

Date Application Completed: \_\_\_\_\_

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

### 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  (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 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 \_\_\_\_\_

# 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 child care facility/G.S.130A-154. Certificate of immunization.

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

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

Vaccine Type	Abbreviation	Trade Name	Combination Vaccines	1 date	2 date	3 date	4 date	5 date
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV	IPOLE	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***	Prennar 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 Prennar 13 and may be seen in high risk children over age 2. These children would also have received Prennar 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.

## Child Immunization History

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

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

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 date	2 date	3 date	4 date	5 date
Rotavirus	RV1, RV5	Rotateq, Rotarix	Age 2 months, 4 months, 6 months.					
Hepatitis A	Hep A	Havrix, Vaqta	First dose, age 12-23 months. Second dose, within 6-18 months.					
Influenza	Flu, IIV, LAIV	Fluzone, Fluarix, FluLaval, Flucelvax, FluMist, Afluria	Annually after age 6 months.					
Coronavirus disease 2019	COVID-19	Comirnaty, Spikevax, Nuvaxovid, Jcovden	Annually after age 6 months.					

# Hope Chapel Academy's 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 interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

We:

1. Do praise, reward, and encourage the children.
2. Do reason with and set limits for the children.
3. Do model appropriate behavior for the children.
4. Do modify the classroom environment to attempt to prevent problems before they occur
5. Do listen to the children
6. Do provide the alternatives for inappropriate behavior to the children
7. Do provide the children with natural and logical consequences of their behavior.
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 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, 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 punishment.
5. Do **not** relate discipline to eating, resting, or sleeping.
6. Do **not** leave children alone.
7. Do **not** place the children in locked rooms, closets, or boxes as punishment.
8. Do **not** allow discipline of children by children.
9. Do **not** criticize, make fun of or otherwise belittle children's parents, families, or ethnic groups.

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

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

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Date Policy was adopted: February 15, 2016

## No Smoking/Tobacco Free Policy

Hope Chapel Academy is a designated NO SMOKING/TOBACCO FREE FACILITY. Smoking and the use of any product containing, made or derived from tobacco, including e-cigarettes, cigars, smokeless tobacco, hookah and vaping are NOT permitted on the premises of the childcare facility, in vehicles used to transport children, during any off-premises activities.

Staff members, trainees, volunteers, parents, and visitors will be reminded of this policy whilst on the premises, outside the premises on outings, trips, visits, etc. and/or when in uniform in the presence of children. This is a health and safety issue, we want to prevent the children from firsthand, secondhand, and thirdhand smoke.

Effective Date: 3/1/2019

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

# SAMPLE

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

### Belief Statement

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

### Background

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

### Procedure/Practice

#### Recognizing:

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

#### Responding to:

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

#### Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing [webmasterdcd@dhhs.nc.gov](mailto:webmasterdcd@dhhs.nc.gov).
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: 704-920-2277

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

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies<sup>5</sup>:

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

#### In addition, the facility:

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

### Prohibited behaviors

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

- shaking or jerking a child



# SAMPLE

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

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

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

Staff reviews and discusses:

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

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

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

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

### Resources

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

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### Parent web resources

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

### Facility web resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma, <http://cfoc.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](http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf)
- Early Development & Well-Being, Zero to Three, [www.zerotothree.org/early-development](http://www.zerotothree.org/early-development)
- Other \_\_\_\_\_



# SAMPLE

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

### References

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

### Application

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

### Communication

#### Staff\*

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

#### Parents/Guardians

- Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children up to five years of age.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.
- Parents/guardians will sign an acknowledgement form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgement
- The child care facility shall keep the signed **SBS/AHT parent acknowledgement form** in the child's file.

\* For purposes of this policy, "staff" includes the operator and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.

1/1/2023

Effective Date	Donna Smith	1/1/2023
This policy was reviewed and approved by:	Owner/Director (recommended)	Date
DCDEE Child Care Consultant (recommended)	Date	Child Care Health Consultant (recommended) Date
Annual Review Dates		



# SAMPLE

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

### Parent or guardian acknowledgement form

I, the parent or guardian of \_\_\_\_\_ (child or children's name) acknowledge 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



## Infant/Toddler Safe Sleep Policy



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.

Hope Chapel Academy (facility name) 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** (choose one)
    - We do not accept the ITS-SIDS Alternate Sleep Position Parent Waiver.\*
    - 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 month 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: \_\_\_\_\_

### 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.
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 child care.\*
16. Posters and policies:
  - **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.
  - **Centers:** 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: 9/2019 Review date(s): \_\_\_\_\_ Revision date(s): \_\_\_\_\_

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: \_\_\_\_\_

# Infant Feeding Plan

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

Child's name: \_\_\_\_\_

Birthday: \_\_\_\_\_  
m m / d d / y y y y

Parent/Guardian's name(s): \_\_\_\_\_

Did you receive a copy of our "Infant Feeding Guide?" Yes No

If you are breastfeeding, did you receive a copy of:  
"Breastfeeding: Making It Work?" Yes No

"Breastfeeding and Child Care: What Moms Can Do?" Yes No

## TO BE COMPLETED BY PARENT

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

Mother's milk from (circle)

Mother bottle cup other

Formula from (circle)

bottle cup other

Cow's milk from (circle)

bottle cup other

Other: \_\_\_\_\_ from (circle)

bottle cup other

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

How often does your child usually feed?

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

Has your child started eating solid foods?

If so, what foods is s/he eating?

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

## TO BE COMPLETED BY TEACHER

Clarifications/Additional Details:

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

Yes No

### If NO,

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

Is baby receiving solid food? Yes No

Is baby under 6 months of age? Yes No

### If YES to both,

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

Yes No

### If NO,

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

Handouts shared with parents:

Child's name: \_\_\_\_\_

Birth day: \_\_\_\_\_  
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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<http://breastfeeding.unc.edu/>

*In Collaboration With:*

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

HOPE CHAPEL ACADEMY FINANCIAL AGREEMENT

To enroll my child in Hope Chapel Academy, I agree to pay the nonrefundable registration/supply fee of \_\_\_\_\_.  
The registration/supply fee is due annually in April.

\_\_\_\_\_ Parent/Guardian Initials

I agree to pay the weekly tuition fee of \_\_\_\_\_ in advance on Monday of each week. I understand that I am responsible for this weekly payment even if my child does not attend the Academy or the Academy is closed due to inclement weather or a holiday. I understand the Academy can change tuition rates at any time with a reasonable notice as conditions require.

\_\_\_\_\_ Parent/Guardian Initials

I agree to pay the late fee of \$20.00 each week my child's tuition paid late. I understand this fee will be charged on the Monday after the week left unpaid. I understand that if I am 2 or more weeks late with the payment my child may be terminated from the Academy.

\_\_\_\_\_ Parent/Guardian Initials

I understand that the Academy closes at 6:00 p.m. and I need to have my child picked up by the closing time. If my child is picked up after 6:00 p.m., I understand that I will be charged \$1.00 per minute for every minute my child is at the Academy after 6:00 p.m.

\_\_\_\_\_ Parent/Guardian Initials

I agree to give the Academy 2 weeks written notice prior to withdrawing my child from the Academy. I agree to pay the 2 weeks' notice even if I do not bring my child to the Academy.

\_\_\_\_\_ Parent/Guardian Initials

I understand that I will be charged a \$35 returned check fee for any check that is refused by the bank for insufficient funds. If I have more than 2 returned checks, I understand that I will no longer be allowed to pay my child's tuition by check.

\_\_\_\_\_ Parent/Guardian Initials

I understand HCA does not pro-rate for holidays, sick days, or inclement weather. I will be allowed 1 week of vacation per school year, as long as my child is out for an entire week (5 consecutive days), and I notify the Academy more than 2 weeks prior to the vacation.

\_\_\_\_\_ Parent/Guardian Initials

I understand that the annual registration/supply fee will be charged for each child that enrolls/attends the Academy.

\_\_\_\_\_ Parent/Guardian Initials

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

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

Parent Email 1 \_\_\_\_\_ Parent Email 2 \_\_\_\_\_

Director Signature \_\_\_\_\_

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

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have received a copy of the Summary of the North Carolina Care Law for Child Care Centers.

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

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have received a copy of Hope Chapel Academy's Operational Policies (parent handbook). I have/will read this handbook and acknowledge that it is my responsibility to be aware of and to adhere to all the information contained within.

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

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

Policy Adopted on 2/15/16

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

Signature of Child Care Provider \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have received a copy of Hope Chapel Academy's Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy and that the director (or other designated staff member) has discussed the Academy's Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy with me.

Policy Adopted on 2/15/16

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

Signature of Child Care Provider \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have received a copy of Hope Chapel Academy's No Smoking/Tobacco Free Policy and that the Academy's director (or other designated staff member) has discussed the Academy's No Smoking/Tobacco Free Policy with me.

Policy Adopted on 3/1/19

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

Signature of Child Care Provider \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have received a copy of Hope Chapel Academy's Families as Partners (Parent Participation Plan) and that the Academy's director (or other designated staff member) has discussed the Academy's Families as Partners (Parent Participation Plan) with me.

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

Signature of Child Care Provider \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have received, completed and returned a copy of the Infant Feeding Schedule.

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

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have received a copy of Hope Chapel Academy's Infant/Toddler Safe Sleep Policy and that the Academy's director (or other designated staff member) has discussed the Academy's Infant/Toddler Safe Sleep Policy with me.

Policy Adopted on 2/15/16

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

Signature of Child Care Provider \_\_\_\_\_ Date \_\_\_\_\_

## ACH Payment Authorization Form

This ACH Payment Authorization Form is designed to comply with the relevant state laws of North Carolina. Please complete the information below to authorize electronic payments from your bank account.

### Customer Information:

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Bank Information:

- Bank Name: \_\_\_\_\_
- Account Number: \_\_\_\_\_
- Routing Number: \_\_\_\_\_

### Payment Details:

- Amount: \_\_\_\_\_
- Frequency of Payment: Every Monday
- Start Date: \_\_\_\_\_

### Authorization:

By signing below, you authorize Hope Chapel to initiate ACH transactions from your bank account as outlined above. You understand that this authorization will remain in effect until you cancel it in writing.

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

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

Please return this completed form to Mrs. Donna at Hope Chapel Academy or via email at [academy@hopechapelnc.org](mailto:academy@hopechapelnc.org)

Thank you!!



# MEDIA/PHOTOGRAPHY: CONSENT AND RELEASE FORM

## Hope Chapel Academy

Parents need to complete this form to allow their children to be photographed during special events or normal day to day activities organized by Hope Chapel Academy. For a child to have their photograph taken, they must have a consent form on file at Hope Chapel Academy.

If you do not wish to have your child photographed, please do not hesitate to indicate this in the section below. As well, if you do object, please ensure that your child is aware of this.

As the parent of a child or children at Hope Chapel Academy, I agree to the following:

- I understand that my child(ren) whose name(s) are listed below may be photographed while attending Hope Chapel Academy during normal academy hours, field trips or activities.
- I understand that these photographs may be used in school newsletters or uploaded to the Hope Chapel Academy website and Facebook pages.
- I give permission for my child(ren) to be photographed, or their images recorded to be uploaded on the Hope Chapel Academy website and Facebook pages.

The following are the names of my children attending Hope Chapel Academy:

(Please print your child(ren)'s full name.)

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( ) Yes, I confirm that I have read and understand the above, and agree to have photographs and videos of my child(ren) uploaded to the Hope Chapel Academy website, Facebook and newsletter.

( ) No, I do not wish to have my child(ren) photographed or recorded.

Name (please print): \_\_\_\_\_

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

## Hope Chapel Academy 2026 Holiday Closing Schedule

Date	Holiday	Day of the Week
January 1, 2026	New Year's Break	Thursday
January 2, 2026	New Year's Break	Friday
January 19, 2026	Martin Luther King, Jr. Birthday	Monday
April 3, 2026	Good Friday	Friday
April 6, 2026	Easter Monday	Monday
May 25, 2026	Memorial Day	Monday
July 3, 2026	Independence Day	Friday
September 7, 2026	Labor Day	Monday
November 25, 2026	Thanksgiving Break	Wednesday
November 26, 2026	Thanksgiving Break	Thursday
November 27, 2026	Thanksgiving Break	Friday
December 23, 2026	Christmas Break	Wednesday
December 24, 2026	Christmas Break	Thursday
December 25, 2026	Christmas Break	Friday
January 1, 2027	New Year's Day	Friday

\*Note that dates are subject to change\*



# Sign up for important updates from Mrs. Donna Smith.

Get information for Hope Chapel Academy right on your phone—not on handouts.

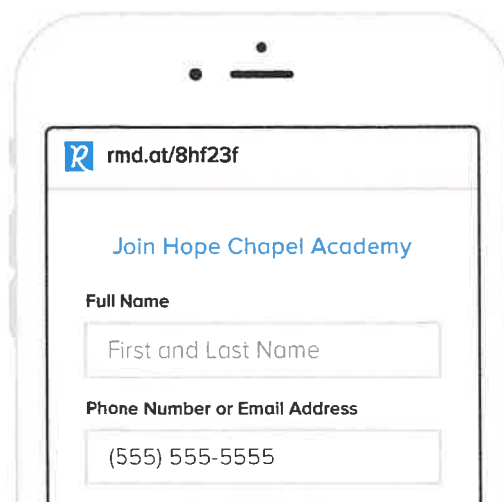
Pick a way to receive messages for Hope Chapel Academy:

**A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/8hf23f](http://rmd.at/8hf23f)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



**B** If you don't have a smartphone, get text notifications.

Text the message [@8hf23f](https://www.remind.com/help/faq/8hf23f) to the number 81010.

If you're having trouble with 81010, try texting [@8hf23f](https://www.remind.com/help/faq/8hf23f) to (415) 780-9457.

*\* Standard text message rates apply.*



Don't have a mobile phone? Go to [rmd.at/8hf23f](http://rmd.at/8hf23f) on a desktop computer to sign up for email notifications.

# Summary of the North Carolina Child Care Law and Rule for Child Care Centers

## What Is Child Care?

The law defines child care as:

- three or more unrelated 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.

It is only when all of these conditions exist that regulation is required. The North Carolina Department of Health and Human Services is responsible for regulating child care. This is carried out through the Division of Child Development and Early Education. The purpose of regulation is to protect the health 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.

## Child Care Centers

Licensing as a center is required when six or more 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 not to be licensed. 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.

## Two through Five Star Rated License

Centers that meet 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 rated license. The number of stars a program earns is based upon the education levels their staff meet, the program standards met by the program, and one quality point option.

## 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 not in a safe environment. **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 that to the county department of social services.**

## Parental Rights

- Parents have the right to enter a 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.

## How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a 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 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 child care requirements, or if you have questions, please call the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829.

**Licensed centers must, at a minimum, meet requirements in the following areas.**

## Education and Training

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 have current certification in CPR and First Aid. All staff must complete health and safety training and a minimum number of ongoing training hours annually. ITS-SIDS training is required the administrator and any caregiver that works with infants 12 months of age or younger. One staff member must complete the Emergency Preparedness and Response in Child Care training and plan.

## 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.

## Reviewing Facility Information

From the Division's Child Care Facility Search Site, the facility and visit documentation can be viewed

<http://ncchildcaresearch.dhhs.state.nc.us/search.asp?lang=English>

A public file is maintained in the Division's main office in Raleigh for every licensed center. These files can be viewed during business hours (8am-5 pm) by contacting the Division at 919-814-6300 or 1-800-859-0829 or requested via the Division's web site at <https://ncchildcare.ncdhhs.gov/>

## 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. A sample staff/child ratio chart can be found on the DCDEE website under "Provider Documents and Forms".

Age	Teacher: Child Ratio	Maximum 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 old and Older	1:25	25

Centers located in a residence licensed for six to twelve children may care for up to three additional school-age children, depending on 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. Staff/child ratios for multi-age groupings are outlined in the child care rules and require prior approval

## 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 age appropriate. Outdoor equipment and indoor furnishings must be child size, sturdy, and free of hazards that could injure children.

## Record Requirement

Centers 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 parent of children up to five year of age.

## Curriculum and Activities

Four and five-star programs must use an approved curriculum in classrooms serving four year old children. Other programs may choose to use an approved curriculum to earn a quality point for the star-rated license. The Division website maintains a list of approved curriculums for four-year-old children. Activity plans must be available to parents and must show a balance of active and quiet activities. A written activity plan that includes activities intended to stimulate the developmental domains, in accordance with North Carolina Foundations for Early Learning and Development. Rooms must be arranged to encourage children to explore and 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. 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 programs to make sure standards are met. All children must be allowed to play outdoors each day (weather conditions permitting) and must have space and time provided for rest. They must provide age-appropriate toys and activities. Centers must complete the Emergency Preparedness and Response in Child Care training and plan.

## Transportation

Child care centers 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.

## 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 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. 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.

The law and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child Care Resource and referral agencies can provide help in choosing quality care. For more information about choosing quality child care, parent resources and/or the In North Carolina law and rules, contact the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829; or visit our homepage at <https://ncchildcare.ncdhhs.gov/>

This summary shall be posted for the public to view in accordance with G.S. 110-102



Division of Child Development and Early Education  
NC Department of Health and Human Services  
1915 Health Service Way Raleigh, NC 27607

Child Care Commission  
<https://ncchildcare.ncdhhs.gov/Home/Child-Care-Commission>

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