

Name of Facility: \_\_\_\_\_

## Discipline and Behavior Management Policy

Date Adopted \_\_\_\_\_

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

**We:**

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of time-out 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 spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of \_\_\_\_\_  
(child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/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 \_\_\_\_\_

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

## **“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



# Children's Medical Report

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

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

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

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

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

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

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

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

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

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

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

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

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

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_  
Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_ Ext \_\_\_\_\_  
Neurological System \_\_\_\_\_ Skin \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_  
Results of Tuberculin Test, if given: Type \_\_\_\_\_ date \_\_\_\_\_ Normal \_\_\_ Abnormal \_\_\_ followup \_\_\_\_\_

Developmental Evaluation: delayed \_\_\_\_\_ age appropriate \_\_\_\_\_  
If delay, note significance and special care needed; \_\_\_\_\_

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

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

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

## Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance. Child may not attend the facility until submitted.

Child's full name:	Date of birth:
--------------------	----------------

Enter each date of each dose received (Month/Day/Year) or attach a copy of the immunization record.

Vaccine Type	Abbreviation	Trade Name	Combination Vaccines	1 date	2 date	3 date	4 date	5 date
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV, OPV	IPOL	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib	Act HIB, Pedvax HIB **	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	Proquad					
Varicella/Chicken Pox	Var	Varivax	Proquad					
Pneumococcal Conjugate*	PCV, PCV-13, PPV-23	Prenvar, Pneumovax***						

\*Required by state law for children born on or after 7/1/2015.

\*\*3 shots of Pedvax HIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

\*\*\*Pneumovax is a different vaccine than Prenvar and may be seen in high risk children.

**Note:** Children beyond their 5<sup>th</sup> birthday are not required to receive Hib or PCV vaccines.

**Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.**

Record updated by:	Date	Record updated by:	Date

### Minimum State Vaccine Requirements for Child Care Entry

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

## Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

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

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 date	2 date	3 date	4 date	5 date
Rotavirus	RV, Rota	Roteteq Rotarix	Age 2 months, 4 months, 6 months.					
Hepatitis A	Hep A	Havrix Vaqta	First dose, 12-23 months. Second dose, within 6-18 months.					
Influenza	Flu	Fluzone, Fluarix, FluLaval, Fluviri, FluMist, Afluria	Annually after age 6 months.					



Name of Facility: \_\_\_\_\_

## Discipline and Behavior Management Policy

Date Adopted \_\_\_\_\_

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

**We:**

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of time-out 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 spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/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 \_\_\_\_\_

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



dusk II dawn™

**ACKNOWLEDGEMENT OF SUMMARY OF THE NORTH CAROLINA CHILD CARE LAW AND RULES**

I \_\_\_\_\_ is the parent/guardian of \_\_\_\_\_ and I  
acknowledge that I received a copy of the North Carolina Child Care Law and Rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Witness: \_\_\_\_\_

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



The following requirements apply to both centers and homes.

### **Transportation**

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

### **Program Records**

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

### **Discipline and Behavior Management**

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

### **Parental Rights**

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

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information visit the Resources in Child Care website at: [www.ncchildcare.nc.gov](http://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](http://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

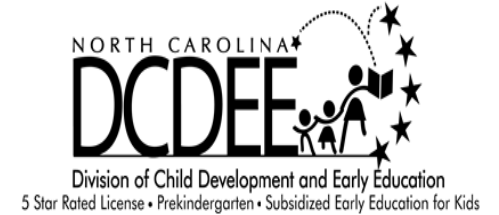
- viewed during business hours (8 a.m. -5 p.m.);
- requested via the Division's web site at [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov); or
- requested by contacting the Division by telephone at 919-527-6335 or 1-800-859-0829 -800-859-0829.

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

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

### **Child Abuse, Neglect, or Maltreatment**

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



# Summary of the North Carolina Child Care Law and Rules

Division of Child Development and Early Education

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

Revised March 2016

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

### **What Is Child Care?**

The law defines child care as:

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

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

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

### **Star Rated Licenses**

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

### **Family Child Care Homes**

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

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

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

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

### **Child Care Centers**

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

Licensed centers must meet requirements in the following areas.

### **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.