

First Baptist Church Child Care Application

Child Lives With: __



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

Name of Child			Birth Date_	
(Last) Child's Physical Address	(First) (MI)	,		Zip Code
Father/Guardian's Name	Home 1	Phone	Me	obile
Address				
Email address				
Mother/Guardian's Name				
Address				
Email address				_
Health Insurance Carrier for Child		Po	olicy #	
Do you attend church? () Yes () No				
1	signs this application: FIONSHIP	ADDRESS	l can also be rele	eased to the following PHONE#
2				
In the event of an emergency, if the parents/g	uardians cannot be reached, th	e facility has permiss ADDRESS		ne following: PHONE#
2				
child's parent or health care professional. Is List any allergies and the symptoms and type List any health care needs or concerns, symp List any particular fears or unique behavior of	e of response required for aller stoms of and type of response to characteristics the child has:	gic reactions:	needs or concern	S:
List any types of medication taken for health				
Share any other information that has a direct	bearing on assuring safe medi	cal treatment for you	r child:	
EMERGENCY INFORMATIO	•	• •		
Name of Child's Health Care Professional				
Hospital Preference:		Phone #: _		
I, as the parent/guardian, agree that the Dire neither I, nor the family physician or health of			provide emerge	ncy care in the event that
(Signature of Parent/Gua	rdian	(Date of a	pplication comple	ted or updated)
I, as the Director, do agree to provide trans situation, the children remaining in the facili medication without specific instructions from	ty will be supervised at all tin	nes by a responsible	adult. I will no	t administer any drug or any
(Signature of Director)				(Date)
]	Entered in ProCare?	YES	_ NO
(Enrollment Date) (Regi	stration Amount Received)			

DCD 0108 12/99

First Baptist Church Child Care Children's Medical Report

Name of Child		Birthdate	
Name of Parent or Guardian			
Address of Parent of Guardian			
. Medical History (May be comp	leted by parent)		
Is child allergic to anything? No	Yes If yes, what?_		
Is child currently under a doctor'	s care? No Yes If	yes, for what reason?	
Is the child on any continuous me	edication? No Yes	If yes, what?	
Any previous hospitalizations or	operations? No Yes	_ If yes, when and for what?_	
Any history of significant previo convulsions No Yes; he If others, what/when?	eart trouble No Yes;	asthma No Yes	es NoYes;
Does the child have any physical	disabilities: NoYes_	If yes, please describe:	
ny mental disabilities? No Ye	es If ves, please describ	e:	
,	J J , F	-	
en de company			
onature of Parent or Guardian		T.	ate
ignature of Parent or Guardian_		D	ate
ignature of Parent or Guardian			ate
B. Physical Examination: This exagent currently approved by the states), a certified nurse practified Height	xamination must be comple ne N. C. Board of Medical I itioner, or a public health nu ht%	ted and signed by a licensed pl Examiners (or a comparable bourse meeting DHHS standards	nysician, his author oard from bordering for EPSDT progran Throat
B. Physical Examination: This exagent currently approved by the states), a certified nurse practified nurse	xamination must be comple ne N. C. Board of Medical I itioner, or a public health nu ht% EarsAbd/GU Skin	ted and signed by a licensed plexaminers (or a comparable bourse meeting DHHS standards and the standards are standards and the standards are	nysician, his author eard from bordering for EPSDT progran Throat Hearing
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First Baptist Church Child Care Child Immunization History

Child's Name			Date of	Birth		<u></u>		
to file this informa	-	o page 2 for the M	onth/Day/Year) or a linimum State Vacci					-
Vaccine Type	Vaccine Abbreviation	Trade Name	Combination Vaccines	1	2	3	4	5
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV, OPV	IPOL	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib	Act HIB, Pedvax HIB **	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMRII	Proquad					
Varicella/Chicken Pox	Var	Varivax	Proquad					
Pneumococcal Conjugate*	PCV, PCV-13, PPV- 23	Prevnar, Pneumovax***						
** 3 shots of Pedvax F ***Pneumovax is a di	v for children born on or af HB are equivalent to 4 Hib fferent vaccine than Prevn I their 5 th birthday are not	doses. 4 doses are requi ar and may be seen in hi		than one brand of Hi	b shots.			
			at the child should no	ot have received a	ny more doses of tha	at vaccine.		
Record updated	by:		Date	Re	cord updated by:			Date

First Baptist Church Child Care Minimum State Vaccine Requirements for Child Care Entry

By This Age:	Children Need These Shots:						
3 months	1 DTaP	1 Polio		1 Hib	1 Hep B	1 PCV	
5 months	2 DTaP	2 Polio		2 Hib	2 Hep B	2 PCV	
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12-16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	3 Нер В	4 PCV	1 Var
19 months	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years or older (in child care only)	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years and older (and in kindergarten)	5 DTaP	4 Polio	2 MMR	3-4 Hib**	3 Нер В	4 PCV	2 Var

Vaccines Recommended by the Advisory Committee on Immunization Practices (ACIP), But NOT Required

Vaccine Type	Vaccine Abbreviation	Trade Name	Recommended Schedule	1	2	3	4	5
Rotavirus	RV Rota	Roteteq Rotarix	2 months, 4 months, 6 months					
Hepatitis A	Нер А	Havrix Vaqta	12-23 months, then another dose within 6-18 months					
Influenza	Flu	Fluzone Fluarix FluLaval Fluvirin FluMist Afluria	Annually after 6 months of age					

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:
 - o Call 911 immediately upon suspecting SBS/AHT and inform the director.
 - o Call the parents/guardians.
 - o 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 webmasterded@dhhs.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, reviewe	ed 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

Discipline and Behavior Management 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. Based on this belief of how children learn and develop values, this Center will practice the following discipline policy:

WE

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

WE

- 1. **DO NOT** spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
- 2. **DO NOT** make fun of, 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 the children alone, unattended, or without supervision.
- 7. **DO NOT** place the children in locked rooms, closets, or boxes as punishment.
- 8. **DO NOT** allow discipline of children by children.
- 9. **DO NOT** criticize, make fun, or otherwise belittle children's parents, families, or ethnic groups.

1 0	(child's full name), do hereby facilities Discipline and Behavior Management Policy lity's Discipline and Behavior Management Policy with
Date of child's enrollment:	
Signature of Parent or Guardian:	Date:

TIME-OUT

"Time-Out" is the removal of a child for a short period of time (1 minute per year of age) situation in which the child misbehaving and has not responded to other discipline techniques. The "Time-Out" space, usually a chair, is located away from classroom activity but within the teacher's sight. During "Time-Out", the child has the opportunity to think about the misbehavior that led to his/her removal from the group. After a brief interval, teacher discusses the incident appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other children.

First Baptist Church Child Care

Travel and Activity Authorization

I,	(parent/guardian) of (child)
gi	ve my permission to First Baptist Church Child Care for my child to participate in
th	e following activities:
	Buggy Rides around the Church grounds and/or uptown Shelby. Teacher directed walks around and in the Church facilities and/or uptown Shelby
۷.	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.
Ιι	understand that these activities are outside a fenced area of the facility.
	Parent / Guardian Signature
	Date Signed
Tl	his authorization is valid from 08/22/17 through 08/31/18.
++	-++++++++++++++++++++++++++++++++++++++
Ιd	do not give permission for my child to be outside the fenced areas.
	Parent / Guardian Signature
	Date Signed

This authorization is valid from 08/22/17 through 08/31/18.

First Baptist Church Child Care EMERGENCY INFORMATION

DATE OF BIF	RTH:	
MOM'S NAME: _		
HOME#	WORK#	
PAGER#	CELL PHONE#	
DAD'S NAME:		
HOME#	WORK#	
PAGER#	CELL PHONE#	
DOCTOR'S NAME	/•	
RELATIVE:	PHONE#	
RELATIVE:	PHONE#	

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.

Parent Signature	
Date	

The following requirements apply to both centers and homes.

Transportation

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

Program Records

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

Discipline and Behavior Management

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

Parental Rights

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

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information visit the Resources in Child Care website at: www.ncchildcare.nc.gov. For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829 (In State Only), or visit our homepage at: ncchildcare.nc.gov

Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every center or family child care home. These files can be

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

How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829.

Child Abuse, Neglect, or Maltreatment

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



Summary of the North Carolina Child Care Law and Rules

Division of Child Development and Early Education

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

Revised March 2016

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

employment or provision of services.

What Is Child Care?

The law defines child care as:

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

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

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

Star Rated Licenses

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

Family Child Care Homes

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

- Home providers must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children
- He or she must undergo a criminal records background check initially, and every three years thereafter.
- All household members over age 15 must also undergo a criminal records background check initially, and every three years thereafter.
- All family child care home providers must have current certification in CPR and first aid.

complete an ITS-SIDS training (if caring for infants 0 -12 months) every three years and the Emergency Preparedness and Response in Child Care training and plan. They also must complete a minimum number of training hours annually.

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

Child Care Centers

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

Licensed centers must meet requirements in the following areas.

<u>Staff</u>

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. At least one person on the premises must have CPR and First Aid training. All staff must also undergo a criminal records background check initially, and every three years thereafter. One staff must complete the Emergency Preparedness and Response in Child Care training and plan.

Staff/Child Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes for licensure are shown below and must be posted in each classroom

U.	each classicom.						
	Age	Teacher: Child Ratio	Max Group Size				
	0-12 mths	1:5	10				
	12-24mths	1:6	12				
	2 years old	1:10	20				
	3 years old	1:15	25				
	4 years old	1:20	25				
	School-age	1:25	25				

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

Space and Equipment

Centers must have at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Outdoor equipment and indoor furnishings must be child size, sturdy, and free of hazards that could injure children.

Curriculum

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

Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. They must have space and time provided for rest.

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
* *	have my authorization to pick up my histrative Assistant or my child's tea	1 0
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	Da	te
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. I understand that the photographs may be
taken by Center staff, professional photographers
news media or other parents. I understand that I wil
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	\mathbf{BE}	SIGNED	AND
RET	URNED	before	your ch	ild's p	hone numb	er and
addre	ss can be	include	d on the	printed	class roster.	A class
roster	will only	be given	n out upor	reques	t.	
As the	e parent/g	uardian	of			_I give
					, phone num	
home	address	on the	class rost	er to b	e distribute	d (upon
-	,	parents	of childr	en in tl	ne class and	to staff
memb	bers.					
Paren	t Signatur	e			_	
.						
<u>D</u> ate					_	

First Baptist Church Child Care

POLICIES AND PROCEDURES AGREEMENT

	the policy and procedures of Firs	-
Baptist Church Child Care.	I agree to follow all the rules ar	
procedures of the Center.		
Parent/Guardian	Date	_

Child's Name

First Baptist Church Child Care



Infant/Toddler Safe Sleep Policy

Date Adopted: April 14, 2005

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's clinical history.

Child care providers can maintain safer sleep environments for babies that help lower the chances of SIDS. N.C. law requires that child care providers caring for children 12 months of age or younger, implement a safe sleep policy, share this information with parents and participate in training.

In the belief that proactive steps can be taken to lower the risks of SIDS in child care and that parents and child care providers can work together to keep babies safer while they sleep, this facility will practice the following safe sleep policy:

Safe Sleep Practices

- All child care staff working in this room, or child care staff who may potentially work in this room, will receive training on our Infant Safe Sleep Policy.
- Infants will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a waiver notice will be posted at the infant's crib and the waiver filed in the infant's file.
- The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer for sleep.
- 4. We will follow this recommendation by the American Academy of Pediatrics. However, child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
- 5. Visually checking sleeping infants. Sleeping infants will be checked daily, every 15-20 minutes, by assigned staff. The sleep information will be recorded on a Sleep Chart. The Sleep Chart will be kept on file for one month after the reporting month. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care.

We will check to see if the infant's skin color is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly. We will check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.

 Steps will be taken to keep babies from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping the baby.

Safe Sleep Environment

- 7. Room temperature will be kept between 68-75°F and a thermometer will be kept in the infant room.
- 8. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding.
- No loose bedding, pillows, bumper pads, etc. will be used in cribs. Only
 a parent-provided sleep sack and/or a pacifier will be allowed in the
 infant's crib.
- Toys and stuffed animals will not be allowed in the crib. Pacifiers will be allowed in infants' crib.
- 11. A safety-approved crib with a firm mattress and tight fitting sheet will be used
- 12. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency or fire drill.
- 13. No smoking is permitted in the infant room or on the premises.
- 14. All parents/guardians of infants cared for in the infant room will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.
- 15. To promote healthy development, infants that are awake will be given supervised "tummy time" for exercise and for play.

I, the undersigned parent or guardian of read and received a copy of the facility's Infant/Toddler Safe Sleep Policy staff member) has discussed the facility's Infant/Toddler Safe Sleep Polic	, ,
Date of Child's Enrollment:	
Signature of Parent or Guardian:	Date:
Signature of Child Care Provider:	_ Date:
Decided to the second of the s	1

Distribution: one signed copy to parent(s)/guardian(s); signed copy in child's facility record. Revised January 10, 2014

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.

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

What foods does WIC provide?

- milk
- cereal
- juice
- dried beans & peas
- eggs
- peanut butter

- cheese
- infant cereal
- infant formula
- tuna and carrots
 (breastfeeding women only)

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:

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