

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



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

### CHILD'S APPLICATION FOR ENROLLMENT

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

**CHILD INFORMATION:**

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

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

Child's Physical Address: \_\_\_\_\_

**FAMILY INFORMATION:**

Child lives with: \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

**CONTACTS:**

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HEALTH CARE NEEDS:**

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a Medical action plan attached? Yes  No  (Medical action plan must be updated on an annual basis and when changes to the plan occur)

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

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

List any particular fears or unique behavior characteristics the child has \_\_\_\_\_

List any types of medication taken for health care needs \_\_\_\_\_

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

**EMERGENCY MEDICAL CARE INFORMATION:**

Name of health care professional \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_



DCD 0108  
12/99

# Children's Medical Report

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

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

Address of Parent of Guardian \_\_\_\_\_

**A. Medical History** (May be completed by parent)

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

2. Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason? \_\_\_\_\_

3. Is the child on any continuous medication? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

4. Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_ If yes, when and for what? \_\_\_\_\_

5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_ ; diabetes No \_\_\_ Yes \_\_\_ ;  
convulsions No \_\_\_ Yes \_\_\_ ; heart trouble No \_\_\_ Yes \_\_\_ ; asthma No \_\_\_ Yes \_\_\_ .  
If others, what/when? \_\_\_\_\_

6. Does the child have any physical disabilities: No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

Any mental disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

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

**B. Physical Examination:** This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.  
Height \_\_\_\_\_ % Weight \_\_\_\_\_ %

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_

Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_ Ext \_\_\_\_\_

Neurological System \_\_\_\_\_ Skin \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Results of Tuberculin Test, if given: Type \_\_\_\_\_ date \_\_\_\_\_ Normal \_\_\_ Abnormal \_\_\_ followup \_\_\_\_\_

Developmental Evaluation: delayed \_\_\_\_\_ age appropriate \_\_\_\_\_

If delay, note significance and special care needed; \_\_\_\_\_

Should activities be limited? No \_\_\_ Yes \_\_\_ If yes, explain: \_\_\_\_\_

Any other recommendations: \_\_\_\_\_

Date of Examination \_\_\_\_\_

Signature of authorized examiner/title \_\_\_\_\_ Phone # \_\_\_\_\_



**Updated 6/19**

## **Discipline and Behavior Management Policy**

Name of Facility: \_\_\_\_\_ Date Adopted \_\_\_\_\_

No child shall be subjected to any form of corporate punishment. Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following age and developmentally appropriate discipline and behavior management policy:

**We:**

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their level.
11. DO use short supervised periods of time-out sparingly.
12. DO stay consistent in our behavior management program.
13. DO use effective guidance and behavior management techniques that focus on a child's development.

**We:**

1. DO NOT handle children roughly in any way, including shaking, pushing, shoving, pinching, slapping, biting, kicking, or spanking.
2. DO NOT place children in a locked room, closet, or box or leave children alone in a room separated from staff.
3. DO NOT delegate discipline to another child.
4. DO NOT withhold food as punishment or give food as a means of reward.
5. DO NOT discipline for toileting accidents.
6. DO NOT discipline for not sleeping during rest period.
7. DO NOT discipline children by assigning chores that require contact with or use of hazardous materials, such as cleaning bathrooms, floors, or emptying diaper pails.
8. DO NOT withhold or require physical activity, such as running laps and doing push-ups, as punishment.
9. DO NOT yell at, shame, humiliate, frighten, threaten, or bully children.
10. DO NOT restrain children as a form of discipline unless the child's safety or the safety of others is at risk.





I, the undersigned parent or guardian of \_\_\_\_\_,  
(child's full name)

do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/operator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

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

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

## **"Time-Out"**

"Time-out" is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time-out" space, usually a chair, is located away from classroom activity but within the teacher's sight. During "time-out," the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other children.

Adapted from original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College

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



**Appleville Academy Learning Center**

**2206 Eastchester Dr.**

**High Point, NC 27265**

**Permission for Emergency Medical Care**

In the event that your child becomes seriously ill or injured, we have permission to call emergency medical services to transfer your child/children to the hospital of your preference and to start emergency care in the event that the parent or caregiver has not yet arrived.

Parent: \_\_\_\_\_

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

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

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



## Appleville Academy

### Biting Policy Guidelines

Biting in young toddlers occurs from time to time and can be part of a normal early childhood development. Repeated incidents of biting will not be tolerated at AVA. It is our policy to provide the highest level of safety within our environment, and that our staff respond - appropriately to aggressive behavior.

Some of the possible reasons for biting are:

- Self-Assertion -A way to express frustration when the child does not yet have the language skills to speak or register a protest.
- Sensory Exploration-The "oral mode" of learning is still strong with toddlers.
- Cause and Effect-Toddlers explore cause and effect with biting causing a predictable response.

Biting Procedures:

- We comfort the child who was bitten. We wash the area with antibacterial soap, and water and apply Ice if needed.
- We bring the biter face to face with the victim and ask why they bit their friend. We would say things like "Biting hurts your friend is crying because you hurt him/her. It's not okay to bite your friend. Do you understand? Can you give him/her a hug?"
- The parent will be notified concerning the child who was bitten.
- An incident report will be written up and given to both parents involved. If biting continues to occur the child will be terminated from AVA.

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Safe Procedures for Pick-up and Delivery

### Rule .1003(b)

Child care programs must establish safe procedures for pick-up and delivery of children to ensure children are protected from danger and not exposed to risk of harm. This includes safe pick-up and delivery procedures for parents, as well as, safe pick-up and delivery procedures for the transportation of children to and/or from the center, to and/or from public/private school programs, to and/or from the child's home, to and/or from off-premise activities, such as, field trips and other education outings. The safety procedures must be communicated to parents, and a copy must be posted in the center where the procedures can be seen by parents. Your safe procedures may include:

- Time frames, if appropriate, for pick-up and delivery of children
- Upon arrival, children should be accompanied inside by a responsible person
- Where the child should be taken upon arrival
- Who the parent should notify when the child arrives and departs
- How children should be picked up (i.e. Upon departure, an adult must come inside the facility and notify staff that the child is leaving)
- Authorization is required in writing when anyone other than the designated responsible person indicated on the child's application arrives to pick up the child.
- Children should never be left unattended



## Appleville Academy Learning Center

### Verification of Receipt of Policies and Permission to Photograph

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian), have received the Parent's Handbook for Appleville Academy Learning Center. I understand and agree to abide by the policies/procedures set forth within the Parent's Handbook.

And

I do give permission

I do not give permission

for Appleville Academy Learning Center to photograph my child for the purpose of Center files, center projects, publications and center displays.

And

I acknowledge that I have seen, read, and understand the Summary of the North Carolina Child Care Law for Child Care Centers, which was given to me in the enrollment package for my child.

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.



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

### 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.ncdhs.gov](http://www.ncchildcare.ncdhs.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.

# 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.ncdhs.gov/Home/Child-Care-Commission>

Revised September 2023

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 FCCHs, 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 five years thereafter. This requirement includes household members who are over the age of 15 in family child care homes.



**- NO -  
SMOKING**



**- NO -  
VAPING**

I, \_\_\_\_\_ (print name) acknowledge that Appleville Academy is a smoke free environment. I will not smoke inside or outside premises of AVA. Our policy prohibits the use of tobacco products of any kind by everyone. I will always adhere to this policy while on the property of Appleville Academy.

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



## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Parent or guardian acknowledgement form

I, the parent or guardian of \_\_\_\_\_  
Child's name

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

\_\_\_\_\_  
Date policy given/explained to parent/guardian

\_\_\_\_\_  
Date of child's enrollment

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian



# Shaken Baby SYNDROME

## What is SBS?

Shaken baby syndrome (SBS), also known as abusive head trauma, is a serious form of child abuse that causes brain injury when an infant or a child up to age 5 is violently shaken or suffers another form of head trauma. SBS, which is completely preventable, may cause:

- Behavioral problems
- Partial or total blindness
- Hearing loss
- Seizure disorders
- Mental retardation or developmental delays
- Cerebral palsy
- Death

## What happens when a baby is shaken?

A baby's neck muscles are weak and cannot support the head. When a baby is violently shaken or suffers another form of head trauma, the brain slams against the skull, damaging brain tissue, nerves, and blood vessels and causing the brain to swell. Neck and spinal injuries also are possible.

## What are the symptoms of SBS?

SBS often does not produce external evidence of abuse but can be diagnosed by a healthcare professional. Immediately obtain emergency medical care if you suspect a baby or young child has been shaken. Symptoms of SBS may include:

- Extreme irritability
- Lethargy
- Lack of appetite
- Vomiting
- Difficulty breathing
- Semi-consciousness
- Seizures

## Why does my baby cry?

Babies cry up to several hours a day because they cannot explain what is bothering them, including hunger, tiredness, pain, or illness. Infants often cry even with proper care, so parents or caregivers should not blame themselves or get angry and shake a baby. They should calmly work to comfort the baby.

## What should I do if my baby is crying?

- Make sure the baby's basic needs, such as eating and diapering, are met.
- Check for signs of illness or pain, such as fever.
- Try gentle motion, such as rocking, and try soft sounds, such as singing.

## What should I do if my baby won't stop crying?

- Take a break. Place the baby on his or her back in a crib and go to a nearby room for up to 10 minutes.
- Ask for help. Call a friend or family member for support. If nothing helps or the baby shows signs of illness, contact a healthcare professional.

*SBS is a serious form of child abuse that is completely preventable.*