



Southwestern
CHILD DEVELOPMENT
COMMISSION



"Providing Quality Services for Young Children since 1972"

Revised 6-28-17

SOUTHWESTERN CHILD DEVELOPMENT COMMISSION INC.
CHILDREN'S FILE CHECKLIST

Name of Child: _____ Date of Enrollment: _____

The following items must be present in each child's file

Item	Date Received/Completed
<input type="checkbox"/> Child's Application	
<input type="checkbox"/> Children's Medical Report	
<input type="checkbox"/> Immunization History Record	
<input type="checkbox"/> Discipline Policy for Parents	
<input type="checkbox"/> Shaken Baby Policy	
<input type="checkbox"/> Emergency Medical Information	
<input type="checkbox"/> Child's Release's and Emergency Information Form	
<input type="checkbox"/> Documentation of Child Receipt of Policies/Center Emergency Policy/Documentation of Receipt of Summary	
<input type="checkbox"/> (CACFP) Child Eligibility Application	
<input type="checkbox"/> (CACFP) Participant Enrollment Form	
<input type="checkbox"/> Building for the Future	
<input type="checkbox"/> (CACFP) Infant Formula and Provision of Baby Food	
<input type="checkbox"/> Infant Feeding Schedule (children less than 15 months of age)	

SOUTHWESTERN CHILD DEVELOPMENT COMMISSION INC.

Date Application Completed _____

Date of Enrollment _____

CHILD'S APPLICATION FOR ENROLLMENT

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

CHILD INFORMATION:

Date of Birth: _____

Full Name: _____

Last

First

Middle

Nickname

Child's Physical

Address: _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

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 _____

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 # _____

SOUTHWESTERN CHILD DEVELOPMENT COMMISSION INC.

IMMUNIZATION HISTORY

Name: _____ Date of Birth: _____

Update as immunizations are received

Attach Immunization Record here

A large, empty rectangular box with a thin black border, occupying the lower half of the page. It is intended for the user to attach their child's immunization record.

SOUTHWESTERN CHILD DEVELOPMENT COMMISSION, INC. DISCIPLINE POLICY FOR PARENTS

The following is a statement of the discipline policy of Southwestern Child Development Commission. We ask that both parents read the statement. If you have read and understand the policy, please sign on the appropriate lines

The goal of effective discipline is to teach the children self control. That is, to teach each child how to live usefully and happily with himself/herself and others. Good discipline results in a child who conducts himself/herself in an appropriate manner even when adults are not present. We, at Southwestern, believe the benefits of respect, consistency and positive reinforcement are more effective than corporal punishment. As such, no form of corporal punishment will be used in Southwestern centers. Southwestern's discipline policy is consistent with the policy of the North Carolina Division of Child Development.

When the need presents itself, the following methods of discipline will be used by classroom teachers:

1. Model appropriate behavior.
2. Redirect the child from an unacceptable activity to a more acceptable activity.
3. Provide alternative activities.
4. Give praise whenever possible for appropriate behavior.
5. Ignore behavior that would best be ignored when possible.
6. Distract children from inappropriate behavior.
7. Allow a child to get away from the situation briefly. This respects the fact that the child may be overly stimulated or upset and need an opportunity to be apart from the group.
8. Give the child time to consider his behavior. There will be a specified place (in full view of the caregiver) where the child will be allowed to sit for no more than 3 minutes of quiet time. This will be used as one of the last options for controlling a child's behavior. When a child's ability to understand that he/she is being asked to sit for quiet time, is impaired by disabilities or young age, his/her behavior will be dealt with by distraction or redirection.
9. If these methods of discipline fail to bring about the acceptable behavior necessary for safe and happy relationships with the other children in group care, a conference with parents will be requested.

Southwestern employees will follow these guidelines, at times, about the discipline of children:

1. No child shall be subjected to any form of corporal punishment by the owner, operator, director, or staff of any day care facility. For the purposes of this statement, "staff" shall mean any regular or substitute caregiver, any regular or substitute caregiver, any volunteer, and any auxiliary personnel, such as cooks, secretaries, janitors, maids, vehicle drivers, etc.
2. No child shall be handled roughly in any way, including shaking, pushing, shoving, pinching, slapping, biting, kicking, or spanking.
3. No child shall ever be placed in a locked room, closet, or box.
4. No discipline shall ever be delegated to another child.
5. Discipline shall in no way be related to food, rest, or toileting;
 - a. No food shall be withheld, or given, as a means of discipline.
 - b. No child shall ever be disciplined for lapses in toilet training.
 - c. No a child shall ever be disciplined for not sleeping during rest period.
6. Children will be spoken to with a respectful tone of voice at all times.
7. Caregivers will not put hands on children for anything other than gentle and appropriate intentions.
8. A caregiver will never physically force a child to specified place for quiet time, raise her voice or place her hands on a child's face to force eye contact.

I attest that I received a copy of the Parent Handbook, which contains a copy of this Discipline Policy and it was discussed with me.

Child's Name _____ Date of Enrollment _____

Signature of Parent _____ Date _____

Signature of Director _____ Date _____

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Belief Statement

We, _____ (name of facility), 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 educating families.

Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death¹. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT².

Procedure/Practice

Recognizing:

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

Responding to:

- If SBS/ABT is suspected, staff will³:
 - 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 CPR⁴.

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing webmasterdcd@dohs.nc.gov.
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: _____

Prevention strategies to assist staff* in coping with a crying, fussing, or distraught child

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change.

If no physical need is identified, staff will attempt one or more of the following strategies⁵:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.
- Other _____
- Other _____

In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children⁶.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- Other _____



Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Parent or guardian acknowledgement form

I, the parent or guardian of _____
Child's name

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

Date policy given/explained to parent/guardian Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian Date



SOUTHWESTERN CHILD DEVELOPMENT COMMISSION INC.

Emergency Medical Information

Child's name : _____

Parent's name : _____

Parent's home phone : _____

Parent's work phone : _____

If parents cannot be reached call : _____

@ this phone number : _____

Doctor : _____ Phone : _____

Hospital Preference : _____

Please use the space below to indicate any allergies or special medical precautions .

Medical Release

“ If emergency medical care becomes necessary , I give permission for my child to receive treatment as a physician deems necessary.”

Signature of Parent or Guardian : _____

Date : _____

SOUTHWESTERN CHILD DEVELOPMENT COMMISSION INC.

Child's Release's and Emergency Information Form

Please Initial beside each Release

Transportation Information

- 1) I give my permission for my child to be transported to and from the child development center by the transportation system operated through the Southwestern Child Development Commission. I understand every precaution will be taken to ensure the safety of my child, I will not hold the driver responsible should an accident occur. I understand my child is covered by accident insurance carried by Southwestern Child Development Commission Inc.

- 2) If you are not home when we bring your child home, give the name and address of the person with whom we may leave you child.

Name of Person: _____

Address: _____

Directions to the House: _____

Phone Number: _____

Field Trips and Activities Outside the Fenced Playground

I hereby give permission for my child to participate in a walking trip or transported in a vehicle for a field trip. I further give permission to the facility for my child to participate in developmentally appropriate supervised activities outside of the fenced playground.

Photographs

I consent to Southwestern Child Development Commission, Inc. or anyone authorized by the Commission to use or take photographs of my child, during his experiences with his child development center.

Emergency Information

If emergency medical care becomes necessary, I give my permission for my child to receive treatment as a physician deems necessary.

Parent or Guardian Signature

Date

SOUTHWESTERN CHILD DEVELOPMENT COMMISSION INC.

Child's Receipt of Policies

I, _____, the parent of, _____, have received the following documents. (Please check all that apply)

_____ Southwestern Child Development's Parent Handbook, which includes Operational Policies and the Parent Participation Policy

_____ Southwestern Child Development's Discipline Policy

_____ Summary of NC Child Care Laws and Rules

_____ Centers Safe Sleep Policy

_____ Shaken Baby Policy

Signature of Parent

Date

Center Emergency Policy

Our center Emergency Preparedness Plan includes shelter in place, Fire Evacuation and lock down Procedure.

The director will go over these evacuation plans at time of enrollment. Centers will develop a long term evacuation plan that will have a central evacuation location.

This center, _____, will evacuate to

I give permission for my child, _____, to be evacuated from the

_____, center to _____, in

the case of an emergency evacuation.

Signature of Parent

Date

The following requirements apply to both centers and homes.

Transportation

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

Records

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills practiced with safe evacuation of children 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

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

Parental Rights

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

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information visit the Resources in Child Care website at: www.ncchildcare.nc.gov. For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829 (In State Only), or visit our homepage at: ncchildcare.nc.gov.

Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every center or family child care home. These files can be

- viewed during business hours;
- requested via the Division's web site at www.ncchildcare.nc.gov; or
- requested by contacting the Division at 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 fined up to \$1,000 and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829.

Child Abuse or Neglect

Abuse occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. Abuse 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. Neglect 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 abuse or neglect to report the case to the county department of social services.** In addition, any person can call the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829 and make a report of suspected child abuse or neglect in a child care operation. 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 abuse/neglect complaint or the issuance of any administrative action against the child care facility.



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 27603

Revised December 2014

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 providers own school-age children are not counted. Family child care homes will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants. Licenses are issued to family child care home providers who meet the following requirements:

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

0 -12 months) every three years. They also must complete a minimum number of training hours annually.

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

Child Care Centers

Licensing as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License.

Programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Licensed centers must meet requirements in the following areas.

Staff

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. At least one person on the premises must have CPR and First Aid training. All staff must also undergo a criminal records background check initially, and every three years thereafter.

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	Maximum Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School-age	1:25	25

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

Space and Equipment

To meet licensing requirements, there must be at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Outdoor equipment and 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. Child care programs choose the type of curriculum appropriate for the ages of the children enrolled. Activity plans must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. They must have space and time provided for rest.

**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#: _____

First Name _____ Last Name _____ Date of Birth _____

FACILITY NAME: _____

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.

Is this a homeless child or a child evacuated from Japan or Bahrain? Yes No

Certification from the agency that assisted with the evacuation or is providing shelter is required.

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.

Signature of Adult Household Member (Required) _____ Date _____

Check if no SSN
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): _____

<p>For state use only: Verified by: _____ Date: _____ Verified classification: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied Reason for classification change:</p>

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

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/her social 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 FDPIR number a social security number is not needed.

INCOME TO REPORT

Earnings from Employment	Pensions/Retirement/Social Security	Other Income
<ul style="list-style-type: none"> • Wage/salaries/tips • Strike benefits • Unemployment compensation • Net income from self-owned business or farm • Worker's compensation 	<ul style="list-style-type: none"> • Pensions • Supplemental security income • Retirement income • Veteran's payments • Social Security 	<ul style="list-style-type: none"> • Disability benefits • Cash withdrawn from savings • Interest/dividends • Income from estates/trusts/ investments • Regular contributions from persons not living in the household • Net royalties/annuities/ net rental income • Any other income
<u>Public Assistance/Child Support/Alimony</u> <ul style="list-style-type: none"> • Public assistance payments • TANF payments • Alimony/Child support payments 	<u>Military Households</u> <ul style="list-style-type: none"> • 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.) 	

**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 (CAC 11). 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, 2017 - JUNE 30, 2018*

HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$22,3118	\$1,860	\$930	\$859	\$430
2	\$30,044	\$2,504	\$1,252	\$1,156	\$578
3	\$37,777	\$3,149	\$1,575	\$1,453	\$727
4	\$45,510	\$3,793	\$1,897	\$1,751	\$876
5	\$53,243	\$4,437	\$2,219	\$2,048	\$1,024
6	\$60,976	\$5,082	\$2,541	\$2,346	\$1,173
7	\$68,709	\$5,726	\$2,863	\$2,6434	\$1,322
8	\$76,442	\$6,371	\$3,186	\$2,941	\$1,471
For each additional family member add:	\$7,733	\$645	\$323	\$298	\$149

*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, this institution is prohibited from discriminating based on race, color, national origin, sex, age, disability and reprisal or retaliation for prior civil rights activity. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, 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, 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. This institution is an equal opportunity provider.

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

Institution Name: Southwestern Child Development Agreement Number: 7272

Center Name: _____

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: () _____

For Facility/Provider Use Only:

Signature of Facility Representative/Provider: _____ Date: _____

Date each child withdrew: _____

For State Use Only: Complete: _____ Incomplete _____ Reason: _____ Verified by: _____ Date: _____

This institution is an equal opportunity provider.

Building For the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups:)
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

Participating Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

Eligibility State agencies reimburse facilities that offer non-residential day care to the following children:

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 in afterschool care programs in needy areas.

Contact

Information If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center	CACFP Unit Manager,
Southwestern Child Development Commission, Inc.	Department of Health and Human
Po Box 250	Services
Webster, NC 28788	Division of Public Health
Phone: 1-800-662-4158 or 828-586-5561	Nutrition Services Branch
Fax: 828-586-4039	1914 Mail Service Center
	Raleigh, NC 27699
	919-707-5799



USDA is an equal opportunity provider and employer

**CHILD AND ADULT CARE FOOD PROGRAM
PROVISION OF BREASTMILK OR
INFANT FORMULA AND PROVISION OF BABY FOOD**

Name of child care provider or center _____

This institution/facility offers Parents Choice with Iron formula for infants
(Iron-Fortified Formula name must be filled in by institution/facility)
through the Child and Adult Care Food Program. It is a parental choice whether or not
to use this formula based on you and your infant's needs.*

Please select from (√) the following choice(s):

_____ I will provide breastmilk for my infant.

_____ I will use the iron-fortified formula offered by this facility. I give permission for the
formula to be mixed and/or bottles to be prepared for my infant by this facility's
staff.

_____ I will not use the iron-fortified formula offered by this facility.
If not, which formula will you send for your infant? _____
If the formula you provide is a special formula, a medical statement will be
requested.

_____ My infant is four (4) months old or older and is developmentally ready for baby
foods. I want the institution/facility to provide the following baby food(s) for my
infant, which are allowed under 7CFR §226.20 (b) (2) (3) (4).

Allowable foods for infants are: iron-fortified infant cereal, fruit, vegetable, meats
or meat alternates, enriched or whole grain bread and crackers. Foods shall be
of appropriate texture and consistency to meet developmental needs.
Baby foods provided by institution/facility must be in compliance with the infant
meal pattern as required by 7CFR §226.20.

Infant's Name _____

Infant's Age _____

Parent's Signature _____ Date _____

**Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child
care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when
she/he is at child care. If you find that you are getting more formula than your baby needs, you may wish to talk with your
WIC nutritionist or your child care institution/facility.*

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: _____
mm / dd / yyyy

Parent/Guardian's name(s): _____

Did you receive a copy of our "Infant Feeding Guide?" Yes No

If you are breastfeeding, did you receive a copy of:
 "Breastfeeding: Making It Work?" Yes No

"Breastfeeding and Child Care: What Moms Can Do?" Yes No

TO BE COMPLETED BY PARENT

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

- Mother's milk from (circle)
 Mother bottle cup other
- Formula from (circle)
 bottle cup other
- Cow's milk from (circle)
 bottle cup other
- Other: _____ from (circle)
 bottle cup other

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

How often does your child usually feed?

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

Has your child started eating solid foods?

If so, what foods is s/he eating?

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

TO BE COMPLETED BY TEACHER

Clarifications/Additional Details:

At home, is baby fed in response to the baby's cues that s/he is hungry, rather than on a schedule? Yes No

If NO,

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

Is baby receiving solid food? Yes No

Is baby under 6 months of age? Yes No

If YES to both,

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

Yes No

If NO,

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

Handouts shared with parents:

Child's name: _____

Birthday: _____
mm / dd / yyyy

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

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

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

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

My usual pick-up time will be: _____

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

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

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

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

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

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

Today's date: _____

Teacher Signature: _____ Parent Signature _____

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

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



CAROLINA GLOBAL
BREASTFEEDING INSTITUTE
Researching/Inspiring/Changing Lives

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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