

*LITTLE BELIEVER'S ACADEMY*

*DREAM BELIEVE ACHIEVE*

STEM PRESCHOOL- SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH

# Application Packet

**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 \_\_\_\_\_

Email: \_\_\_\_\_ required for weather related updates and digital daily reports.

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

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

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

Email: \_\_\_\_\_ required for weather related updates and digital daily reports.**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\_*

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 \_\_\_\_\_

# LITTLE BELIEVER'S ACADEMY



## STEM PRESCHOOL- SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH Receipt of Handbook Acknowledgement

I have read and received a copy of Little Believer's Academy Handbook. I have read the rules of Little Believer's Academy carefully and I am aware of my responsibilities under this agreement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Summary of the NC Child Care Law Acknowledgement

I have received a copy of the Summary of the North Carolina Child Care Law.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Transportation Agreement

When going on field trips by car or walking I will always strive to provide the safest way to transport children to and from trips. Each child will be in an age appropriate child restraint at all times. The children will never be left unattended. Emergency information and identification for each child will be in the vehicle whenever children are being transported. The parent will be notified of each trip prior to the date of the trip.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission to Play Outside Day Care Yard Area

I will allow my child to go on walks, rides in the stroller and/or play outside the yard with adequate supervision.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photographic Permission

I give permission \_\_\_\_\_ I do not give permission \_\_\_\_\_ for Little Believer's Academy to take photos and video of my child/children. These photos may be displayed in the center for special occasions and/or projects. They may also be placed on the LBA website and Facebook page.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

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

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

Parent Name: \_\_\_\_\_ Date Policy Given/Explained: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Smoking and Tobacco Restriction

I agree to abide by Little Believer's Academy's policy to not smoke or use tobacco products on the premises.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Children's Medical Report

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Immunization History

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:
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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	Please bring in a copy.				
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	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 Prevnar 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: Little Believer's Academy

## 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



# OFF-PREMISE ACTIVITY AUTHORIZATION

Off-premise activities refer to any activity which takes place away from a licensed and approved space. License and approved space includes primary space, outdoor space, single use rooms, or other administrative areas that have been approved for use.

I, \_\_\_\_\_ parent/guardian of  
\_\_\_\_\_  
\_\_\_\_\_ give my permission to  
Little Believers Academy Name of child for my child to participate in an off-premise  
\_\_\_\_\_ Name of facility  
activity.

Location of off-premise activity: Emergency evacuation locations

Purpose of the activity: Move Children to a safer location

Additional information: \_\_\_\_\_

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

\_\_\_\_\_  
Date Signed

This authorization is valid from \_\_\_\_\_ to \_\_\_\_\_  
(up to 12 months)

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, 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. 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 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 licensed 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.

### **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 919-527-6335 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 February 2018

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 background check initially, and every three years thereafter.
- All household members over age 15 must also undergo a criminal 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 initially (if caring for infants 0 – 12 months) and every three years, the Emergency Preparedness and Response

(EPR) in Child Care training and create the EPR plan. They also must complete a minimum number of health and safety training and ongoing 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. 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. 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. 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. 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

*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.*

## Space and Equipment

Centers must have at least 25 square feet per child indoors and 75 square feet per child for ½ the total licensed capacity outdoors, if licensed over 29 children. 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.

## 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 and schedule 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. For Centers and FCCs, meals and snacks must be nutritious and meet the Meal Patterns for Children in Child Care. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. They must have space and time provided for rest.

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

1. PRINT PARTICIPANT'S NAME & DATE OF BIRTH:

INSTITUTION NAME: \_\_\_\_\_

First Name Last Name Date of Birth

AGREEMENT#: 9422

First Name Last Name Date of Birth

FACILITY NAME: Little Believer's Academy

2. SNAP, TANF or FDPIR: If a child is a member of a SNAP or FDPIR household or TANF recipient, the child is automatically eligible to receive free Program meal benefits, subject to the completion of the application. If the household currently receives SNAP, TANF or FDPIR benefits give the case number.

Case number is: SNAP # \_\_\_\_\_ TANF#: \_\_\_\_\_ FDPIR # \_\_\_\_\_

If you have provided the case number; **DO NOT** complete #3 and #4. Complete #5 and #6.

3. A foster child is automatically eligible to receive free Program meal benefits, and a Head Start participant is automatically eligible to receive free Program meal benefits, subject to submission by Head Start officials of a Head Start statement of income eligibility or income eligibility documentation.

Is this a Foster Child?  Yes  No

Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children.

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

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

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

RACE (Check one or more):  White  Black or African American  American Indian or Alaskan Native  Asian  Native Hawaiian or Other Pacific Islander

6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct; that the application is being made in connection with the receipt of federal funds, that Program officials may verify the information on the application; and that deliberate misrepresentation of any of the information on the application may subject me to prosecution under applicable State and Federal criminal statutes.

Check if no SSN

Signature of Adult Household Member (Required) \_\_\_\_\_ Date \_\_\_\_\_

Last Four Digits of Social Security Number  
(Required for households qualifying by income)

Printed Name \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**For Institution to be classified and completed by institution/sponsor**

TOTAL HOUSEHOLD SIZE \_\_\_\_\_ TOTAL HOUSEHOLD MONTHLY INCOME \$ \_\_\_\_\_

Approved:  Free  Reduced  Denied

Reason for denial:  Income too high  Incomplete application  Other: \_\_\_\_\_

Withdrew on (Date): \_\_\_\_\_

**For state use only:**  
Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
Verified classification:  
 Free  Reduced  Denied  
Reason for classification change: \_\_\_\_\_

Signature of Eligibility Official (Individual at the Institution Level)– REQUIRED \_\_\_\_\_ Date \_\_\_\_\_

**NC CACFP ELIGIBILITY APPLICATION INSTRUCTIONS**

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

**PART 1-PARTICIPANT’S INFORMATION: Complete this part.**

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

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

- (1) List your current SNAP, TANF, or FDPIR case identification number.
- (2) An adult household member must sign the certification statement in PART 6.

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

- (1) Indicate if child is a Foster Child or is homeless. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. Additionally, when a host family applies for free and reduced price meals for their own children, the host family may include the homeless family as household members if the host family provides financial support to the homeless family. In such cases, the host family must also include any income received by the homeless family.
- (2) An Adult household Member must sign the certification statement in PART 6.

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

- (1) List the names of household members.
- (2) Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e. weekly, every two weeks, twice a month, or monthly) received **last month** for each household member and where it came from, such as earnings, public assistance, pensions and other income (refer to examples below for types of income to report). If any amount last month was less than usual, write the person’s usual income.
- (3) An adult household member must sign this income eligibility statement and give the last four digits of his/hersocial security number in PART 6.

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

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

- (1) All eligibility applications must have this signature of an adult household member;
- (2) The adult household member who signs the certification statement must include the last four digits of his/her social security number. If he/she does not have a social security number, write “none”. If you listed a SNAP, TANF, or FDIR number a social security number is not needed.

<b>INCOME TO REPORT</b>		
<u>Earnings from Employment</u>	<u>Pensions/Retirement/Social Security</u>	<u>Other Income</u>
<ul style="list-style-type: none"> <li>• Wage/salaries/tips</li> <li>• Strike benefits</li> <li>• Unemployment compensation</li> <li>• Net income from self-owned business or farm</li> <li>• Worker’s compensation</li> </ul>	<ul style="list-style-type: none"> <li>• Pensions</li> <li>• Supplemental security income</li> <li>• Retirement income</li> <li>• Veteran’s payments</li> <li>• Social Security</li> </ul>	<ul style="list-style-type: none"> <li>• Disability benefits</li> <li>• Cash withdrawn from savings</li> <li>• Interest/dividends</li> <li>• Income from estates/trusts/ investments</li> <li>• Regular contributions from persons not living in the household</li> <li>• Net royalties/annuities/ net rental income</li> <li>• Any other income</li> </ul>
<p><u>Public Assistance/Child Support/Alimony</u></p> <ul style="list-style-type: none"> <li>• Public assistance payments</li> <li>• TANF payments</li> <li>• Alimony/Child support payments</li> </ul>	<p><u>Military Households</u></p> <ul style="list-style-type: none"> <li>• All cash income, including military housing/uniform allowances. Does not include “in-kind” benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)</li> </ul>	

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

**Dear Parent or Guardian,**

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

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

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

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

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

### REDUCED GUIDELINES EFFECTIVE JULY 1, 2019 - JUNE 30, 2020\*

HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546
<b>For each additional family member add:</b>	<b>\$8,177</b>	<b>\$682</b>	<b>\$341</b>	<b>\$315</b>	<b>\$158</b>

\*Households with income less than or equal to these levels are eligible for free or reduced-price meals.

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 by fax (202) 690-7442 or email [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

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

Institution Name: \_\_\_\_\_ Agreement Number: 9422

Center Name: Little Believer's Academy

**Dear Parent/Guardian,**

This center/program receives funding from the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs proof of enrollment for all children. Please complete the table below for each child in your family that is enrolled at this center/program. Be sure to sign and date in the space below. Thank you.

The information below should be completed by the parent or guardian.

Child's First Name	Child's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM

**Normal/Typical Hours of Care:** Please write in each child's usual arrival and departure time. Indicate a.m. or p.m.

**Normal Days of Care:** Please circle the days of the week each child is usually in attendance at the facility.

(M-Monday; T-Tuesday; W-Wednesday; Th- Thursday; F-Friday; Sat-Saturday; Sun-Sunday)

**Meals Normally Eaten** – Please circle the meals each child usually eats at the facility.

(B-Breakfast; AM-AM Snack; L-Lunch; PM-PM Snack; S-Supper; LPM-Late PM/Evening Snack)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: ( ) \_\_\_\_\_ Work Telephone Number: ( ) \_\_\_\_\_

<p><b>For Facility/Provider Use Only:</b> Signature of Facility Representative/Provider: _____ Date: _____ Date each child withdrew: _____</p>
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<p><b>For State Use Only:</b> Complete: _____ Incomplete _____ Reason: _____ Verified by: _____ Date: _____</p>
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This institution is an equal opportunity provider.



## Infant Feeding Consent Form

Institution/Facility  
 Name: \_\_\_\_\_

TO BE COMPLETED BY THE PARENT/GUARDIAN

Please select from the following choice(s):

**I will breastfeed my infant on-site and/or provide expressed breastmilk.**

The Child and Adult Care Food Program (CACFP) encourages and supports breastfeeding. The American Academy of Pediatrics (AAP) recommends exclusively breastfeeding and/or provision of expressed breastmilk for six months; and continued breastfeeding after six months with the introduction of solid foods until at least one year. There is no age limit on breastfeeding or provision of expressed breastmilk. Mothers and infants/children may continue to breastfeed as long as mutually desirable. The North Carolina CACFP aims to help families meet their breastfeeding goals. For breastfeeding support, contact your local Women, Infant, and Children (WIC) agency or visit [www.zipmilk.org](http://www.zipmilk.org) to find local breastfeeding resources.

**I will accept the iron-fortified formula provided by the institution/facility.**

The facility  
 offers: \_\_\_\_\_

Enter the Name of the Iron-Fortified Infant Formula Provided by this Institution/Facility

I give permission for this institution/facility to prepare my infant's formula. When breastmilk is not available, infants must receive iron-fortified formula until 12 months of age. It is the parent's or guardian's choice to accept the formula provided by the institution/facility or provide an alternative formula.

*NOTE: Infants receiving formula through the WIC Program are also eligible to receive formula from this center or day care home*

**I decline the iron-fortified formula provided by the institution/facility**

I will provide my infant with the following formula: \_\_\_\_\_

*NOTE: If providing formula, it must be iron-fortified. If the formula provided is a special formula, a medical statement will be requested.*

Please select one of the following:

**My infant is less than 6 months old.**

**My infant is around 6 months of age and is developmentally ready to accept solid foods. I want the institution/facility to provide solid food(s) allowed under 7 § C.F.R. 226.20 (b) and policy memo 17-01.**

It is important to delay the introduction of solid foods until around 6 months of age as most infants are not developmentally ready to safely consume them. There is no single, direct signal to determine when an infant is developmentally ready to accept solid foods. An infant's readiness depends on his or her unique rate of development. Centers and day care homes should be in constant communication with parents/guardians about when and what solid foods should be served while the infants are in their care. The AAP provides the following guidance to help determine if your infant is ready for solid foods. Check all, if any, that apply to your infant:

- My infant can sit in a high chair, feeding seat, or infant seat with good head control.
- My infant is watching me and others eat, reaching for food, and seems eager to be fed.
- My infant can move food from a spoon into the throat and does not push it out of the mouth and/or dribbles onto his or her chin.
- My infant has doubled his or her birth weight and now weighs around 13 pounds or more.

Infant's Name: \_\_\_\_\_

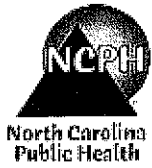
Infant's Age \_\_\_\_\_

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

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

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





North Carolina Department of Health and Human Services  
Division of Public Health  
Women's & Children's Health Section  
Nutrition Services Branch  
Child and Adult Care Food Program



## Infant Feeding Consent Form

**NOTE TO PARENTS:** *When a parent or guardian chooses to provide breastmilk (expressed breastmilk or breastfeed on-site) or a creditable infant formula and the infant is consuming solid foods, the center or day care home must supply all other required meal components for the meal to be reimbursable.*

**NOTE TO INSTITUTION/FACILITY:** *This document is required for all enrolled infants.*

# 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: \_\_\_\_\_

Birthdate: \_\_\_\_\_  
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: \_\_\_\_\_  
m m / d d / y y y

**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  
*Improving the way we feed our babies*

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<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

# Infant/Toddler Safe Sleep Policy



Child Care Facility:

Little Believers Academy

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. We implement the following safe sleep policy.

References: N.C. Law G.S. 100-91 (15), N.C. Child Care Rules .0606 and .1724, Caring for Our Children

### 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 6 months of age on their **backs to sleep**, unless a signed *ITS-SIDS Alternate Sleep Position Health Care Professional Waiver* is in the infant's file and posted at the infant's crib. We retain the waiver in the child's record for as long as they are enrolled.
3.  We do not accept *Parent Waivers* for infants older than six months.\* -OR-  
 We accept the *ITS-SIDS Alternate Sleep Position Parent Waiver*.
4. We place infants on their backs to sleep even after they can easily turn over from the back to the stomach. We then allow them to adopt their own position for sleep.  
 We document when each infant can roll from back to stomach and tell the parents. We put a notice in the child's file and on or near the infant's crib.\*
5. We visually check sleeping infants every 15 minutes and record what we see on a *Sleep Chart*.  
 We check infants 2-4 month of age more frequently.\*
6. We maintain the temperature in the room where infants sleep between 68-75°F and check it on the thermometer in the room.  
 We further reduce the risk of overheating by not over-dressing infants\*
7. We provide all infants supervised "tummy time" daily.
8. 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

9. 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.
10.  We do not allow infants to use pacifiers. -OR-  
 We allow pacifiers without any attachments. Pacifiers attached to clothing will be removed when placed to sleep.  
 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.
12. We do not cover infants' heads with blankets or bedding.
13. We do not allow garments that restrict movement.\*
14. We do not allow any objects, such as, pillows, blankets, or toys other than pacifiers in the crib or sleep space.
15. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
16. We give all parents/guardians of infants a written copy of the *Infant/Toddler Safe Sleep Policy* before enrollment. We review the policy with them, and ask them to sign a statement saying they received and reviewed the policy.  
 We encourage families to follow the same safe sleep practices to ease infants' transition to child care.\*
17. 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.
18. Centers: We post a copy of this policy in the infant sleep room where it can easily be read.

\*Indicates we follow this best practice recommendation.

Effective date: 1/2019 Review date(s): \_\_\_\_\_ Revision date(s): \_\_\_\_\_

**Distribution:** We give parents/guardians a copy of the policy. We give all staff, substitutes and volunteers a copy to review. We inform them of changes 14 days before the effective date. We give parents/guardians a copy of the policy they signed and put a copy in child's file.

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

Child's Enrollment Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_