

Infant Room Supply List

Please bring the following items to Meet the Teacher

- ♦ **6 crib sheets-** Sheets do have to be changed and sent home at the end of each day.
- ♦ **3 sets of extra clothing–** Please label all items.
- ♦ **Any food -** Cereal, snacks, baby food, etc. All containers must be labeled.
- ♦ **Sunscreen-** Please fill out the Permission to Administer Topical Ointment form.
- ♦ **Diaper Cream-** Please fill out the Permission to Administer Topical Ointment form.
- ♦ **Diapers-** Each individual diaper must be labeled with your child's initials. Please bring enough diapers (roughly 100 per month) so we don't have to ask to restock so often. The best way to label is to just open the end of the diaper pack (where the fold is) and put the initials there.



- ♦ **Wipes-** Label each container or package. Please try to provide a minimum of five packs to start.
- ♦ **Pacifier-** If your child uses a pacifier, please send extras in a Ziploc bag. Each pacifier needs to be labeled.

These items will be sent in daily and labeled with your child's name and date:

- ♦ **Bottles–** Must be dated and labeled with the child's full name. Each day you will send in the number of bottles your child will need based on your child's feeding schedule. If you are using breast milk, make sure you label each bottle clearly that is filled with breast milk, date, and full name. Please note that any formula or breast milk that is left after each feeding will be discarded.
- ♦ **Sippy cups–** If your child uses sippy cups in lieu of bottles, please follow the same guidelines as above.
- ♦ **Bowls/Utensils–** If your child is eating cereal or baby food, each day you will send in the appropriate number of bowls and utensils based on your child's feeding plan.
- ♦ **Bibs/Burpee clothes–** Please send enough bibs and burpee clothes to cover each feeding for the day.

We recommend providing a reusable bag to put your child's sheet, bibs, burpee cloths, and any soiled clothing to be sent home each day.

Please bring some family pictures to be put on your child's crib, around the room, and for other activities.

Infant Feeding Plan

As your child's caregivers, an important part of our job is feeding your baby. The information you provide below will help us to do our very best to help your baby grow and thrive. **Page two of this form must be completed and posted for quick reference for all children under 15 months of age.**

Child's name: _____

Birthday: _____

m m / d d / y y y y

Parent/Guardian's name(s): _____

Did you receive a copy of our "Infant Feeding Guide?"

Yes

No

If you are breastfeeding, did you receive a copy of:

"Breastfeeding: Making It Work?"

Yes

No

"Breastfeeding and Child Care: What Moms Can Do?"

Yes

No

TO BE COMPLETED BY PARENT

At home, my baby drinks (check all that apply):

- ☐ Mother's milk from (circle)

Mother bottle cup other

- ☐ Formula from (circle)

bottle cup other

- ☐ Cow's milk from (circle)

bottle cup other

- ☐ Other: _____ from (circle)

bottle cup other

How does your child show you that s/he is hungry?

How often does your child usually feed?

How much milk/formula does your child usually drink in one feeding?

Has your child started eating solid foods?

If so, what foods is s/he eating?

How often does s/he eat solid food, and how much?

TO BE COMPLETED BY TEACHER

Clarifications/Additional Details:

At home, is baby fed in response to the baby's cues that s/he is hungry, rather than on a schedule?

Yes No

If NO,

- ☐ I made sure that parents have a copy of the "Infant Feeding Guide" or "Breastfeeding: Making it Work"
- ☐ I showed parents the section on reading baby's cues

Is baby receiving solid food? Yes No

Is baby under 6 months of age? Yes No

If YES to both,

- ☐ I have asked: Did the child's health care provider recommend starting solids before six months?

Yes No

If NO,

- ☐ I have shared the recommendation that solids are started at about six months.

Handouts shared with parents:

Child's name: _____

Birthday: _____
m m / d d / y y y y

Tell us about your baby's feedings at our center.

I want my child to be fed the following foods while in your care:

	Frequency of feedings	Approximate amount per feeding	Will you bring from home? (must be labeled and dated)	Details about feeding
Mother's Milk				
Formula				
Cow's milk				
Cereal				
Baby Food				
Table Food				
Other (describe)				

I plan to come to the center to nurse / feed my baby at the following time(s): _____

My usual pick-up time will be: _____

If my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (choose as many as apply):

☐ hold my baby ☐ use the teething toy I provided ☐ use the pacifier I provided
☐ rock my baby ☐ give a bottle of milk ☐ other Specify: _____

I would like you to take this action _____ minutes before my arrival time.

At the end of the day, please do the following (choose one):

☐ Return all thawed and frozen milk / formula to me. ☐ Discard all thawed and frozen milk / formula.

We have discussed the above plan, and made any needed changes or clarifications.

Today's date: _____

Teacher Signature: _____ Parent Signature _____

Any changes must be noted below and initialed by both the teacher and the parent.

Date	Change to Feeding Plan (must be recorded as feeding habits change)	Parent Initials	Teacher Initials



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In Collaboration With:

NC Department of Health and Human
 Services
 NC Child Care Health and Safety Resource
 Center
 NC Infant Toddler Enhancement Project

Infant Feeding

A Guide for Parents and Caregivers

As a new parent or caregiver, you probably receive a lot of advice about how to feed your baby. This booklet will give you some basic information about feeding that can help your baby get the best start in life.

MYTHS and FACTS

MYTH: In hot weather, babies need water in a bottle.

FACT: Formula or mother's milk provides all the liquid a baby needs.

MYTH: Cereal in a bottle will help my baby sleep longer.

FACT: Cereal in a bottle will not help your baby sleep, and it may upset his tummy. Do not feed cereal until your baby can eat it from a spoon.

MYTH: If I am too busy to feed my baby, I can just prop the bottle.

FACT: Propping a bottle is not safe. A baby can choke. Take a break from what you are doing and enjoy this special time with your baby.

Photo courtesy of Wake AHEC



CAROLINA GLOBAL
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Breastfeeding-Friendly CHILD CARE

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<http://breastfeeding.sph.unc.edu/>

In Collaboration With:
NC Child Care Health and Safety Resource Center
NC Infant Toddler Enhancement Project
Shape NC: Healthy Starts for Young Children
NC Department of Health and Human Services
Wake County Human Services and
Wake County Smart Start

Should I Schedule My Baby's Feedings?



It is best to feed your baby when he is hungry. It may feel tempting to put your baby on a strict feeding schedule, so you will always know when he wants to eat. But do you always eat at exactly the same time every day?

It is best to feed your baby in response to her changing appetite. Your baby may be more or less hungry at different times or on different days—just like you! It is best to feed according to her changing appetite.

Doctors recommend that all babies be fed in response to their hunger cues, not on a strict schedule.

Advantages of cue-feeding include:

- Babies tend to grow better, especially after 3–4 months of age.
- Babies are calm for feedings, so they feed better.
- Breastfeeding moms have an easier time making enough milk for their babies.
- Babies learn to eat when they are hungry, which may help prevent obesity when they are older.

But How Do I Know When My Baby Wants To Eat?

Your baby may not be able to speak, but he still is able to tell you what he needs.

- **When a baby is hungry**, she will open her mouth, stick out her tongue, and move her head from side-to-side. While sleeping, she may start to wriggle. If her hand is near her mouth, she may try to suck on it. **Crying is a late sign of hunger.**
- **When a baby is full**, he will move away from the food. Never prop a bottle, because it forces a baby to eat more than he wants. It makes him overeat and can increase vomiting. Just like adults, babies know when they have had enough.
- **When a baby wants to have some quiet time**, she often will look away. She may have changes in her skin, her movements, or her breathing.
- **When a baby wants to cuddle**, he will look at you. As he gets older, he will smile.
- **When a baby is unhappy**, she will fuss and sometimes cry. All babies do this from time to time. You can never “spoil” your baby by comforting her. Responding to her cries will help her feel more secure and cry less often.

When you try to understand what your baby is “saying,” both of you will be happier and more confident!



Photo courtesy of Wake AHEC

But Why Should I Care About Breastfeeding?

Even if you are not a breastfeeding mother, consider learning more about breastfeeding.

- **I work in child care**, and it is part of my job to care for breastfeeding babies. I want to have the training and information to take the very best care of all of the babies in my care.
- **I am an employer**, and I want to know all I can about supporting my employees, including breastfeeding mothers.
- **There is a mother in my life who is breastfeeding**, my sister or daughter or friend. I want to do all I can to support her choices about feeding her baby.
- **I may have another baby someday.** Although feeding formula is the right choice for our family right now, I would like to learn more about how I can give my next baby the very best start in life, and how breastfeeding can be a part of that.



If you would like to learn more, ask your provider for our booklet “Breastfeeding: Making It Work.”

Copies also can be downloaded at our website:

<http://cgbi.sph.unc.edu/>

Infant/Toddler Safe Sleep Policy

Child Care Facility: Charlotte Jewish Preschool



A safe sleep environment for infants reduces the risk of sudden infant death syndrome (SIDS) and other sleep related infant deaths. According to N.C. Law, childcare providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share the policy with parents/guardians and staff. We implement the following safe sleep policy.

References: N.C. Law G.S. 100-91 (15), N.C. Child Care Rules .0606 and .1724, Caring for Our Children

Safe Sleep Practices

1. We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants under 6 months of age on their **backs to sleep**
3. We place infants on their backs to sleep even after they can easily turn over from the back to the stomach. We then allow them to adopt their own position for sleep.
4. We visually check sleeping infants every 15 minutes and record what we see on a *Sleep Chart*.
5. We maintain the temperature in the room where infants sleep between 68-75°F and check it on the thermometer in the room.
6. We provide all infants supervised "tummy time" daily.
7. We follow N.C Child Care Rules .0901(k) and .1706(j) regarding breastfeeding.

Safe Sleep Environment

8. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
9. We allow pacifiers without any attachments. Pacifiers attached to clothing will be removed when placed to sleep.
10. We do not allow infants to be swaddled.
11. We do not allow any objects, such as, pillows, blankets, or toys other than pacifiers in the crib or sleep space.
12. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
13. We give all parents/guardians of infants a written copy of the *Infant/Toddler Safe Sleep Policy* before enrollment. We review the policy with them, and ask them to sign a statement saying they received and reviewed the policy.
14. We encourage families to follow the same safe sleep practices to ease infants' transition to childcare.
15. Centers: We post a copy of this policy in the infant sleep room where it can easily be read.

Effective date: 7/21/2021__

Review date(s): 7/15/2022

Revision date(s): 7/15/2022

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

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

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

Facility Representative Signature: _____ Date: _____

What does a safe sleep environment look like?

Revised August 2018

Reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death



Use a firm sleep surface, such as a waterproof mattress in a safety-approved* crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in the infant's sleep area.

Keep soft objects, toys, and loose bedding out of the sleep area.

Do not smoke or let anyone smoke around infants.



Make sure nothing covers the infant's head.

Always place infants on their back to sleep, for naps and at night.

Put infants to sleep in light clothing, such as a one-piece sleeper, and do not use a blanket.

Infants should never sleep in an adult bed, on a couch, or on a chair alone or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 / www.cpsc.gov.

North Carolina Child Care Rules

"Infant" is any child from birth through 12 months of age.

- Caregivers must place infants on their backs for sleeping.
- Infants must have a waiver for alternative sleep positions or to use a wedge.
- No pillows, wedges, positioners, pillow-like toys, blankets, toys, bumper pads, quilts, sheepskins, loose bedding, towels and washcloths, or other objects may be placed with a sleeping infant.
- Children may not be swaddled.
- Nothing may be placed over the head or face of an infant when he/she is laid down to sleep.
- Infants sleep alone in a crib, bassinet, mat, or cot.
- The temperature in the room where infants sleep must not exceed 75° Fahrenheit.
- Caregivers must visually check, in person, sleeping infants at least every 15 minutes, and document checks.
- Pacifiers that attach to infant clothing may not be used with sleeping infants.
- Infants are prohibited from sleeping in sitting devices including car safety seats, strollers, swings, and infant carriers. Infants that fall asleep in sitting devices must be moved to a crib, bassinet, mat, or cot.



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

The North Carolina Child Care Health and Safety Resource Center
www.healthychildcarenc.org • 1.800.367.2229

NC Child Care Rules 10A NCAC 09 .0606 and .1724

Posters developed in cooperation with the NC Division of Child Development and Early Education



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

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. 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
- ⇒ 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
- ⇒ NC DCDEE: <http://ncchildcare.dhhs.state.nc.us>
- ⇒ American Red Cross: 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: _____

Parent/Guardian Signature: _____

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 5th 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



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.

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. 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.

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, IT'S-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.