- c) If the child does not calm down and refuses to leave the classroom, the **TEACHERS WILL** remove the rest of the class outdoors or to another approved space while the **PERSON IN CHARGE WILL** call the child's parents for pick-up within 30 minutes of the call.

10. CHILDREN UNDER TWO PICK UP PROTOCOL:

At times young children will experience distress and become inconsolable, or have difficulty acclimating to the classroom environment. Parents will be asked to bring security items of comfort that are familiar to the child for times of distress.

When a child under two exhibits distress, Acting Out Behaviors or becomes inconsolable:

**COVENANT CHILD CARE
FRANKLIN COVENANT CHURCH INC.
DISCIPLINE POLICY**

- a) TEACHERS WILL acknowledge the child by name and indicate that they notice the child is upset. The TEACHER WILL offer comfort with soft, tender touch, while being sensitive to the needs of the child wanting to be held or left alone to self-soothe, the child's security item will be offered at this time if available.
 - b) After 10 minutes, if the child has not soothed himself, the TEACHER WILL ask the child if they would like to go for a buggy ride, a walk outdoors or redirection to a toy center.
 - c) If at any time, the child becomes dangerous to himself or the other children in the classroom by thrashing or throwing materials or equipment; the TEACHER WILL remove the materials, equipment and other children from within reach of the child.
 - d) After 10 more minutes (20 minutes has transpired), the TEACHER WILL call the parent to let them know what is transpiring and that their child has not calmed down. The TEACHER WILL tell the parent 10 more minutes will be given for the child to soothe himself.
 - e) If after 30 minutes has transpired, and the child is still not calm, the parent will be called to come pick up their child.
11. If Acting Out Behaviors, or inability to self soothe under distress persists for more than three weeks and becomes a pattern of behavior, disruptive to the daily operation of the center, a referral will be made to Smart Start or the CDSA for developmental evaluation and or social emotional assessment. Parents are required to cooperate in pursuing developmentally age appropriate goals and prescribed activities to help their child overcome social emotional challenges. When a parent does not cooperate, termination of services will be necessary.

12. STRESS MANAGEMENT

All teachers are deemed fit for duty by their physician as a pre-employment service requirement. However, early childhood education is a demanding profession both physically, mentally and emotionally. If a teacher needs to exit a situation that has escalated beyond what is manageable or tolerable:

- a) The TEACHER WILL call the FLOATER for relief to take a stress relief break. The FLOATER WILL render immediate relief for 15 minutes.
- b) If more than a 15-minute break is needed, the TEACHER WILL clock out and contact the administrator to make arrangements for a substitute for the remainder of the shift or for a longer break.

13. COMPLIANCE

To ensure these policies are effective and carried out to de-escalate stressful, difficult or challenging situations, the CHILDCARE ADMINISTRATOR WILL:

- a) Observe, evaluate and coach staff and children quarterly in January, April, July, and October in indoor or outdoor learning environments no less than 20 minutes per group of children.
- b) In special circumstances staff members or parents can request an observation by contacting the administrator.
- c) Observations will be documented on the Discipline Policy Observation and Evaluation worksheet. (referred to as "worksheet" in this document) Copies of all worksheets will be maintained in the central file Required Childcare Center Records notebook for compliance documentation located at the Administrators workstation.
- d) If a correction needs to be made, the ADMINISTRATOR WILL address the situation

**COVENANT CHILD CARE
FRANKLIN COVENANT CHURCH INC.
DISCIPLINE POLICY**

immediately and coach staff members in correct implementation of the discipline policy in real time.

- e) If corrections are necessary, within 48 hours the ADMINISTRATOR WILL complete the worksheet in a private meeting with the staff member and to discuss corrective action. Both administrator and staff member will acknowledge and sign the worksheet and it will remain in the personnel record permanently.
- f) If a parent administrator conference needs to be scheduled to address a child's challenging behavior, the ADMINISTRATOR WILL contact the parent and a meeting will be scheduled within 48 hours with the parent or guardian to discuss the child's behaviors and strategies to correct the challenging behaviors. The parent administrator meeting will be documented on the worksheet, signed by both parties and will remain in the child's permanent record.
- g) If necessary, the ADMINISTRATOR WILL collect the Consent for Referral and Developmental Services from the parent and contact the appropriate agencies to refer the child to the appropriate professionals for developmental services.

14. If the Administrator determines, at any time, that Covenant Child Care staff cannot meet the needs of a child who exhibits Acting Out Behaviors or who does not acclimate to the childcare center environment, termination of services will be given to the family immediately.

PARENTS/GUARDIANS:

I _____ attest that I understand and have received a copy of the Parent Handbook, which contains a copy of this Discipline Policy and The NC Child Care Law and Rules and it was discussed with me.

Child's Name _____ Date of Enrollment _____

Signature of Parent _____ Date _____

Printed Name: _____

Signature of Administrator _____ Date _____

ALL STAFF AND VOLUNTEERS:

I _____ attest that I understand and have received a copy of the Personnel Policies of Covenant Child Care, which contains a copy of this Discipline Policy and it was discussed with me.

Signature of Staff _____ Date _____

Printed Name: _____

Signature of Administrator _____ Date _____

Prevention of Shaken Baby Syndrome and Abusive Head Trauma Covenant Child Care

Belief Statement

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

Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death¹. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT².

Procedure/Practice

Recognizing:

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

Responding to:

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

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing webmasterdcd@dhhs.nc.gov.
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: 828-349-2124

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

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

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

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

In addition, the facility:

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

Policy Review

- This policy will be reviewed by the owner/director annual beginning 9/1/2019.

Prevention of Shaken Baby Syndrome and Abusive Head Trauma Covenant Child Care

Prohibited behaviors

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

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

Strategies to assist staff members understand how to care for infants

Staff reviews and discusses:

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

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

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

- Brain Development from Birth video, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth
- The Science of Early Childhood Development, Center on the Developing Child, developingchild.harvard.edu/resources/inbrief-science-of-ecd/
- The American Academy of Pediatrics: www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx
- The National Center on Shaken Baby Syndrome: <http://dontshake.org/family-resources>
- The Period of Purple Crying: <http://purplecrying.info/>

Facility web resources

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

References

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

Application

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



Prevention of Shaken Baby Syndrome and Abusive Head Trauma Covenant Child Care

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.

Policy Effective: Sept. 1, 2018 Approved and Accepted by: Stephanie Campbell, 8/24/18

Stephanie Campbell

Signature

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/staff

Date of child's enrollment/hire

Print name of parent/guardian/staff

Signature of parent/guardian/staff

Date

COVENANT CHILD CARE

Termination Policy

The following policy will be added to the Covenant Child Care Parent Handbook and operational policies. This policy will be effective June 1, 2016.

We reserve the right to terminate a child for the following reasons (but not limited to):

- Failure to pay
- Routinely late picking up your child
- Failure to complete the required forms
- Lack of parental cooperation
- Failure of child to adjust to the center after a reasonable amount of time
- Physical or verbal abuse of any person or property (includes corporal punishment of children on premises).
- Behavior or habits of any parent or child that is disruptive to programming or regular center operations.
- Our inability to meet the child's needs or the parent's expectations.
- Lack of compliance with handbook regulations
- Serious illness of child
- Age three (3)

We appreciate as much advance notice as possible when terminating, and will give the same courtesy in return. Parents are required to give two weeks written notice when they decide to terminate child care. The two weeks will be paid in full, regardless of whether or not the child is in attendance.

We will give two week notice of termination. However, the provider reserves the right to give written notice of immediate termination where there are extreme circumstances that affect the well-being of the other enrolled children and the provider's interests.

Anyone who terminates daycare and has a balance that is outstanding will need to have the account settled within 30 days. Late fees will apply to past due balances and accrue each month after withdrawal or termination \$25 per month.

Policy Effective: 6/1/2016 Approved and Accepted by: Stephanie Campbell, Director 6/1/2016

Parent Signature

Printed Name

Date

Covenant ChildCare (Franklin Covenant Church Inc.)

Child's Receipt of Policies

I, _____ the parent of _____,

Received the following documents (Please check all that apply).

_____ COVENANT CHILDCARE Parent Handbook which includes Operational Policies and the Parent Participation Policy.

_____ COVENANT CHILDCARE Discipline Policy

_____ Safe Sleep Policy Infants

_____ Shaken Baby Syndrome and Abusive Head Trauma

_____ Termination Policy

_____ NC Summary of Child Care Law

Center Emergency Policy

Covenant ChildCare has an emergency plan for Medical Evacuation and Fire Safety Evacuation. The director of **Covenant ChildCare** has explained the emergency plan for Medical Evacuation and Fire Safety to me.

Covenant ChildCare will in case of Fire will evacuate to the specified areas on the evacuation plans in each classroom, after 30 minutes, in the event of an actual fire, parents or other designee for pick up will be contacted by telephone and notified that their children has been taken to **First Christian Church** on Belview Park Rd., Franklin, NC for pick up.

I give permission for my child, _____, to be evacuated from **Covenant ChildCare center to First Christian Church** in the case of an emergency evacuation.

Signature of Parent

Date

Signature of Director

Date

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.

Records

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills practiced with safe evacuation of children 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

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.net. For more information on the law and rules, contact the Division of Child Development and Early Education at 919-662-4499 or 1-800-859-0829, or visit our homepage at: <http://www.ncchildcare.net>.

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

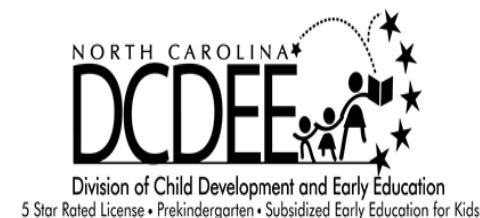
- viewed during work hours;
- requested via the Division's web site at www.ncchildcare.net; or,
- requested by contacting the Division at 1-800-859-0829.

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 fined up to \$1,000 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 919-662-4499 or 1-800-859-0829.

Child Abuse or Neglect

Abuse occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. Abuse 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. Neglect occurs when a child does not receive proper care, supervision, or discipline, or when a child is abandoned. **North Carolina law requires any person who suspects child abuse or neglect to report the case to the county department of social services.** In addition, any person can call the Division of Child Development and Early Education at 919-662-4499 or 1-800-859-0829 and make a report of suspected child abuse or neglect in a child care operation. 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 abuse/neglect complaint or the issuance of any administrative action against the child care facility.



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
319 Chapanoke Road
Raleigh, NC 27603

Revised November 2011

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.

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What Is Child Care?

The law defines child care as:

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

It is only when all of these conditions exist that regulation is required. 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, and can include three additional school-age children. This includes preschoolers living in the home, but the provider's own school-age children are not counted (Individuals caring for one or two children are exempt from being licensed). 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 who are present in family child care homes when children are in care 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 and complete an ITS-SIDS training (if caring for infants 0 -12 months) every three years. 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 daily, 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.

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. Ratios and group sizes for licensure are shown below and must be posted in each classroom.

Age	Teacher : Child Ratio	Maximum Group Size
0-12 months	1:5	10
12-24 months	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

To meet licensing requirements, there must be 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 furnishings must be child size, sturdy, and free of hazards that could injure children.

Curriculum

The Division of Child Development and Early Education does not promote or require any specific curriculum over another unless programs are using curriculum to get a quality point for the star-rated license. Child care programs choose the type of curriculum appropriate for the ages of the children enrolled. 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 and use materials on their own.

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 programs 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.