



Youth Enrichment Connect CHILD TUITION & FEES

All Child Tuition Payments are due every Friday. Registration fees are due before child's enrollment. Cash payments, Paypal and Zelle are acceptable forms of payments. No checks accepted. Listed below is our weekly Tuition and fees. Additional fees may apply for Educational field trips and excursions.

If you do not have your payment when it is due, your child (ren) will not be able to return until payments are paid in full. Parents and child (ren) who return without payment will not be allowed to stay at the program. All DSS or NACCRA payments are due by the 5th of each month. All late fees will be reported as required by DSS and NACCRA regulations. No payments or continual late payments could result in loss of subsidy.

If your child attends Youth Enrichment Connect all fees below are as follows.

Full-time weekly fee (ages 5-12)	\$150.00 weekly
Before-school care only	\$150.00 weekly
After-school care only	\$150.00 weekly
Before & After-school care	\$150.00 weekly
Transportation fee	\$25.00 weekly
Registration fee (1 child)	\$35.00 one-time fee
Registration fee (2 children)	\$60.00 one-time fee
Registration fee (3 children)	\$70.00 one-time fee
Registration fee (4 children)	\$85.00 one-time fee

LATE FEES apply to every child in the program picked up late. **Parents/guardians will be charged \$10.00 per child every 10 minutes that they are late.** All late fees must be paid before the next week care starts. Youth Enrichment Connect will determine when grace will be extended. Please call or text in case you have an emergency and will be late.



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 _____



Open Door Policy and Security Measures

You are welcome to visit your child at school any time. Youth Enrichment Connect's Open Door Policy encourages you to do so.

As an important security measure, we ask that you bring your child into the school and see that he/she is under supervision with a staff person before you leave the classroom. Equally important is that you re-enter the building when you pick up your child at the end of the day. You are required to sign your child in and out upon arrival and departure.

Your child can be released only to adults designated by you in writing. It is the parent's responsibility to notify the school anytime the child cannot be picked up prior to our closing hour or if the child is to be picked up by a person not on the authorized pick up list. Identification will be required by the person picking up your child.

Youth Enrichment Connect abides by all legally served court orders. We must have a certified court order on file regarding parental custody matters.

Parent/Guardian Signature

Date Signed



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 # _____



Sick Policy

Fever:

If your child runs a temperature of 101 or higher, he/she must be picked up within the hour of being notified. He/she must remain out of school until he/she is FEVER FREE for twenty-four hours without the aid of medication.

Diarrhea/Vomiting:

If your child has two cases of diarrhea or vomiting in our hour, he/she must be picked up within the hour of being notified and cannot return to school until they are symptom free for twenty-four hours.

Pink Eye:

Your child must have three doses of medicine before returning to school.

Vaccines:

If your child receives his/her vaccines, please have the doctor write a note that states your child may run a fever for "X" amount of days. If we do not have a doctor's note and your child runs a fever, they will be sent home and will not be able to return to school until they are fever free for twenty-four hours.

In any instance of illness, your child may return to school immediately if you have a doctor's note stating that your child is not contagious. This policy is for the well-being of your child and the other children as well as the staff and families within the school.

Parent/Guardian Signature

Date Signed



Health Care and Illness Reminders

Each child MUST have a physical signed by a physician before or within TWO weeks of admission to the school.

Be sure to document on the enrollment form whether your child has any allergies (food, medications, bee stings, etc).

We assume that any child sent to school is well enough to participate in our regular daily program, including going outside twice a day. We do go outside every day unless there is active precipitation. If you feel that your child is not well enough to participate in ALL activities, then the parent must keep the child at home. We do realize that this is a hardship for working parents, but we exclude sick children for the benefit of the sick child, the other children in the classroom and the staff members at the school.

There may be times when your child will not be able to attend due to illness. Please prepare now for those instances by arranging to have a neighbor or additional family member on call in case of emergencies.

If your child has any of the following symptoms before they come to school, please keep them home for the day. If they develop any of the following symptoms while at school, we will notify you to pick them up.

Severe Pain	Acute Diarrhea
Vomiting (two or more episodes within an hour)	Auxiliary Temperature over 100
Acute Sore Throat	Yellow Eyes/Jaundiced Skin
Red Eyes (indicative of conjunctivitis)	Infected, Untreated Skin Patches
Difficult, Rapid Breathing	Skin Rashes Lasting More Than One Day
Skin Lesions (oozing or bleeding)	Swollen Joints
Stiff Neck/Swollen Lymph Nodes	Blood In Urine/Stool

If your child is diagnosed as having any of the following, he/she must have a doctor's note to return to school:

Chicken Pox	Salmonella	Hand, Foot, and Mouth
Measles	Shingella	Fifth's Disease
Hepatitis	Impetigo	Mumps
Tuberculosis	Giardia	Conjunctivitis
Any Other Contagious Illness		

Parent/Guardian Signature

Date Signed

Policy on

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

We, Youth Enrichment Connect, 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 CPR.

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: 919-212-9529

Prevention strategies in coping with a crying, fussing, or distraught child

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:

- 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 the buggy.
- Turn on soft music.

In addition, the facility:

Allows for staff who are feeling overwhelmed 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 (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

Resources

List resources such as a staff person designated to provide support or a local county/community resource: If any staff member feels they need additional support regarding this subject matter they should notify their leadership team immediately.

Parent web resources

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

Facility web resources

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

References

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

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

**Prevention of Shaken Baby Syndrome and Abusive Head Trauma
Parent or Guardian Acknowledgment Form**

I, the parent or guardian of

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

_____ **Print name of parent/guardian**

_____ **Signature of parent/guardian**

_____ **Date**



Youth Enrichment Connect Behavior Management Policy

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 school will practice the following discipline and behavior management policies:

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 arise.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior for 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 behaviors.
10. DO explain things to children on their level.
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, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell 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 deny food or rest as a form of punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
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, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent/guardian of _____ 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/assistant director has discussed the facility's Discipline and Behavior Management Policy with me.

Parent/Guardian Signature

Date Signed



Safe Arrival and Departure Procedures

Upon arrival, all children must be accompanied inside the facility to his/her appropriate classroom by an adult.

Children must be accompanied by their parent/guardian from the facility to the parking lot and from the parking lot into the facility.

Parents/Guardians must notify staff of the child's arrival.

Upon departure, an adult must come inside the facility using the main entrance and notify the staff that the child is leaving. Children may not leave the premises with parent/guardians through the playground gates or classroom exit doors.

Authorization is required in writing when anyone other than the designated adult arrives to pick up the child. Identification will be checked.

Children may never be left unattended by their parent/guardian unless they are supervised by an on-site staff member.

Each child must be signed in/out daily in the "Attendance" binder located in each child's classroom or via the Parent Clock-In/Clock-Out computer.

Parent/Guardian Signature

Date Signed



Medication Policy

Please remember that we are under no obligation by the State of North Carolina to administer medication to children at school. We do it as a courtesy to our families. Therefore, we have the following guidelines in place regarding dispensing of medications.

No medication (prescribed or over-the-counter) or any nutritional supplement will be dispensed without a completed Medical Authorization form. All such forms must be signed by the child's parent and the label and dosage must match what is on the prescription with the exception of the following medications:

-Diaper Cream -Sunscreen -Bug Spray -Chap Stick
(Please note, topical ointments only need to be accompanied by a Topical Ointment Form completed in entirety and signed by a parent/guardian)

All prescription medications (including nebulizer treatments) must accompany the prescription label with the child's name, dosage amount, duration of administration, time to administer, and must be in its original container.

When at all possible, medication or supplements should be dispensed by the parent prior to or after attendance at school. If your child needs a prescription only twice per day, we will not administer that medication.

Only a staff member trained in dispensing medication are permitted to dispense the medication. The person who administers the medication must complete the Medical Authorization Form indicating when, how much and if any reactions were noticed when the child received the medication.

All medications with the exception of over-the-counter topical ointments and emergency rescue medications (EPI-Pen or Inhaler) MUST be returned to the parent/guardian each day. No medications are permitted to stay at the school overnight.

All medications must be locked in the appropriate lock box and must not be accessible to children or parents at any time.

Parent/Guardian Signature

Date Signed



Summary of NC Childcare Laws and Rules

Center/Site Number

Child's Name

Date

In keeping with compliance of the Division of Child Development, we are required to give each family a current copy of the Summary of the North Carolina Childcare Laws and Rules.

You will find the copy enclosed with this note and will need to sign off here that you have received and reviewed the summary. Upon your enrollment, this signed statement that you have received and reviewed the summary must be present in each child's file to stay in compliance with the Division of Child Development.

Thank you for your cooperation.

I have received a current copy of the Summary of the North Carolina Childcare Laws and Rules.

Parent/Guardian Signature

Date Signed



Smoking and Tobacco Restriction

In accordance with the North Carolina Division of Child Development Rule 0.0604, children must be in a smoke free and tobacco free environment. 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.

Parent/Guardian Signature

Date Signed



**YOUTH
ENRICHMENT
CONNECT**
AFTERSCHOOL PROGRAM

Youth Enrichment Connect Travel and Activity Authorization

FOR FIRE DRILLS, SPECIAL ACTIVITIES, AND EMERGENCY EVACUATIONS ONLY!

TRAVEL AND ACTIVITY AUTHORIZATION

10 NCAC 3U .0604(1)
G. S. 110-91(6)
REV 8/92

- Blanket permission for this activity
 Special 1-time permission only
 Blanket permission for all given activities

I, _____ parent/ guardian of
name of parent/guardian
_____ give my permission to
name of child
Youth Enrichment Connect Afterschool Program for my child to participate in the following activities

Trips in the van/automobile (facility or parent-owned)

Explain planned activity – where and when

Field trips away from the facility

Explain planned activity – where and when

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

Parent/Guardian Signature

Date Signed

This authorization is valid from ____/____/PERMANENT/____/____

In addition, if the facility has planned activities outside the fenced area of the facility,

I will allow my child to play outside the fenced area; or

I will not allow my child to play outside the fenced area.

Parent/Guardian Signature

Date Signed

This authorization is valid from ____/____/PERMANENT/____/____

File in child's folder

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 homes 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:

Licenses 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 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 page located on the Child Care website at: www.ncchildcare.ncdhs.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.ncdhs.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.