

## A BRIGHT START CHILD CARE LEARNING CENTER APPLICATION FOR ENROLLMENT

Date Application Completed: \_\_\_\_\_ Date of Child's Enrollment: \_\_\_\_\_

### CHILD INFORMATION

Date of Birth: \_\_\_\_\_  
Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Nickname) \_\_\_\_\_  
Address: \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
Child lives with: Mother Father Grandparents Other If "Other", Explain Relationship: \_\_\_\_\_

### PARENT/ GUARDIAN INFORMATION

Mother/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### CHILD RELEASE CONTACTS

*My child can be released to the following individuals and in the event of an emergency and the parent/guardian cannot be reached. A Bright Start Child Care Learning Center can contact the following individuals, as authorized by the person who signs this application.*

NAME (First & Last)	RELATIONSHIP (To Child)	ADDRESS	PHONE NUMBER
1.			
2.			
3.			
4.			

### 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 health care professional.*

My child has: Asthma Allergies Diabetes Food Allergies Seizures Other: \_\_\_\_\_

**MY CHILD NEEDS A MEDICAL ACTION PLAN COMPLETED BY HIS/HER PHYSICIAN TO BEGIN CHILD CARE: Yes No**

List any health care needs/concerns: \_\_\_\_\_

List any fears or unique behavior characteristics your child may have: \_\_\_\_\_

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 child's Health Care Professional (Doctor): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Preferred for Emergency Treatment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### FIRE DRILL AND FIELD TRIP ACTIVITIES OUTSIDE THE FENCED PLAYGROUND AREA

I give permission to A Bright Start Child Care Learning Center for my child to participate in a walking trip or fire drill. I further give my permission to the facility for my child to participate in developmentally appropriate supervised activities outside of the fenced playground area.

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

I, as the parent/guardian, authorize A Bright Start Child Care Learning Center to obtain medical attention for my child in an emergency.

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

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

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

### ADDITIONAL CONTACT RELEASE AUTHORIZATION

Please sign here acknowledging that all names listed below are provided and approved by you, the child's parent/guardian, to be contacted or released in an event we can not contact you or an emergency:

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

[illegible]

# Discipline and Behavior Management Policy

Name of Facility: \_\_\_\_\_ Date Adopted \_\_\_\_\_

No child shall be subjected to any form of corporate punishment. Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following age and developmentally appropriate discipline and behavior management policy:

## We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO stay consistent in our behavior management program.
12. DO use effective guidance and behavior management techniques that focus on a child's development.
13. DO use short supervised periods of time-out sparingly.

## We:

1. DO NOT handle children roughly in any way, including shaking, pushing, shoving, pinching, slapping, biting, kicking, or spanking.
2. DO NOT place children in a locked room, closet, or box or leave children alone in a room separated from staff.
3. DO NOT delegate discipline to another child.
4. DO NOT withhold food as punishment or give food as a means of reward.
5. DO NOT discipline for toileting accidents.
6. DO NOT discipline for not sleeping during rest period.
7. DO NOT discipline children by assigning chores that require contact with or use of hazardous materials, such as cleaning bathrooms, floors, or emptying diaper pails.
8. DO NOT withhold or require physical activity, such as running laps and doing push-ups, as punishment.
9. DO NOT yell at, shame, humiliate, frighten, threaten, or bully children.
10. DO NOT restrain children as a form of discipline unless the child's safety or the safety of others is at risk.

The program's goals for helping children develop self-control and learn acceptable forms of social behavior are:

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Children are helped to resolve conflict and develop problem solving skills with peers by:

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I ensure myself and the additional caregivers follow the programs discipline and behavior management policies and practices and use behavior management strategies appropriately by:

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Local resources that can assist with services and support when persistent challenging behaviors continue to occur are:

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Operator:

I, the undersigned facility director/operator (or other designated staff member) of \_\_\_\_\_ Do hereby state that  
(facility name)  
I have given and discussed the facility's Discipline and Behavior Management Policy with the child's parent or guardian.

\_\_\_\_\_  
Signature of Director, Operator, (or other designated staff member)

\_\_\_\_\_  
Date

Parent or Guardian:

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/operator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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

## Child Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance.

Child's full name:	Date of birth:
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Enter the date of each dose received (Month/Day/Year) or attach a copy of the immunization record.

Vaccine Type	Abbreviation	Trade Name	Combination Vaccines	1 date	2 date	3 date	4 date	5 date
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV	IPOL	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib (PRP-T) Hib (PRP-OMP)	ActHIB, PedvaxHIB **, Hiberix	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, PCV13, PPSV23***	Prenar 13, 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 Prenar 13 and may be seen in high risk children over age 2. These children would also have received Prenar 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 (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.

Updated August 2019



## Child Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

### Vaccines Recommended (not required) by the Advisory Committee on Immunization Practices (ACIP)

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 date	2 date	3 date	4 date	5 date
Rotavirus	RV1, RV5	Rotateq, Rotarix	Age 2 months, 4 months, 6 months.					
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.					

Updated August 2019





## Children's Medical Report

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

Name of Parent or Guardian \_\_\_\_\_

Address of Parent or 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 # \_\_\_\_\_

# 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: \_\_\_\_\_  
mm / dd / yyyy

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: \_\_\_\_\_  
mm / dd / yyyy

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



CAROLINA GLOBAL  
BREASTFEEDING INSTITUTE  
*Breastfeeding-Friendly CHILD CARE*

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

*In Collaboration With:*

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

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma SAMPLE Policy

### Belief Statement

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

### Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death<sup>1</sup>. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT<sup>2</sup>.

### Procedure/Practice

Recognizing:

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

Responding to:

- If SBS/ABT is suspected, staff will<sup>3</sup>:
  - Call 911 immediately upon suspecting SBS/AHT and inform the director.
  - Call the parents/guardians.
  - If the child has stopped breathing, trained staff will begin pediatric CPR<sup>4</sup>.

Reporting:

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

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

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

If no physical need is identified, staff will attempt one or more of the following strategies<sup>5</sup>:

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

In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children<sup>6</sup>.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- Other \_\_\_\_\_



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## Prevention of Shaken Baby Syndrome and Abusive Head Trauma SAMPLE Policy

### Prohibited behaviors

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

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

### Strategies to assist staff members understand how to care for infants

Staff reviews and discusses:

- The five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development, [ncchildcare.nc.gov/PDF\\_forms/NC\\_Foundations.pdf](http://ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf)
- How to Care for Infants and Toddlers in Groups, the National Center for Infants, Toddlers and Families, [www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups](http://www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups)
- Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of Infant/Toddler Researchers, pages 7-9, [www.acf.hhs.gov/sites/default/files/opre/nitr\\_inquire\\_may\\_2016\\_070616\\_b508compliant.pdf](http://www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf)

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

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

- Brain Development from Birth video, the National Center for Infants, Toddlers and Families, [www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth](http://www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth)
- The Science of Early Childhood Development, Center on the Developing Child, [developingchild.harvard.edu/resources/inbrief-science-of-ecd/](http://developingchild.harvard.edu/resources/inbrief-science-of-ecd/)

### Resources

List resources such as a staff person designated to provide support or a local county/community resource:

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### Parent web resources

- The American Academy of Pediatrics: [www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx](http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx)
- The National Center on Shaken Baby Syndrome: <http://dontshake.org/family-resources>
- The Period of Purple Crying: <http://purplecrying.info/>
- Other \_\_\_\_\_

### Facility web resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma, <http://cfoc.nrkids.org/StandardView.cfm?StdNum=3.4.4.3&=+>
- Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention, [http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing\\_SBS\\_508-a.pdf](http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf)
- Early Development & Well-Being, Zero to Three, [www.zerotothree.org/early-development](http://www.zerotothree.org/early-development)
- Other \_\_\_\_\_



## References

1. The National Center on Shaken Baby Syndrome, [www.dontshake.org](http://www.dontshake.org)
2. NC DCDEE, [ncchildcare.dhhs.state.nc.us/general/mb\\_ccrulespublic.asp](http://ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp)
3. Shaken baby syndrome, the Mayo Clinic, [www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461](http://www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461)
4. Pediatric First Aid/CPR/AED, American Red Cross, [www.redcross.org/images/MEDIA\\_CustomProductCatalog/m4240175\\_Pediatric\\_ready\\_reference.pdf](http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf)
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, [www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques](http://www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques)
6. Caring for Our Children, Standard 1.7.0.5: Stress <http://cfoc.nrckids.org/StandardView/1.7.0.5>

## Application

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

## Communication

### Staff\*

- Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children up to five years of age.
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age.
- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgement
- 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.

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### Effective Date

### This policy was reviewed and approved by:

		Owner/Director (recommended)	Date
DCDEE Child Care Consultant (recommended)	Date	Child Care Health Consultant (recommended)	Date
<hr/>			
Annual Review Dates			



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

The NC Resource Center is a project of the Department of Maternal and Child Health, UNC Gillings School of Global Public Health  
Funded by the Department of Health and Human Services





## Acknowledgements

### **Documentation of Receipt: Summary of Child Care Law**

By signing below, you are acknowledging you have received A Bright Start Child Care Learning Center Operational Policies

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

### **Documentation or Receipt: Center Operational Policies**

By signing below, you are acknowledging you have received the Summary of North Carolina Child Care Law for Child Care Centers

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

### **Documentation or Receipt: Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policies**

I, the parent/guardian of \_\_\_\_\_, acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

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

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

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

Signature of Parent/ guardian: \_\_\_\_\_

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

### **Permission to Photograph**

I give permission for A Bright Start Child Care Learning Center to photograph my child for the following purposes:

Type of Use	Grant Permission	Decline Permission
Display in my child's portfolio	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients (ex: Classroom photo)	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>

I understand that it is my responsibility to update this form in the even that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## A Bright Start Child Care Learning Center Notification of Smoking and Tobacco Restriction

### **Objective:**

To maintain a smoke free-environment and protect the health of all those who work, attend, or visit A Bright Start Child Care Learning Center.

A Bright Start Child Care is a smoke free- environment, in accordance with the North Carolina Division of Child Care children must be in a smoke free and tobacco free environment. [Rules. 0604]

### **Policy: Effective May 1, 2018**

Smoking and the use of any product containing, made, or derived from tobacco, is not permitted on the premises, in vehicles used to transport children, or during off premise activities.

### **Responsibilities and Procedures:**

1. "No Smoking" signs are posted at each entrance and in vehicles used to transport children.
2. Notice will be given to all parents in writing of the smoking and tobacco restriction before their child is enrolled.
3. Notice will be given to all employees and volunteer prior to providing care or guidance to the children.
4. The smoking and tobacco restriction policy will be reviewed with staff at commencement of employment.

### **Print**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Check one that applies:**

- ☐ Employer
- ☐ Employee
- ☐ Parent/ Guardian
- ☐ Volunteer



A Bright Start Child Care Learning Center  
Children's File Checklist

Name of Child \_\_\_\_\_

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

*The following items must be present in each child's file*

Item	Due Date	Date Received/Completed
<input type="checkbox"/> Application for enrollment	1 <sup>st</sup> Day	
<input type="checkbox"/> Emergency Medical Care Information/Medical Action Plan (If applicable)	1 <sup>st</sup> Day/updated as changes occur	
<input type="checkbox"/> Medical Report	Within 30 days of enrollment	
<input type="checkbox"/> Immunization Record	Within 30 days of enrollment	
<input type="checkbox"/> Documentation of Receipt: Discipline Policy	1 <sup>st</sup> Day	
<input type="checkbox"/> Infant feeding plan (children less than 15 months old)	1 <sup>st</sup> Day	
<input type="checkbox"/> Infant sleep position waivers (if applicable)	1 <sup>st</sup> Day	
<input type="checkbox"/> Infant safe sleep visual check chart (if applicable)	1 <sup>st</sup> Day	
<input type="checkbox"/> Documentation of Receipt: Center Operational Policies (if applicable)	1 <sup>st</sup> Day	
<input type="checkbox"/> Authorization for Transportation (if applicable)	1 <sup>st</sup> Day/ As occurs	
<input type="checkbox"/> Documentation of Receipt: Summary of Child Care Law	1 <sup>st</sup> Day	
<input type="checkbox"/> Copies of Incident Reports	As occurs	
<input type="checkbox"/> Emergency Medical Care Authorization	1 <sup>st</sup> Day	
<input type="checkbox"/> Medication authorization, Record of Medication Administration (if applicable), and Medication Error Report (if applicable)	As occurs	
<input type="checkbox"/> Off premise activities authorization	As occurs	
<input type="checkbox"/> Permission to transport/participate in off premise activities (if applicable)	1 <sup>st</sup> Day	
<input type="checkbox"/> Nutrition opt-out form (if applicable)	As occurs	
<input type="checkbox"/> Documentation of Receipt: Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policies	1 <sup>st</sup> Day	
<input type="checkbox"/> Permission for aquatic activities (if applicable)	1 <sup>st</sup> Day	
<input type="checkbox"/> Notification of smoking and tobacco restriction	1 <sup>st</sup> Day	
<input type="checkbox"/> Photo Authorization Form	1 <sup>st</sup> Day	
<input type="checkbox"/> IEP/IFSP	1 <sup>st</sup> Day/ As occurs	
<input type="checkbox"/> Discipline Notices	As occurs	

