

CHILDREN'S FILE CHECKLIST

Name of Child: _____

Enrollment Date: _____

ITEM	DUE DATE	DATE RECEIVED/COMPLETED
<input type="checkbox"/> YWCA Membership Form (2 pages)	Day 1	
<input type="checkbox"/> Application For Enrollment (No Blank Spaces)	Day 1	
<input type="checkbox"/> Emergency Medical Care Information (Listed on Application)	Day 1 (updated annually)	
<input type="checkbox"/> Emergency Medical Care Authorization (Listed on Application and Acknowledgment Form)	Day 1	
<input type="checkbox"/> All About Me form	Day 1	
<input type="checkbox"/> Medical Report (Parent & Physician's Portion)	Within 30 days	
<input type="checkbox"/> Immunization Record	Day 1	
<input type="checkbox"/> Authorization For Extra Pickup	Day 1	
<input type="checkbox"/> Discipline and Behavior Management Policy	Day 1	
<input type="checkbox"/> Infant Feeding Plan (Children less than 15 months)	Day 1	
<input type="checkbox"/> Documentation of Safe Sleep Policy	Day 1	
<input type="checkbox"/> Infant Sleep Position Waivers (If Applicable)	Day 1	
<input type="checkbox"/> Documentation of Shaken Baby Syndrome and Abusive Head Trauma	Day 1	
<input type="checkbox"/> Nutrition Opt Out Form	Day 1	
<input type="checkbox"/> Receipt for Summary of Child Care Law (Listed on Acknowledgement Form)	Day 1	
<input type="checkbox"/> Receipt for Center Operational Policies	Day 1	
<input type="checkbox"/> Permission for Aquatic Activities (If applicable)	Day 1	
<input type="checkbox"/> Permission to Transport/ Participation of Off Premises activities (Listed on Acknowledgment Form)	Day 1	
<input type="checkbox"/> Authorization for Transportation (If Applicable)	Day 1 (updated annually)	
<input type="checkbox"/> Notification of Smoking and Tobacco Restriction (Listed on Acknowledgment Form)	Day 1	
<input type="checkbox"/> Off Premise Activities Authorization	As Occurs	
<input type="checkbox"/> Medication Authorization, Medication Administration, Medication Error Report	As Occurs	

Primary Adult Details:

Please fill out top for all memberships. Adult information needs to be entered even for a youth membership

Name		Date of Birth	
Address			
Home Phone		Cell Phone	
Email Address			
Employer Name/Number			

Gender: (Check one)

Male
Female

Ethnicity: (Check all that apply)

Caucasian/White	African American	Asian
Hispanic	Native American	Other

Languages Spoken: (Check all that apply)

English	Spanish	Other
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Family Details: (For family memberships)

	Name	DOB	Gender	Email
Spouse				
Child 1				
Child 2				
Child 3				

Emergency Contact Details:

Name	
Phone	

Please indicate which program/days your child will be attending. You will be financially responsible for the schedule chosen.

Preschool—Full Day <input type="checkbox"/> 4-5 Days per Week <input type="checkbox"/> 3 days per Week <input type="checkbox"/> 2 days per Week	After School <input type="checkbox"/> 4-5 Days per Week <input type="checkbox"/> 3 days per Week <input type="checkbox"/> 2 days per Week <input type="checkbox"/> 1 day per week
Preschool—Half Day (9:00-1:00) <input type="checkbox"/> 4-5 Days per Week <input type="checkbox"/> 3 days per Week <input type="checkbox"/> 2 days per Week	Intersession <input type="checkbox"/> 4-5 Days per Week <input type="checkbox"/> 3 days per Week <input type="checkbox"/> 2 days per Week <input type="checkbox"/> 1 day per week
	Summer Camp <input type="checkbox"/> 4-5 Days per Week <input type="checkbox"/> 3 days per Week <input type="checkbox"/> 2 days per Week <input type="checkbox"/> 1 day per week

Students must attend according to the schedule they registered for. This schedule cannot be changed without approval by the director. If a child does not attend the days they are registered for, the parent/guardian is still responsible for payment of the scheduled days. The **only** exception to this is one vacation week per child, per calendar year. (**ONLY APPLICABLE TO STUDENTS ENROLLED FULL TIME, Mon-Fri. Those receiving financial assistance or DSS are ineligible**)

If your child will be absent from the program for any reason, you must notify us as soon as possible. For those students being picked up from school, please notify us of their absence **before dismissal**.

For After School Program, please check the school that your child will be attending. If your child’s school is not listed below, please call 799-6820x115, or 777-3257 for further information.

Teacher Workdays/School Closings

Full day care is offered for Afterschool students on days that the School system is closed, including teacher workdays and school breaks. The parent/guardian is responsible for drop off and pick up on these days. The YWCA **must** be notified ahead of time if a child will be attending full day.

In the event a child is already scheduled for afterschool and comes a full day, there is a \$7 add-on charge. If a student is adding an entire full day to his schedule, there is a \$30 charge.

YWCA MAIN CAMPUS

- Mary C. Williams
- Carolina Beach
- CREC
- Codington
- Bellamy
- Pine Valley
- Oasis
- Holly Tree
- Parsley
- CFCI
- Anderson
- Island Montessori
- Forest Hills

YWCA @ WESLEY

- Alderman
- Winter Park
- College Park
- Gregory
- Eaton
- Sunset Park
- Bradley Creek
- Roland Grise Middle
- Holly Shelter Middle
- Friends of Wilmington
- Wilmington Christian Academy

✓ Parent Signature _____ **Date** _____

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

Date of Birth: _____

Full Name: _____
Last First Middle Nickname

Child's Physical

Address: _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

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

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

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

Work Phone _____ Cell Phone _____

CONTACTS:

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

Name	Relationship	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH CARE NEEDS:

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

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

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

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

List any types of medication taken for health care needs _____

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

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

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

Signature of Parent/Guardian _____ Date _____

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

Signature of Administrator _____ Date _____

All About Me

Child's Name: _____

Date of Birth: _____

I love activities such as: _____

I get scared or anxious when: _____

Some of my favorite foods are: _____

Some of my sleeping habits are: _____

Other helpful information: _____

Parent Signature

Today's Date

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No___ Yes___ If yes, what? _____

2. Is child currently under a doctor's care? No___ Yes___ If yes, for what reason? _____

3. Is the child on any continuous medication? No___ Yes___ If yes, what? _____

4. Any previous hospitalizations or operations? No___ Yes___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No___ Yes___ ; diabetes No___ Yes___ ;
convulsions No___ Yes___ ; heart trouble No___ Yes___ ; asthma No___ Yes___ .
If others, what/when? _____

6. Does the child have any physical disabilities: No___ Yes___ If yes, please describe: _____

Any mental disabilities? No___ Yes___ If yes, please describe: _____

Signature of Parent or Guardian _____ **Date** _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Height _____% Weight _____%

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____

Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____ Vision _____ Hearing _____

Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal _____ followup _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed; _____

Should activities be limited? No___ Yes___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ **Phone #** _____

Child's Name: _____

Please list the people we may contact for pick up or in case of an emergency should the parent/guardian may not be reached. Please note: anyone not listed, will not be authorized to pick your child up from the YWCA Youth Enrichment Program.

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

I authorize the aforementioned people to pick up my child from the YWCA Youth Enrichment Program.

Parent Signature: _____

Date: _____

Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding from adults and others, they develop good concepts, problem solving abilities, and self-discipline. Based on this of how children learn and develop values, the YWCA will practice the following discipline and

WE:

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

WE:

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

I, the parent/guardian, do hereby state that I have read and received a copy of the Discipline and Behavior Management Policy of the YWCA.

Parent Signature: _____

Date: _____

Prevention of Shaken Baby Syndrome and Abusive Head Trauma YWCA Lower Cape Fear Policy

Belief Statement

We, the YWCA Lower Cape Fear Youth Enrichment Programs, believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

Background

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

Procedure/Practice

Recognizing:

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

Responding to:

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

Reporting:

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

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

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

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

- ✓ Rock the child, hold the child close, or walk with the child.
- ✓ Stand up, hold the child close, and repeatedly bend knees.
- ✓ Sing or talk to the child in a soothing voice.
- ✓ Gently rub or stroke the child's back, chest, or tummy.
- ✓ Offer a pacifier or try to distract the child with a rattle or toy.
- ✓ Take the child for a ride in a stroller.
- ✓ Turn on music or white noise.
- ✓ 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 children⁶.
- ✓ Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- ✓ Other _____

**Prevention of Shaken Baby Syndrome and Abusive Head Trauma
YWCA Lower Cape Fear 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

Parent or guardian acknowledgement form

I, _____, the parent or guardian of _____
Parent/Guardian's name Child's name

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

Date policy given/explained to parent/guardian Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian Date



YWCA Youth Enrichment Program Transportation Procedures

Our focus on safety with the children also extends into our transportation policies. For the convenience of the parents, we provide safe transportation from local schools. Every YWCA Lower Cape Fear driver completes a comprehensive driver training program before transporting the children from school. We want to ensure children are in the safest care when they are at the YWCA.

Child to staff ratios will be maintained on all YWCA vehicles. The buses will be staffed with monitors to assist drivers in documentation of all children being transported. They will ensure children remain safely and properly seated in seat belts on vehicles so equipped. During loading and unloading of children the monitors will ensure that all children are accounted for by completing the daily Transportation Log.

All YWCA vehicles will load and unload children behind the east gate, out of way of the parking lot traffic. When children are exiting the vehicles, drivers, will ensure the brakes are set, ignition is off and keys removed.

Drivers will dismiss the children and check each seat from the front of the vehicle to the back in order to ensure all children and their belongings are off the vehicle before parking in the designated space. Bus monitors will escort children to the approved designated drop off location. At no time will children be permitted to walk in front of behind an occupied vehicle. Our Program Director or Transportation Manager will again safely check as an additional failsafe. Documentation must be completed, signed, and returned to the administrator after each route has been completed.

Children will be escorted to the rear door of the building by the bus monitors who will ensure they are following the sidewalks to safely get to where they are going.

In the event it is needed, any incident reports will be completed by the driver or monitor and submitted to the Program Director in a timely manner.

Any defects or concerns regarding vehicle condition or maintenance will be reported directly to the Transportation Manager who will ensure the necessary steps are taken to resolve the issue.

Transportation Permission

A. Parent and Child Information

Name of Parent	Telephone Number - Primary
Name of Child <input type="checkbox"/> Picture attached	Telephone Number - Secondary

B. Emergency Contact Information (non-parent)

Name	Telephone Number
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C. Departure and Return Times

Departure Time 1:00-1:30	Arrival Time 2:00-2:45	Return Time 3:00-3:15
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D. Authorized Destinations

Child transported from	Child transported to YWCA
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E. Parent Signature and Other

Person receiving child, if applicable <input type="checkbox"/> On application	Method of Travel Bus/ Van
Permission to transport is valid from [give date] to [give date]. From To (up to 12 months)	Transportation Provider
Signature of Parent or Guardian	Date

Transportation Permission

A. Parent and Child Information

Name of Parent	Telephone Number - Primary
Name of Child <input type="checkbox"/> Picture attached	Telephone Number - Secondary

B. Emergency Contact Information (non-parent)

Name	Telephone Number
------	------------------

C. Departure and Return Times

Departure Time 1:00-1:30	Arrival Time 2:00-2:45	Return Time 3:00-3:15
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D. Authorized Destinations

Child transported from	Child transported to YWCA
------------------------	------------------------------

E. Parent Signature and Other

Person receiving child, if applicable <input type="checkbox"/> On application	Method of Travel Bus/ Van
Permission to transport is valid from [give date] to [give date]. From To (up to 12 months)	Transportation Provider
Signature of Parent or Guardian	Date

YWCA Lower Cape Fear Enhanced Aquatics Policy

In efforts to promote safe, developmentally age appropriate activities for all children who attend the YWCA, a set of rules and guide lines have been established by the YWCA that coincides with the NC Division of Child Development policies and procedures pertaining to aquatic activities. All YWCA staff and parents/guardians must adhere to these policies and procedures in order to provide a safe and healthy environment for children who attend the YWCA Youth Enrichment Program.

According to NC Division of Child Development, aquatic activities are defined as activities that take place in, on, or around a body of water such as swimming, swimming instruction, wading, visits to water parks, and boating. Aquatic activities do not include water play activities such as water table play, slip and slide activities, or playing in sprinklers.

For every 25 children in care participating in aquatic activities, there shall be at least one person who has current life guard training certificate issued by Red Cross or other training determined by the Division to be equivalent to the Red Cross training, appropriate for both the type of body of water and type of aquatic activities. These certified lifeguards shall not be counted in the required staff-child ratios.

The following staff-child ratios shall be maintained whenever children participate in aquatic activities

Age of Children	Staff-Child Ratios
3 to 4 years	1/8
4 to 5 years	1/10
5 years and older	1/13

Notwithstanding the staff-child ratios, at no time shall there be fewer than two staff members supervising the aquatic activity.

Children shall be adequately supervised by center staff at all times while participating in aquatic activities. Adequate supervision shall mean half of the center staff needed to meet the staff-child ratios will be in the water and the other half is out of the water. If an uneven number of staff shall be stationed in pre-assigned areas that will enable them at all times to hear, see, and respond quickly to the children who are in the water and children who are out of the water. Children shall not enter the water before center staff is stationed in their pre-assigned areas of coverage and shall communicate with one another about children moving from one area to another area.

Prior to children participating in aquatic activities, the center shall develop policies that address the following:

1. aquatic safety hazard
2. pool and aquatic activity area supervision including restroom or changing room use;
3. how discipline is handled during aquatic activities; and
4. the facility's specific field trip and transportation policies and procedures.

Before staff first supervises the children on an aquatic activity, and annually thereafter, staff shall sign and date statements that they have reviewed:

1. the center policies as specified in the above paragraph of this rule;
2. any specific guidelines provided by the pool or other off site aquatic facility; and
3. the requirements of this Rule.

The current statement shall be maintained in the staff personnel file for one year or until it is superseded by a new statement.

Any outdoor swimming pool which is located on the child care premises shall be enclosed by fence and shall be separated from the remaining outdoor play area by fence.

Swimming pool safety rules shall be posted near any swimming pool located on the child care facility premises. At a minimum, these rules shall state:

1. location of first aid kit
2. that only water toys are permitted;
3. that children shall not run or push one another;
4. that swimming is allowed only when an adult is present; and
5. that glass objects are not allowed.

All swimming pools used by children shall meet the "Rules Governing Public Swimming Pools" in accordance with NC Division of Child Development rules and regulations pertaining to aquatic activities.

YWCA Staff Operational Policies/Procedures for Aquatic Activities

The YWCA reserves the right to dismiss any child from aquatic activities if a child is continuously aggressive in any area pertaining aquatic activities that causes harm to others.

To ensure a safe and healthy environment for children participating in the YWCA program, staff must adhere to the following operational policies and procedures:

- Maintain current First Aid and CPR certification
- Maintain staff/child ratios
- Two staff members must supervise children at all times. One staff member must be in the water and the other staff member must not be any further than 3 steps away from the edge of the pool. The person on the outside of the pool must escort children to and from restroom and dressing room at all times. Children should never be left alone in dressing room or restroom.
- All staff members must provide 2 lists of children swimming to the front desk in the child care department. These lists must be separated by gender and grade level. Staff must give a total head count of children to the pool receptionist as well.
- All staff must be in pre-assigned areas before children enter the water/pool area.
- Staff must do a child head count through-out the entire time children are swimming.
- Staff must make sure children are not sharing stall, towels, or swim suits/shorts.
- Staff must make sure children stay in stalls while changing clothes.
- Glass objects and food are not allowed in pool area.
- Teachers must keep a list of children who are authorized by life guard to swim in 5ft and above areas of pool.
- Staff will discuss pool procedures/rules to children before children leave their classroom.
- If rules are not followed by children, staff will follow discipline policy.

Guidelines and rules for children

- Children must have their own swim suits/shorts
- Children are to change in stalls alone (siblings are not to share stalls)
- Children must use pool toys marked with YWISE KIDS name only
- Children are to never play with swim noodles/kick boards (due to supervision)
- Everyone must leave locker rooms together with assigned staff member
- Children are to never leave pool area without their teacher
- Glass objects and food are not permitted in pool area
- Children will walk at all times while participating in aquatic activities
- Children are to keep hands and feet to themselves
- If jumping in pool from the side, everyone must jump feet first
- Children are to stay off the handicap ramp
- Children may enter 5ft and above if they have passed the life guard's swim test first. All children that have passed the swim test, must wear a wrist band to let the life guard know they can swim the length of the pool. Children must turn in wrist band to life guards after each swim session.

Failure to follow rules and expectations will result in the following discipline procedures

- First time behavior- Verbal warning
- Second time behavior- Out of pool for five minutes
- Third time behavior- Remains out of pool for the duration of swim session and loses privileges for next swim session.

Child's Name: _____

Date of Enrollment: _____

I, _____, the parent/legal guardian of the above referenced child, acknowledge that I received a copy of the YWCA's Aquatic Policy at the time of my child's enrollment. I also give permission for my child to participate in the aquatic activities offered at the YWCA Lower Cape Fear.

Parent Signature: _____

Date: _____



Nutrition Opt Out Form

Child Care Rules .0901(c) and .1706(b) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

I _____ plan to provide all meals, snacks and
(Parent/Guardian Print Name)

drinks for my child and do not want his/her meals, snacks or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks or drinks for my child, I understand that the program will provide supplemental food and drink.

Parent/Guardian Signature

Date

The following requirements apply to both centers and homes.

Transportation

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

Program Records

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

Discipline and Behavior Management

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

Parental Rights

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

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. 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 in Child Care website at: www.ncchildcare.nc.gov. For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829 (In State Only), or visit our homepage at: ncchildcare.nc.gov

Reviewing Files

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

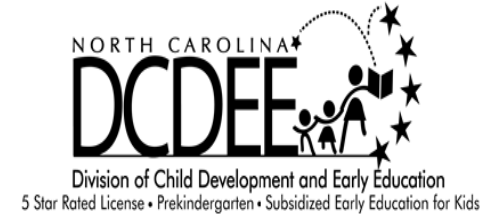
- viewed during business hours (8 a.m. -5 p.m.);
- requested via the Division's web site at www.ncchildcare.nc.gov; or
- requested by contacting the Division by telephone at 919-527-6335 or 1-800-859-0829.

How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829.

Child Abuse, Neglect, or Maltreatment

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



Summary of the North Carolina Child Care Law and Rules

Division of Child Development
and Early Education

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

Revised February 2018

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

What Is Child Care?

The law defines child care as:

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

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

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

Star Rated Licenses

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

Family Child Care Homes

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

- Home providers must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children.
- He or she must undergo a criminal background check initially, and every three years thereafter.
- All household members over age 15 must also undergo a criminal background check initially, and every three years thereafter.
- All family child care home providers must have current certification in CPR and first aid, complete an ITS-SIDS training initially (if caring for infants 0 – 12 months) and every three years, the Emergency Preparedness and Response

(EPR) in Child Care training and create the EPR plan. They also must complete a minimum number of health and safety training and ongoing training hours annually.

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

Child Care Centers

Licensing as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License. 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.

Licensed centers must meet requirements in the following areas.

Staff

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours, including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. 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 mths	1:5	10
12-24mths	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School-age	1:25	25

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.

Space and Equipment

Centers must have at least 25 square feet per child indoors and 75 square feet per child for ½ the total licensed capacity outdoors, if licensed over 29 children. 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.

Curriculum

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

Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. For Centers and FCCHs, 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. They must have space and time provided for rest.

YWCA Youth Enrichment Program

Operational Policies and Procedures Acknowledgment form

NC Childcare Law

I, the undersigned parent/guardian do hereby state that I have read and received a summary of the NC Childcare Law and Rules. **Initial** _____

Financial Policies

I have received a copy of the financial policies and procedures as well as tuition fees and schedule, which have been explained via handbook. **Initial** _____

YWCA Membership Fee: \$25/Youth, \$55 Family

Annual Registration Fee (upon enrollment and billed annually each August): \$30/1st child, \$20/each additional child.

Summer Camp Activity Fee: \$30.00

Preschool Full Day- Infant & Toddler \$194.00/week (M-F) \$182.00/ 3 days (M,W,F) \$164.00/ 2 days (T,Th)	After School Care \$90.00/week (M-F) \$25.00/day (1-3 days)
Preschool Full Day-2-year-olds \$185.00/week (M-F) \$168.00/week (M, W, F) \$159.00/week (T/Th)	Intersession \$130.00/week \$32.00/day
Preschool Full Day-3-5 year olds \$150.00/week (M-F) \$138.00/week (M,W,F) \$132.00 (T,Th)	Summer Camp \$130.00/week \$32.00/day
Preschool Half Day- Ages 2 years- Rising Kindergarten \$90.00/week (M-F) \$65.00/week (M, W, F) \$50.00/week (T, Th)	

Medical Emergency

If at any time a medical emergency should arise, an attempt will be made to notify the parents/guardian immediately. If the parents/guardians cannot be reached, or if the situation warrants, the child may be transported to a medical facility. **Initial** _____

Transportation

I have received a copy of the transportation procedures and give permission for my child to participate in field trips and any off-premise activities with the YWCA. I also give permission for my child to be transported by an authorized vehicle by the YWCA to and from school, for events, and in the case of an emergency. **Initial** _____

Late Pick Up

Parents/Guardians are expected to pick up all participants by the close of business. Failure to do so will result in a \$5.00 fee after the first 5 minutes and then a \$1.00 fee per minute thereafter. Late pick fees are to be paid at the time of pick up. **NO EXCEPTIONS. Initial _____**

Vacation

A yearly, one week (Mon- Fri) vacation is offered to all full time enrolled participants with a cleared account balance. Requested vacation time must be submitted two weeks in advance and on the appropriate form. Vacation request forms are located in the front lobby or ask the front desk attendant. **Initial _____**

Withdrawal

If at any time a participant chooses to withdrawal from the program, a two-week notice must be given and submitted on the proper form. Tuition will continue to be charged during those two weeks despite the participant's attendance. All balances must be paid in full before the child's last day of attendance. **NO EXCEPTIONS. Initial _____**

Risk

I understand that there is a risk to attending childcare. These include but are not limited to communicable diseases such as cold and flu, stress, biting, and possible skin irritation due to frequent hand washing. I understand that the staff is trained to prevent and minimize these risks. **Initial _____**

Aquatics Policy and swimming permission

At the YWCA we take advantage of having such a beautiful swimming facility. Authorization must be given for children to use the aquatic facility. An aquatic policy was given to me at the time of enrollment. I understand and hereby give my permission for my child to participate in aquatic activities with the YWCA. **Initial _____**

Safe Arrival and Departure

I have been given a copy of the YWCA Youth Enrichment Program's safe arrival and departure procedures. **Initial _____**

Food and Nutrition

Each day participants are provided with a nutritious breakfast and afternoon snack. We ask that parents sign an Opt-out form. This will allow you to bring your child breakfast or a snack of your choosing as long as it is healthy. As the parent/guardian, I understand that I must provide my child with the appropriate lunch each day. **Initial _____**

Illness Policy

I have been given a copy of the YWCA Youth Enrichment Program's illness policy and understand it's entirety. **Initial _____**

Photographs/ Media Release

All participants attending the YWCA Childcare and Youth Enrichment Program will need parent/guardian permission to participate in any media coverage representing the YWCA. Permission to photograph any child will also be needed. **Initial _____**

Smoke-Free Policy

The YWCA Childcare and Youth Enrichment Program have a **NO SMOKING POLICY**. We provide a smoke-free environment for the children, parents, and staff. There should **NOT** be any smoking anywhere on or in our facility. This policy pertains to cigarettes, cigars or any other tobacco product. This no smoking policy is for employees, parent, and visitors. **Initial** _____

Signed Parent Statement

The YWCA Youth Enrichment Program operational policies and procedures were discussed through a one on one detailed orientation. I was given a copy of the YWCA Youth Enrichment Program's handbook before my child enrolled, which was discussed in its entirety during orientation. I understand that I will be notified in writing of any and all changes to the operational policies and/or procedures that may take place at the YWCA.

Parent Signature: _____

Date: _____

Infant/Toddler Safe Sleep Policy



Child Care Facility:

YWCA Lower Cape Fear

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, child care 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, unless a signed ITS-SIDS Alternate Sleep Position Health Care Professional Waiver is in the infant's file and posted at the infant's crib. We retain the waiver in the child's record for as long as they are enrolled.
3. We do not accept Parent Waivers for infants older than six months.* -OR-
 We accept the ITS-SIDS Alternate Sleep Position Parent Waiver.
4. 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.
 We document when each infant can roll from back to stomach and tell the parents. We put a notice in the child's file and on or near the infant's crib.*
5. We visually check sleeping infants every 15 minutes and record what we see on a Sleep Chart.
 We check infants 2-4 month of age more frequently.*
6. We maintain the temperature in the room where infants sleep between 68-75°F and check it on the thermometer in the room.
 We further reduce the risk of overheating by not over-dressing infants*
7. We provide all infants supervised "tummy time" daily.
8. We follow N.C Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.
 We further encourage breastfeeding in the following ways:*

Safe Sleep Environment

9. 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.
10. We do not allow infants to use pacifiers. -OR-
 We allow pacifiers without any attachments. Pacifiers attached to clothing will be removed when placed to sleep.
 We do not reinsert the pacifier in the infant's mouth if it falls out.*
 We remove the pacifier from the crib once it has fallen from the infant's mouth.*
11. We do not allow infants to be swaddled.
12. We do not cover infants' heads with blankets or bedding.
13. We do not allow garments that restrict movement.*
14. We do not allow any objects, such as, pillows, blankets, or toys other than pacifiers in the crib or sleep space.
15. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
16. 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.
 We encourage families to follow the same safe sleep practices to ease infants' transition to child care.*
17. Family child care homes: We post a copy of this policy and a safe sleep practices poster in the infant sleep room where it can easily be read.
18. Centers: We post a copy of this policy in the infant sleep room where it can easily be read.

*Indicates we follow this best practice recommendation.

Effective date: _____ Review date(s): _____ Revision date(s): _____

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: _____

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



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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