



# First Baptist Church Child Care Application

(To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually)



Date Application Completed: \_\_\_\_\_ Child Lives With: \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Child's Physical Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you attend church? ( ) Yes ( ) No If yes, which church? \_\_\_\_\_

**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#
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**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 (*Medical action plan must be updated on an annual basis and when changes to the plan occur.*)

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 INFORMATION (Please complete entirely)

Name of Child's 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 Director, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, the children remaining in the facility will always 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 parents, guardian, or full-time custodian.**

\_\_\_\_\_  
(Signature of Director)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Enrollment Date)

\_\_\_\_\_  
(Registration Amount Received & Date)

Entered in ProCare? ☐ YES ☐ NO

# First Baptist Church Child Care 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 Immunization History

G.S. 130A-155. Submission of certificate to childcare 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***	Prevnar 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 Prevnar 13 and may be seen in high risk children over age 2. These children would also have received Prevnar 13.

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

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

Record updated by:	Date	Record updated by:	Date

### Minimum State Vaccine Requirements for Child Care Entry

By This Age:	Children Need These Shots:						
3 months					1 Hep B		
5 months		2 Polio			2 Hep B		
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	2 Hep B	4 PCV	
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

**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 May 2023

## Child Immunization History

G.S. 130A-155. Submission of certificate to childcare 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.					
Coronavirus disease 2019	COVID-19	Comirnaty, Spikevax, Nuvaxovid, Jcovden	Annually after age 6 months.					

Updated May 2023



NORTH CAROLINA  
Child Care Health and  
Safety Resource Center  
800-367-2229  
[healthychildcare.unc.edu](http://healthychildcare.unc.edu)

# First Baptist Church Child Care

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

### Belief Statement

**First Baptist Church Child Care** believes 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. The National Center on Shaken Baby Syndrome states that shaking may last only a few seconds but can result in severe injury or even death. According to NC Division of Child Development and Early Education and the 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.

### 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 do as stated in *Shaken Baby Syndrome*, the Mayo Clinic:
  - 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 according to *Pediatric First Aid/CPR/AED*, the American Red Cross.

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@dohs.nc.gov](mailto:webmasterdcd@dohs.nc.gov).
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services at 707-487-0661.

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

Staff first determines 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 as recommended in *Calming Techniques for a Crying Baby* from the Children's Hospital Colorado:

- 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.

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 as stated in *Caring for Our Children*, Standard 1.7.0.5: Stress.
- 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

\*For purposes of this policy, "staff" includes the Director and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers. This policy applies to children up to five years of age and their families, operators, early educators, substitute providers and uncompensated providers.

# First Baptist Church Child Care Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

## Parent or Guardian Acknowledgement Form

I, the parent or guardian of \_\_\_\_\_ (Child's Name),  
acknowledge that I have read, reviewed 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)



## **First Baptist Church Child Care Behavior Management and Positive Guidance Policy**

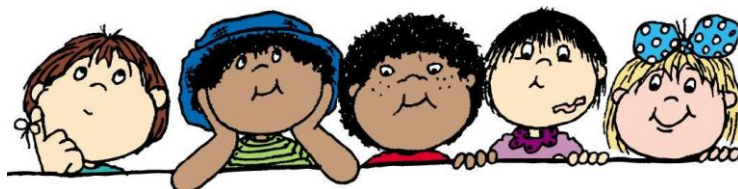
Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, nonviolent and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline.

The Administrator will review the Behavior Management and Positive Guidance Policy during the registration process with the parents. All children must have a signed Behavior Management and Positive Guidance Policy form in their files.

Based on the belief of how children learn and develop values, First Baptist Church Child Care will practice the following Behavior Management and Positive Guidance Policy:

### **WE...**

- **DO** give positive and specific encouragement to children and comment frequently on children's appropriate behavior.
- **DO** post behavior expectations and review regularly.
- **DO** model appropriate behavior for children.
- **DO** design the classroom environment to attempt to prevent problems before they occur.
- **DO** listen to children.
- **DO** identify inappropriate behaviors and engage children in problem solving.
- **DO** provide the children with natural and logical consequences of their behaviors.
- **DO** treat the children as people and respect their needs, desires, and feelings.
- **DO** ignore minor misbehaviors and focus on positive behaviors.
- **DO** give instructions that are age appropriate, clear and concise.
- **DO** use a variety of developmentally and age-appropriate strategies including redirection, planned ignore, and time-in.
- **DO** promote the acquisition of self-regulation skills by teaching feelings and emotions, calming and relaxation strategies, and teaching children responses that are socially acceptable and emotionally mature.





## WE...

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

## Parent or Guardian Acknowledgement

I, the parent or guardian of \_\_\_\_\_ (Child's Name), acknowledge that I have read, reviewed and received a copy of the facility's **Behavior Management and Positive Guidance** policy.

\_\_\_\_\_  
(Date Policy Given to Parent/Guardian)

\_\_\_\_\_  
(Print Name of Parent/Guardian)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

"Sharing, caring and working together, helping to make the world a better place." ~Karen's Kids





# First Baptist Church Child Care

## Travel and Activity Authorization

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ (child)  
give my permission to First Baptist Church Child Care for my child to participate in  
the following activities:

1. Buggy Rides around the Church grounds and/or uptown Shelby.
2. Teacher directed walks around and in the Church facilities and/or uptown Shelby  
and gym for special occasions.
3. Walking to Chapel weekly (normally 2 year old children and up). On occasion all  
ages may attend Chapel.
4. Walking to Sanctuary for special occasion such as Graduation/practice, etc. (3, 4  
and 5 year olds).
5. Gym for gross motor play (all ages) and lunch.
6. Singles Room for special occasions (all ages).

I understand that these activities are outside a fenced area of the facility.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date Signed

This authorization is valid from 08/11/25 through 08/31/26.

+++++

I do not give permission for my child to be outside the fenced areas.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date Signed

This authorization is valid from 08/11/25 through 08/31/26.

**First Baptist Church Child Care**  
**EMERGENCY INFORMATION**

**CHILD'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**MOM'S NAME:** \_\_\_\_\_

**HOME#** \_\_\_\_\_ **WORK#** \_\_\_\_\_

**PAGER#** \_\_\_\_\_ **CELL PHONE#** \_\_\_\_\_

**DAD'S NAME:** \_\_\_\_\_

**HOME#** \_\_\_\_\_ **WORK#** \_\_\_\_\_

**PAGER#** \_\_\_\_\_ **CELL PHONE#** \_\_\_\_\_

**DOCTOR'S NAME:** \_\_\_\_\_

**RELATIVE:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**RELATIVE:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**ALLERGIES OR MEDICATIONS:** \_\_\_\_\_

# **First Baptist Church Child Care**

**My child is currently enrolled at FBC-  
CC and I have received a copy of the  
Summary of the NC Child Care Law  
for Child Care Centers.**

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**Parent Signature**

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**Date**



### **Space and Equipment**

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

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

### **Staff Requirements**

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

### **Staff/Child Ratios**

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. The minimum staff/child ratios and group sizes for single-age groups of children in centers are shown below and must be posted in each classroom. The staff/child ratios for multi-age groupings are outlined in the child care rules and require prior approval.

Age	Teacher: Child Ratio	Max Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 to 3 years old	1:10	20
3 to 4 years old	1:15	25
4 to 5 years old	1:20	25
5 years and older	1:25	25

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

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

### **Reviewing Facility Information**

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

### **How to Report a Problem**

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be cited for violations of child care requirements and 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 February 2025**

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

### **What Is Child Care?**

The law defines child care as:

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

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

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

### **Family Child Care Homes**

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

### **Child Care Centers**

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

### **Parental Rights**

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

The 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: <https://ncchildcare.ncdhhs.gov/> For more information on the law and rules, contact the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829 (In State Only), or visit our homepage at: <https://ncchildcare.ncdhhs.gov/>

### **Child Abuse, Neglect, or Maltreatment**

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

**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, ITS-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 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. 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 five years thereafter. This requirement includes household members who are over the age of 15 in family child care homes.

# FIRST BAPTIST CHURCH

## CHILD CARE

120 N. Lafayette Street  
Shelby, NC 28150

### PICK-UP AUTHORIZATION

The people listed below have my authorization to pick up my child from the program **at any time. The Center staff will NOT need to call me in reference to the pick-up.**

Name	Relation to Child	Phone Number
------	-------------------	--------------

Name	Relation to Child	Phone Number
------	-------------------	--------------

Name	Relation to Child	Phone Number
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The people listed below have my authorization to pick up my child from the program. **I will inform the Administrative Assistant or my child's teacher each time a special pick-up is necessary.**

Name	Relation to Child	Phone Number
------	-------------------	--------------

Name	Relation to Child	Phone Number
------	-------------------	--------------

Name	Relation to Child	Phone Number
------	-------------------	--------------

**These people are NOT allowed to pick-up my child:**

Name	Relation to Child	Phone Number
------	-------------------	--------------

Name	Relation to Child	Phone Number
------	-------------------	--------------

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

# FIRST BAPTIST CHURCH

## CHILD CARE

120 N. Lafayette Street

Shelby, NC 28150

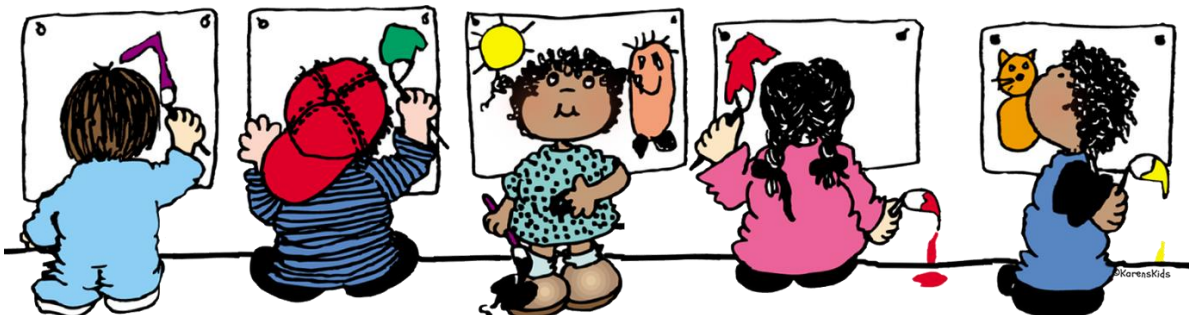
### PERMISSION FOR PHOTOGRAPHS

I do \_\_\_\_\_ I do not \_\_\_\_\_ give my permission for my child to be photographed in the program, program functions and field trips and the photographs to be displayed or posted to social media. I understand that the photographs may be taken by Center staff, professional photographers, news media or other parents. I understand that I will be notified if any photos are to be used for publicity purposes and that I have the right to refuse permission.

My child's name \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_





# FIRST BAPTIST CHURCH

## CHILD CARE

120 N. Lafayette St.  
Shelby, NC 28150

### NAME RELEASE FORM

This release form **MUST BE SIGNED AND RETURNED** before your child's phone number and address can be included on the printed class roster. A class roster will only be given out upon request.

As the parent/guardian of \_\_\_\_\_ I give my permission to have my child's name, phone number and home address on the class roster to be distributed (upon request) to the parents of children in the class and to staff members.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



# First Baptist Church

## Child Care

### **POLICIES AND PROCEDURES AGREEMENT**

I have read and understand the policy and procedures of First Baptist Church Child Care. I agree to follow all the rules and procedures of the Center.

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Parent/Guardian

Date

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Child's Name



# First Baptist Church Child Care

## Infant/Toddler Safe Sleep Policy

Original date adopted: April 4, 2005



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

**First Baptist Church Child Care** implements the following safe sleep policy:

### 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 12 months of age on their backs to sleep, unless:
  - **The infant is 6 months or younger** and a signed ITS- SIDS Alternate Sleep Position Health Care Professional Waiver is in the infant's file and a notice of the waiver is posted at the infant's crib.
  - **The infant is 6 months or older** – We accept the ITS-SIDS Alternate Sleep Position Parent Waiver.We retain the waiver in the child's record for as long as they are enrolled.
3. We place infants on their back to sleep even after they are able to independently roll back and forth from their back to their front and back again. We then allow the infant to sleep in their preferred position.
  - ☒ We document when each infant is able to roll both ways independently and communicate with parents. We put a notice in the child's file and on or near the infant's crib. \*
4. We visually check sleeping infants every 15 minutes and record what we see on a Sleep Chart. The chart is retained for at least one month.
  - ☒ We check infants 2-4 months of age more frequently. \*
5. We maintain the temperature between 68-75°F in the room where infants sleep.
  - ☒ We further reduce the risk of overheating by not over-dressing infants. \*
6. We provide infants supervised tummy time daily. We stay within arm's reach of infants during tummy time.
7. We follow N.C Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.
  - ☒ We further encourage breastfeeding in the following ways: (1) Provide a private space for parents to come in during the day to nurse their infant (2) Provide storage space for storage of pumped milk.

### Safe Sleep Environment

8. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
9. We do not allow pacifiers to be used with attachments.
10. Safe pacifier practices:
  - ☒ 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.
  - ☒ We do not allow garments that restrict movement. \*
12. We do not cover infants' heads with blankets or bedding.
13. We do not allow any objects other than pacifiers such as pillows, blankets, or toys in the crib or sleep space.
  - ☒ We do not allow any weighted blankets or clothing in the crib. \*
14. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
15. We give all parents/guardians of infants a written copy of this policy before enrollment. We review the policy with them and ask them to sign the policy.
  - ☒ We encourage families to follow the same safe sleep practices to ease infants' transition to childcare. \*
16. Posters and policies:
  - We post a copy of this policy in the infant sleep room where it can easily be read.
  - ☒ We also post a safe sleep practices poster in the infant sleep room where it can easily be read. \*

### Communication

17. We inform everyone if changes are made to this policy 14 days before the effective date.
  - ☒ We review the policy annually and make changes as necessary. \*

\*Best practice recommendation

Effective date: **July 26, 2023**

Review date(s): **July 26, 2023**

Revision date(s): **July 26, 2023**

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

Child's Enrollment Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Updated December 2022

# RELINK

Help First Baptist Church Child Care raise money by linking your loyalty card from Ingles to our school. Each time you use your card, a percentage of the store brand products is donated directly to FBC-CC. That means that we only receive cash when you buy Ingles brand products. It is at no cost to you and will help FBC-CC buy school supplies and learning equipment.

If you fill out the form below, we will relink your card for you OR you can relink them yourself.

**Note: Must relink yearly.**

## Ingles

Tools for schools!! For more information, please visit [www.ingles-markets.com](http://www.ingles-markets.com)

Email Address: \_\_\_\_\_

Mr. ☐

Last Name (PLEASE PRINT IN ALL CAPITAL LETTERS)

Ms. ☐

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Mrs. ☐

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

M.I.

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Ingles Advantage Card Number (12 DIGITS)

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School Code

2	2	0	1	3
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12-Digit Card Number

**Do you need healthy  
foods and eating tips  
for you and your child?**



***Get help from the WIC Program!***

**What does WIC provide?**

If you are eligible for WIC, you will receive at no cost:

- Food instruments to buy healthy foods
- Eating tips for you and your child
- Breastfeeding support
- Referrals to health care and community resources

**What foods does WIC provide?**

- |                         |   |
|-------------------------|---|
| • milk                  | • cheese  |
| • cereal                | • infant cereal                                     |
| • juice                 | • infant formula                                    |
| • dried beans &<br>peas | • tuna and carrots<br>(breastfeeding women<br>only) |
| • eggs                  |   |
| • peanut butter         |   |

**Who is WIC for?**

WIC is for:

- Children up to five years of age
- Pregnant women
- Breastfeeding women who have had a baby in the last 12 months
- Women who have had a baby in the last six months
- Infants

## **To be eligible for WIC, You must also**

- Meet WIC income guidelines  
(All kinds of families qualify for WIC. You may be working or not. You may be single or married. You may live with your parents. You may be a student.)
- Have a health risk factor based on:
  - Height and weight
  - Blood test for low iron
  - Health history
  - Diet history

## **How can I get WIC services?**

Call your local health department, or to find the phone number for the closest WIC office, call 1-800-FOR-BABY, (1-800-367-2229).

## **Visit the WIC website at:**

**<https://www.nutritionnc.com/wic/index.htm>**

## **Tell a friend about WIC!**

**WIC is an equal opportunity provider and employer.**



State of North Carolina  
Department of Health and Human Services  
Division of Public Health  
Women's and Children's Health Section  
Nutrition Services Branch