

Infant/Toddler Care Registration Packet



September 2019– August 2020

**Goldsboro Family YMCA
900 S. Harding Drive
Goldsboro, NC 27532
(919) 778-0016 Preschool
(919) 947-0124 Child Care Center**

**OFFICE USE ONLY**

☐ FA Awarded/Notified/Entered
☐ Enrolled
☐ ProCare System
☐ Shaken Baby Policy
☐ NC Child Care Law & Rules
☐ Class Dojo
☐ Parent Handbook
☐ Food Program

Goldsboro Family YMCA Infant/Toddler Care Registration Packet

Child's Name: _____ Start Date*: ____/____/____

EMAIL ADDRESS: _____

CELL PHONE: _____

Please provide a valid email address and cell phone number to receive important information and alerts about the program.

Infant/Toddler Care Weekly Fee Information

The Infant/Toddler Care weekly fee is **\$165/\$155** with free household membership included. The fee covers child care from 6:30 a.m. to 6:00 p.m. Monday through Friday. Late fees will be assessed for children picked up after 6:00 p.m.

Enrollment Checklist

***MUST HAVE BEFORE START DATE:**

☐ Registration Packet
☐ Copy of Valid Insurance Card
☐ Up-to-date Shot Record/Physical

***MUST HAVE ON START DATE:**

☐ 2 Changes of Clothes
☐ Small Blanket for Naptime
☐ Diapers/Pull-Ups/Wipes

***You must speak with the Preschool Director to arrange a start date .**

**Goldsboro Family YMCA
Preschool and Child Care Center
Registration Packet**



Child Information

Name: _____ DOB _____
Address: _____ State _____ Zip _____

Contact Information

Mother/Guardian's Name _____
Phone: (h) _____ Phone: (w) _____ Phone: (c) _____
Father/Guardian's Name _____
Phone: (h) _____ Phone: (w) _____ Phone: (c) _____
Email Address: _____

Emergency Care Information

Doctor's Name: _____ Phone: _____
Dentist's Name: _____ Phone: _____
Hospital Preference: _____
Phone: _____
Insurance Carrier: _____ Policy: _____

Emergency Contacts

If neither Guardian can be contacted, call the following:

Name: _____	Relationship: _____
Phone: _____	Phone: _____
Name: _____	Relationship: _____
Phone: _____	Phone: _____

Medical Release

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither guardian nor the family physician can be contacted immediately.

Guardian Signature Date

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In this situation, other children will be supervised by a responsible adult. I will not administer any drug or any medication without the specific instructions from the physician or the child's parent, guardian or full-time custodian. Provisions will be made for adequate and appropriate rest during outdoor play.

Signature of Operator Date

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent/Guardian _____

Address of Parent or Guardian _____

A. Medical History (May be completed by Parent)

1. Is your child allergic to anything? No ____ Yes ____ If yes, what? _____
2. Is your child currently under a doctor's care? No ____ Yes ____ If yes, for what reason? _____
3. Is the child on any regular medications? 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 reoccurring illness? No ____ Yes ____

Diabetes : No ____ Yes ____

Convulsions: No ____ Yes ____

Heart Trouble: No ____ Yes ____

Asthma: No ____ Yes ____

Others _____

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/Guardian: _____ Date: _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the NC 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 ____ follow-up _____

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 # _____

Individualized Care Plan

This form is to be completed when a parent/guardian has indicated that the child will be taking a prescription medication, requires special attention, has a special need or disability while participating in the program.

MEDICATION INFORMATION: _____

CHILD'S NAME: _____ DOB: _____

An Authorization to Dispense Medication form is available on site and must be completed before staff will administer medication.

TELL US MORE ABOUT YOUR CHILD:

If you listed a medication or indicated that your child has a special need, please explain so that our staff are familiar prior to your child attending our program.

If the YMCA staff and/or parents/guardians feel it is necessary, a meeting will be scheduled in advance to discuss specific information. The YMCA program welcomes all children to the extent that it is reasonably able to do so. A child who requires measures that constitute a fundamental alteration to the program or other undue hardship, or a child who poses a direct threat to the health and safety of others, will not be able to participate in the program. All children, regardless of their circumstances, are subject to YMCA disciplinary procedures.



WE CHECK I.D.'s

You **MUST** be prepared to show I.D. when picking up your child EVERY-DAY! YMCA Staff will not release until I.D. is provided and verified. Please remember this is to provide a safe environment for your child.

Thank you in advance for your patience.

Please list below authorized persons your child may be released to.

Child's Name: _____ D.O.B: ____/____/____

Authorized Pick-Up	Phone
1.(self) _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	

Supplemental Information

Child's Name _____

Date of Birth _____

Are there any special family circumstances such as adoption, divorce, separation, stepparent, etc.? If separation or divorce, what is the relationship between you and the other parent? What are custody arrangements? Who takes primary care of the child? Please explain in detail:

How did you hear about us? _____

Is this the first experience your child will have away from home? ____ yes ____ no

Does your child adjust easily to new situations? ____ yes ____ no

Does your child prefer playing alone or with peers? _____

Is there anything else we should know about your child? _____

What are your expectations for the school year?

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Parent or guardian acknowledgement form

I, the parent or guardian of _____
acknowledge that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Date policy given/explained to parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date

PERMISSION SLIPS

Video/Photographs

I hereby give my permission for the Goldsboro Family YMCA to take photographs and videos of my child and use them in publicity if they so desire.

_____ Yes _____ No

Parent/Guardian's Signature

Date

Field Trips

My child, _____, has permission to accompany the YMCA Preschool and Child Care Program staff to various designations/field trips. Field trips include trips on YMCA premises such as the pool and play areas as well as trips to other businesses and parks.

I will be notified of all field trips and mode of transportation.

I have signed and dated a medical release attached to the parent/guardian packet received during registration.

Parent/Guardian's Signature

Date

RELEASE FROM LIABILITY

In consideration of my requesting my child's attendance with the group from the Goldsboro Family YMCA, I accept any and all responsibility for, and assume the risk of, and all injuries of his/her participation in the program and I hereby expressly discharge and hold harmless from any liability whatsoever, the Goldsboro Family YMCA, the various branches and subdivisions thereof, as well as the officers, agents, employees, and servants thereof, in their capacities as representatives of the Goldsboro Family YMCA, whether employed or voluntary.

I certify that I am familiar with the content of this release and that I have read and understand the same and that it is my intention by signing this release, that the same be binding not only upon me, but also upon my heirs, administrators, executors, successors, and/or assigns.

Parent/Guardian's Signature

Date



Goldsboro Family YMCA Preschool

Letter of Acknowledgement and Understanding of the North Carolina Child Care Law and Rules

I, _____ have received a copy of the North Carolina Child Care Law and Rules from the Goldsboro Family YMCA Preschool and Child Care Center. I understand the information in the brochure to the best of my knowledge. If I should have questions regarding any information, I am aware that I can call the Division of Child Development. I understand that I have the right to receive a copy of this agreement for my records.

A copy of the North Carolina Child Care Law and Rules Brochure can be found at the Families Resources and Brochures Area located in the Preschool Hallway.

Parent/Guardian's Signature

Date

Signature of Director

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form and return to the Goldsboro Family YMCA.

Please keep and refer to your copy of the Goldsboro Family YMCA Program Policies. Your signature below indicates that you have received them.

I understand that the Goldsboro Family YMCA staff and volunteers are not allowed babysitting or transporting of children at any time outside of the YMCA program.

I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.

I understand that participants' files, records, and payment information pertaining to the Family YMCA Preschool and Child Care Center Programs are property of the Goldsboro Family YMCA.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick-up my child must either be listed with the YMCA or other arrangements must be made by directly speaking with the Preschool Coordinator or Youth & Family Services Director to inform of the change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, the staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that state law mandates the Goldsboro Family YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand children shall be in a smoke free and tobacco free environment. Smoking and the use of any product containing, made or derived from tobacco, including e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah, shall not be permitted on the premises of the child care center, in vehicles used to transport children, or during any off premise activities.

I understand that the Preschool and Child Care Center is a peanut-free facility.

I have read and understand the statements above and the Goldsboro Family YMCA Policies & Procedures.

Parent/Guardian's Signature

Date

Please Print Child's Name

Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this center will practice the following discipline and behavior management policy:

WE

- **DO** praise, reward and encourage the children.
- **DO** reason with and set limits for the children.
- **DO** model appropriate behavior for the children.
- **DO** modify the classroom environment to attempt to prevent problems before they occur.
- **DO** listen to the children.
- **DO** use short supervised periods of "time out".
- **DO** explain things to the children on their level.
- **DO** treat the children as people and respect their needs, desires, and feelings.

WE

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

I, the undersigned parent or guardian of _____, do hereby state that I have read and received a copy of the center's Discipline and Behavior Management Policy and that the center director has discussed the policy with me.

Signature of Parent/Guardian _____ Date _____

Goldsboro Family YMCA Preschool and Child Care Center Hours, Rates, and Accounting Policies

Center Hours

Preschool: 6:30am-6:00pm

Registration Fees Due at Enrollment

Infant/Toddler Registration Fee: \$75

INFANT/TODDLER CARE FEES

\$165.00 Full-Time for 1 infant per week

\$155.00 Full-Time for 1 toddler per week

ACCOUNTING POLICIES

- The Registration Fee for each child is due upon enrollment and is NON-REFUNDABLE and NON-TRANSFERABLE.
- The Program Fee is a flat weekly payment that is due on Wednesday prior to the week of service, after which a \$25 late fee will be assessed. Weekly Program fee is due whether a child is in attendance or not. This keeps your child's space reserved. After one full year of enrollment, the family will be granted one vacation week at no charge.
- After a two-week absence with no fees paid, your complimentary household membership will default to a full-pay membership of \$69 per month.
- A late pick up fee of \$1.00 per minute after 6:00pm (Preschool/Child Care Center Clock) will be charged. The late fee will be applied to your account. If a parent is not located by 7:00pm, DSS (Department of Social Services) will be contacted.
- Holidays/Vacations- Due to the fact we are closed so few holidays, there will not be a reduction in program fees during the weeks these holidays occur.
- Closings-Preschool & Child Care Center will be closed Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve, Christmas Day, Day after Christmas Day, New Years Eve and New Years Day.
- Make all checks payable to the YMCA. There will be a \$30.00 charge for all returned checks. If two checks are returned, cash or money order will be required for all future payments.

I/We understand and agree to pay in accordance with the above fee schedule and Accounting Policies of the Goldsboro Family YMCA.

I understand that my weekly fee is: \$_____

Signature of Parent/Guardian: _____ Date: _____



GOLDSBORO FAMILY Y PRESCHOOL & CHILD CARE CENTER
Electronic Funds Transfer (EFT) Authorization Form
900 S. Harding Dr. Goldsboro, NC 27534
Preschool: 919-778-0016 School –Age: 919-947-0124
www.GoldsboroYMCA.org

Section 1: Update Automatic Payment Personal Information

☐ After School ☐ Camp ☐ Preschool ☐ Infant/Toddler Care

Request Automatic Payment:

Adult #1 Full Legal Name: _____

Adult #2 Full Legal Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Section 2: EFT Payment Authorization*

EFT transactions are posted to your account the Monday payment is due. Draft will continue until cancelled. I understand that failure to provide correct banking information will result in immediate termination of program registration. Initial Here

I understand that if, for any reason, my bank refuses to honor a draft, program registration will be terminated immediately. Registration will be reinstated only after full payment of all fees. The YMCA collects no service charge or interest for the use of the bank draft plan, but does charge a \$30 fee for drafts returned for reason of insufficient funds, closed accounts or stopped payment.

Initial Here

I, _____, authorize Goldsboro Family YMCA to draft my bank account for

\$_____ on the schedule indicated below for payment of my program fees.

Schedule my draft **WEEKLY** (each Monday) or **SEMI-MONTHLY** (on the 1st & 15th)

Name on Account	
Routing Number	Account Number
Account Type: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Signature	

*Attach voided check or deposit slip to verify this is your account.

GOLDSBORO FAMILY Y MEMBERSHIP APPLICATION

1105 Parkway Drive | 919-778-8557 | Fax 919-778-8645

Www.GoldsboroYMCA.org | info@goldsboroymca.org

MID/PID# _____

() Annual () Bank Draft () Upgrade () Downgrade () Other

Date	_____
Joining Fee	\$ _____
Monthly Rate	\$ _____
Total Pay	\$ _____
Receipt #	_____

Last Name (PLEASE PRINT) _____ First _____ M.I. _____

(Area Code) Home Phone _____

Street Address _____

(Area Code) Work Phone _____

City _____ State _____ Zip Code _____

Birth Date _____ Sex _____

Emergency Contact (Name, Phone) _____

Employer _____

E-Mail Address _____

Silver Sneakers # _____

How did you hear about us: _____

LIST OTHER FAMILY MEMBERS ONLY IF JOINING UNDER THE HOUSEHOLD PLAN

Last Name	First Name	MI	Sex (circle one)	Birth Date	Employer/School
_____	_____	_____	M F	_____	_____
_____	_____	_____	M F	_____	_____
_____	_____	_____	M F	_____	_____
_____	_____	_____	M F	_____	_____

MEMBERSHIP AGREEMENT

MEMBERSHIP: Dues are paid by the monthly bank draft plan or in full for a year. Joining fees are a processing fee, which is nonrefundable after two-weeks of membership. I understand the YMCA will have no liability or responsibility for any personal injuries, or loss or damage to personal property, sustained by the member while using the YMCA facilities. Membership card must be presented to enter facility. Any member who loans their membership card to another individual will be subject to loss of membership privileges. Initial Here ☐

ANNUAL FULL PAYMENT: Memberships paid in full are invoiced for annual renewal approximately 30-days prior to and are payable on YMCA renewal date. If I allow my membership to lapse for more than 30 days beyond my renewal date, my membership will be void and will not be reactivated until all fees are paid and my account is made current. Initial Here ☐

BANK DRAFT: Draft will come out on the 4th of each month will continue until cancelled. I understand that failure to provide correct banking information will result in immediate termination of my membership. Initial Here ☐

I understand that if, for any reason my bank refuses to honor a monthly bank draft, my membership will be terminated immediately; membership will be reinstated only after payment of all fees and current dues. The YMCA collects no service charge or interest for the monthly use of bank draft plan, but does charge a \$30 fee for drafts returned for reason of insufficient funds, closed accounts or stopped payment.

Initial Here ☐

CANCELLATION: Cancellations are accepted by submitting a written notice at least 1 month in advance. Initial Here ☐

RATES: The YMCA Board of Directors may, at its discretion, adjust the monthly rate applicable to my category of membership. Annually in September, Individual Memberships will increase \$1 and Household Memberships \$2 per month. I have the opportunity to terminate this agreement at that time. Initial Here ☐

LOCKERS: I understand that if I have rented a locker, I will lose my locker privileges upon termination of my membership. At the time of my membership termination I will remove all my personal belongings from the locker. Initial Here ☐

PHOTOGRAPHS: I hereby consent the YMCA may use photographs of myself and family in marketing materials, video, and social media. I agree to waive and forgo any right or entitlement of claim we may have to compensation except for a waiver fee of \$1.00. Initial Here ☐

SEX OFFENDER: The YMCA conducts regular sex offender screenings on all members, participants, and guests.

If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. Initial Here ☐

Members are responsible to notify the YMCA of any changes to the above information. Please read and sign back of form.

Attach Voided Check For Draft

General Rules

Members are allowed 5 guest passes per year after becoming a member for 30 days. This only applies to account holder.

Youth may not bring or sponsor guests. College students do not get guest passes.

We expect persons using the YMCA to act maturely, to behave responsibly, and to respect the rights and dignity of others. Actions considered inappropriate include, but are not limited to: Using or possessing alcohol or illegal drugs, Smoking on YMCA property, Harassment or intimidation, Threatening physical contact with another person, Verbally abusive behavior, Sexually explicit conversation or behavior, Theft or behavior that results in the destruction or loss of property, Loitering after being requested to depart YMCA property, etc.

Behavior Policy - Use of language and expectations. Anyone exhibiting the following will be suspended for 1 year: Stealing, fighting, breaking and entering, obscene language, vandalism, and/or carrying or concealing a weapon.

Respect of others is expected by everyone (children and adults) in the YMCA's facility.

No food or drink other than bottled water is allowed in the Wellness Center and Weight Room.

Children under the age of 16 are not allowed in the Weight room.

Children ages 12-15 must be supervised by a parent or guardian who is 18 or older.

Children ages 12-15 must receive an orientation from a YMCA staff person in order to use any equipment. Without this orientation no child under the age of 16 is permitted to use any equipment in the Wellness Center.

Any damage done to equipment due to misuse or abuse will be the responsibility of the member or legal guardian.

Children over 5 years of age are not allowed in the fitness locker rooms. Members 6 years and over must use the locker room of their gender, or the family bathroom.

You must be at least 18 years of age and have a fitness center membership to use the sauna, steam room, or the Jacuzzi.

You must shower before entering the pool.

Children under 18 are not allowed in the Warm Water pool between 10:00 a.m. and 12:00 p.m. Otherwise children 18 and younger are only allowed with adult supervision by someone in the pool or pool area.

Please embrace the family-friendly environment of your Y and refrain from wearing attire that may offend others. Clothing must cover the midsection and chest; Clothing with vulgar messages are prohibited; No exposed undergarments; and No jeans, belts, keys, or clothing that damages upholstery may be worn in workout areas.

Members & guests must uphold the Y character traits: Respect, Responsibility, Caring, Honesty and Faith.

I CONSENT TO THE TERMS OF THE MEMBERSHIP AGREEMENT.

Member's Signature

Date

Membership Representative

Date

Infant Feeding Plan

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

Child's name: _____

Birthday: _____
m m / d d / y y y y

Parent/Guardian's name(s): _____

Did you receive a copy of our "Infant Feeding Guide?"

Yes

No

If you are breastfeeding, did you receive a copy of:

"Breastfeeding: Making It Work?"

Yes

No

"Breastfeeding and Child Care: What Moms Can Do?"

Yes

No

TO BE COMPLETED BY PARENT

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

- ☐ Mother's milk from (circle)

Mother bottle cup other

- ☐ Formula from (circle)

bottle cup other

- ☐ Cow's milk from (circle)

bottle cup other

- ☐ Other: _____ from (circle)

bottle cup other

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

How often does your child usually feed?

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

Has your child started eating solid foods?

If so, what foods is s/he eating?

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

TO BE COMPLETED BY TEACHER

Clarifications/Additional Details:

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

Yes No

If NO,

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

Is baby receiving solid food? Yes No

Is baby under 6 months of age? Yes No

If YES to both,

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

Yes No

If NO,

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

Handouts shared with parents:

Child's name: _____

Birthday: _____
mm / dd / yyyy

Tell us about your baby's feedings at our center.

I want my child to be fed the following foods while in your care:

	Frequency of feedings	Approximate amount per feeding	Will you bring from home? (must be labeled and dated)	Details about feeding
Mother's Milk				
Formula				
Cow's milk				
Cereal				
Baby Food				
Table Food				
Other (describe)				

I plan to come to the center to nurse / feed my baby at the following time(s): _____

My usual pick-up time will be: _____

If my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (choose as many as apply):

☐ hold my baby ☐ use the teething toy I provided ☐ use the pacifier I provided
☐ rock my baby ☐ give a bottle of milk ☐ other Specify: _____

I would like you to take this action _____ minutes before my arrival time.

At the end of the day, please do the following (choose one):

☐ Return all thawed and frozen milk / formula to me. ☐ Discard all thawed and frozen milk / formula.

We have discussed the above plan, and made any needed changes or clarifications.

Today's date: _____

Teacher Signature: _____ Parent Signature _____

Any changes must be noted below and initialed by both the teacher and the parent.

Date	Change to Feeding Plan (must be recorded as feeding habits change)	Parent Initials	Teacher Initials



CAROLINA GLOBAL
BREASTFEEDING INSTITUTE
Breastfeeding-Friendly CHILD CARE

©2015 Carolina Global Breastfeeding Institute
<http://breastfeeding.unc.edu/>

In Collaboration With:

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

Plan de alimentación del bebé

Como responsables de cuidar a su hijo, una de las partes más importantes de nuestro trabajo es alimentarlo. La información siguiente nos ayudará a hacer todo lo posible para contribuir a que su hijo crezca lleno de salud. **Rellene este formulario para todos los niños menores de 15 meses.**

Nombre del niño:

Fecha de nacimiento:

mm / dd / aaaa

Nombre de la madre/padre/tutor:

¿Recibió una copia de nuestra *Guía para alimentación de los bebés*?

Sí

No

Si está dando el pecho, ¿recibió una copia de

"La lactancia: Haz que funcione" y de

Sí

No

"Las guarderías y la lactancia: Consejos para las madres"

Sí

No

A COMPLETAR POR LOS PADRES

En casa, el bebé toma (marcar todo lo que corresponda):

- ☐ Leche materna de (rodear con un círculo)

la madre un biberón una taza otro

- ☐ Fórmula de (rodear con un círculo)

un biberón una taza otro

- ☐ Leche de vaca de (rodear con un círculo)

un biberón una taza otro

- ☐ Otro: _____ de (rodear con un círculo)

un biberón una taza otro

¿Cómo te muestra el bebé que tiene hambre?

¿Con qué frecuencia suele comer el niño?

¿Cuánta leche/fórmula bebe el niño en una toma?

¿Ya empezó a comer alimentos sólidos?

Si es así, ¿cuáles?

¿Con qué frecuencia come alimentos sólidos y qué cantidad?

A COMPLETAR POR EL MAESTRO

Aclaraciones/Más detalles:

En casa, ¿le dan de comer al bebé cuando se dan cuenta de que tiene hambre, en vez de a horas fijas?

Sí No

Si la respuesta es NO,

- ☐ Confirmé que los padres tienen una copia de *"Guía para la alimentación de los bebés"* o *"La lactancia: Haz que funcione"*.
- ☐ Les mostré a los padres la sección sobre cómo interpretar los signos del bebé.

¿Come el bebé alimentos sólidos? Sí No

¿Tiene menos de 6 meses? Sí No

Si la respuesta a las dos preguntas es SÍ,

- ☐ Pregunté: ¿Le recomendó el médico del niño que empezara a comer alimentos sólidos antes de los 6 meses?

Sí No

Si la respuesta es NO,

- ☐ Les aconsejé que empiecen a darle alimentos sólidos a los seis meses.

Folletos entregados a los padres:

Nombre del niño: _____ Fecha de nacimiento: _____
 mm / dd / aaaa

Díganos cómo quiere que le demos de comer a su bebé en nuestro centro.

Quiero que le den a mi hijo las siguientes comidas mientras lo estén cuidando:

	Con qué frecuencia	Cantidad aproximada en cada toma	¿Traerá la comida de casa? (debe llevar el nombre y la fecha)	Detalles sobre las tomas
Leche materna				
Fórmula				
Leche de vaca				
Cereal				
Comida para bebé				
Comida normal				
Otra (describir)				

Quiero venir al centro a darle el pecho al bebé a esta(s) hora(s) aproximada(s):

En general, recogeré a mi hijo a las:

Si el bebé llora o parece tener hambre un poco antes de que yo llegue, quiero que hagan lo siguiente (elija todas las opciones que quiera):

___ sostengan al bebé ___ usen el juguete para la dentición que les entregué ___ usen el chupón que les entregué
 ___ mezan al bebé ___ denle el biberón con mi leche ___ otra Explicar: _____

Quiero que hagan lo siguiente _____ minutos antes de mi hora de llegada.

Quiero que hagan lo siguiente al final del día (elija una):

___ Entregarme toda la leche congelada y descongelada. ___ Desechar toda la leche congelada y descongelada.

Hemos hablado del plan anterior, hicimos los cambios necesarios y se aclararon las dudas.

Fecha de hoy: _____

Firma de la maestra: _____ Firma de la madre _____

Cualquier cambio deberá explicarse a continuación con las iniciales de la maestra y de la madre.

Fecha	Cambio en el plan de alimentación (anotar a medida que cambien los hábitos de alimentación del bebé)	Iniciales de la madre	Iniciales de la maestra

CAROLINA
 GLOBAL
 BREASTFEEDING
 INSTITUTE

©2017 Carolina Global Breastfeeding Institute
<http://breastfeeding.unc.edu/>

Con la colaboración de:
 Departamento de Salud y Servicios Humanos de NC
 Centro de Recursos de Salud y Seguridad en las Guarderías de NC
 NC Infant Toddler Enhancement Project
 Shape NC: Healthy Starts for Young Children
 Servicios Humanos de Wake County y Wake County Smart Start

Infant/Toddler Safe Sleep Policy

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



_____(facility name) implements the following safe sleep policy:

Safe Sleep Practices

1. We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants under 12 months of age on their backs to sleep, unless:
 - **the infant is 6 months or younger** and a signed ITS-SIDS Alternate Sleep Position Health Care Professional Waiver is in the infant's file and a notice of the waiver is posted at the infant's crib.
 - **the infant is 6 months or older** (choose one)
 - ☐ We do not accept the ITS-SIDS Alternate Sleep Position Parent Waiver.*
 - ☐ We accept the ITS-SIDS Alternate Sleep Position Parent Waiver.

We retain the waiver in the child's record for as long as they are enrolled.
3. We place infants on their back to sleep even after they are able to independently roll back and forth from their back to their front and back again. We then allow the infant to sleep in their preferred position.
 - ☐ We document when each infant is able to roll both ways independently and communicate with parents. We put a notice in the child's file and on or near the infant's crib.*
4. We visually check sleeping infants every 15 minutes and record what we see on a Sleep Chart. The chart is retained for at least one month.
 - ☐ We check infants 2-4 month of age more frequently.*
5. We maintain the temperature between 68-75°F in the room where infants sleep.
 - ☐ We further reduce the risk of overheating by not over-dressing infants*
6. We provide infants supervised tummy time daily. We stay within arm's reach of infants during tummy time.
7. We follow N.C Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.
 - ☐ We further encourage breastfeeding in the following ways: _____

Safe Sleep Environment

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

Communication

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

*Best practice recommendation.

Effective date: _____ Review date(s): _____ Revision date(s): _____

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

Child's Enrollment Date: _____ Parent/Guardian Signature: _____ Date: _____

Facility Representative Signature: _____ Date: _____

La Política del Sueño de Seguro de infantil/pequeñín (Revisó) Muestra



Facilidad de Guardería: _____

El Síndrome Infantil Súbito de Muerte (SIDS por sus siglas en inglés) es la muerte inesperada de un bebé aparentemente sano que no hay causa de mortalidad puede ser determinada basada en una autopsia, una investigación del lugar donde el niño falleció, y una revisión de la historia clínica del niño.

Creemos que un ambiente seguro de sueño para niños ayuda a bajar las oportunidades de un niño que muere de SIDS, y proveedores de guardería pueden trabajar juntos para proporcionar un ambiente seguro de sueño. Según N.C. ley G.S 110-91 (15), proveedores de guardería que cuidan a niños 12 meses de la edad o más joven, son requeridos aplicar una política segura de sueño, compartir la política segura de sueño con padres/guardianes, y tomar parte en entrenamiento de Sueño Infantil-Pequeños, Seguro y Reducción de Riesgo de SIDS en el Niño que Cuidan. _____ (nombre de facilidad) aplicará las prácticas seguras siguientes de sueño.

Practica para Sueño Seguro

1. Todo el personal de la guardería que cuida niños y personas que pueden cuidar potencialmente a niños recibirán la instrucción en cómo aplicar nuestra Política Segura de Sueño infantil.
2. Los niños siempre serán colocados en las espaldas para dormir, a menos que hay una Renuncia firmada de Posición de Sueño de Suplente- Asistencia médica Recomendación Profesional en el archivo del niño. Una nota de la renuncia será anunciada en el pesebre del niño. Esta facilidad no acepta Renuncia Alternativa de Posición de Sueño – Petición de Padre.
3. Cuando bebés pueden girar fácilmente sobre de la espalda al estómago, ellos serán colocados para dormir en las espaldas y entonces permitir adoptar la posición de sueño que prefieren. Esto es de acuerdo con la Academia norteamericana de la Pediatría (AAP) recomendaciones. El personal de la guardería puede discutir aún más con padres cómo dirigir circunstancias cuando el bebé gire en el estómago o el lado.
4. Los niños durmientes serán verificados visualmente diariamente, cada 15-20 minutos, por el personal asignado. La información del sueño será registrada en un Gráfico de Sueño. El Gráfico del Sueño será mantenido en el archivo por un mes después del mes de la cobertura. Estaremos especialmente alerta a vigilar a un niño durmiendo durante las primeras semanas el niño está en la guardería. Verificaremos al niño para:
 - ♦ Piel de color normal
 - ♦ Respiro normal y mirando la subida y caída del pecho
 - ♦ Su nivel de sueño
 - ♦ Los signos de recalentar: limpió color de piel, el aumento en la temperatura corporal (toque la piel), y la agitación
5. El personal reducirá el riesgo de recalentar por no adornar demasiado ni sobre-envolviendo a los niños.
6. Todos los padres/guardianes de niños cuidados en una facilidad recibirá una copia escrito de nuestro Infantil/Pequeños Política Segura de Sueño antes de matriculación, revisará la política con el personal, y firmará una declaración que dice que recibió y revisó la política.
7. La temperatura en el cuarto donde los niños duermen será mantenida entre 68-75°F y vigilado por el termómetro mantenido en el cuarto donde duermen los niños.
8. Para promover el desarrollo sano, niños despiertos serán dados "tiempo supervisado de barriguita" para el ejercicio y para el juego.

Ambiente seguro de Sueño

9. Las cabezas de niños no serán cubiertas con mantas ni ropa de cama. Los pesebres de niños no serán cubiertos con mantas ni ropa de cama. Podemos utilizar un saco de sueño en vez de una manta.
10. Ninguna ropa de cama floja, las almohadas, almohadillas de parachoques, etc. será utilizado en pesebres. Nos remeteremos alguna manta infantil a los pies del pesebre y por los lados del colchón del pesebre.
11. Los juguetes y animales llenos serán quitados del pesebre cuando el niño duerme.
12. Los pacificadores serán permitidos en los pesebres de niños mientras duermen. Cuando el pacificador se cae de la boca del niño durmiente, no será reinsertado en la boca del niño. El pacificador es el único objeto que permitiremos en un pesebre.
13. Un pesebre de seguridad-aprobado con un colchón firme y hoja apretada de accesorio será utilizado.
14. Cada niño tendrá su propio pesebre. Sólo un niño estará en un pesebre a la vez, a menos que evacemos a niños en una emergencia.
15. Fumando no es permitido en el cuarto infantil ni en el local.

Distribución: Los padres y el personal revisarán la política y son informados de cambios 14 días antes de la fecha de vigencia. Una copia firmada por padre(s)/guardianes estará y una copia firmada por los padre(s)/guardianes será mantenida en el registro de la facilidad del niño.

Fecha Efectiva: 5/1/04 12/5/05 9/30/10

Fecha revisado: #1 12/15/05 #2 9/30/10

Revisiones: #1 1/1/06 COM #2 9/30/10 JAQ

Yo, el padre o el guardián de _____ (el nombre y apellido del niño), por la presente indica que he leído y recibí una copia de Infantil/Pequeñín de la facilidad Política Segura de Sueño y que el director de la facilidad/propietario/operario (u otro empleado designado) ha discutido Infantil/Pequeñín de la facilidad Política Segura de Sueño conmigo.

La fecha de Matriculación del Niño: _____

Firma de Padres/Guardianes: _____ Fecha: _____

(Abajo se firmara por la Directora de la guardería)

Signature of Child Care Provider: _____ Date: _____

ITS-SIDS Alternative Sleep Position/Use of Wedge Health Care Professional Waiver

This must be completed by a physician, nurse practitioner, or physician's assistant – 10A NCAC 09.0606/ 10A NCAC 09.1724(e)

This form must be used for an infant aged six months or less. This form may be used for an infant older than six months.

Parent/guardian completes this section.

Child's name _____ Date of birth _____ Age in months _____

Parent/guardian name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Email _____

Child's primary health care professional completes this section.

Health care professional's name _____

Name of practice _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell or Pager _____ Fax number _____

Email _____

N.C. Child Care Law requires that child care facilities place all infants on their backs to sleep. At the advice of the infant's primary health care professional, the parent/guardian may authorize the facility to place their infant in an alternative sleep position or to use a wedge for medical reasons. The center shall retain the waiver in the child's record as long as the child is enrolled at the center.

Medical reason for alternative sleep position or use of wedge for infant named above _____

The recommended sleep position for this infant is _____

Specific placement and directions for use of wedge: _____

Effective Dates of Waiver: from ____/____/____ to ____/____/____

Health Care Professional's Signature _____ Date _____

Parent/guardian signs this statement.

I, as the parent or guardian of the above mentioned child, do hereby release and hold harmless the child care facility listed below, its officers, directors, and employees, from any and all liability whatsoever associated with harm to my child due to Sudden Infant Death Syndrome (SIDS). I affirm and acknowledge that the child care facility named above gave me information about SIDS. I authorize this child care facility and its employees to place my child in the alternative sleep position/use a wedge as described above at the recommendation of my child's primary health care professional.

Parent/guardian signature _____ Date _____

An authorized facility representative of the child care facility completes this section.

Name of Child Care Facility _____ ID # _____

Facility Representative's Signature _____ Date _____

Renuncia alternativa de Posición de Sueño
Asistencia médica y Recomendación Profesional
(Médico, Enfermero, y Ayudante del Médico NCAC 10A 09 .0102(14))

Nombre del Niño: _____ Fecha de Nacimiento: _____ Edad: _____

Nombre de Padre/ Guardián: _____

Dirección: _____ Ciudad: _____ Código Postal: _____

Teléfono en casa: _____ Teléfono de trabajo: _____

Fax: _____ Correo Electrónico: _____

Ser completado por el profesional primario de asistencia médica del niño.

Nombre del Profesional de Asistencia médica: _____

El nombre de la Práctica: _____

Dirección: _____ Ciudad: _____ Código Postal: _____

Teléfono: _____ Pager: _____ Fax: _____

Correo Electrónico: _____

La Ley de Guarderías de N.C. requiere que facilidades de guardería colocan a todos los niños en las espaldas para dormir. Al consejo del profesional primario de asistencia médica del niño, la facilidad puede ser autorizada a utilizar una posición alternativa de sueño para el niño por razones médicas.

El niño denominado encima de tiene la condición médica siguiente, que necesita una posición alternativa de sueño:

La posición apropiada del sueño para el niño denominado encima será: _____

Las Fechas de vigencia de Renuncia: **empezando** ____/____/____ **a** ____/____/____

Firma del Profesional de Asistencia médica

Fecha

"Yo, como el padre o el guardián del niño mencionado, por la presente sueltan y tienen inocua la facilidad de guardería listó abajo, sus oficiales, los directores, y los empleados, de cualquier y toda la obligación cualquier se asoció con daño a mi niño debido a Síndrome Infantil Repentino de Muerte (SIDS). Afirmo y reconozco que fui proporcionado con información con respecto a SIDS. Autorizo aún más la facilidad de guardería y a sus empleados a colocar a mi niño en una posición alternativa de sueño, en la recomendación de mi profesional primario de asistencia médica de niño, como escrito arriba".

Firma de Padre/Guardián: _____ Fecha: _____

(Un funcionario autorizado con la facilidad de guardería debe completar la sección siguiente.)

An authorized official with the child care facility must complete the following section.

Name of Child Care Facility: _____ ID #: _____

Facility Representative's Signature: _____ Date: _____

**RENUNCIA DE RESPONSABILIDAD
POSICIÓN PARA DORMIR ALTERNATIVA
Recomendación del Doctor**

Nombre del menor: _____ Fecha de Nacimiento: _____ Edad: _____

Nombre del Padre, Madre o Tutor: _____

Dirección: _____

Teléfono de casa: _____ Teléfono del Trabajo: _____

No. de fax: _____ E-mail: _____

El médico de atención primaria del menor debe llenar la siguiente sección.

Nombre del médico de atención primaria: _____

Nombre de su práctica: _____

Dirección: _____

Teléfono: _____ Pager: _____ Fax: _____

E-mail: _____

La Ley de Cuidado Infantil de Carolina del Norte exige que en los centros de cuidado infantil todos los bebés sean colocados sobre sus espaldas para dormir. De acuerdo a la recomendación del doctor del menor, el centro de cuidado infantil puede estar autorizado para usar una posición para dormir alternativa para el menor por razones médicas.

El menor mencionado arriba presenta la siguiente condición médica y necesita ser puesto en una posición para dormir alternativa:

Por favor describa la posición para dormir apropiada para el menor mencionado arriba:

Fecha de vigencia de la petición: de ____ / ____ / ____ a ____ / ____ / ____

Firma del Doctor: _____ Fecha: _____

“Yo, siendo el padre, la madre o tutor del menor mencionado arriba, por medio de la presente, libero y dejo a salvo de toda responsabilidad asociada con el daño a mi niño(a) debido al Síndrome de Muerte Infantil Repentina (*SIDS por sus siglas en inglés*) al centro de cuidado infantil mencionado a continuación, a sus dirigentes, directores y empleados. Afirmo y reconozco que se me ha proporcionado información con respecto al Síndrome de Muerte Infantil Repentina.

Asimismo, autorizo al centro de cuidado infantil y a sus empleados a que coloquen a mi niño(a) en una posición alternativa para dormir, según la recomendación del médico de atención primaria del niño, como se describe arriba.”

Firma del padre, madre o tutor: _____ Fecha: _____

Un directivo autorizado del centro de cuidado infantil debe llenar la siguiente sección.

Nombre del centro de cuidado infantil: _____ No. Identificación: _____

Firma del representante del centro infantil: _____ Fecha: _____

NC DCD

September 2003

Infant Feeding

A Guide for Parents and Caregivers

As a new parent or caregiver, you probably receive a lot of advice about how to feed your baby. This booklet will give you some basic information about feeding that can help your baby get the best start in life.

MYTHS and FACTS

MYTH: In hot weather, babies need water in a bottle.

FACT: Formula or mother's milk provides all the liquid a baby needs.

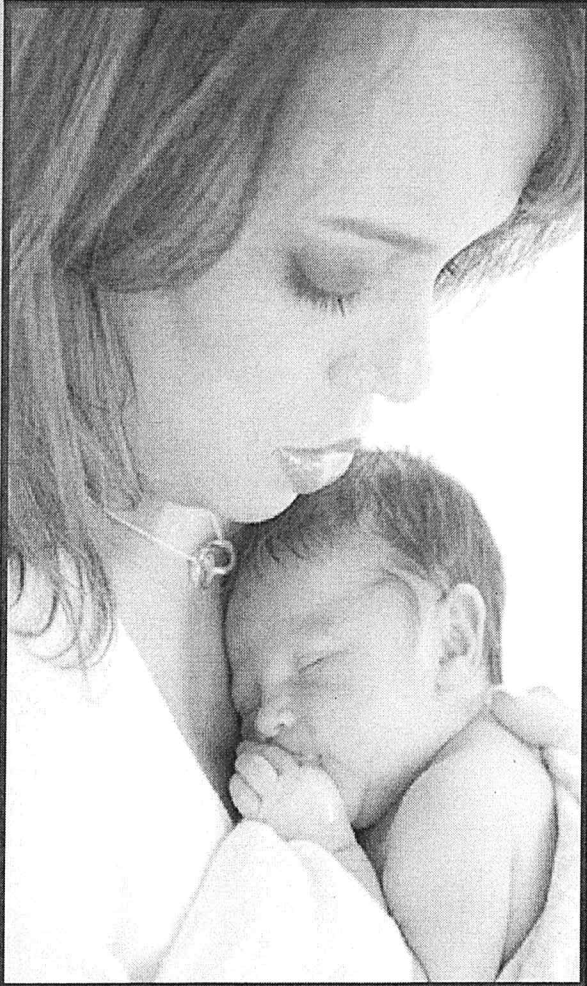
MYTH: Cereal in a bottle will help my baby sleep longer.

FACT: Cereal in a bottle will not help your baby sleep, and it may upset his tummy. Do not feed cereal until your baby can eat it from a spoon.

MYTH: If I am too busy to feed my baby, I can just prop the bottle.

FACT: Propping a bottle is not safe. A baby can choke. Take a break from what you are doing and enjoy this special time with your baby.

Should I Schedule My Baby's Feedings?



It is best to feed your baby when he is hungry. It may feel tempting to put your baby on a strict feeding schedule, so you will always know when he wants to eat. But do you always eat at exactly the same time every day?

It is best to feed your baby in response to her changing appetite. Your baby may be more or less hungry at different times or on different days—just like you! It is best to feed according to her changing appetite.

Doctors recommend that all babies be fed in response to their hunger cues, not on a strict schedule.

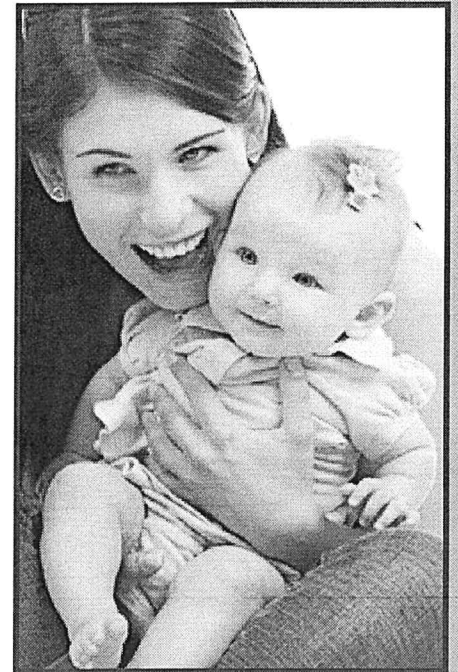
Advantages of cue-feeding include:

- Babies tend to grow better, especially after 3-4 months of age.
- Babies are calm for feedings, so they feed better.
- Breastfeeding moms have an easier time making enough milk for their babies.
- Babies learn to eat when they are hungry, which may help prevent obesity when they are older.

But How Do I Know When My Baby Wants To Eat?

Your baby may not be able to speak, but he still is able to tell you what he needs.

- **When a baby is hungry**, she will open her mouth, stick out her tongue, and move her head from side-to-side. While sleeping, she may start to wriggle. If her hand is near her mouth, she may try to suck on it. **Crying is a late sign of hunger.**
- **When a baby is full**, he will move away from the food. Never prop a bottle, because it forces a baby to eat more than he wants. It makes him overeat and can increase vomiting. Just like adults, babies know when they have had enough.
- **When a baby wants to have some quiet time**, she often will look away. She may have changes in her skin, her movements, or her breathing.
- **When a baby wants to cuddle**, he will look at you. As he gets older, he will smile.
- **When a baby is unhappy**, she will fuss and sometimes cry. All babies do this from time to time. You can never “spoil” your baby by comforting her. Responding to her cries will help her feel more secure and cry less often.

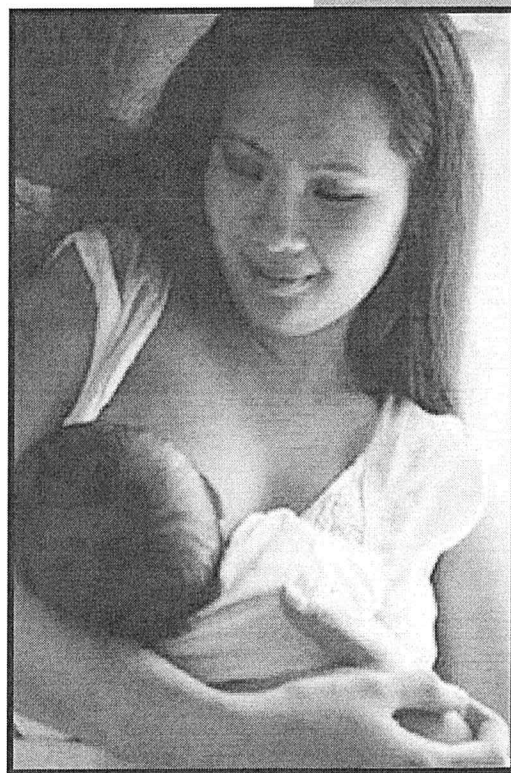


When you try to understand what your baby is “saying,” both of you will be happier and more confident!

But Why Should I Care About Breastfeeding?

Even if you are not a breastfeeding mother, consider learning more about breastfeeding.

- **I work in child care**, and it is part of my job to care for breastfeeding babies. I want to have the training and information to take the very best care of all of the babies in my care.
- **I am an employer**, and I want to know all I can about supporting my employees, including breastfeeding mothers.
- **There is a mother in my life who is breastfeeding**, my sister or daughter or friend. I want to do all I can to support her choices about feeding her baby.
- **I may have another baby someday.** Although feeding formula is the right choice for our family right now, I would like to learn more about how I can give my next baby the very best start in life, and how breastfeeding can be a part of that.



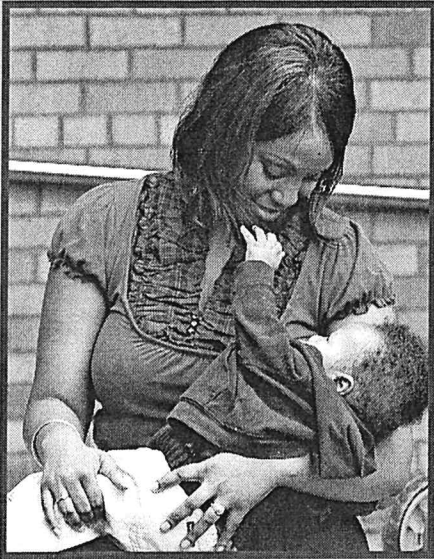
If you would like to learn more, ask your provider for our booklet "Breastfeeding: Making It Work."

Copies also can be downloaded at our website:

<http://cgbi.sph.unc.edu/>

Breastfeeding and Child Care: What Moms Can Do

Photo courtesy of Leslie Koehn Photographic
www.lesliekoehn.com



At our child care center, we want to do everything possible to support you as you continue to breastfeed your baby.

Here are a few suggestions:

- **Make sure that all milk you bring to the child care center is properly labeled** with your child's name and the date you expressed the milk.
- If possible, **visit our center during the day to breastfeed your baby.** This will mean less time needed to express your milk and more time spent with your baby.
- **Let us know if your pick-up time is going to be different than usual.** Together, we can adjust your baby's feeding schedule.
- When you arrive at the center to pick up your baby, **allow some time to sit and feed your baby** before you leave.
- **Avoid introducing formula.** Feeding formula may reduce your milk supply.
- **When you are with your baby, nurse frequently** and in response to your baby's cues. It is best not to stick to a strict feeding schedule.
- If you are having trouble with breastfeeding or making enough milk, **help is available.** Our child care center has a list of community resources that we can share with you.

CAROLINA
GLOBAL
BREASTFEEDING
INSTITUTE

©2019 Carolina Global Breastfeeding Institute
<http://breastfeeding.unc.edu/>

In Collaboration With:

NC Child Care Health and Safety Resource Center
NC Infant Toddler Enhancement Project
Shape NC: Healthy Starts for Young Children
NC Department of Health and Human Services
Wake County Human Services and
Wake County Smart Start

Bringing Milk to the Child Care Center

Containers

- Human milk can be safely stored in glass, hard plastic bottles, or storage bags specifically designed for storing human milk. Choose containers that do not have BPA.
- When storing milk in bottles, wash bottles in hot soapy water and rinse. Sterilization is not needed.
- Milk will expand when it is frozen, so leave room at the top of the bottle if you plan to freeze the milk.
- Put only 3-4 ounces of milk into each container, or the amount your baby eats at a single feeding.

Labeling

- Use a permanent marker or other labeling that will not rinse off when wet.
- Label each container with the date you expressed the milk.
- Label each container with your child's name.

Storage at home

- If you are planning to use the milk within 4 days, you can store in the refrigerator.
- Frozen milk can be stored up to 12 months in the freezer.
- For detailed milk storage guidelines - http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

How much milk should I send?

- Infants over 6 weeks old usually eat 3-4 ounces every 3 hours. You will learn how much your baby needs each day.
- It is best to send the fresh milk you expressed during the last time you were away from your baby.

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 day, 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.

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 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.

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.

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Belief Statement

The Goldsboro Family YMCA Preschool 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. 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/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:
 - 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.

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.

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.
- 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.
- 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

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

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

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