



Welcome to Method Child Development Center Infant/Toddler Packet

We would like to welcome you to our Method Family. You and your child(ren) are in store for a great experience within the doors of Method. We provide a safe, nurturing and affordable environment that promotes the child's total development: physical (fine and gross motor), social, emotional, language and cognitive. Within this packet you will find important forms and information that are required to have your child enrolled into our program. Please use this checklist as a guide.

- ✓ Center Application (Due Day One)
- ✓ Emergency Contact Information (Due Day One)
- ✓ Children's Medical Report (part A must be completed and signed by you, part B must be completed and signed by a medical examiner) (Due within 30 days of enrollment)
- ✓ Immunization History (Due within 30 days of enrollment)
- ✓ Discipline and Behavior Management Policy (Due Day One)
- ✓ Infant Feeding Schedule (Due Day One)
- ✓ Alternative Sleep Position Waiver (for children over 6 months that can roll over) (Due Day One)
- ✓ Infant/Toddler Safe Sleep Policy (Due Day One)
- ✓ Blanket Permission For Routine Transport of Children (Due Day One)
- ✓ Documentation of Receipt of NC Child Care Laws (Due Day One)
- ✓ Documentation of Receipt of Method CDC Parent Handbook (Can be found at www.methodchilddevelopmentcenter.com) (Due Day One)
- ✓ Authorization to Photograph (Due Day One)
- ✓ CACFP Enrollment Form (Due Day One)

We ask that when you bring your child on the first day that you bring two extra changes of clothes, diapers, wipes, and lovie. For toddlers we ask that you also bring a blanket for nap time.

Thank you again for choosing Method and we look forward to meeting your child(ren) educational needs. If you have any questions please feel free to contact the center's Director.

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

Name	Relationship	Address	Phone Number

Name	Relationship	Address	Phone Number

HEALTH CARE NEEDS:

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

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

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

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

List any types of medication taken for health care needs _____

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

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

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

Signature of Parent/Guardian _____ Date _____

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 _____

Emergency Contact Information

Child's Name:		DOB:	
Days Attending:	M T W Th F	Enrollment	
Allergies:		Date:	

Parent Information

Person to call first:

Mother's Name:		Home Phone:	
Email Address:		Work Phone:	
Work City:		Cell Phone:	

Father's Name:		Home Phone:	
Email Address:		Work Phone:	
Work City:		Cell Phone:	

Emergency Contacts

Must be someone within a 20 mile radius of the center, other than parent or guardian.

TWO people required.

Name:		Home Phone:	
Address:		Work Phone:	
Relationship to child:		Cell Phone:	

Name:		Home Phone:	
Address:		Work Phone:	
Relationship to child:		Cell Phone:	

Emergency Information

Child's Physician:		Phone Number:	
Child's Dentist:		Phone Number:	
Preferred Hospital:		Phone Number:	

Additional Pick-Up Authorization

(optional) Please list any additional person(s) authorized to pick up your child(ren).

Name:		Phone:	
Name:		Phone:	
Name:		Phone:	

Parent Signature: _____

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# _____

Immunization History

Name: _____ Date of Birth: _____

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.

Enter date of each dose - Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP/DT (circle which)					
*Polio					
**Hib					
***Hepatitis B					
*MMR (combined doses)					
OTHER					
OTHER					

- * Required by State law.
- ** Required by State law for children born on or after 10/1/88.
- *** Required by State law for children born on or after 7/1/94.

Records Updated by:	Date Updated:

Name of Center: Method Child Development Center

Discipline and Behavior Management Policy

Date Adopted _____

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 alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of "time-out"
12. DO stay consistent in our behavior management program.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, 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 of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent 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 _____

Distribution: one copy to parent(s) signed copy in child's facility record

Infant Feeding Schedule

Name of Child _____ Date _____

Date of Birth _____

Instructions

1. Food/Bottles Brought Daily (quantity):

2. Instructions for Feeding:

A. Bottles (breast milk, formula, milk, juice)

B. Food (baby food, cereal, table food)

3. I plan to nurse: (approximate time) _____

Parent Signature

Changes in Schedule (Must be recorded as eating habits change)

Food:	Date to Introduce:	New Instructions:	Parent or Staff Signature:
Milk			
Baby Food			
Juice			
Cereal			
Table Food			

**Must be completed for all children less than 15 months old*

Name of Center:

Method Child Development Center



Infant/Toddler Safe Sleep Policy Sample (Revised)

Date Adopted: _____

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

1. 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.
2. 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.
3. 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.

6. 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.

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

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____

Date: _____

Signature of Child Care Provider: _____

Date: _____

Distribution: one signed copy to parent(s)/guardian(s); signed copy in child's facility record.

Effective date: 5/1/04

Review: #1 12/15/05

Revisions: #1 1/1/06 COM;

Safe Sleep Environment

7. Room temperature will be kept between 68-75°F and a thermometer 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. **We may use a sleep sack instead of a blanket.**
9. No loose bedding, pillows, bumper pads, etc. will be used in cribs. We will tuck any infant blankets in at the foot of the crib and along the sides of the crib mattress.
- 10 Toys and stuffed animals will be removed from the crib when the infant is sleeping. Pacifiers will be allowed in infants' cribs while they sleep.
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.
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, awake infants will be given supervised "tummy time" for exercise and for play.

Best Practices

1. All staff will participate in *Responding to an Unresponsive Infant* practice drills twice each year, in April and in October, in conjunction with fire drills.

**CHILD AND ADULT CARE FOOD PROGRAM
PROVISION OF BREASTMILK OR
INFANT FORMULA AND PROVISION OF BABY FOOD**

Name of child care provider or center Method Child Development Center

This institution/facility offers Gerber Good Start formula for infants
(Iron-Fortified Formula name must be filled in by institution/facility)
through the Child and Adult Care Food Program. It is a parental choice whether or not
to use this formula based on you and your infant's needs.*

Please select from (✓) the following choice(s):

I will provide breastmilk for my infant.

I will use the iron-fortified formula offered by this facility. I give permission for the
formula to be mixed and/or bottles to be prepared for my infant by this facility's
staff.

I will not use the iron-fortified formula offered by this facility.

If not, which formula will you send for your infant? _____

If the formula you provide is a special formula, a medical statement will be
requested.

My infant is four (4) months old or older and is developmentally ready for baby
foods. I want the institution/facility to provide the following baby food(s) for my
infant, which are allowed under 7CFR §226.20 (b) (2) (3) (4).

Allowable foods for infants are: iron-fortified infant cereal, fruit, vegetable, meats
or meat alternates, enriched or whole grain bread and crackers. Foods shall be
of appropriate texture and consistency to meet developmental needs.

Baby foods provided by institution/facility must be in compliance with the infant
meal pattern as required by 7CFR §226.20.

Infant's Name _____

Infant's Age _____

Parent's Signature _____ Date _____

**Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child
care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when
she/he is at child care. If you find that you are getting more formula than your baby needs, you may wish to talk with your
WIC nutritionist or your child care institution/facility.*

**Prevention of Shaken Baby Syndrome and Abusive Head Trauma
SAMPLE Policy**

Belief Statement

We, MCDC (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 death¹. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT².

Procedure/Practice

Recognizing:

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

Responding to:

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

Reporting:

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

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

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies⁵:

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

In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children⁶.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- Other _____



**Prevention of Shaken Baby Syndrome and Abusive Head Trauma
SAMPLE Policy**

References

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

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 **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 **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.

Effective Date



Prevention of Shaken Baby Syndrome and Abusive Head Trauma
SAMPLE Policy

Parent or guardian acknowledgement form

I, the parent or guardian of

_____ **Child's name**

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

_____ **Date policy given/explained to parent/guardian**

_____ **Date of child's enrollment**

_____ **Print name of parent/guardian**

_____ **Signature of parent/guardian**

_____ **Date**



The North Carolina Child Care Health and Safety Resource Center
www.healthychildcarenc.org • 800-367-2029

The NC Resource Center is a project of the Department of Maternal and Child Health, UNC Gillings School of Global Public Health
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BLANKET PERMISSION FOR ROUTINE TRANSPORT OF CHILDREN*

Method Child Development Center _____
(Facility's Name) (Today's Date)

I _____ give permission for _____
(Parent) (Child's name)

to be transported to _____
(Where)

Departure Time _____

Return Time _____

Method of Travel _____

Transportation Provider(s) _____

Other important information _____

Permission to transport is valid for _____ *to* _____
(up to 12 months)

Signature of Parent/Guardian _____

Date _____

*This form is not to be used for field trips or other off premise activities.

Name of Child: _____

Documentation of Receipt of:

***SUMMARY OF THE NC CHILD CARE LAWS**

***METHOD CHILD DEVELOPMENT PARENTS HANDBOOK (Also available at
methodchilddevelopmentcenter.com)**

I _____ have read and received the
Summary of the North Carolina Child Care Laws. Further, I am aware that the
Summary of NC Child Care Laws is required to be posted in the child care
facility.

I _____ have read and received Method Child
Development Center's Parent Handbook which contains Method Child
Development Center's policies and procedures. I have also read the discipline
and behavior management Policy included in the Parent Handbook. I am aware
that additional copies of Method Child Development Center's Parent Handbook
are available upon request made to the Center Director.

Signature of Parent or Guardian

Date

Summary of the North Carolina Child Care Law 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, of 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 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 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 and the program standards met by the program.

Child Care Centers

Licensing 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. 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.

Child Abuse or Neglect

Abuse occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. Abuse 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. Neglect occurs when a child does not receive proper care, supervision, or discipline, or when a child is abandoned. North Carolina law requires any person who suspects child abuse or neglect to report the case to the county department of social services. In addition, any person can call the Division of Child Development and Early Education at 919-662-4499 or 1-800-859-0829 and make a report of suspected child abuse or neglect in a child care operation. Reports can be made anonymously. A person cannot be held liable for a report made in good faith.

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 fined up to \$1,000 and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements here, or if you have questions, please call the Division of Child Development and Early Education at 919-662-4499 or 1-800-859-0829.

Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every licensed center. These files can be viewed during work hours or requested via the Division's web site at www.ncchildcare.net, or requested by contacting the Division at 1-800-859-0829.

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

Staff

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours annually including ITSS/SIDS training for any caregiver that works with infants 12 months of age or younger. All staff must also undergo a criminal records background check initially, and every three years thereafter. As of December 2007, criminal records checks will be done every three years.

Ratios

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

Age	Teacher / Child Ratio	Maximum Group Size
0-12 months	1:5	10
12-24 months	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

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

To meet licensing requirements, there must be 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 age-appropriate. Outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

Records

Centers must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills practiced with safe evacuation of children must also be maintained.

Curriculum

The Division of Child Development and Early Education does not promote or require any specific curriculum over another. Child care programs choose the type of curriculum appropriate for the ages of the children enrolled. Activity plans must be available to parents and must show a balance of active and quiet activities. Rooms must be arranged to encourage children to explore and use materials on their own.

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 programs to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) and must have space and time provided for rest.

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

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 resources and referral agencies can provide help in choosing quality care.

For more information about quality child care, parents can visit the Resources in Child Care website at www.ncchildcare.org. For more information on the law and rules, contact the Division of Child Development and Early Education at 919-662-4499 or 1-800-859-0829, or visit our homepage at www.ncchildcare.net.

This summary shall be posted for the public to view in accordance with

GS 110-102



Division of Child Development and Early Education
NC Department of Health and Human Services
319 Chapelboro Road
Raleigh, NC 27603

Revised November 2011



Authorization to Photograph

I give permission for my child, _____, to have pictures taken for the purpose of advertising or other promotions. I understand that I will be notified if such pictures are taken, and before any image of my child are used, I will be asked to sign a permission slip for each one. I have the right to refuse any pictures that I do not wish to have published.

Parent/Guardian Signature _____

Date _____

**Child and Adult Care Food Program (CACFP)
Participant Enrollment Form**

Institution Name: Method Child Development Center Inc. Agreement Number: 7083
 Facility/Provider Name: Method Child Development Center

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below for all participants in your household that are enrolled at this facility. The information below should be completed by the parent or guardian. Please use the guides below the table to complete. Please sign and date this form below.

Participant's First Name	Participant's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
			_____ to _____	M T W TH F Sat Sun	B A M L P M S L P M
			_____ to _____	M T W TH F Sat Sun	B A M L P M S L P M
			_____ to _____	M T W TH F Sat Sun	B A M L P M S L P M
			_____ to _____	M T W TH F Sat Sun	B A M L P M S L P M
			_____ to _____	M T W TH F Sat Sun	B A M L P M S L P M

Guide

- Normal hours of care:** Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.
- Normal days of care:** Please circle the days of the week the participant(s) are usually in attendance at the facility. (M=Monday; T=Tuesday; W=Wednesday; TH= Thursday; F=Friday; Sat =Saturday; Sun=Sunday)
- Meals Normally Eaten** – Please circle the meals the participant(s) usually eats at the facility. (B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack)

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____

Work Telephone Number: () _____

For Facility/Provider Use Only:

Signature of Facility Representative/Provider: _____ Date: _____

Date the participant withdrew: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

For State Use Only: Complete: _____ Incomplete _____ Reason: _____ Verified by: _____ Date: _____

North Carolina
 Department of Health and Human Services
 Women's and Children's Health
CHILD AND ADULT CARE FOOD PROGRAM
CHILD ELIGIBILITY APPLICATION

1. PRINT THE PARTICIPANT'S NAME AND DATE OF BIRTH:

NAME OF INSTITUTION: Method Child Development Center Inc.
 AGREEMENT NUMBER: 7083

FACILITY NAME: Method Child Development Center

First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth

2. SNAP, TANF or FDPIR: If the household currently receives SNAP, TANF or FDPIR benefits give the case number. Yes, we receive SNAP, TANF or FDPIR benefits. Case number is: SNAP # _____ TANF # _____ FDPIR # _____
 If yes, and you have provided the case number, DO NOT complete #3 and #4. Complete #5 (voluntary) and #6. If a child is a member of a SNAP or FDPIR household or TANF assistance unit, the child is automatically eligible to receive free Program meal benefits, subject to the completion of the application.

3. Is this a Foster Child? Yes No. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children.

Is this a homeless child or a child evacuated from Japan or Bahrain? Yes No. Certification from the agency that assisted with the evaluation or is providing shelter is required.

4. HOUSEHOLD MEMBERS MONTHLY INCOME: List all others living in your household, DO NOT include participant listed above. List all gross income (before deductions) received last month. If you did not give a SNAP, TANF or FDPIR case number or if this is not a foster child, you must complete the income information.

Names of all Other Household Members	Monthly Wages Salaries	Monthly Social Security Earnings	Monthly Public Assistance/ Child Support Earnings	Monthly Retirement Pensions Earnings	Monthly Other Earnings
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. ETHNIC IDENTITY: (Please check one).
 Hispanic or Latino Not Hispanic or Latino

RACE OF PARTICIPANT: (Please check one or more).
 White Black or African American American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander

6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that Program officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal laws.

Signature of Adult Household Member (Required) _____ Date: _____
 Last Four Digits of Social Security Number ((Required for households qualifying by income) _____

Printed Name _____ Home Telephone # _____ Work Telephone # _____

Address _____ City _____ Zip Code _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when your apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the Program. If a child is a Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to submission by Head Start officials of a Head Start statement of income eligibility or income eligibility documentation.

For Institution To be classified and completed by institution/sponsor

TOTAL HOUSEHOLD SIZE _____ TOTAL HOUSEHOLD MONTHLY INCOME \$ _____

Approved: Free Reduced Denied

Reason for denial: Income too high Incomplete application Other

Withdrawal (Date): _____

For state use only:
 Verified by: _____
 Date: _____
 Verified classification: Free Reduced Denied
 Reason for change in classification: _____

Signature of Eligibility Official (Individual at the Institution Level)
 CAC 111(14) Nutrition Services

Date _____

**PARENT GUARDIAN/HOUSEHOLD LETTER FOR NON-PRICING INSTITUTIONS
CHILD AND ADULT CARE FOOD PROGRAM**

Dear Parent or Guardian,

Please help us comply with the federal requirement mandating the annual submission of Program Eligibility Application (CAC 11). This application will be used only for eligibility determination, placed in our files and treated as confidential information. In order for participants and the day care center to be considered eligible for program benefits, an adult household member must complete the Program Eligibility Application for each participant enrolled in the center as soon as possible, sign, date and return it to the day care center. Completion of the application is not mandatory unless you wish to be considered for eligibility as a free or reduced price participant.

If you currently receive SNAP, Temporary Aid to Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR), you are not required to list household income. You may give your SNAP, TANF or FDPIR case number, sign, date and return the application. If a child is a member of a SNAP or FDPIR household or is a TANF recipient, the child is automatically eligible to receive free Program meal benefits, subject to completion of the application.

You should also note that if you have a foster child the day care center is eligible for program benefits for the foster child regardless of the income of your household. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. Please contact the institution for further instructions.

You should list the name of everyone who lives in your household, including all children, parents, grandparents and other relatives. The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses).

The income which you report must be the total gross income, before deductions, received by all members of your household last month (i.e. wages, welfare or retirement etc). Military benefits received in cash, such as housing allowance for military households living off base and food or clothing allowance must be considered as income. If you have a household member whose last month's income was higher or lower than usual, list that person's expected average monthly income.

**EFFECTIVE JULY 1, 2014 - JUNE 30, 2015
REDUCED GUIDELINES**

HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
For each Household member add:	+7,511	+626	+313	+289	+145

You may submit a program eligibility application any time during the fiscal year. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family's income during the period of unemployment to be within the eligibility standards for those meals.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) To file a Civil Rights complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA Office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

CACFP ELIGIBILITY APPLICATION INSTRUCTIONS

Please complete the Child and Adult Care Food Program Eligibility Applications using the instructions below. Sign the statement and return it to your child care center.

PART 1-PARTICIPANT'S INFORMATION: Complete this part.

Print the name(s) of the child enrolled in the center.

PART 2-HOUSEHOLD GETTING SNAP, TANF, OR FDPIR BENEFITS: Complete this PART and PART 6.

(1) List your current SNAP, TANF, or FDPIR case identification number.

(2) An adult household member must sign the statement in PART 6.

PART 3-FOSTER or HOMELESS CHILD (Including children evacuated from Japan and Bahrain)

(1) Indicate if child is a Foster Child or is homeless. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. Additionally, when a host family applies for free and reduced price meals for their own children, the host family may include the homeless family as household members if the host family provides financial support to the homeless family. In such cases, the host family must also include any income received by the homeless family.

(2) An Adult household Member must sign the statement in PART 6.

PART 4- HOUSEHOLD INCOME: Complete this PART and PART 6

(1) List the names of household members.

(2) Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e. weekly, every two weeks, twice a month, or monthly) received last month for each household member and where it came from, such as earnings, welfare, pensions and other income (refer to examples below for types of income to report). If any amount last month was less than usual, write the person's usual income.

(3) An adult household member must sign this income eligibility statement and give the last four digits of his/her social security number in PART 6.

PART 5-RACIAL/ETHNIC IDENTITY: Complete the Ethnic/Racial Identity question.

PART 6-SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: All households complete this PART.

(1) All eligibility statements must have this signature of an adult household member;

(2) The adult household member who signs the statement must include the last four digits of his/her social security number. If he/she does not have a social security number, write "none". If you listed a SNAP, TANF, or FDIR number a social security number is not needed.

INCOME TO REPORT

Earnings from Employment

Wage/salaries/tips
Strike benefits

Unemployment compensation
Worker's compensation
Net income from self-owned
business or farm

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/Child support payments

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social security

Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

Other Income

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/
investments

Regular contributions from
persons not living in the
household
Net royalties/annuities/
net rental income
Any other income