



**STUDENT ENROLLMENT
APPLICATION**

Preschool

Date of Application: _____

Date of Birth: _____

CHILD'S INFORMATION:

Desired Enrollment Date _____

Name: _____
Last First Middle Goes By

_____ Address City State Zip

FAMILY INFORMATION:

Mother/Guardian _____ Home Phone _____

Home address if different from child's _____

Email _____ Cell # _____

Employer _____ Work # _____

Father/Guardian _____ Home Phone# _____

Home address if different from child's _____

Email _____ Cell # _____

Employer _____ Work # _____

CONTACTS: In the event of an EMERGENCY, and the parents/guardians cannot be reached, GLA has permission to contact the following individuals.

_____ Name Relationship Phone #

_____ Name Relationship Phone #

Children will be released to the parents/guardians listed above. The child may also be released to the following individuals as authorized by the person who signs this application.

_____ Name Relationship Phone #

_____ Name Relationship Phone #

_____ Name Relationship Phone #

_____ Name Relationship Phone #

My usual drop-off time will be _____ My usual pick-up time will be _____

HEALTH CARE NEEDS: Does your child have a chronic condition that requires specialized health service? **YES** **NO**

If you circled YES you will be required to attach a medical action plan, from child's doctor to this application.

List any allergies and their symptoms and the type of response required

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

List any type of medications taken for health care needs _____

List any chronic illness (Allergy, Asthma, Diabetes, Seizures) your child has and medication taken for that illness _____

List any particular fears or unique behavior characteristics your child has _____

List any other information you want to share that has a direct bearing on assuring safe medical treatment for your child. _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of Healthcare Professional _____ Office # _____

Hospital Preference _____

I, AS THE PARENT/GUARDIAN, AUTHORIZE GRACELIFE ACADEMY TO OBTAIN MEDICAL ATTENTION FOR MY CHILD IN THE EVENT OF AN EMERGENCY.

Signature of Parent/Guardian

Date

I, as the GLA representative, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any medication without specific instructions from the physician or the parent/guardian.

Signature _____ Date _____

PERMISSION FORM:

I _____ give permission for GraceLife Academy to apply hydrogen peroxide or an alcohol wipe to clean cuts, scrapes, bites, or any other type of abrasion that my child, _____ may acquire.

Signature of Parent/Guardian

Date

_____ has my permission to play outside the fenced area, to take walks around the church grounds and to walk to Pineville park. I understand that these activities will be supervised by staff at all times.

Signature of Parent/Guardian

Date

RECEIPT OF SUMMARY OF THE NORTH CAROLINA LAW AND RULES

I, the parent/guardian of _____ have received the brochure summary of the NC Child care law and rules.

Signature of Parent/Guardian

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. 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 months	1:5	10
12-24 months	1:6	12
2 to 3 years old	1:10	20
3 to 4 years old	1:15	25
4 to 5 years old	1:20	25
5 years and older	1:25	25

Additional Staff/Child Ratio Information:

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

Reviewing Facility Information

From the Division's Child care Facility Search Site, the facility and visit documentation can be viewed. A public file is maintained in the Division's main office in Raleigh for every licensed center or family child care home. These files can be viewed during business hours (8 a.m. -5 p.m.) by contacting the Division at 919-814-6300 or 1-800-859-0829 or requested via the Division's web site at www.ncchildcare.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 June 2019

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

Training Requirements

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

Curriculum and Activities

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

Health and Safety

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

Two through Five Star Rated License

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

Criminal Background Checks

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

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: www.ncchildcare.ncdhhs.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: ncchildcare.ncdhhs.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.

Child 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. 9/23

Child's full name:	Date of birth:
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Enter the 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	IPOL	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib (PRP-T) Hib (PRP-OMP)	ActHIB, PedvaxHIB **, Hiberix	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, PCV13, PPSV23***	Prenvar 13, Pneumovax***						

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

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

***PPSV23 or Pneumovax is a different vaccine than Prenvar 13 and may be seen in high risk children over age 2. These children would also have received Prenvar 13.

Note: Children beyond their 5th 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

Note: For children behind on immunizations, a catch-up schedule must meet minimal interval requirements for vaccines within a series. Consult with child's health care provider for questions.

Updated August 2019



Child Immunization History

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

Vaccines Recommended (not required) by the Advisory Committee on Immunization Practices (ACIP)

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 date	2 date	3 date	4 date	5 date
Rotavirus	RV1, RV5	Rotateq, Rotarix	Age 2 months, 4 months, 6 months.					
Hepatitis A	Hep A	Havrix, Vaqta	First dose, age 12-23 months. Second dose, within 6-18 months.					
Influenza	Flu, IIV, LAIV	Fluzone, Fluarix, FluLaval, Flucelvax, FluMist, Afluria	Annually after age 6 months.					

Updated August 2019

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 # _____

Name of Facility: GraceLife Academy

Discipline & Behavior Management Policy

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

We DO:	We DO NOT:
<ol style="list-style-type: none">1. Praise, reward, and encourage the children.2. Reason with and set limits for the children.3. Model appropriate behavior for the children.4. Modify the classroom environment to attempt to prevent problems before they occur.5. Listen to the children.6. Provide alternatives for inappropriate behavior to the children.7. Provide the children with natural and logical consequences of their behavior.8. Treat the children as people and respect their needs, desires, and feelings.9. Ignore minor misbehaviors.10. Explain things to children on their level.11. Use short supervised periods of time-out sparingly.12. Stay consistent in our behavior management program.13. Use effective guidance and behavior management techniques that focus on a child's development.	<ol style="list-style-type: none">1. Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.3. Shame or punish the children when bathroom accidents occur.4. Deny food or rest as punishment.5. Relate discipline to eating, resting, or sleeping.6. Leave the children alone, unattended, or without supervision.7. Place the children in locked rooms, closets, or boxes as punishment.8. Allow discipline of children by children.9. Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic group.

I, the undersigned parent/guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Discipline & 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/Guardian: _____ Date _____

“Time-Out”

“Time-Out” is the removal of a child for a short period of time (3-5 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)

Infant/Toddler Safe Sleep Policy

A safe sleep environment for infants reduces the risks 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 follow in 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.
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.
5. We document when each infant can roll from back to stomach and tell parents. We put a notice up on or near child's crib.
6. We visually check sleeping infants every 15 minutes and record what we see on a Sleep Chart. We document the infant's sleep position, breathing and skin color.
7. We maintain the temperature in the room where infants sleep between 68-75 F and check it on the thermometer in the room.
8. We further reduce the risk of overheating by not over-dressing infants.
9. We provide all infants supervised "tummy time" daily
10. We follow N.C. Child Care Rules .0901 (j) and .1706 (g) regarding breastfeeding.

Safe Sleep Environment

1. We use Consumer Product Safety Commission approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
2. We allow pacifiers without any attachments.
3. We do not allow infants to be swaddled.
4. We do not cover infants' heads with blankets, bedding or bibs.
5. We do not allow garments that restrict movement.
6. We do not allow objects other than pacifiers in the crib or sleep space.
7. We give all parents/guardians of infants a written copy of the Infant/Toddler Safe Sleep Policy before enrollment. We ask them to sign a statement saying they have received and reviewed the policy.
8. We encourage families to follow the same safe sleep practices to ease infants' transition to child care.
9. We post a copy of this policy in the infant sleep room where it can easily be read.

I, give permission for _____(Child's name)to be given a **pacifier** that I will provide.

Parent/Guardian Signature: _____

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

Enrollment date:_____ Parent/Guardian Signature:_____ Date:_____

Facility Representative Signature:_____ Date:_____

Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

We believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care and education families.

Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death.

Procedure/Practice

Recognizing:

Children are observed for signs of abusive head trauma including irritability and/or high pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

Responding to:

If SBS/AHT is suspected, staff will:

Call 911 immediately upon suspecting SBS/AHT and inform the director.

Call the parents/Guardians.

If the child has stopped breathing, trained staff will begin pediatric CPR

Reporting:

Instances of suspected child maltreatment in child care are reported to the Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or to the Department of Social Services by calling 704-336-3000

References

1. National Center on Shaken Baby Syndrome, www.dontshake.org
2. NC DCDEE, ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp
3. Shaken baby syndrome, the May Clinic, www.mayoclinic.org
4. Calming Techniques for a Crying Baby, Children's Hospital Colorado, www.childrenscolorado.org

Application:

This policy applies to children up to five years of age and their families, operators, early educators, and substitute providers.

Date of Child's enrollment _____

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

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date: _____

Nutritional Guidelines

The following Nutritional Guidelines are mandated by the State of North Carolina Division of Child Development and Early Education.

Each day your child must bring the following components in their lunch:

- 1 Protein (meat, egg, cheese, etc.)
- 2 Fruits or 2 Vegetables or 1 Fruit and 1 Vegetable
- 1 Grain (bread, noodles, crackers, rice, etc.)

The following table contains the minimum food components needed to comply with our licensing requirements.

Lunch Requirements	1-2 Years Old	3-5 Years Old
Meat, Poultry, Fish, Cheese	1 ounce	1 1/2 ounce
Egg	1/2 egg	1 egg
Vegetable	1/4 cup	1/2 cup
Fruit	1/4 cup	1/2 cup
Bread	1/2 slice	1/2 slice
Rice, Noodles, Potatoes	1/4 cup	1/4 cup
Crackers	4 crackers	6 crackers

I, _____, have reviewed the Nutritional Guidelines and agree to comply with them as long as my child is enrolled at GraceLife Academy. I understand that GraceLife will provide supplemental food, at an additional charge, if my child, _____, lunch does not meet the nutritional guidelines mandated by the State of North Carolina Division of Child Development.

Signature of Parent/Guardian

Date



PARENT HANDBOOK

Agreement of Policies

By signing, you are acknowledging that you have read the Parent Handbook and are agreeing to the policies provided in scope and operation of the GraceLife Academy.

I, the parent of _____ have reviewed these policies and agree to comply with them as long as my child is enrolled at GraceLife Academy.

Parent's Signature: _____

Date: _____



Media Release Form

I grant permission to GraceLife Church of Pineville and GraceLife Academy to use my image (photographs and/or video) for use in GraceLife Church's and GraceLife Academy's publications including videos or email blasts, and to use my image in electronic versions of the same publications or on the GraceLife Church of Pineville and GraceLife Academy websites or other electronic forms of media.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name (please print child's name): _____

Address: _____

Signature of Parent/Guardian: _____ Date _____



POTASSIUM IODIDE IN CHILD CARE FACILITIES

FACTS FOR PARENTS/GUARDIANS

What is this program all about? To protect children's health in the event of a nuclear power plant (NPP) emergency, the Division of Child Development, in conjunction with the Division of Public Health, has developed a plan to distribute and administer potassium iodide (KI) to children when recommended by state health officials. Other steps that may be taken to protect children during a NPP emergency include evacuation and relocation, or sheltering-in-place, as necessary.

What is potassium iodide and why should it be used in the event of an emergency at the nuclear power plant (NPP)? Potassium Iodide is a type of salt that is added to table salt in small amounts so that people have sufficient iodine in their diet to maintain normal healthy thyroid function. It is often identified by its chemical symbol, KI.

KI is also made into a non-prescription, over-the-counter medication. It may be used to protect the thyroid during a NPP emergency involving a release of radioactive iodine (RAI). If KI is taken prior to or soon after exposure to RAI, it blocks the thyroid's uptake of RAI and reduces an exposed person's risk of developing thyroid cancer and other thyroid diseases later in life.

Does taking KI mean that the children don't have to evacuate in a nuclear power plant (NPP) emergency? NO! Taking KI is NOT a substitute for evacuation. It is very important that children leave the area immediately and proceed to the designated relocation site or other facility when instructed by officials to do so. KI will protect only the thyroid gland from radioactive iodine. There are many kinds of radioactive materials besides radioactive iodine that could pose a threat in a NPP emergency. It is important to protect your whole body from radiation by leaving the area as soon as possible unless officials recommend staying in a sheltered place until it is safe to leave. This is also true if a NPP emergency occurs while you are at home with your family. One should follow the emergency response instructions released by state officials on the radio and television immediately.

Why is it especially important for children to take KI? Scientific studies have shown that children have the highest risk of damaging health effects from exposure to radioactive iodine. Infants and young children are more vulnerable to developing thyroid cancer and other thyroid diseases following exposure to radioactive iodine.

Do facilities have the legal authority to distribute and administer KI to children? Yes. The authority lies in recently adopted provisions of rules in 10A NCAC 09 .1720(k) and .0803(9) that state: "A parent may give a caregiver standing authorization to administer an over-the-counter remedy or medication as directed by the North Carolina State Health Director or designee, when there is a public health emergency as identified by the North Carolina State Health Director or designee. The authorization shall be in writing, may be valid for as long as the child is enrolled, and shall contain:

- (1) the child's name;
- (2) the signature of the parent;
- (3) the date the authorization was signed by the parent.
- (4) the date that the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing."

The Child Care Commission voted to adopt these provisions on _____. The rule will become effective May 1, 2004.

Are parents/guardians required to give their permission for child care facility staff to administer KI to their children? No. Participation in the program is voluntary. **However, if radioactive iodine (RAI) is released during a nuclear power plant emergency and there is evidence that exposure will occur, the use of KI is strongly recommended by the FDA and other scientific and medical authorities (including the American Academy of Pediatrics) to protect children's thyroids from the harmful effects of RAI.** Parents or guardians must sign and return an authorization form to the child care facility that gives written permission for facility staff to administer KI in the event of an emergency.

Who will distribute and administer KI? Teachers and other facility staff designated by the administrator of the facility will have the responsibility of distributing and administering KI to children in an emergency.

How will facilities be notified of an emergency and told to administer KI or take other actions?

If a nuclear power plant emergency occurs, the Emergency Alert System and the media (radio and TV) will notify the public of protective actions that should be taken. Depending on the nature of the event, these instructions may include evacuating to a designated relocation site, staying inside, and taking KI.

The State Health Director (or other authorized person), usually after consulting with state radiation protection staff, will determine if KI should be administered to prevent harmful exposure to radioactive iodine. A decision to administer KI will be communicated to the local health director and local emergency management officials, who will notify facilities of the decision.

What is the recommended dosage for children? The Food and Drug Administration (FDA) is the medical authority on KI in the United States. The FDA recommended dose for newborns and infants through age one month is 16 milligrams (mg). This is the amount of KI in one fourth of a 65 mg tablet. For children one month through three years of age, the recommended dose is 32 milligrams (mg) which is one half of a 65 mg tablet. For children and teenagers from age 3 through 18 years, the recommended dose is 65 mg. This is the amount in a whole 65 mg tablet or one half of a 130 mg tablet. Teenagers who weigh 70 kilograms or near 150 pounds should take a full adult dose of 130 mg. If dividing the tablet for children would take too long, the FDA has concluded that all children may take the full 130 mg tablet. KI has a somewhat bitter taste, so the dose can be taken or crushed and mixed with juice, chocolate milk or flat soda, to mask the taste. For smaller children it can be mixed with applesauce, pudding or something else the child likes.

Are there any problems or side effects associated with taking KI? The FDA has determined that KI is a safe and effective drug when used to prevent uptake of radioactive iodine by the thyroid. Side effects are usually mild and go away soon. About 17.5 million people (10.5 million children and 7 million adults) in Poland took KI following the Chernobyl nuclear power plant accident. Most did not experience any side effects. Mild side effects included gastrointestinal distress in about 2% of children and rash in about 1% of children and adults. There were only two allergic reactions to iodine, both of which occurred in adults with known iodine allergy.

State and federal health experts overwhelmingly agree that, for almost everyone, the benefits of taking KI far outweigh the risks.

Is there anyone who shouldn't take KI? People who have known allergies to iodine should not take KI. There are two other very rare conditions, dermatitis herpetiformis and hypocomplementemic vasculitis, which have been associated with an increased risk of iodine allergy. Persons with these illnesses should also avoid KI.

The FDA has determined that short term dosing (24 to 48 hours) is generally safe for persons with existing thyroid disease. However, persons with Graves' disease, autoimmune thyroiditis, or another thyroid disorder should consult with their doctors BEFORE an emergency, to determine whether they can safely take KI.

If you have any questions about whether your children should take KI, ask your doctor. The N.C. Division of Public Health has provided information on KI to the N.C. Medical Board, the N.C. Medical Society and the N.C. Board of Pharmacy, and these organizations have made it available to practitioners throughout North Carolina. Also, your doctor may find the American Academy of Pediatrics policy statement on KI in the June 2003 issue of the medical journal *Pediatrics*.

How often must KI be taken to remain effective? A single dose of KI remains effective for approximately 24 hours. It is unlikely that children would be under a child care facility's supervision for more than 24 hours following a nuclear power plant emergency. If a longer period were to occur, children would receive another dose every 24 hours until the threat of exposure to RAI has passed.

Where can I go to get more information on KI? For more information on KI, you can visit the North Carolina Department of Health and Human Services web page on KI, at <http://www.epi.state.nc.us/epi/phpr/ki/ki.html>. You may also contact the Division of Public Health's public information officer at (919) 715-4174. Your local health department is also available to answer questions concerning KI.

STUDENT OPT- IN/OPT-OUT FORM ADMINISTRATION OF POTASSIUM IODIDE

Potassium iodide (KI) is a type of salt that is used to block the uptake of radioactive iodine by the thyroid following a release of radioactive iodine (RAI) from a nuclear power plant (NPP). The Food and Drug Administration (the medical authority on potassium iodide in the US) has determined that potassium iodide is a safe and effective medication for preventing thyroid exposure to radioactive iodine and the agency endorses its use as a supplementary safety measure to evacuation, or sheltering in place, if there is evidence that persons will be exposed to harmful levels of radioactive iodine.

There is strong scientific evidence that children, and especially young children, are at greatest risk of developing thyroid cancer and other thyroid abnormalities following exposure to RAI. Public health authorities strongly urge the administration of KI if indicated.

To be effective, KI must be administered prior to, or soon after, exposure to RAI. Therefore, it must be located in schools where students will have ready access to it. The NC Department of Public Instruction, the NC Division of Public Health, your local school board and your local health department have endorsed an emergency preparedness program involving stockpiling of KI in schools and providing appropriate training and education to administrators, faculty, staff and students. KI has been (or will soon be) stockpiled in all NC public schools located within the 10-mile Emergency Planning Zones (EPZs) around nuclear power plants located in or adjacent to NC. *NC General Statute 115-307. Duties of teachers*, by interpretation, provides for the administration of KI to students in a radiological emergency.

Local emergency response plans currently provide for evacuation and relocation of students as the first response to a NPP incident. Administration of KI is a secondary response and will occur only when the State Health Director (or other authorized person) determines it is indicated. **The State Health Director (or designee) will make a recommendation for the administration of KI to the public only in a situation where there is evidence that exposure to potentially harmful levels of RAI will likely occur before students can be evacuated to a safe area.**

The Food and Drug Administration (considered the medical authority on KI in the United States) has studied the use and adverse effects of KI extensively. The only contraindication for taking KI in an emergency situation is allergy to iodine. There also are a couple of rare disorders associated with iodine allergy identified on the attached Q and A information sheet. Please read this sheet carefully and if you have questions related to whether or not your child should receive KI in an emergency, discuss these with your child's physician.

Should a radiation emergency requiring administration of KI occur, all students, including your child will receive one dose of KI unless you sign the OPT-OUT line below indicating that you do not want your child to receive KI. This form must be reauthorized at the beginning of each school year.

I **DO** want my child, _____, to receive KI in a NPP emergency involving exposure to potentially harmful levels of radioactive iodine.

I **DO NOT** want my child, _____, to receive KI in a NPP emergency involving exposure to potentially harmful levels of radioactive iodine.

Parent (or Legal Guardian)

Date

Infant Feeding Plan

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

Child's name: _____ Birthday: _____
m m / d d / y y y

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 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



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In Collaboration With:

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

