

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

Date of Enrollment: \_\_\_\_\_

**CHILD'S INFORMATION SHEET***To be completed, signed, and placed on file 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 Address: \_\_\_\_\_

**FAMILY INFORMATION:**

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

Guardian #1 Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Guardian #2 Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

**CONTACTS:**

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

Name	Relationship	Phone Number 1	Phone Number 2
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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 this information sheet. The medical action plan must be completed by the child's health care professional. Medical Action plan must be updated annually and as changes occur. Is there a medical action plan attached? Yes \_\_\_\_\_ No \_\_\_\_\_

List any allergies, symptoms, and type of response required for allergic reactions: \_\_\_\_\_

List any health care needs, concerns, symptoms of, and type of response for the health care needs/concerns: \_\_\_\_\_

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

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

Please 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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital preference: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, as the parent/guardian, authorize the CJP 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 an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drugs or any medication without specific instructions from the physician, or the child's parent, guardian, or full time custodian.

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

**IEP (Individual Education Plan)/ IFSP (Individual Family Service Plan) INFORMATION:**

Does your child have an IEP (Individual Education Plan) or IFSP (Individual Family Service Plan)? \_\_\_\_\_

Has your child, in the past, or is he/she seeing a:

Speech Therapist: \_\_\_\_\_

Occupational Therapist: \_\_\_\_\_

Physical Therapist: \_\_\_\_\_

Counselor/ Therapist: \_\_\_\_\_

Are you willing to share the evaluation with your child's teacher? \_\_\_\_\_

**OTHER INFORMATION:**

Please detail any social or emotional experience of which you think your child's teacher needs to be aware. For example: birth difficulties, adoption, divorce, serious accidents or illnesses, losses, moves, ear infections. Etc. \_\_\_\_\_

How does your child react to new people and new situations? \_\_\_\_\_

Does your child exhibit any behaviors that are challenging or troublesome for you? \_\_\_\_\_

Other comments or concerns that you would like to share with your child's teacher: \_\_\_\_\_

**ON-SITE FIELD TRIP PERMISSION:**

We give our child permission to participate in field trips such as walks around the Shalom Park property and visits to the Temples. We understand that CJP teachers will supervise these field trips.

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

**PHOTO/ VIDEO/ SOCIAL MEDIA/ WEBSITE PERMSSION (CHECK THOSE THAT APPLY)**

\_\_\_ I give permission for my child to be photographed or videotaped by CJP staff members, who will be taking pictures & videos to be used in brightwheel communications from a secure, CJP-provided tablet.

\_\_\_ I give permission for my child to be photographed, videotaped, and/or interviewed by employees of the CJP for marketing purposes, including social media (such as Facebook).

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

**FAIRSHARE AGREEMENT**

I understand my commitment to the CJP "Fair Share Program," and agree to volunteer for the designated hours. I further understand that it is my responsibility to log in my hours in order to receive credit for them. Please note that failure to participate in the Fair Share program has financial implications. For more information about the Fair Share program, please refer to the CJP Family Handbook.

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



## Shaken Baby & Abusive Head Trauma Prevention Policy

The Charlotte Jewish Preschool believes that preventing, recognizing and 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.

### **What is SBS/AHT**

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. According to NC Child Care Rule (10A NCAC 09 .0608), 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.

AHT can occur in children up to 5 years of age. Shaken baby syndrome can lead to serious conditions including: brain damage, problems with memory and attention, blindness or hearing loss; intellectual, speech or learning disabilities; and developmental delays.

### **Procedures/Practice**

***Recognizing:*** The signs and symptoms of shaken baby syndrome or head trauma include:

- ⇒ 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, or difficulty sucking or swallowing
- ⇒ Poor feeding/sucking
- ⇒ No smiling or vocalization
- ⇒ Inability of the eyes to track and/or decreased muscle tone
- ⇒ Bruises which may be found on the upper arms, rib cage or head resulting from gripping or hitting the head.

***Responding to (Emergency Response):*** If SBS/ABT is suspected, staff will

- ⇒ Call 911 immediately upon suspecting SBS/AHT and inform the director.
- ⇒ Implement school-wide Emergency Response Procedure.
- ⇒ Call the parent/guardian.
- ⇒ If the child has stopped breathing, trained staff will begin pediatric CPR.

***Reporting:*** Instances of suspected child maltreatment in child care are reported to the Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing [webmasterdc@dhhs.gov](mailto:webmasterdc@dhhs.gov). Instances of suspected child maltreatment in the home are reported to Mecklenburg County Department of Social Services at (704)336-3000.

## **Strategies for Caregivers and Parents**

A child is usually shaken out of frustration, often when the child is persistently crying or irritable. The following strategies may work some of the time; but sometimes nothing will comfort a crying child. Caregivers will 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, caregivers will attempt one or more of the following strategies:

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

In addition, the Charlotte Jewish Preschool:

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

## **Prohibited Behaviors**

Behaviors that are prohibited include:

- ⇒ 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.

## **Resources**

The following resources are available to parents/guardians and caregivers:

- ⇒ 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/familyresources>
- ⇒ The Period of Purple Crying: <http://purplecrying.info/>
- ⇒ Caring for Our Children Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma: <http://cfoc.nrckids.org>
- ⇒ Preventing Shaken Baby Syndrome, The Centers for Disease Control and Prevention: <http://centerforchildwelfare.fmhi.usf.edu/>
- ⇒ Early Development & Well Being, Zero to Three: [www.zerotothree.org](http://www.zerotothree.org)
- ⇒ NC DCDEE: <http://ncchildcare.dhhs.state.nc.us>
- ⇒ American Red Cross: [www.redcross.org](http://www.redcross.org)

## **Application**

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



## Shaken Baby & Abusive Head Trauma Prevention Policy Parent or Guardian Acknowledgement Form

I, the parent or guardian of \_\_\_\_\_

**Child's Name**

acknowledge that I have read and received a copy of the Charlotte Jewish Preschool's Shaken Baby Syndrome/ Abusive Head Trauma Policy.

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

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

\_\_\_\_\_  
Printed name of parent/guardian

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

\_\_\_\_\_  
Date





# Behavior Management Policy

Date Adopted: June 2018

We believe praise, positive reinforcement, and redirection are effective methods of behavior management for children. When children receive positive, non-violent, and understanding interaction, they develop good self-concepts, problem solving abilities, and self-discipline. Based on our belief of how children learn and develop values, CJP utilizes the following behavior management techniques, adapted from the North Carolina Division of Development and Early Education:

## WE DO:

- Praise, reward, and encourage the children.
- Reason with and set limits for the children.
- Model appropriate behavior for the children.
- Modify the classroom environment to attempt to prevent problems before they occur.
- Listen to the children.
- Provide alternatives for inappropriate behavior to the children.
- Provide the children with natural and logistical consequences of their behaviors
- Treat the children as people and respect their needs, desires, and feelings.
- Ignore minor behaviors
- Explain things to children on their levels
- Use short supervised periods of time-out sparingly.
- Stay consistent in our behavior management program.
- Use effective guidance and behavior management techniques that focus on a child's development.

## WE DO NOT:

- Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
- Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
- Shame or punish the children when bathroom accidents occur.
- Deny food or rest as punishment
- Relate discipline to eating, resting, or sleeping.
- Leave the children alone, unattended, or without supervision.
- Place the children in locked rooms, closets, or boxes as punishment.
- Allow discipline of children by children.
- Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.
- 

**I have read and understand the CJP's "Behavior Management Policy" stated above.**

**Child's Name:** \_\_\_\_\_ **Date of child's enrollment:** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# CHILD DEVELOPMENT REFERRAL POLICY

We, at CJP, understand that children develop at different rates and demonstrate individual areas of strength. As it is important to you as parents, our staff wants to ensure that your child is able to fully, and safely participate in and benefit from daily activities at CJP. We want to be sure to address early any developmental challenges and/or maladaptive behaviors that may be causing distress for your child and keeping him/her from participating effectively and safely in the classroom environment. If our staff members have concerns, CJP will use our referral process. This process was put in place to help us guide and monitor our work together as we develop specific strategies, modifications, interventions or support that may be implemented in the classroom. This collaboration may also include any other community professionals, and resources necessary to support the child at CJP. The referral steps include:

1. The teacher will fill out the referral form for the student and return it to the Executive Director or Director of Education. The referral form will address the focus of concern and will identify any challenges that the student may be having in the classroom and the impact it has on their safety or learning.
2. Observations will be made by the Executive Director or Director of Education in regard to the intensity, frequency and duration of the challenges.
3. The Executive Director or Director of Education determines strategies need to be implemented to help the child, and contact will be made to set up a meeting with the parents.
4. The initial meeting will involve teachers, administrators and parents to create a plan of action. Parents will sign off on a document that will state that the parent agrees with the interventions and plan.
5. Teachers and Executive Director or Director of Education will implement agreed upon interventions for appropriate time period.
6. Teachers and Executive Director or Director of Education will monitor interventions and have follow up conferences or communications with parents.

Throughout the above referral process, if the child is unable to function in the classroom environment without one-to-one assistance, the parents will be notified. CJP is not able to provide extended one-to-one assistance to any child on an on-going basis. If the teacher and the Executive Director or Director of Education agree that keeping the child in the classroom is in the best interest of the child, an additional person, approved by CJP and the parents, shall be provided at the parents' expense to assist their child. Specifics will be discussed with the Executive Director or Director of Education and agreed upon in writing.

In addition to the above, the following steps may be required:

- To better meet the developmental and learning needs of the child, the Executive Director or Director of Education may request that a professional assessment be completed by an independent consultant within a designated time frame. Parents will be asked to notify the Executive Director or Director of Education within a reasonable time of the date of the assessment.
- The consultant of the parents' choice will provide CJP with a written assessment, report, and/or treatment plan for the child within two week of the appointment. To ensure a more comprehensive evaluation, it is recommended that the consultant observe the child in the classroom setting, as well as, discuss teacher observations.
- Administration will meet with parents to discuss written assessment and recommendations. In order to provide coordinated, comprehensive care, CJP will continue to monitor and record child's progress and may collaborate with outside specialists and consultants.

CJP will make every possible effort to work with the child, the family, and appropriate professionals. If the Executive Director deems that the child is still not showing progress, CJP may not be the most appropriate setting for the child.

# CJP Children's Medical Report

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

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

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

## B. Medical History (To be completed & signed by parent)

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes describe in detail: \_\_\_\_\_

(If yes is checked, parents will need to fill out an Allergy Action Plan)

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

3. Is 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 \_\_\_. If others, what? \_\_\_\_\_

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

**A. Physical examination:** This examination must be completed and signed by a licensed physician, an authorized agent currently approved by the NC 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 \_\_\_\_\_

Results of TB test, if given: Type: \_\_\_\_\_ Date: \_\_\_\_\_ Normal: \_\_\_\_\_ Abnormal: \_\_\_\_\_

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

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

Is child up to date on all of his/her immunizations? Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_

Date of Examination: \_\_\_/\_\_\_/\_\_\_

Signature & Title of authorized examiner \_\_\_\_\_

Phone number \_\_\_\_\_

**Medical report must be filled out upon enrollment and when changes occur. Completed medical report can be faxed to Charlotte Jewish Preschool at 704-944-6898**



# Child's Immunization Report

Child's Name: \_\_\_\_\_

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

Instructions: Enter each date of each dose received (Month/Day/Year) or attach a copy of the child's North Carolina Immunization Registry (NCIR) immunization record. The parent/guardian must submit a certificate of immunization on child's first day of attendance and as new vaccinations are administered. *G.S. 130A-155(b) requires all day care facilities to have this information on file.*

**If child's doctor prefers to provide the child's "North Carolina Immunization Registry" (NCIR) record, please go to the bottom of page 2**

## ENTER DATE OF EACH DOSE (MONTH/DAY/YEAR)

Vaccine Type	Vaccine Abbreviation	Trade Name	Combination Names	1 Date	2 Date	3 Date	4 Date	5 Date
Diphtheria, Tetanus, Perussis	DTap, DT, DTP	Infranix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV	IPOL	Pediarix, Pentacel, Kinrix					
Haemophilus Influenza Type B	Hib (PRP-T) Hib (PRP-OMP)	ActHIB, Pedvax HIB**	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	Proquad					
Varicella/Chicken Pox	Var	Varivax	Proquad					
Pneumococcal Conjugate*	PCV, PCV-13, PPV-23	Prevnar, Pneumovax***						

\*Required by state law for children born on or after 7/1/2015.

\*\*3 shots of PedvaxHIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

\*\*\*PPSV23 or Pneumovax is a different vaccine than Prevnar 13 and may be seen in high risk children over age 2. These children would also have received Prevnar 13.

**Note:** Children beyond their 5<sup>th</sup> birthday are not required to receive Hib or PCV vaccines.

**Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.**

Record updated by:	Date:	Record updated by:	Date:

### MINIMUM STATE VACCINE REQUIREMENTS FOR CHILD CARE ENTRY

By this age:	Children Need These Shots:						
3 months	1 DTap	1 Polio		1 Hib	1 Hep B	1 PCV	
5 months	2 DTap	2 Polio		2 Hib	2 Hep B	2 PCV	
7 months	3 DTap	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12-16 months	3 DTap	2 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
19 months	4 DTap	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years or older in child care only	4 DTap	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years and older and in Kindergarten	5 DTap	4 Polio	2 MMR	3-4 Hib**	3 Hep B	4 PCV	2 Var
Note: For children behind on immunizations, a catch-up schedule must meet minimal interval requirements for vaccines within a series. Consult with child's health care provider for questions.							

### VACCINES RECOMMENDED BY THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP), BUT NOT REQUIRED

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 Date	2 Date	3 Date	4 Date	5 Date
Rotavirus	RV1, RV5	Rotateq, Rotarix	Ages 2 mo., 4 mo., 6 mos.					
Hepatitis A	Hep A	Havrix, Vaqta	First dose, age 12-23 months. Second dose, within 6-18 months					
Influenza	Flu, IIV, LAIV	Fluzone, Fluarix, Flulaval, Flucelvax, FluMist, Afluria	Annually after age 6 months					

\_\_\_\_\_ **Please check here if the child's doctor is substituting the child's NCIR mentioned on page 1.**

Signature of child's doctor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed name of child's doctor: \_\_\_\_\_ Doctors' phone number: \_\_\_\_\_

This form is based on the Child Immunization History (August 2019) form which is located at:

[https://www.ncchildcare.nc.gov/Portals/0/documents/pdf/I/Immunization\\_Record.pdf?ver=93na4R-CliPaGuXRudapMA%3d%3d](https://www.ncchildcare.nc.gov/Portals/0/documents/pdf/I/Immunization_Record.pdf?ver=93na4R-CliPaGuXRudapMA%3d%3d)



Enclosed you will find a brochure entitled “North Carolina Child Care Law and Rules.” Please sign and return this acknowledgement form. Every student new to ***The Charlotte Jewish Preschool must have a signed acknowledgement in their file.*** If you have any questions please feel free to give us a call.

I have received the “North Carolina Child Care Law and Rules” brochure.

Student\_\_\_\_\_

Parent’s Signature\_\_\_\_\_

Date\_\_\_\_\_



### Space and Equipment

There are space requirements for indoor and outdoor environments that must be measured prior to licensure. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Indoor and outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

***Licensed centers must also meet requirements in the following areas.***

### Staff Requirements

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

### Staff/Child Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. 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 months	1:5	10
12-24 months	1:6	12
2 to 3 years old	1:10	20
3 to 4 years old	1:15	25
4 to 5 years old	1:20	25
5 years and older	1:25	25

### **Additional Staff/Child Ratio Information:**

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

### **Reviewing Facility Information**

From the Division's Child care Facility Search Site, the facility and visit documentation can be viewed.

A public file is maintained in the Division's main office in Raleigh for every licensed center or family child care home. These files can be viewed during business hours (8 a.m. -5 p.m.) by contacting the Division at 919-814-6300 or 1-800-859-0829 or requested via the Division's web site at [www.ncchildcare.ncdhhs.gov](http://www.ncchildcare.ncdhhs.gov).

### How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined and/or may have their licenses suspended or revoked.

Administrative actions must be posted in the facility. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829.



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

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

Division of Child Development  
and Early Education

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

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

Revised June 2019

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

## What Is Child Care?

The law defines child care as:

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

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

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

## Family Child Care Homes

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

## Child Care Centers

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

## Parental Rights

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

The law and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Local Child Care Resource and Referral agencies can provide help in choosing quality care. Check the telephone

directory or talk with a child care provider to see if there is a Child Care Resource and Referral agency in your community. For more information, visit the Resources page located on the Child Care website at: [www.ncchildcare.ncdhhs.gov](http://www.ncchildcare.ncdhhs.gov). For more information on the law and rules, contact the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829 (In State Only), or visit our homepage at: [ncchildcare.ncdhhs.gov](http://ncchildcare.ncdhhs.gov).

## Child Abuse, Neglect, or Maltreatment

Every citizen has a responsibility to report suspected child abuse, neglect or maltreatment. This occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. It may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. It also occurs when a child does not receive proper care, supervision, appropriate discipline, or when a child is abandoned. **North Carolina law requires any person who suspects child maltreatment at a child care facility to report the situation to the Intake Unit at Division of Child Development and Early Education** at 919-814-6300 or 1-800-859-0829. Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any maltreatment complaint or the issuance of any administrative action against the child care facility. **North Carolina law requires any person who suspects child abuse or neglect in a family to report the case to the county department of social services.**

## Transportation

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

## Record Requirements

Centers and homes must keep accurate records such as children's, staff, and program. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care. Prevention of shaken baby syndrome and abusive head trauma policy must be developed and shared with parents of children up to five years of age.

## Discipline and Behavior Management

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

## Training Requirements

Center and family child care home staff must have current CPR and First Aid certification, ITIS-SIDS training (if caring for infants, 0 to 12 months), prior to caring for children and every three years thereafter. Emergency Preparedness and Response (EPR) in Child Care training is required and each facility must create an EPR plan. Center and home staff must also complete a minimum number of health and safety training as well as annual ongoing training hours.

## Curriculum and Activities

Four- and five-star programs must use an approved curriculum in classrooms serving four-year-olds. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans and schedule must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. A written activity plan that includes activities intended to stimulate the development domains, in accordance with North Carolina Foundations for Early Learning and Development. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

## Health and Safety

Children must be immunized on schedule. Each licensed family child care home and center must ensure the health and safety of children by sanitizing areas and equipment used by children. For Centers and FCHs, meals and snacks must be nutritious and meet the Meal Patterns for Children in Child Care. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. Children must have space and time provided for rest.

## Two through Five Star Rated License

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

## Criminal Background Checks

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