



# Success Academy's **Private Pay Childcare Enrollment Packet** **2022-2023 School Year**





Dear Parents and Families,

## Welcome to Success Academy!

Our goal is to provide a welcoming, safe, and developmentally appropriate environment for every child. Here at Success Academy, we strive to provide the very best school experience for you and your child. The preschool years are an exciting and important time in our children's lives. We encourage you to participate in your child's school activities as often as possible.

Our parent handbook is designed to ensure that your family has a rewarding experience here at Success Academy and we have tried to anticipate many of your questions about the program. The purpose of our handbook is to outline the program's policies and procedures. We strive to work closely with parents in a partnership that will facilitate the transitions between home and school. Daily communications and a sense of trust between parents and teachers are vital.

We welcome your comments, questions, concerns, and suggestions about your child's experience and the program. We understand that nothing is more important than your child's early education and care experiences.

Please contact us if you have any questions and/or concerns.

We are looking forward to an exciting and fun year here at Success Academy! Should you have any questions and/or concerns, I am always here to listen. Childhood is a journey, not a race. We are honored that you have chosen Success Academy for your child's journey.

All the Best,

*Chudney Hill-Gregory*

*Success Academy Director*

[chudney@aacfnc.org](mailto:chudney@aacfnc.org)

(252) 331 – 1116

Date of Application:

\_\_\_\_\_

**Picture  
Of  
Student**

**CHILD INFORMATION**

Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Middle Last Nickname

Child's Physical Address: \_\_\_\_\_  
Street Address City State Zip

**FAMILY INFORMATION:** Child lives with: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_  
First Middle Last

Mother's Address (if different from child's): \_\_\_\_\_  
Street Address City State Zip

Mother's Home OR Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_  
First Middle Last

Father's Address (if different from child's): \_\_\_\_\_  
Street Address City State Zip

Father's Home OR Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

# ENROLLMENT CHECKLIST

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1.) What would you like most for your child to experience with us?

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2.) What does your child enjoy doing the most?

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3.) What are your child's favorite toys?

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4.) What are the foods your child likes best? \_\_\_\_\_  
Least? \_\_\_\_\_

5.) Does your child take naps? ☐ Yes ☐ No How long? \_\_\_\_\_

6.) Does your child need a comfort item for a nap? ☐ Yes ☐ No

7.) Is your child toilet trained? ☐ Yes ☐ No

What words are spoken in your house for toileting? \_\_\_\_\_

8.) How does your child express anger or react to frustration? \_\_\_\_\_  
\_\_\_\_\_

9.) Does your child have any fears? \_\_\_\_\_

10.) How does your child react to change (such as being left by parents)?

11.) How does your child comfort himself/herself? \_\_\_\_\_

12.) What is your child's play interests (preference for creative, dramatic, or construction play)? \_\_\_\_\_  
\_\_\_\_\_

13.) Can your child effectively communicate his or her needs? ☐ Yes ☐ No

Explain: \_\_\_\_\_

# ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information Packet and Parent Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and immunizations for state compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

## Obtain Signed Forms from Family

- \_\_\_\_ Complete Application Form
- \_\_\_\_ Immunization Record
- \_\_\_\_ Health/Physical Form
- \_\_\_\_ Nutrition Opt-Out Form
- \_\_\_\_ Handbook Acknowledgement

## Review with Family:

- |  |   |
|--|---|
| <input type="checkbox"/> The child's first day   | <input type="checkbox"/> Immunization/health information                    |
| <input type="checkbox"/> Child guidance and classroom management (Discipline policy)                     | <input type="checkbox"/> Annual registration fee                            |
| <input type="checkbox"/> Tuition payment schedule, amounts and due dates                                 | <input type="checkbox"/> Late fees  |
| <input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly | <input type="checkbox"/> Special needs                                      |
| <input type="checkbox"/> Process and Procedures of Security Access                                       | <input type="checkbox"/> Absenteeism policy                                 |
| <input type="checkbox"/> Authorized pick-up, late pick-up policy and emergency controls                  | <input type="checkbox"/> Sick policy  |
| <input type="checkbox"/> Child Custody Documents ( <i>if applicable</i> )                                | <input type="checkbox"/> Meals  |
| <input type="checkbox"/> Clothing and other items to bring (labeled)                                     | <input type="checkbox"/> Allergies  |
| <input type="checkbox"/> Any pick-up restrictions  | <input type="checkbox"/> Medication policy                                  |
| <input type="checkbox"/> Any field trip restrictions   | <input type="checkbox"/> Relevant curriculum features for child's age group |
| <input type="checkbox"/> Any photo restrictions  | <input type="checkbox"/> Review Emergency and Disaster Plans                |

The information above was reviewed with me and all my questions have been answered to my satisfaction. I have a clear understanding of Childtime's policies.

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name of Director: \_\_\_\_\_

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

**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
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Name	Relationship	Address	Phone Number
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Name	Relationship	Address	Phone Number
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Name	Relationship	Address	Phone Number
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**PERMISSION TO PLAY OUTSIDE THE FENCED AREA:**

Because we strive to provide our students with a broad range of experiences, our staff may plan activities outside the fenced areas of Success Academy, such as nature walks, strolling, water activities, and book mobile. These times will be closely supervised, and our staff will take every precaution necessary to make sure that your child remains safe and comfortable.

\_\_\_\_ I give my permission for my child to participate in activities outside the fenced area of Success Academy.

\_\_\_\_ I do **NOT** give my permission for my child to participate in activities outside the fenced area of Success Academy

**PHOTO RELEASE:**

\_\_\_\_ I **DO** give permission for my child's photo to be taken and used with the classroom or center for display and craft purposes.

\_\_\_\_ I **DO NOT** give permission for my child's photo to be taken and used with the classroom or center for display and craft purposes.

\_\_\_\_ I **DO** give permission for my child's photo to be taken and used for publication purposes (including flyers, mailers, and/or social media).

\_\_\_\_ I **DO NOT** give permission for my child's photo to be taken and used for publication purposes (including flyers, mailers, and/or social media).

**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:

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

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List any fears or unique behavior characteristics the child has:

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List any types of medication taken for health care needs:

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

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## 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, 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:** \_\_\_\_\_

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***Please initial each section and sign under each section.***

## **DAILY PROCEDURES**

\_\_\_\_\_ **HOURS OF OPERATION:** Success Academy is open from 6:30am-6:00pm. Children must be dropped off before 8:30am to receive breakfast.

\_\_\_\_\_ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state childcare licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

\_\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly within ONE HOUR or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and understand that the child may return only with a physician/health care professional's documentation indicating that he/she is no longer contagious.

**Name of Parent/Guardian:** \_\_\_\_\_

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

***Please initial each section and sign under each section.***

## **HOLIDAYS, ABSENCES, AND CLOSINGS**

\_\_\_\_\_ **HOLIDAYS:** I understand the school is closed on holidays. I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_\_ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e. sickness).

\_\_\_\_\_ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster.

**Name of Parent/Guardian:** \_\_\_\_\_

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

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***Please initial each section and sign under each section.***

## **STATE LICENSING AND SUCCESS ACADEMY POLICIES**

\_\_\_\_\_ **ALL POLICIES AND STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, and I are bound by state childcare regulations, the Parent Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the childcare regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgment of, and agreement to abide by, all policies and state regulations.

\_\_\_\_\_ **INDIVIDUALIZED CARE PLANS:** I understand that should my child have an IEP or IFSP, it must be shared with the director so the school can support my child's needs.

\_\_\_\_\_ **BEHAVIOR MANAGEMENT:** I understand that positive redirection and offering choices to children are techniques used to guide children's behavior at the school. I also understand that I may refer to the Parent Handbook for additional information on behavior management at the school.

\_\_\_\_\_ **PARENT HANDBOOK:** I have received a copy of the Parent Handbook. I have read and understand its contents and policies and agree to be bound by same.

**Name of Parent/Guardian:** \_\_\_\_\_

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

## **PROGRAM COSTS:**

**\*Registration Fee: \$25.00 – Returning Students | \$75.00 – NEW Students**

Please Circle ONE option below:

<b>Monthly Tuition Rate</b> <b>**with food provided**</b>	
<b>2 Year Old's</b>	<b>\$650</b>
<b>3 Year Old's</b>	<b>\$625</b>
<b>4/5 Year Old's</b>	<b>\$600</b>

## **IMPORTANT UPDATES FOR THE 2022-2023 SCHOOL YEAR**

- Children will be placed into classrooms based on their age/birthday, at the discretion of the Success Academy director. Requests are considered but not guaranteed.
- These rates include a morning snack, lunch, and an afternoon snack.
- Tuition fees are a monthly rate and are due by the 30<sup>th</sup> of the month. (August will be an exception since it is pro-rated). Fees will be billed at the beginning of the month.
- Our hours are from 6:30am-6:00pm, Monday – Friday. Currently, we do not offer a staggered drop off schedule.

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**Parent Signature**

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**Date**

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## **OFFICE USE ONLY:**

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

Application Received: \_\_\_\_\_

Reg Fee Paid: \_\_\_\_\_

## Children's Medical Report

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of Parent or 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 # \_\_\_\_\_

## Dental Screening Form

When the Kindergarten Health Assessment (KHA) Form is used to complete the NC Pre-K child's health assessment, a **dental screening** must also be completed (10A NCAC 09 .3005 Child Health Assessment). The child's health assessment must include a dental screening, which may be recorded on this form.

**Child's Name:** \_\_\_\_\_  
**Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Gender:** Male      Female  
**Parent or Guardian:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_ **School/Pre-K:** \_\_\_\_\_

**Screener's Name** \_\_\_\_\_ **Screening Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Organization/Practice Name** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Professional affiliation (please check one):**

\_\_\_\_ Dentist  
 \_\_\_\_ Dental Hygienist  
 \_\_\_\_ Physician  
 \_\_\_\_ Physician Assistant  
 \_\_\_\_ Registered Nurse  
 \_\_\_\_ Other Health Professional: \_\_\_\_\_

**Pattern of early childhood cavities:**

- ☐ No cavities/decay present or no obvious problem
- ☐ Cavities/decay present or dental care needed (comment required)
- ☐ Referral for Urgent Care (comment required)

**Comments:**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Child Development  
and Early Education

## Nutrition Opt Out Form

Child Care Rules .0901(d) and .1706(c) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

I \_\_\_\_\_ plan to provide all meals, snacks and  
(Parent/Guardian Print Name)

drinks for my child and do not want his/her meals, snacks or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks or drinks for my child, I understand that the program will provide supplemental food and drink.

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

\_\_\_\_\_  
Date

### **Space and Equipment**

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

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

### **Staff Requirements**

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

### **Staff/Child Ratios**

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

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

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

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

### **Reviewing Facility Information**

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

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

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined and/or may have their licenses suspended or revoked.

Administrative actions must be posted in the facility. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Child Development  
and Early Education

# Summary of the North Carolina Child Care Law and Rules (Center and FCCH)

## Division of Child Development and Early Education

North Carolina Department of  
Health and Human Services  
333 Six Forks Road  
Raleigh, NC 27609

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

Revised January 2021

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

### What Is Child Care?

The law defines child care as:

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

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

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

### Family Child Care Homes

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

### Child Care Centers

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

### Parental Rights

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

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Local Child Care Resource and Referral agencies can provide help in choosing quality care. Check the telephone

directory or talk with a child care provider to see if there is a Child Care Resource and Referral agency in your community. For more information, visit the Resources page located on the Child Care website at: <https://ncchildcare.ncdhs.gov/>. For more information on the law and rules, contact the Division of Child Development and Early Education at 919 814-6300 or 1-800- 859-0829 (In State Only), or visit our homepage at: <https://ncchildcare.ncdhs.gov/>.

### Child Abuse, Neglect, or Maltreatment

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

### Transportation

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

### Record Requirements

Centers and homes must keep accurate records such as children's, staff, and program. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care. Prevention of shaken baby syndrome and abusive head trauma policy must be developed and shared with parents of children up to five years of age.

### Discipline and Behavior Management

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

### Training Requirements

Center and family child care home staff must have current CPR and First Aid certification, ITS-SIDS training (if caring for infants, 0 to 12 months), prior to caring for children and every three years thereafter. Emergency Preparedness and Response (EPR) in Child Care training is required and each facility must create an EPR plan. Center and home staff must also complete a minimum number of health and safety training as well as annual ongoing training hours.

### Curriculum and Activities

Four- and five-star programs must use an approved curriculum in classrooms serving four-year-olds. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans and schedule must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. A written activity plan that includes activities intended to stimulate the development domains, in accordance with North Carolina Foundations for Early Learning and Development. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

### Health and Safety

Children must be immunized on schedule. Each licensed family child care home and center must ensure the health and safety of children by sanitizing areas and equipment used by children. For Centers and FCCs, meals and snacks must be nutritious and meet the Meal Patterns for Children in Child Care. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. Children must have space and time provided for rest.

### Two through Five Star Rated License

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

### Criminal Background Checks

Criminal background qualification is a **pre-service requirement**. All staff must undergo a criminal background check initially, and every three years thereafter. This requirement includes household members who are over the age of 15 in family child care homes.