

Chapter 4: RECORDS AND ACTIVITIES

As a Family Child Care Home operator you are required to maintain accurate records for the children in your care, for yourself, for additional caregivers, and for program administration. Records are used to verify that your program is meeting the child care requirements for a Family Child Care Home.

Children's records consist of items such as a medical and immunization history, emergency medical care information, and parental acknowledgement that they received information about behavior management policies, a summary of the NC child care law, ITS-SIDS policies as well as the provisions you will make for children when attending to routine tasks. The operator and additional caregiver records ensure that children are being cared for by individuals who are healthy, have no criminal record, and meet certain education and safety training standards. Lastly, your program records provide information about how often you conduct fire drills, what you will do in case of an emergency, as well as any reports required by local ordinances. All records are used by your child care consultants to verify compliance with the requirements.

Four checklists have been designed for you to use to help with record keeping. The checklists are: Children's Records, Operator Records, Additional Caregiver Records, and Program Records. The checklists and a copy of each form listed on the checklists are located in the Resource Section of this chapter. Most of the forms can also be found on the Division of Child Development web page at <http://ncchildcare.dhhs.state.nc.us/providers/pvprovideforms.asp>.

Family Child Care Home operators must establish and implement daily activities that are based on each child's individual stage of development. You should consider carefully the curriculum and activities you plan to implement. Having a written description of your schedule and a daily activity plan gives you and parents a common understanding, helps define the service and contributes to the relationship between the provider and parent. Written schedules and activity plans provide parents with a clear picture of the child's day.

SECTION 1. GENERAL RECORD KEEPING

Detailed information about children's records, provider records, and program records is discussed throughout the handbook. The record checklists in the resource section of this chapter note the chapters you will find the information that corresponds with the record topic

Record Keeping

NC General Statutes 110 – 91(9), (14) & Child Care Rule. 1721(c)(6)

- ★ You must keep accurate records for each child receiving care and for each staff member or other person delegated responsibility for the care of children.
- ★ Your license may be revoked or denied if there is any effort to falsify information.
- ★ All records, except financial records, must be available for review by the Division at all times.

- ☑ The following records must be posted in your Family Child Care Home where they are easily seen by parents:
 Child Care License
 Summary of NC Law
 Emergency Telephone Numbers
 Safe Sleep Chart/Notice of Waiver
- ☑ The written schedule must be displayed in a place where parents are able to view.
- ☑ Operators must determine if any additional records must be posted based on local ordinances.
- ☑ Operators must keep accurate daily attendance records for all children in care, including the operator’s own children. The attendance record must indicate the date and time of arrival and departure for each child.
- 📁 A sample attendance record form is in the resource section of this chapter.
- ☑ The notice of an infant with a sleep position waiver must be posted near the infant’s crib, bassinet or play pen and must include 1) the infant’s name, 2) the infant’s authorized sleep position, and 3) the location of the signed waiver.
- ☑ The Health Questionnaire completed by the operator and additional caregivers must be completed annually.
- ☑ Records may be maintained in a paper format or electronically, except that records that require a signature of a staff person or parent must be maintained in a paper format.
- HH** Maintain all children’s records in an orderly manner and in one place for easy review by your child care

consultant. Some ways to organize your files include using a portable file box or a notebook for each of the file types: children’s files, operator/additional caregiver files, and program files

- HH** Make a copy of the children’s and operator’s file checklist to attach to the applicable files and complete as forms are received. You will easily be able to see what is missing.
- HH** Keep the in-service training log and certificates to document training together in a separate file.

Record Retention
Child Care Rules .1721 (c)(1-3)

-  All children’s records, except medication permission slips, must be kept on file for one year from the date the child is no longer enrolled.
-  Additional caregiver records must be maintained on file for one year from the employee’s last date of employment.
-  Current program records must be maintained on file for as long as the license remains valid. Prior versions of the record must be kept based on the time frame listed in the charts below.

- Medication permission slips with a record of the child’s name, the date, time, amount and type of medication given, and the name and signature of the person administering the medication must be available for review during the time period the medication is being given and for at least six months after the medication is administered.
- Instead of immediately throwing away the older version of a program file you have revised or replaced, you need to keep the record according to the amount of time listed on the charts below.

Keep the prior version of these records for at least 30 days from the date you revised or replaced the document:

Record	Rule
Daily Schedule	.1718(13)
Infant Feeding Schedule	.1718(6)
SIDS Sleep Chart/Visual Check	.1724(8)

Keep the prior version of these records for at least one year from the date you revised or replaced the document:

Record	Rule
Attendance	.1721 (b)(6)
Emergency Numbers	.1720(a)(8)
Emergency Procedures Form	.1721(b)(1)
Field Trip/Transportation Permission	.1723(1)
Fire Drill Log	.1721(b)(2)
Incident Log	.1721(b)(4)
Playground Inspection	.1721(b)(5)
Pet Vaccinations	.1720(d)(10)

- Well-water analysis, pool inspections, and inspections for local ordinances must remain on file for as long as the license remains valid.

SECTION 2: ACTIVITY SCHEDULE

Definition

Developmentally Appropriate: Suitable to the chronological age range and developmental characteristics of a specific group of children. This means the materials should interest and challenge the children, in terms of their age and abilities, without them becoming frustrated.

Activity Areas: An activity area is an identifiable space that is accessible to the children and where related equipment and materials are kept in an orderly fashion.

NC General Statute 110-91(12) & Child Care Rules .1718(10), (11)

- ★ The operator must provide on a daily basis developmentally appropriate activities as planned on a written schedule.
- ★ Materials must be available indoors and outdoors to support the activities listed on the daily schedule.
- ★ The written schedule must:
 - show blocks of time usually assigned to types of activities and include periods of time for active play and quiet play or rest;
 - be displayed in a place where parents are able to view;
 - reflect opportunities for both free-choice and teacher-directed activities;
 - include a minimum of one hour of outdoor play throughout the day, if weather conditions permit; and
 - include a daily gross motor activity which may occur indoors or outdoors
- ★ When screen time, including videos, video games, and computer usage, is provided, it shall be:
 - offered only as a free choice activity
 - used to meet a developmental goal, and
 - limited to no more than two and a half hours per week for each child two years of age and older

Usage time periods may be extended for specific events, projects, occasions such as a current event, homework, on-site computer classes, holiday; and birthday celebration.
- ★ Screen time is prohibited for children under two. The operator must offer alternate activities for children under two years.
- ★ Children under the age of 12 months must be given the opportunity each day to play while awake while positioned on his or her stomach.

A written schedule shows blocks of time assigned to different types of activities.

- The daily schedule must be posted for easy reference for parents. This helps parents know about the children’s daily routine.
- A schedule serves several purposes.
 1. It establishes a routine and helps children know what to expect on most days; for example, naptime follows lunch, etc.
 2. It helps parents know approximately when their child will be involved in certain types of activities in case they want to observe the program, join them for lunch, or avoid

picking them up during their favorite activity.

3. A schedule helps you plan a day of activities around blocks of time appropriate for the children in care. A schedule, however, is only a guide. It is expected that you will “seize the moment” and allow children time to experience unexpected events, such as an unexpected snowfall, a rainbow, baby birds in a nest, etc.

The schedule must be current and reflect what children are currently doing

HH As the seasons change, so will the times allotted for outdoor play. In warm weather, children should be taken outside in the early part of the day when it is coolest. Likewise, in cool weather, you will want to take them outside late in the afternoon when the temperature is warmest.

You may need to have several different schedules rotated throughout the year.

The time when an infant is positioned on his/her stomach should not be in a crib, playpen or any other restrictive equipment. The infant should be able to move freely.

HH Developing an Activity Schedule

Your activity schedule is the routine you usually follow with your children. By following these steps you will develop an activity schedule that shows the flow of a typical day in your program. Remember, you should have different schedules based on the ages and development of the children in care and the time of year. Once you have developed an activity schedule, you may have to change it to reflect what is actually happening during your day. Use the following steps outlined below to help create your own activity schedule.

Step One Fill in the times for arrival, departure, meals/snacks, and naptime(s).

Step Two Fill in the time(s) you go outside for playtime.

Step Three What activities do you typically have in the morning as the children are arriving or after they

have all arrived? Fill in the times and type of activities that occur in the morning. For example at 9:00 a.m. – 9:15 a.m. you have circle time and 9:15 a.m. – 10:30 a.m. you have free play in activity areas.

Step Four What activities do you typically have in the afternoon after the children have woken up from nap and had a snack? Fill in the times and type of activities that occur in the afternoon. For example from 2:00 p.m. 2:30 p.m. you have music time and 4:00 p.m. departure you have free play in activity areas.

HH You may indicate on the bottom of your schedule that individual care routines will be included for infants and toddlers.

- The written schedule must include all the activities for that day from the time you open to the time you close, including one gross motor activity that must occur either indoors or outdoors.
- A schedule serves several purposes.
 - It shows what children actually experience each day.
 - It establishes a routine that helps children know what to expect on most days; for example, the timing of circle time; nap time follows lunch; etc.
 - It helps parents know approximately when their child will be involved in certain types of activities in case they want to observe the program, join them for lunch, or avoid picking them up during their favorite activity.
 - A schedule helps caregivers plan a day of activities around blocks of time that usually work for the children in that group.

 You can find a sample **Family Child Care Home Schedule** at the end of this chapter.

- There are times when you need to be flexible with the written activity schedule to meet special needs of the day, meet the needs of the whole group and/or meet an individual's needs.
- You will need to have different schedules that are changed as needed throughout the year. As the seasons change, so will the times allotted for outdoor play. In warm weather, children should be taken outside in the early part of the day when it is coolest. Likewise, in cool weather, you will want to take them

outside late in the afternoon when the temperature is warmest.

The schedule should reflect opportunities indoors and outdoors for free-choice and teacher directed activities.

A daily nap/rest period must be provided for each child in child care. For more information on this requirement refer to *Chapter 3 – Health*.

It is required that children be offered a minimum total of one hour of outdoor time throughout the day, if weather conditions permit. For more information on the outdoor requirement see *Chapter 3 – Health*.

HH Refer to the resource section of *Chapter 3 – Health* for Issue Brief 2 - ***Best Practices for Nutrition, Physical Activity & Screen Media Time in Child Care Settings***. It provides practical nutrition, physical activity and screen media time recommendations for the child care environment.

HH Keep these characteristics of an appropriate schedule in mind when setting up your schedule.

- The schedule is flexible and adaptable. Change to meet individual and group needs.
- The schedule sets an unhurried, child-directed pace for routines and experiences of the day.
- There should be enough time for routines, play, and transitions.
- Balance between active and quiet times.
- The full-day schedule should reflect two opportunities to go outdoors, once in the morning and once in the afternoon or evening.
- Children have opportunities to be alone (although supervised), spend time with teacher/caregiver, and have small group time.

Activity Planning

Developmentally appropriate activities must be planned and time for those activities should be reflected on your written schedule.

HH For more space to write specific planned activities, write your detailed plans on a form separate from the activity schedule. The separate form will allow more room and help you to prepare for the week in advance. You will be able to gather any needed supplies for activity areas or special projects you may

be doing with the children. Parents will be reassured knowing that you are prepared for their child.

 **Equipment and Material Suggestions for Infants 0-12 Months, 12-36 Months, Preschool-Age and School-Age** children are in the resource section of *Chapter 1-Getting Started*.

 See the resource section of this chapter for school-age care resources, including a state and national list of entities supporting school age care, helpful websites, and a sample homework policy.

Free-choice (child-initiated) activities are started by children using materials that are accessible to them. Examples include: choosing to use paint at an easel, choosing to put together a puzzle, climbing an outdoor climber, or choosing to listen to music.

Teacher-directed activities are planned and started off by you or additional caregivers and children are invited to participate. Examples include: setting up and guiding an art activity, reading to children during circle time, or teaching children a song.

 **Guide to Planning Developmentally Appropriate Activities** is available in the resource section of this chapter.

It is important to provide a stimulating environment that offers many opportunities for exploration, discovery and learning. Children learn and develop through their experiences. Through these experiences children development social, emotional, intellectual (cognitive), language/communication and physical skills that prepare them for later successes in life.

Many activities will address more than one developmental goal.

 Blank **Activity Planning Forms** are available in the resource section. Operators may create their own planning form or may use a planning form provided by one of the NC Approved Early Childhood Curricula (list located in *Chapter 6 – Star Rated License*).

HH When developing an activity plan, consider the activity or learning areas, the skills and interests of the children, and available resources.

HH Create activity areas in your home as much as possible. Activity areas should contain materials that

stimulate and support a specific type of play. For example, the blocks and block building area may include blocks made of different materials (wood, plastic, cloth) and various sizes, standard sets as well as props could be added to the block area such as large hollow blocks, road signs, vehicles, toy people and animals.

HH Give attention to the number of items required in each activity area. There must be enough of each item so that the children may have a choice.

HH Activities can take place indoors and outdoors.



Include a daily gross motor activity which can occur indoors or outdoors to promote physical health and well-being.



Include a minimum of one hour of outdoor play throughout the day, if weather conditions permit.



Screen time is prohibited for children under the age of two years. The operator must offer alternate activities for children under two.



For additional information on the outdoor play and screen time requirements refer to *Chapter 3 – Health*.

HH Loud background music which is on much of the day interferes with ongoing activities. Constant background music makes conversations in normal tones difficult. Integrate music activities into meaningful experiences. Play one or two songs, then turn the music off. At naptime make sure the music is not too loud and is not played simultaneously with music that can be heard coming from another room.



Early Learning Guidelines: North Carolina has published two documents that articulate expectations for children's development and learning. These guidelines provide a common vision for the development and learning of all children in North Carolina from birth to five years of age.

- Infant-Toddler Foundations: Guidelines for Development and Learning for North Carolina's Infants and Toddlers (Birth to 36 months). Infant-Toddler Foundations provides guidelines and strategies that may help caregivers, teachers, and families focus on experiences that will make a difference in young children's lives. Infant-Toddler Foundations is available from the Division or is available online at www.ncchild.net.

- Foundations: Early Learning Standards for North Carolina Preschoolers and Strategies for Guiding Their Success. Foundations is an important book that provides early learning standards for children ages three, four and pre-k five. Foundations is a guide for teachers, administrators, families or any adult working with preschool children in North Carolina. This document is available through the Department of Public Instruction or is available online at www.osr.nc.gov.

The child care rules require FCCHs to plan developmentally appropriate activities. When you plan developmentally appropriate activities, they should stimulate four developmental goal areas.

Social development:	Social development occurs through activities which encourage children to share, to take turns, and to play together. Caregivers can support social development by building positive relationships with children and their parents, helping children to form friendships, and by providing secure and stimulating environments.
Emotional development:	Emotional development occurs through activities that help children learn about different feelings and how to express themselves, and develop a sense of others. Playing in the housekeeping area gives children an opportunity to act out many different feelings. Showing children pictures of someone who is smiling, frowning, crying, or laughing and talking about the person in the picture is another activity that encourages emotional development. Caregivers can support emotional development by observing children and responding with sensitivity to the individual needs of children. Warm guidance and encouragement help children learn how to successfully interact with others.

<p>Cognitive development:</p>	<p>Cognitive (intellectual) development occurs when children are encouraged to be creative, use their imaginations, explore, and ask questions. Some specific examples are: having the children tell a story about what they are doing, letting the children draw pictures about something they have done or have seen, playing games which help teach ideas such as “alike” and “different”, “over” and “under”, “near” and “far”, talking about the size, shape, or color of blocks, puzzle pieces, and toys.</p>
<p>Physical development:</p>	<p>Physical development occurs through activities that provide opportunities for children to begin developing and refining motor skills, self-care, physical health and growth, and safety awareness. Running, jumping, climbing, crawling, hopping, skipping and riding a tricycle are examples of activities that promote physical development. These activities develop a child’s large muscles. Learning to hold a paint brush or crayon, putting a puzzle together, and stringing beads are examples of activities that promote the development of small muscles.</p>

Additional developmental goal areas are important to the development and learning of children. These include:

Language Development and Communication:	Language development and communication occurs when caregivers and parents talk to children and respond to a child’s effort to communicate. Caregivers expose children to language when they talk, read, play, respond, and interact with children. Caregivers can give children opportunities to build receptive language skills (hearing, listening, and understanding) by reading, singing and talking to children. Caregivers can give children opportunities to build expressive language skills (talking and communicating) by letting children express their wants, needs, and feelings in many ways including speech, gestures, and sign language. Early literacy the foundations of reading and writing begin in infancy. Incorporate the child’s home language into the environment.
Approaches to Learning	Children’s approaches to learning include how they go about developing new skills and concepts and their attitude toward learning. Caregivers should support children’s efforts and encourage children’s enthusiasm for learning by honoring their culture, valuing their curiosity, and setting up safe, interesting environments. Approaches to learning are intertwined in all developmental goals of learning. Caregivers who nurture healthy approaches to learning lay a strong foundation for future learning, success, and enjoyment of life.

Routines

- HH** Work together with the children in your care to clean-up. This helps the children to develop a good habit and social skills. Materials should be returned to its appropriate container and activity area. Materials will last longer and the children will develop a sense of responsibility for the condition of their activity areas.
- Toilet training should begin in cooperation with the parent when the individual child shows an interest. It should not begin just because a child reaches a certain

age or because other children in the group are being toilet trained.

- ☑ Positive interaction on the part of caregivers with the children normally happen as they play with children, but it should also occur during routine activities such as diaper changing and feeding. These activities provide an opportunity for one-on-one attention and nurturing for each child. Talking and reading to children, encouraging them to make sounds, and praising them for their efforts help them to develop their own language skills.

Interactions

Interactions with children during free choice and caregiver directed activities help promote all areas of children's development.

Caregiver Interactions Child Care Rules .1703 (1-4)

- ★ Caregivers shall relate to children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation and participating in many activities with the children. For example, caregivers shall:
 - (1) Make eye contact when speaking to a child;
 - (2) Actively engage children in conversation to share experiences, ideas and opinions;
 - (3) Help children develop problem-solving skills; and
 - (4) Facilitate learning by providing positive reinforcement, encouraging efforts and recognizing accomplishments.

- ☑ Offer a variety of learning experiences and activities in the FCCH to give you opportunities to have positive interactions.
- ☑ Additional positive interactions not listed in the rule include smiling at a child, verbally acknowledging appropriate behavior, and helping children pick up toys and materials.
- ☑ Examples of negative interactions include harsh tones of voice, ignoring crying children, voicing developmentally inappropriate expectations, and inappropriate conversation to discuss behavior issues.
- 📁 See *Chapter 5 – Behavior Management* for a section on providing nurturing and positive relationships.

-  A list of state resources is available in the resource section of *Chapter 5 – Behavior Management* to assist you with promoting positive social and emotional health, including interactions.
-  Information about the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), an entity that is offering professional development to early childhood program staff in NC to promote the social and emotional development of young children, can be found in the resource section of this chapter.

Resource Section

Chapter 4: RECORDS AND ACTIVITIES

The following pages contain the resource materials related to the content in the preceding chapter, including the records that are listed on each of the following checklists.

Some of the resources provided are forms created by the Division of Child Development and must be used by licensed family child care homes. Other materials are provided only as a resource for family child care homes and may be used at your discretion.

You may also wish to use this section to store additional resource materials that you have related to the chapter or information that is specific to your program.

School-Age Care Resources

State

School-Age Child Care Quality Improvement Project

The goal of the School-age Quality Improvement Project is to improve the quality and availability of child care services for school-age children in North Carolina by increasing the supply of licensed and high-quality school-age child care spaces. The School-age Quality Improvement Project is designed to assist programs serving school-age children to obtain licensure or improve their licensure level from the NC Division of Child Development. A School-Age Specialist is available (free of charge) to work with specific programs to provide technical assistance and training to programs to assist them in obtaining licensure or upgrading the quality of their current programs. Contact your local Child Care Resource and Referral agency to obtain the contact information for the School-Age Specialist assigned to your county.

North Carolina Center for Afterschool Programs (NC CAP)

Created by Governor Mike Easley to bring together our state's afterschool providers, community leaders and policy makers to build a network that addresses the afterschool program issues of quality, accessibility, and sustainable funding. NC CAP makes access to quality afterschool a reality for all children and youth. To learn more, visit www.nccap.net or call 919.781.6833.

National

Afterschool Alliance

Works to ensure that all children have access to affordable, quality afterschool programs. The Afterschool Alliance works with the Administration, the U.S. Congress, governors, mayors and advocates across the country. To learn more, visit www.afterschoolalliance.org or call 1.866-KIDS-TODAY.

National AfterSchool Association

Their mission is to be the leading voice of the afterschool profession dedicated to the development, education and care of children and youth during their out-of-school hours. To learn more, visit www.naaweb.yourmembership.com or call 1-888-801-3NAA(3622).

Helpful web sites for school-age care:

The Afterschool Alliance - The Afterschool Alliance is a nonprofit organization dedicated to raising awareness of the importance of afterschool programs and advocating for quality, affordable programs for all children. <http://www.afterschoolalliance.org/>

SERVE - The SERVE Center at the University of North Carolina at Greensboro, under the leadership of Dr. Ludwig David van Broekhuizen, is a university-based education organization with the mission to promote and support the continuous improvement of educational opportunities for all learners in the Southeast. <http://www.serve.org/>

4-H Afterschool - 4-H Afterschool offers extensive resources to help train staff, implement sound youth development practices, create new after-school programs, and strengthen existing programs. <http://www.4-hafterschool.org/>

Southwest Educational Development Laboratory (SEDL) - To connect research and practice, SEDL partners with educators, administrators, parents, and policymakers to conduct research and development projects that result in strategies and resources to improve teaching and learning. SEDL also helps partners and clients bridge the gap between research and practice with professional development, technical assistance, and information services tailored to meet their needs. <http://www.sedl.org/>

National Institute on Out-of-School Time (NIOST) - The National Institute on Out-of-School Time at Wellesley College has moved the afterschool field forward through its research, education and training, consultation, and field-building. Much of NIOST's work has encompassed projects of national scope and influence, several representing "firsts" for the field and many focusing on building out-of-school time systems. <http://www.niost.org/>

North Carolina Center for Afterschool Programs (NC CAP) - NC CAP was created to bring together our state's afterschool providers, community leaders and policy makers to build a network that addresses the afterschool program issues of quality, accessibility, and sustainable funding. NC CAP envisions that the result of this collective work will make access to quality afterschool a reality for all children and youth. <http://www.nccap.net/>

Promising Practices in Afterschool (PPAS) - The Promising Practices in Afterschool Initiative! The goal of the Promising Practices in Afterschool Initiative is to increase the quality and quantity of afterschool programs by identifying and promoting organizational, programmatic, and interpersonal practices. These practices are related to positive social, emotional, cognitive, physical and cultural outcomes for school-age children and youth. <http://www.afterschool.org/ppas>

PBS Kids – Parent and teacher resource for child development from birth to school age. Also includes interactive literacy and math games for children. <http://pbskids.org/>

National Afterschool Association (NAA) - It is our mission to be the leading voice of the afterschool profession dedicated to the development, education and care of children and youth during their out-of-school hours <http://www.naaweb.org/>

The North Carolina Department of Juvenile Justice and Delinquency Prevention SOS Program - The Support Our Students (SOS) Program is a community based after-school initiative that provides support and guidance to young people by involving them in constructive activities to keep them focused and out of trouble. The SOS Program provides high quality after-school activities for school-aged children through award of grants to neighborhood and community-based organizations.
http://www.djjdp.org/community_programs/support_our_students.html

Foundations - Foundations is an organization that provides professional development, training, technical assistance, assessment tools, and publications to build the quality of educational experiences for low-income children and youth nationwide. With services addressing both in-school and out-of-school time, Foundations works with schools, school districts, community organizations, and afterschool networks to help children succeed in school and beyond. <http://www.foundationsinc.org/>

School Age Notes - School-Age Notes is a publisher and retailer of books, videos, DVDs, music CDs and other resources for after-school professionals and after-school programs and summer programs geared to school-age children. Science and math enrichment, literacy, curriculum planning, staff training, discipline, summer programs, arts and crafts, fitness, games, cooking, drama, multicultural activities and many more topics are covered in resources available for order from School-Age Notes. <http://www.schoolagenotes.com/>

Afterschool Investments Project -To support State efforts to provide quality afterschool opportunities, the Child Care Bureau awarded a technical assistance contract on out-of-school time to The Finance Project and their partner, The National Governors Association Center for Best Practices. The Afterschool Investments project provides technical assistance to Child Care and Development Fund grantees and other State and local leaders supporting afterschool efforts. <http://nccic.org/afterschool/>

Harvard Family Research Project - Harvard Family Research Project (HFRP) strives to promote more effective educational practices, programs, and policies for disadvantaged children and youth by generating, publishing, and disseminating our and others' research. www.hfrp.org

21st Century Community Learning Centers – Administered by the North Carolina Public School System, the 21st Century Community Learning Center Grant funds are to assist schools, local education agencies (LEAs), and faith- or community-based organizations to provide before school, afterschool, and summer services through the establishment of 21st Century Community Learning Center programs (21st CCLCs).
<http://www.ncpublicschools.org/21cclc/>

The Finance Project – The Finance Project is a specialized non-profit research, consulting, technical assistance and training firm for public and private sector leaders nationwide. We help leaders make smart investment decisions, develop sound financing strategies, and build solid partnerships that benefit children, families and communities. <http://www.financeproject.org/>

North Carolina AfterSchool Coalition (NCASC) - The mission of the North Carolina AfterSchool Coalition (NCASC) continues: To build a profession that develops, supports, and promotes quality programs for school-age children and youth during out-of-school time. <http://www.ncafterschool.org/>

Council On Accreditation (COA) – The national organization that works in collaboration with NAA (National Afterschool Association) that is responsible for accreditation, certification, and registration of school age programs. www.coafterschool.org

April 2009

HOMEWORK POLICY

At _____ my goal is to offer children a well
(Name of FCCH)

balanced program. While I understand the importance that homework plays in the life of a child, as well as for the families served, I strive to meet the needs of the whole child. In addition to helping children meet personal academic goals, I recognize my responsibility to give children a chance to socialize, have un-structured play (in well developed activity areas both indoors and out), have time outdoors and have a nutritious snack.

The schedule reflects current research showing children concentrate better and produce more work when they've had a chance for a physical break first. It also reflects current licensing standards to take children outside every day. Therefore, outdoor time is the first activity after arrival and snack.

My philosophy is that children learn and grow through play. I reinforce this by having materials and activity choices that support the North Carolina General Course of Study.

For those choosing to do homework, while I can't promise accuracy and/or completion, I do wish to support the homework choice in the following ways:

- A 20-30 minute time frame to work on homework at the same time as other quiet activity choices
- Paper, pencils, basic resource materials such as a thesaurus and dictionary
- A place to work
- Interaction with children completing homework when appropriate

Guide to Planning Developmentally Appropriate Activities

Block of Time	Activity
<i>Arrivals and Greeting</i>	Greet children individually. take notice of any change in escort arrangement. Operator conducts morning health inspection.
<i>Free Play</i>	Children participate in activities of their choice. Operators supervise these activities, providing guidance that will lead to a successful experience.
<i>Clean-Up</i>	Give Children advance notice that clean-up time is approaching. Suggest they complete their activities and prepare to help put up equipment. Clean-up time-encourage all children to participate.
<i>Toileting</i>	Escort children who have finished cleaning up to the bathroom to wash up before morning snack and breakfast.
<i>Snack or Breakfast</i>	Operators sit with children and help them with their eating. Encourage socialization among children while they are eating. Meet nutritional needs of children.
<i>Group Time</i>	Informal discussions, show -and-tell, story time, presentation of concepts, special visitors, songs and music, group games, finger plays, etc.
<i>Organized Free Play</i>	Children move freely into activity areas, such as blocks, housekeeping, art, music, books, etc., set up to provide them with opportunities for creative and dramatic play These areas are preplanned. (consult activity plans). Operator must be prepared to help develop skills by observing the needs of children and providing materials, suggestions, and encouragement.

Block of Time	Activity
<i>Clean up</i>	
<i>Toileting</i>	
<i>Outside Time</i>	<p>Staff is responsible for seeing that all children are dressed appropriately for weather. Supervise transition from inside to outside. Planned activities take place outdoors for children who wish to participate. Carefully supervise all activities.</p>
<i>Toileting</i>	
<i>Lunch</i>	<p>Children serve themselves under supervision of caregiver. Children who are not adept at using cutlery correctly must not be criticized. Let the children relax and enjoy their food. Practice and encouragement will help the child develop the coordination necessary for good table manners. Small servings of food with seconds, if desired, is encouraged.</p>
<i>Rest Time</i>	<p>Each child scrapes his plate and places the used dishes in a designated place. Escort small groups of children to bathroom for tooth brushing and toileting. Children awaiting their turn may visit friends, quietly converse or share a book.</p> <p>Operators sit with children and comfort them until they all settle down. Certain chores may be completed during this time, such as straightening up and making activity plans. In-service training or planning sessions may be carried out.</p>
<i>Snack</i>	
<i>Toileting</i>	
<i>Outdoor Time or Free Play</i> <i>Departure</i>	<p>Operators prepare children for leaving and are available to talk with parents as they pick up children.</p>

SAMPLE

ACTIVITY PLANNING FORM FOR CHILDREN AGED BIRTH THROUGH 24 MONTHS

Operator's Name _____ Week
of _____

<i>Child's Name and Age</i>	<i>Emotional and Social Development Activities</i>	<i>Cognitive (Intellectual) Development Activities</i>	<i>Physical and Health Development Activities</i>	<i>Language Development and Communication Activities</i>

*Infants and toddlers must be taken outside daily, if weather conditions permit.

ACTIVITY PLANNING FORM FOR PRESCHOOL AGE CHILDREN

Operator's Name _____ Week of _____ Ages of _____
 Children _____

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
TOPIC:					
Group Time					
Outdoor Time					
Art /Free Expression					
Manipulatives / Fine Motor Skill					
Dramatic Play / Family Living					
Blocks / Block Building					
Books / Language Development					
Music / Rhythm*					
Science / Nature*					
Sand / Water*					
Special Activities					

Notes:

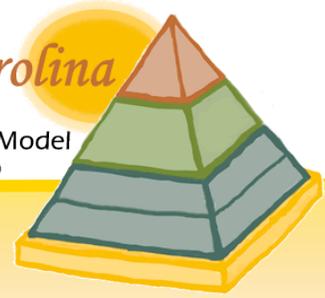
- 1) Group Time may include routines such as "greeting song", introduction to daily activity / theme, "show & tell", etc.
- 2) Activity information should include a variety of activities for children, including free-choice (children can choose from anything available in area), self-directed (caregiver has highlighted specific items or added additional theme related materials to activity area), or operator-directed (caregiver will assist children in small group activity play) activities.

ACTIVITY PLANNING FORM FOR SCHOOL AGE CHILDREN

Operator's Name _____ Week of _____ Ages of _____
 Children _____

TOPIC:	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
Group Time					
Activity Option #1 / Category					
Activity Option #2 / Category					
Activity Option #3 / Category					
Activity Option #4 / Category					

Categories:	Active Outdoor Play	Cultural Studies	Health and Safety	*Indicate whether activity is: TD-teacher-directed SD-self-directed FC-free-choice FP-indicates children may choose to do whatever they wish
	Arts and Crafts	Dramatic Play	Life-Related Chores	
	Block Play	Environmental Studies	Money-Making Projects	
	Books and Language	Field Trips	Music, Rhythm, and Creative Movement	
	Carpentry	Food Experiences	Number Concepts	
	Community Awareness	Games for Individuals	Problem Solving	
	Creative Art	Games for Small Groups	Sand and Water Play	
	Sewing	Self Help Skills	Science and Nature	



North Carolina CSEFEL Pyramid Model Partnership

Vision Statement:

To develop and sustain a unified professional development system to address the emotional and social needs of all children birth-5 through the use of the Pyramid Model integrated with other relevant efforts for NC's early care and education workforce.

Overview:

North Carolina will be participating in a new early childhood professional development opportunity designed to support the social and emotional development of children birth through five. The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) has been refunded by the Office of Head Start and the Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services to provide training and technical assistance to selected states. The broad goal of the intensive training and technical assistance (T/TA) activities is to foster professional development of the early care and education workforce that:

- 1) enhances knowledge and skills;
- 2) supports the implementation and sustainability of evidence-based practices; and
- 3) increases the size of the workforce skilled in supporting the social emotional development of young children (birth – 5 years old).

CSEFEL has developed a conceptual model of evidence-based practices for promoting young children's social and emotional competence and for preventing and addressing challenging behavior. This model is referred to as the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children. CSEFEL has evaluated data from the first five years of implementing the Pyramid Model in several states and they believe that the Pyramid Model is a sound framework for early care and education systems. CSEFEL has also developed extensive, user-friendly training materials, videos, and print resources to help North Carolina's communities and programs implement the model.

Outcomes of the Partnership:

CSEFEL staff will work with North Carolina to accomplish these four specific goals:

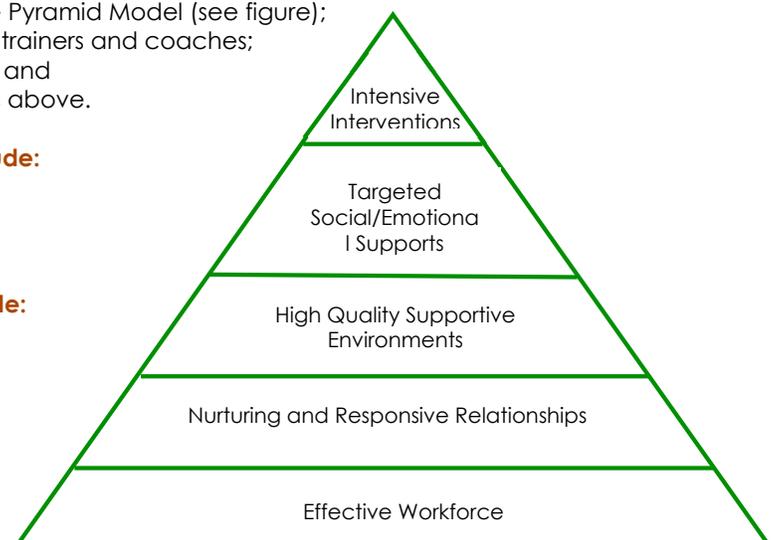
- 1) an enhanced capacity to adopt the Pyramid Model (see figure);
- 2) an increased number of high quality trainers and coaches;
- 3) a cadre of local demonstration sites; and
- 4) an evaluation of the three outcomes above.

States That Have Participated in the Past Include:

- Colorado
- Maryland
- Iowa

States That are Participating in Round 2 Include:

- North Carolina
- Vermont
- Nebraska
- Hawaii
- Tennessee



CHILDREN'S FILE CHECKLIST

Name of Employee: _____ Date of Employment: _____

The following items must be present in each child's file, including your own preschool child(ren), if applicable. Forms are available online at www.ncchildcare.net. To get more detailed information about each record listed below, go to the corresponding chapter noted in parentheses.

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Written Plan of Care (Chapter 1)	1 st day	
<input type="checkbox"/> Child's Health and Emergency Information (Chapter 3)	1 st day	
<input type="checkbox"/> Immunization History (Chapter 3)	1 st day	
<input type="checkbox"/> Children's Medical Report (Chapter 3)	Within 30 days of enrollment	
<input type="checkbox"/> Signed Safe Sleep Policy (Chapter 2)	1 st day for an infant 12 months or under	
<input type="checkbox"/> Waiver of SIDS policy (Chapter 2)	1 st day, if applicable	
<input type="checkbox"/> Permission to Administer Medication/Record of Medication Given (Chapter 3)	As occurs	
<input type="checkbox"/> Permission to Administer Medication for Chronic Medical Conditions and Allergic Reactions (Chapter 3)	1 st day	
<input type="checkbox"/> Permission to Administer Topical Ointments (Chapter 3)	As occurs	
<input type="checkbox"/> Infant Feeding Schedule (Chapter 3)	Prior to 1 st day for children/infants less than 15 months age	
<input type="checkbox"/> Discipline Policy (Chapter 5)	1 st day	
<input type="checkbox"/> Documentation of Receipt: Summary of Child Care Law (Chapter 8)	1 st day	
<input type="checkbox"/> Incident Report (Chapter 2)	Day incident occurs. If receive medical treatment, send to consultant within 7 days	

Updated 08-09

Facility ID# & Name _____
 Operator: _____

Written Plan of Care

Hours of Operation: _____ to _____

Date adopted: _____

All family child care home operators are required to develop and adopt a written plan of care for completing routine tasks; such as running errands, meeting family and personal demands, and attending classes. This ensures that routine tasks do not interfere with the care of children during hours of operation. This is required by Child Care Rule 10A NCAC 09 .1701(i).

NOTE: This plan of care must be given and explained to parents of children in care on or before the first day the child attends. Parents must sign a statement acknowledging the receipt and explanation of the plan. If the operator amends the plan, the operator must give written notice of the amendment to parents at least 30 days before the amended plan is implemented.

Part 1 Check the option that applies to your FCCH:

- I do not complete routine tasks while children are in care. If this changes I will develop a plan of care and give parents at least 30 days notice prior to implementation. *If you check this option, only complete part 3.*
- I will complete routine tasks while children are in care. Below is a schedule of routine tasks and typical times they are completed while children are in care. *If you check this option, complete part 2 and 3.*

Part 2 Complete Routine Tasks Schedule:

Fill in this information to reflect the most accurate days/times routines tasks typically occur.

Task/Destination	Plan of Care for children T = Transport S = Substitute caregiver	Frequency Weekly/Monthly	Departure Time	Return Time
<i>Example</i> → Bank/BB&T – HWY 70	<i>T</i>	<i>Tuesday</i>	<i>10:30 a.m.</i>	<i>11:30 a.m.</i>

Note: Routine tasks listed above must also be included on the written schedule.

- List any additional caregiver(s) and/or substitute caregiver(s) that will care for children while you, the operator, complete routine tasks. These individuals must meet requirements for staff qualifications stated in Rule .1701.

- Specify how you will maintain compliance with transportation requirements specified in Rule.1723 when children are transported off premises to accompany you while completing routine tasks:

- Indicate how parents will be notified when children accompany you off premises for routine tasks not specified on the written schedule:

- Indicate any other steps that will be taken to ensure routine tasks do not interfere with the care of children during hours of operation:

Part 3 Signatures

I, the undersigned parent or guardian of _____ (child’s full name), do hereby state that I have read and received a copy of this family child care home’s Written Plan of Care and that the operator has discussed the plan of care with me.

Date of Child’s Enrollment: _____

Signature of Parent/Guardian: _____ Date: _____
 Signature of Operator: _____ Date: _____

Distribution: one signed copy to parent/guardian; signed copy in child’s facility record.

Child's Health and Emergency Information for Family Child Care Homes

(To be completed by the child's parent or guardian)

Date of Application: _____

Date of Enrollment: _____

Information on Child

Child's Name _____ Name Called _____ Birthdate _____

Address _____ Home Phone _____

Parent/Guardian's Name _____ Parent/Guardian's Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Workplace _____ Workplace _____

Work Phone _____ Work Phone _____

Person(s) responsible for pick-up and delivery _____

Other person(s) allowed to pick up child from child care home _____

In case of emergency when a parent cannot be reached, please notify:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Please give identifying information about your child (eg. eye and hair color, height, and weight)

Please give specific instructions if your child needs special assistance, equipment, or materials to participate in activities.

List any allergies your child may have: _____

Other important health information about your child (eg. Contact info for dentist) _____

Authorization for Emergency Medical Care

In case of accident or illness requiring medical attention, the undersigned authorizes _____ (child care provider) to call a health care provider or to take my child _____ (child's name) to the nearest hospital or doctor; and it is understood that if possible, services will be obtained. If neither parents nor preferred health care provider can be contacted, the child care provider is authorized to contact another health care provider. It is also understood that this agreement covers only those situations which, in the best judgment of the child care provider, are true emergencies.

My health care provider/physician to call is:

Name: _____

Address: _____

Telephone Number: _____

My hospital preference is:

Name: _____

Address: _____

Telephone Number: _____

I agree to be responsible for the cost of such emergency medical care.

Parent(s)/Guardian(s) _____ Date _____

Immunization History

Name: _____ **Date of Birth:** _____

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.

Enter date of each dose - Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP / DT (circle which)					
*Polio					
Hib*					
*Hepatitis B					
*MMR (combined doses)					
**Chicken Pox					
OTHER					
OTHER					

*Required by state law.

**Required by State law for children born on or after 4/1/01.

Records Updated by:	Date Updated:

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 FCCH: _____



Infant/Toddler Safe Sleep Policy Sample (Revised)

Date Adopted: _____

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's clinical history.

Child care providers can maintain safer sleep environments for babies that help lower the chances of SIDS. N.C. law requires that child care providers caring for children 12 months of age or younger, implement a safe sleep policy, share this information with parents and participate in training.

In the belief that proactive steps can be taken to lower the risks of SIDS in child care and that parents and child care providers can work together to keep babies safer while they sleep, this Family Child Care Home (FCCH) will practice the following safe sleep policy.

Safe Sleep Practices

1. The FCCH operator and additional staff who may potentially work in the FCCH will receive training on the Infant Safe Sleep Policy.
2. Infants will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a waiver notice will be posted at the infant's crib and the waiver filed in the infant's file.
3. The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer for sleep.
4. To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.
5. **Visually checking sleeping infants.** Sleeping infants will be checked daily, every 15-20 minutes, by the FCCH operator or additional staff. The sleep information will be recorded on a Sleep Chart. The Sleep Chart will be kept on file for one month after the reporting month. I will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care.

I will check to see if the infant's skin color is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly. I will check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.

6. All parents/guardians of infants cared for in the FCCH will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.

Safe Sleep Environment

7. Room temperature will be kept between 68-75°F **and a thermometer kept in the room.**
8. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding. **I may use a sleep sack instead of a blanket.**
9. No loose bedding, pillows, bumper pads, etc. will be used in cribs. We will tuck any infant blankets in at the foot of the crib and along the sides of the crib mattress.
10. Toys and stuffed animals will be removed from the crib when the infant is sleeping. **Pacifiers will be allowed in infants' cribs while they sleep.**
11. A safety-approved crib with a firm mattress and tight fitting sheet will be used.
12. Only one infant will be in a crib at a time, unless I am evacuating infants in an emergency.
13. No smoking is permitted in the infant room or on the premises.
14. Steps will be taken to keep babies from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping the baby.

Best Practices

1. Any additional staff and I will participate in *Responding to an Unresponsive Infant* practice drill twice each year, in April and in October, in conjunction with fire drills.

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the FCCH's Infant/Toddler Safe Sleep Policy and that the operator has discussed the FCCH's Infant/Toddler Safe Sleep Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____

Date: _____

Signature of Child Care Provider: _____

Date: _____

Distribution: one signed copy to parent(s)/guardian(s); signed copy in child's FCCH record.

Effective date: 5/1/04

Review: #1 12/15/05

Alternative Sleep Position Waiver

Parent Request

This waiver may only be used for infants over the age of 6 months.

Child's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

This child care facility follows the safe sleep practice of placing all infants on their backs to sleep. As the parent or guardian of the above named child, you may request that he/she be placed to sleep in an alternative sleep position.

Check the box below for this waiver to be valid:

I would like my child placed to sleep in an alternative sleep position.

Please describe the requested sleep position for the above named child:

Effective Dates of Waiver: **from** ____/____/____ **to** ____/____/____

“I, as the parent or guardian of the above mentioned child, do hereby release and hold harmless the child care facility listed below, its officers, directors, and employees, from any and all liability whatsoever associated with harm to my child due to Sudden Infant Death Syndrome (SIDS). I affirm and acknowledge that I been provided with information concerning SIDS. I further authorize the child care facility and its employees to place my child in an alternative sleep position, as described above.”

Parent/Guardian Signature: _____ Date: _____

An authorized official with the child care facility must complete the following section.

Name of Child Care Facility: _____ ID #: _____

Facility Representative's Signature: _____ Date: _____

Alternative Sleep Position Waiver
Health Care Professional Recommendation
(Physician, Nurse Practitioner, Physician's Assistant ^{10A NCAC 09 .0102(14)})

Child's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

To be completed by the child's primary health care professional.

Name of Health Care Professional: _____

Name of Practice: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Pager: _____ Fax: _____

Email: _____

The N.C. Child Care Law requires that child care facilities place all infants on their backs to sleep. At the advice of the infant's primary health care professional, the facility may be authorized to use an alternative sleep position for the infant for medical reasons.

The infant named above has the following medical condition, which necessitates an alternative sleep position:

The appropriate sleep position for the infant named above is: _____

Effective Dates of Waiver: **from** ____/____/____ **to** ____/____/____

Health Care Professional's Signature

Date

"I, as the parent or guardian of the above mentioned child, do hereby release and hold harmless the child care facility listed below, its officers, directors, and employees, from any and all liability whatsoever associated with harm to my child due to Sudden Infant Death Syndrome (SIDS). I affirm and acknowledge that I been provided with information concerning SIDS. I further authorize the child care facility and its employees to place my child in an alternative sleep position, at the recommendation of my child's primary health care professional, as described above."

Parent/Guardian Signature: _____ Date: _____

An authorized official with the child care facility must complete the following section.

Name of Child Care Facility: _____ ID #: _____

Facility Representative's Signature: _____ Date: _____

MEDICATION ADMINISTRATION PERMISSION & RECORD

Information about the child and the medicine
(Completed by parent/guardian)

Child's Name			Child's Date of Birth	
Medicine	Time	Date	Dosage	Route
Expiration Date:				
Special Instruction:				
Possible Reactions:				
Prescribing provider:			Phone:	
Pharmacy:			Phone:	
I give authorization to give medicine and to call the health care provider if needed. Parent/Guardian signature				Date
RETURNED to Parent/Guardian	Date	Parent/Guardian signature		Child Care Staff signature
DISPOSED of Medicine	Date	Child Care Staff signature		Witness signature

Medication Log
(Completed by child care provider)

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual time given	AM ____ PM ____				
Dosage/Amount					
Route					
Facility staff's Signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual time given	AM ____ PM ____				
Dosage/Amount					
Route					
Facility staff's Signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual time given	AM _____ PM _____				
Dosage/Amount					
Route					
Facility staff's Signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual time given	AM _____ PM _____				
Dosage/Amount					
Route					
Facility staff's Signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual time given	AM _____ PM _____				
Dosage/Amount					
Route					
Facility staff's Signature					

Describe error or mishap in a Medical Error Form

Date/time	Error/Mishap	Parent/Guardian Notified?	Child Care Staff Signature
		__Yes __No	
		__Yes __No	



Permission to Administer Medication for Chronic Medical Conditions And Allergic Reactions

Authorization must be provided for the operator to administer prescription or over-the-counter medication to a child, when needed, for chronic medical conditions and for allergic reactions. Item must be provided in its original container and labeled clearly with the child's name. The operator will keep prescription and non-prescription items in locked cabinets. Designated emergency medications may be stored out of reach of children, at least five feet above the floor.

Child's Name: _____ Medical Condition: _____

Name of Medication: _____

Criteria for giving the medication: _____

Amount and frequency of dosage: _____

Describe how the medication is to be administered: _____

From : ___ / ___ / ___ To: ___ / ___ / ___ *Permission may be given for up to 6 months*

I give permission to my child care provider to administer the medication listed above as instructed.

Parent/Guardian Signature

Date



Permission to Administer Medication for Chronic Medical Conditions and Allergic Reactions

Authorization must be provided for the operator to administer prescription or over-the-counter medication to a child, when needed, for chronic medical conditions and for allergic reactions. Item must be provided in its original container and labeled clearly with the child's name. The operator will keep prescription and non-prescription items in locked cabinets. Designated emergency medications may be stored out of reach of children, at least five feet above the floor.

Child's Name: _____ Medical Condition: _____

Name of Medication: _____

Criteria for giving the medication: _____

Amount and frequency of dosage: _____

Describe how the medication is to be administered: _____

From : ___ / ___ / ___ To: ___ / ___ / ___ *Permission may be given for up to 6 months*

I give permission to my child care provider to administer the medication listed above as instructed.

Parent/Guardian Signature

Date



Permission to Administer Topical Ointment/Lotion/Powder

Authorization must be provided for the operator to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.

Item must be provided in its original container and labeled clearly with the child's name. The operator will keep items out of reach of children when not in use.

Child's Name: _____

Name of Ointment: _____ Amount: _____

From : ___ / ___ / ___ To: ___ / ___ / ___ Permission may be given for up to 12 months

Apply to:

- all exposed skin diaper area
- face only other (specify) _____

When:

- before going outside in the afternoon after a bowel movement
 - after each diaper change other (specify) _____
- We cannot accept "as needed"*

I give permission to my child care provider to apply the medication listed above as instructed.

Parent/Guardian Signature

Date



Permission to Administer Topical Ointment/Lotion/Powder

Authorization must be provided for the operator to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.

Item must be provided in its original container and labeled clearly with the child's name. The operator will keep items out of reach of children when not in use.

Child's Name: _____

Name of Ointment: _____ Amount: _____

From : ___ / ___ / ___ To: ___ / ___ / ___ Permission may be given for up to 12 months

Apply to:

- all exposed skin diaper area
- face only other (specify) _____

When:

- before going outside in the afternoon after a bowel movement
 - after each diaper change other (specify) _____
- We cannot accept "as needed"*

I give permission to my child care provider to apply the medication listed above as instructed.

Parent/Guardian Signature

Date

Infant Feeding Schedule

Name of Child _____ Date _____

Date of Birth _____

Instructions

1. Food/Bottles Brought Daily (quantity):

2. Instructions for Feeding:

A. Bottles (breast milk, formula, milk, juice)

B. Food (baby food, cereal, table food)

3. I plan to nurse: (approximate time) _____

Parent Signature

Changes in Schedule (Must be recorded as eating habits change)

Food:	Date to Introduce:	New Instructions:	Parent or Staff Signature:
Milk			
Baby Food			
Juice			
Cereal			
Table Food			

**Must be completed for all children less than 15 months old*

SAMPLE #1

Name of Facility: _____

Discipline and Behavior Management Policy

Date Adopted _____

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

We:

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

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

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

Date of Child's Enrollment: _____

Signature of Parent or Guardian _____ Date _____

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

SAMPLE #2

Name of Facility: _____

Discipline and Behavior Management Policy

Date Adopted _____

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

We:

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

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

The program's goals for helping children develop self-control and learn acceptable forms of social behavior are:

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

SAMPLE #2

Children are helped to resolve conflict and develop problem solving skills with peers by:

I ensure myself and the additional caregivers follow the programs discipline and behavior management policies and practices and use behavior management strategies appropriately by:

Local resources that can assist with services and support when persistent challenging behaviors continue to occur are:

Operator:

I, the undersigned facility director/operator (or other designated staff member) of _____ (facility name), do hereby state that I have given and discussed the facility's Discipline and Behavior Management Policy with the child's parent or guardian.

Signature of Director/Operator (or other designated staff member): _____

Date _____

Parent or Guardian:

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

Date of Child's Enrollment: _____

Signature of Parent or Guardian _____ Date _____

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



I _____ have received and read a Summary of the North
Name of Parent (Print)

Carolina Child Care Laws and Rules.

Signature

Date



I _____ have received and read a Summary of the
Name of Parent (Print)

North Carolina Child Care Laws and Rules.

Signature

Date

SAMPLE

INCIDENT REPORT FORM

Family Child Care Home Child Care Center County Name _____
 Date/Time of Incident _____ Child's Name _____ Sex _____ Age _____
 Witness to Incident _____ Parents Notified By _____ Time Notified _____

Piece of Equipment Involved:

Indoors:	<input type="checkbox"/> Block	<input type="checkbox"/> Furniture	Outdoors:	<input type="checkbox"/> Bench	<input type="checkbox"/> Climber	<input type="checkbox"/> Fence/Wall
<input type="checkbox"/> Cubby	<input type="checkbox"/> Door	<input type="checkbox"/> Floor	<input type="checkbox"/> Composite Play Structure	<input type="checkbox"/> Deck	<input type="checkbox"/> Swing	
<input type="checkbox"/> Medication	<input type="checkbox"/> Toy	<input type="checkbox"/> Other Child	<input type="checkbox"/> Other Child	<input type="checkbox"/> Sandbox	<input type="checkbox"/> Sidewalk	
<input type="checkbox"/> Shelving	<input type="checkbox"/> Sink	<input type="checkbox"/> Walker	<input type="checkbox"/> Slide	<input type="checkbox"/> Surfacing	<input type="checkbox"/> Merry-Go Round	
<input type="checkbox"/> Steps	<input type="checkbox"/> None		<input type="checkbox"/> Toy	<input type="checkbox"/> Other Plygrnd Eqpmnt. _____		
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Vehicle	<input type="checkbox"/> None	<input type="checkbox"/> Other: _____	

Cause of Injury:

Fall from Height Hit By or Bumped Into Object Human Bite Sharp/Piercing Object
 Burn Splinter/Foreign Object Pinched/Caught In Other: _____

Type of Injury:

Dental Injury Cut/Scrape Puncture Bite Bump/Bruise Splinter
 Burn Crush Fracture/Dislocation Sprain/Strain Other: _____

Body Part Injured:

Head Eye Face Mouth Neck Arm Hand/Wrist/Finger Leg
 Abdomen/Trunk/Chest Knee Foot/Ankle Other: _____

Where Child Received Treatment:

Clinic Dentist Doctor's Office Hospital/ER Onsite By Health Professional
 Urgent Care Other: _____

Description of How and Where Incident Occurred & First Aid Received: _____

Steps Taken to Prevent Reoccurrence _____

Signature of Staff Member _____ Date _____

Signature of Parent/Guardian _____ Date _____

**Anytime a Child Receives Medical Treatment as a Result of an Incident Occurring
 at a Child Care Facility this Report Must be Submitted Within
 7 Calendar Days to your Child Care Consultant**

Original to Child's File
Copy to Child Care Consultant
Enter into Incident Log

Child Care Consultant's Name _____

DCD-0058 11/98

PROGRAM RECORDS CHECKLIST

Name of Employee: _____ Date of Employment: _____

The following items must be included in program files. To get more detailed information about each record listed below, go to the corresponding chapter of the Family Child Care Home Handbook noted in parentheses. Applicable forms are available online at www.ncchildcare.net.

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Emergency Procedures (Chapter 2)	Prior to license	
<input type="checkbox"/> Emergency Telephone Numbers (Chapter 2)	Prior to license	
<input type="checkbox"/> Well Water Analysis (Chapter 1)	Prior to license	
<input type="checkbox"/> Pet Vaccinations (Chapter 1)	Prior to license	
<input type="checkbox"/> Inspection reports required by local ordinances (Chapter 1)	Prior to license	
<input type="checkbox"/> ITS-SIDS Sleep Charts (Chapter 3)	1 st day, if applicable	
<input type="checkbox"/> Incident Log (Chapter 3)	As occurs	
<input type="checkbox"/> Fire Drill Report (Chapter 2)	Monthly	
<input type="checkbox"/> Outdoor Inspection Checklist (Chapter 2)	Monthly	
<input type="checkbox"/> Schedule (Chapter 4)	Assume weekly/monthly Reviewed on annual compliance visit	
<input type="checkbox"/> Daily Attendance Records (Chapter 4)	Daily	
<input type="checkbox"/> Travel and Activity Authorization (Chapter 2)	Prior to transporting child	
<input type="checkbox"/> Blanket Permission for Routine Transport of Children (Chapter 1)	Prior to transporting child, if applicable	

EMERGENCY PROCEDURES FORM

The safety of the children in your care is your first responsibility as a child care provider. Being prepared for an emergency will help you remain calm and reassuring to the children. This form will help you be prepared for an emergency. Please fill in all the boxes below so that everyone in your home can see how to handle emergencies.

Name of Caregiver: _____ **Address:** _____



In Case of FIRE:

Type of alarm/notification system	
Emergency exits	
Location of telephones <i>(include at least one not located inside your home)</i>	
Outdoor meeting location	
<i>Monthly Fire Drills must be conducted to help the children know what to do in case of an actual fire in your home.</i>	



In Case of SEVERE WEATHER:

TORNADO	Safe place inside home	
SEVERE STORM/HIGH WINDS	Safe place inside home	
FLOODING	Safe place inside home	
	Safe place outside home	



In Case of ILLNESS OR ACCIDENT of caregiver:

Call substitute immediately. If you care for a child able to understand, teach them what to do in case of emergency and how to call for help or contact another adult.

NAME OF SUBSTITUTE	
PHONE # OF SUBSTITUTE	
Phone # of EMS/Rescue Squad	



In Case of ILLNESS OR ACCIDENT of a child:

Call Rescue Squad Immediately, if needed. Always phone child's parent/guardian immediately after seeking medical attention. Call substitute to care for other children, if necessary.

Phone # of Rescue Squad/Nearest Hospital	
Type of Transportation Available	
Location of children's records	

Date Completed: _____

Emergency Telephone Numbers

To Call	Number
Rescue Squad/Paramedics	
Fire Department	
Police	
Health Department	
Public Health Nurse	
Closest Hospital Address: Directions:	
Poison Control Center	Carolinas Poison Center 1-800-222-1222

NOTE: WHEN YOU CALL FOR AN AMBULANCE OR RESCUE SQUAD:

Keep Calm. You will think more clearly.

Dial the correct number.

Tell where you need the help.

Tell why you need the help.

Stay on the phone until your message is repeated to you.

Sleep Chart

Month: _____

Year: _____

(name of childcare facility)

N.C. licensing rules require that babies 12 months of age or younger be placed on their back to sleep, unless a signed waiver states otherwise. Providers must keep a daily record of how they visually check sleeping babies. Keep this record for at least one month after the reporting month. Providers must decide how often their facility will check sleeping babies. *Note:* Checking every 15 minutes is reasonable.

Instructions: Complete this form each time staff visually checks sleeping infants. Use the chart for an individual baby or list several babies – if you check them all together. Write the name of each baby checked in the *Name* column. Staff doing the checking must note the times and put their initial.

Check the **Sleep Position** and **Code Letter:** *B*=Back; *Si*=Side; *T*=Tummy (Stomach) to indicate the baby’s sleep position when FIRST placed to sleep and when checked. Write additional comments describing the infant’s sleep such as “rolled over for the first time,” in the comment space provided.

Baby’s Name:	Date: Sleep Time: Initial:	Position when FIRST placed to sleep:	1 Time Checked & Initial: <i>Baby’s Position:</i>	2 Time Checked & Initial: <i>Baby’s Position:</i>	3 Time Checked & Initial: <i>Baby’s Position:</i>	4 Time Checked & Initial: <i>Baby’s Position:</i>	5 Time Checked & Initial: <i>Baby’s Position:</i>
Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							

Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							

Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							

Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							

Sleep Chart

Month: _____

Year: _____

Baby's Name:	Date: Sleep Time: Initial:	Position when FIRST placed to sleep:	1 Time Checked & Initial: <i>Baby's Position:</i>	2 Time Checked & Initial: <i>Baby's Position:</i>	3 Time Checked & Initial: <i>Baby's Position:</i>	4 Time Checked & Initial: <i>Baby's Position:</i>	5 Time Checked & Initial: <i>Baby's Position:</i>
Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							
Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							
Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							
Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							
Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							

Instructions: Check the **Sleep Position** and **Code Letter**: *B*=Back; *Si*=Side; *T*=Tummy (Stomach) to indicate the baby's sleep position when FIRST placed to sleep and when checked. Write additional comments in the comment space provided.

INCIDENT LOG

To be completed any time an incident report is completed as required by 10A NCAC 09 .0802(e) and 10A NCAC 09 .1721(b)(4). This log is to be cumulative and maintained for review by a representative from the Division of Child Development.

CHILD'S NAME	DATE OF INCIDENT	DATE SUBMITTED	SUBMITTED BY:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

FAMILY CHILD CARE HOMES FIRE DRILL REPORT YEARS _____

Name of Family Child Care Home: _____

Name of Operator: _____

Address of Family Child Care Home: _____

Each Family Child Care Home Operator shall keep a record of monthly fire drills, giving the date each drill held, the time of day, the length of time taken to evacuate the home and the operator's signature {1721(b)(2)}. **There must be at least one unannounced fire drill monthly and it must be conducted at a different time each month.** Procedures for responding to emergency situations, such as a fire, must be written on the Emergency Procedures Form. To make sure that the children remain protected, it is best to not use a fire extinguisher until they are safely evacuated.

DATE	HOUR OF FIRE DRILL	TIME REQUIRED TO EVACUATE BUILDING	SIGNATURE
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Outdoor Inspection Checklist for Family Child Care Homes

Name of Home: _____ Date & Time completed: _____

Completed by: _____ Signature: _____

Rule 10A NCAC 09.1721 (b) (5) requires this inspection checklist to be completed monthly and kept for review by a representative of the Division.

Category	Pass	Fail	Problem	Solution
General Inspection				
Outdoor area free of litter and debris				
Equipment not damaged or vandalized				

Surfacing				
Equipment not installed over concrete or asphalt				

General Hazards				
Poisonous items such as toxic plants are not accessible to children				
Equipment and supplies such as lawn mowers, power tools or nails are inaccessible to children				
Equipment free of potential entrapment hazards				
Equipment free of loose nails or screws and splinters				
Outdoor area free of tripping hazards				

Deterioration of Equipment				
Stationary outdoor equipment firmly anchored				
Footings which anchor the equipment are not exposed				

Monthly Inspections shall be maintained and available for review by a representative of the Division of Child Development.

SAMPLE SCHEDULE WITH TIMEFRAMES
DAILY SCHEDULE

7:00 – 9:30 am	Children Arrive (Each child’s hands are washed and diaper is checked). Greet Parents Free Choice of Activities in Play Area
8:30 – 9:30 am	Breakfast Served
9:00 – 9:30 am	Diaper, Toileting, Clean-Up
9:30 – 9:50 am	Circle; Music; Planned Activities
9:50 – 10:20 am	Child-Directed Activities (eg. art, paint, playdoh, tummy time)
10:20 – 11:10 am	Outdoor Play (Time period may change depending on weather)
11:10 – 11:40 am	Diapering, Toileting and Hand Washing Prepare for Lunch
11:40 – 12:10 pm	Lunch
12:10 – 12:40 pm	Clean-Up from Lunch, Prepare for Nap
12:40 – 1:00 pm	Soft Music, Book, or other Quiet Activities to Prepare for Nap
1:00 – 3:00 pm	Nap (Quiet Activities for non-nappers)
3:00 – 3:30 pm	Diapering, Toileting, Prepare for Snack
3:30 – 3:45 pm	Snack
3:45 – 4:30 pm	Outdoor Play
4:30 – 5:30 pm	Free Choice Activities Prepare for Departure

*Infants will be fed and have diaper changes on an as need bases.

*Potty trained children are encouraged to use the bathroom on as needed bases.

*At minimum, one daily gross motor activity will be offered.

Travel and Activity Authorization

Name of FCCH

Today's Date

We have a special trip/activity planned and would like your permission to take your child.

Date of trip _____	Departure Time _____
Location of Trip _____	Return Time _____
Phone _____	Method of Travel _____
Transportation Provider _____	
To give permission, please sign the lower half of the permission slip and return it to me by _____.	
(Date)	
(keep the top half of the form for your information)	

(cut along the dotted line and return this half)

Travel and Activity Authorization

- For routine transport as identified on my written plan of care
- Special one time permission only
- Blanket permission for all given activities

Child's Name _____
(Last) (First)

I give permission for my child to participate in the following trip/activity:

_____ on _____ at _____.
(Location) (Date) (Time)

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will notify me each time that my child is to participate in an activity that would involve transportation.

I can be reached at (_____) _____ during the hours of the trip/activity.
(Phone)

Signature of Parent/Guardian

Date

BLANKET PERMISSION FOR ROUTINE TRANSPORT OF CHILDREN*

_____ (Facility's Name) _____ (Today's Date)

I _____ give permission for _____
(Parent) (Child's name)

to be transported to _____.
(Where)

Departure Time _____

Return Time _____

Method of Travel _____

Transportation Provider(s) _____

Other important information _____

Permission to transport is valid for _____ *to* _____.
(up to 12 months)

Signature of Parent/Guardian _____

Date _____

*This form is not to be used for field trips or other off premise activities.

OPERATOR FILE CHECKLIST

Name of Employee: _____ Date of Employment: _____

The following items must be included in the operator's file. To get more detailed information about each record listed below, go to the corresponding chapter of the Family Child Care Home Handbook noted in parentheses. If applicable, the items marked with an * must be completed and maintained for household members. Forms are available online at www.ncchildcare.net.

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Verification of age – 21 years-old (Chapter 1)	Prior to license	
<input type="checkbox"/> Tuberculin (TB) Test (Chapter 1)	Prior to license	
<input type="checkbox"/> First Aid Training Certificate or Card (Chapter 1)	Prior to license Renew every three years	
<input type="checkbox"/> CPR Certification (Chapter 1)	Prior to license Renew every two years	
<input type="checkbox"/> Copy of HS Diploma or GED (Chapter 1)	Prior to license	
<input type="checkbox"/> Criminal History Check (Chapter 1) *	Prior to receiving the license	
<input type="checkbox"/> DCD Qualifying Letter (Chapter 1) *	NA	
<input type="checkbox"/> Modified Criminal Record Check (Chapter 1) *	Every 3 years	
<input type="checkbox"/> Health Questionnaire (Chapter 1)	Within 60 days of employment date. Completed annually by compliance visit.	
<input type="checkbox"/> ITS-SIDS Training (Chapter 1)	Within 4 months of receiving the license, if applicable, and every 3 years	
<input type="checkbox"/> In-service Training Record and Documentation for each training event (Chapter 1)	Annual compliance visit	
<input type="checkbox"/> Early Educator Certification (Chapter 1)	Within 60 days of receiving the license	
<input type="checkbox"/> Family Child Care Credential Application (Chapter 1)	Prior to 2-5 Star License	

Tuberculin (TB) Test

All staff members are required to have a negative test result before coming in to contact with children. Volunteers and Substitutes present more than once per week must also have evidence of a negative test.

NAME _____
Last First Middle

HOME ADDRESS _____

TELEPHONE NUMBER _____

Evidence of tuberculin test:

Type of test _____ Date given _____

Results Negative Positive

Comments:

Signature of Authorized Health Professional

Address

Phone Number

CRIMINAL RECORD BACKGROUND CHECK SUPPLEMENTAL INSTRUCTIONS

FOR POTENTIAL OWNER/OPERATOR OF A FAMILY CHILD CARE HOME

(This supplement is to be used in addition to the *Criminal Record Background Check Basic Instructions*.)

POTENTIAL FAMILY CHILD CARE HOME PROVIDER

(Refer to additional information in the *Applicant Packet* for a new family child care home and *Criminal Record Background Check Basic Instructions*.)

- All potential family child care home owners/operators and household members must complete a criminal record background check.
- All household members over age 15 who are present in family child care homes when children are in care must also undergo the criminal record background check.
- The owner/operator of a potential child care program, and all household members/other staff living or working in the home who are over age 15, must obtain a *local criminal history check* from the Clerk of Court's office in all counties of residence during the prior 12 months, including the counties in which the individual(s) lived in another state.

Remember that you need to keep copies of your local history check(s) to give to your child care consultant along with your other application forms. (Please follow specific instructions for mailing the forms and other required information.)

- As a potential owner or operator of a family child care home **you** may submit only your forms to the Division without an ID#. You must fill in the oval for "New Family Child Care Home" as the type of program (box 9) on the *Identifying Information Form* (DHHS-004) sheet. In box 10, which is titled "Job Type," you should fill in the oval for "*Owner*." Box 11 (for License #) would be left blank. For box 14 (*Date of Hire*), please fill in the date you signed or submitted your Application to the consultant.
(Note: If an ID # has been issued when you submit your CRC forms to the Division, please fill in the date of the Permit or License in box 14.)
- *For any "Employee" (substitute teacher, etc.) or "Household member" you must obtain an ID # from your child care consultant before you submit the forms to the Division. You should mark "Family Child Care Home (FCCH)" as the type of program, and fill in box 14 with the date of the Permit or License.*

CRIMINAL RECORD BACKGROUND CHECK BASIC INSTRUCTIONS INCLUDING FORMS & APPROVED COUNTY LIST FOR ELECTRONIC FINGERPRINTING

Please maintain a copy of these instructions and blank forms for future use

The North Carolina Child Care Law (General Statute 110-90.2) requires a criminal record check for all child care operators and providers (which includes household members, age 16 and older) in licensed or regulated facilities and nonlicensed facilities approved to receive State or federal funds for providing child care.

You must submit completed criminal record check forms immediately to the NC Division of Child Development (Division) for anyone in your program who has not submitted forms previously for the background check. The Law requires that completed forms for each new provider or employee be submitted to the Division no later than eight (8) working days after beginning work.

*This version of the Criminal Record Background Check Instructions includes information for electronic fingerprinting. The SBI and certain local law enforcement agencies (LEA) have formed a partnership agreement that allows child care providers/applicants to have their fingerprints submitted electronically to the SBI for processing. This arrangement provides a higher quality of print impressions and reduces the possibility of rejected prints. It also reduces the response time for completing the criminal record background check when you and your employees use these agencies. Please follow the instructions carefully when submitting forms under this arrangement. Select agencies that are authorized to transmit your fingerprint impressions to the SBI can be found on the *Approved Agency Guide*. Please visit www.ncchildcare.net under the "DHHS Criminal Record Checks" link for updated list. Please call agency in advance for scheduled days and/or times.*

What must be done to complete the check and meet the Law and Rules? (Also refer to the Supplemental Instructions if you are a potential owner/operator of a child care facility.)

MANDATORY NOTICE & PRIOR CONVICTION STATEMENT (Form DCD-0049)

- Each child care provider must be given a copy of a statement (*Mandatory Notice*) which explains that a criminal record check is required by Law. Each child care provider must sign a *Prior Conviction/Pending Indictment* statement that is to be kept in the provider's personnel

file. A sample *Mandatory Notice* statement and *Conviction/Pending Indictment* statement (one form, DCD-0049) is included in this packet.

This form should be kept in the employee's personnel file and is not to be mailed to the Division. The owner/operator must also keep a copy of his or her own statement on file.

ITEMS TO BE COMPLETED FOR SUBMISSION TO THE DIVISION

1. FINGERPRINT CARD

- ***Each child care provider (or household member) must complete at least one fingerprint card for a SBI check. The type of fingerprint card that must be used is called the APPLICANT CARD and the form number is FD-258. The provider may be required to present a picture identification card at the time fingerprints are taken.*** Included in this mailing is a *sample* of how the card **must** be filled out and additional instructions on completing the other required information. *The Division does not provide the cards.* (See *suggested locations listed on the sample page.*)
- **The fingerprint card must be mailed to the Division with other criminal record check items. Information should not be mailed to the SBI.**
- The fingerprint card must not be folded when mailed to the Division.
- **If the provider has not lived in North Carolina for the last five (5) years in a row, the fingerprint card will also be submitted to the FBI for a national check.**

- ***If you or your employees go to one of the law enforcement agencies identified on the list of Agencies Approved For Electronic Fingerprinting, your prints will be processed electronically. You must have the required forms (4 & 5) completed and appropriately signed before the agency will take the fingerprints. A picture identification card must be presented to the agent. (See information below for Applicant Information [4] and Electronic Fingerprint Submission Release of Information [5] forms.) If the prints are processed electronically you will not receive a fingerprint card. The fingerprint impressions will be transmitted immediately to the SBI. The agent must sign the Electronic Fingerprint Submission Release and return it to the person being fingerprinted. It must to be mailed immediately to the Division with the other packet items.***
- ***You may go to any of the approved counties on the list to request to have your fingerprints transmitted electronically.*** (You are not required to be a resident of the county to have fingerprints taken.)

2. LOCAL OR COUNTY CRIMINAL RECORD REPORT

- Each child care provider (or household member) must obtain a **certified criminal record check** from the **county** in which they **reside**. The county of residence must be consistent with the provider's current address as shown on the other forms. This county or local check **must be obtained from the County Clerk of Court's office** and must have been done **within the last 90 days (of date the forms are mailed to the Division)**. This type of record check is also known as a "certified name check." The record check must reflect the provider's *legal and current first and last name* and must be consistent with the name written

on *all other criminal record check forms*. (Record checks from local law enforcement or other criminal records agencies are not acceptable and will delay the process if submitted.) Providers who are out of state residents must get a certified report from the Clerk of Court of the Circuit or District Court in their county of residence, or the State Repository office for their state. South Carolina residents may contact the State Law Enforcement Division (SLED) at www.sled.state.sc.us. Virginia residents may contact the Virginia State Police (VSP) at www.vsp.state.va.us. Once obtained, the **original certified record check from the Clerk of Court, SLED, VSP, or State Repository office must be submitted to the Division**. A copy of the local record check must be kept in the employee's personnel file. If there are criminal convictions indicated on the local check, this does not mean that the Division will automatically disqualify the person. However, an owner/employer may choose to use this information during their hiring process.

- **If the child care provider has a conviction (*guilty judgment or admission of guilt*), pending charge or indictment, is under deferred prosecution, has received a Prayer for Judgment, or is on probation for a crime, the provider can submit additional information for the Division to consider when making the decision to qualify or disqualify. This should be sent in at the same time the other forms are submitted. We urge each provider to do this so that a more complete history is known about the conviction or the pending case.**

3. IDENTIFYING INFORMATION FORM – DHHS 004 (revision of DCD 0050) – WITH RELEASE INFORMATION

- Each child care provider (or household member) **must complete and submit an original Identifying Information Form DHHS-004 (bubble form)**. The information provided on this form must be consistent with all other forms. This form will be submitted to the Division and scanned by computer. The form must be completed with a No. 2 pencil and must not be folded, torn or mutilated. **Please read the specific instructions on the form very carefully and review the form that each employee completes before mailing to the Division.** Leaving a corresponding oval blank for a filled in box, or completing two or more blanks in one row, will cause incorrect information to be recorded or the form to be rejected. Unnecessary blank spaces should not be left between letters in a name as this will distort information. Information should be filled in consecutively in the boxes and ovals unless otherwise directed on the form. A photocopy may not be submitted. If you need additional forms, you may call the Division's Raleigh office. You will be asked for your license ID #, mailing address, and contact information. *Please do not place staples or make any marks or hole punches on any of the black marks on this form.*

Help with completing the *Identifying Information Form* sheet:

Please list maiden name and all previous names used on the lines provided, if applicable.

- #1** Write and fill in ovals for Name. Last name is first and must match the names on other forms submitted for the person. *(Please be consistent with hyphenation and dual last names.)*
- #2** Write and fill in ovals for the person's social security number.
- #3** Write and fill in ovals for the person's date of birth. The year must be 4 digits.

- #4** Indicate the person's gender.
- #5** Indicate the person's race.
- #6** Must be answered: *If the person has lived in North Carolina for less than 5 years in a row (up to the current year), this item must be answered "No."*
- #7** Write and fill in ovals for the home mailing address. If needed, there is extra space for the address on the bottom right hand side of the form. If the mailing address is a Post Office Box, please write the physical address in the extra space provided.
- #8** The county code must match the current county where the person lives and the address in item # 7.
- #9** Only mark one program type.
- #10** Choose only one job type.
- Owner* - owner or operator of the child facility or family child care home.
- Employee* - anyone employed by a child care facility or who assists the owner in a family child care home.
- Household member* over age 15 (they have had their 16th birthday) - one who lives in the home (on a permanent or temporary basis) and is not involved with child care.
- The Law does not require volunteers, contract persons, and any other employees not providing care to a child to submit forms to the Division. *If you are unsure about who needs the check please contact your child care consultant or the Division's Criminal Record Check (CRC) Unit.*
- #11** This number is listed on the child care facility license permit or noted in visit summaries left by your child care consultant (for church exempt programs). *You should contact your child care consultant if you do not have a facility ID # and you are not the potential owner/operator of a new family child care home.*
- #12** Only *local purchasing agencies* and other programs approved by the Division are to complete this section.
- #13** Write in the complete name, address and phone number of the child care facility, even if it is a nonlicensed or family child care home.
- #14** Date of hire or employment at child care facility identified in box 13. *For Family Child Care Home, this is date home was opened or issued permit, or date of eligibility as a household member. For non-licensed home, this is date approved for subsidy funds.*

"Authority for Release of Information (State and Federal Record Check)"

This section must be signed (in blue or black ink) and dated by the person listed in item #1. If the person is under age 18, parental consent is also requested.

Select & Print associated forms: Child Care Electronic Prints Form 1 (SBI Release) & Child Care Electronic Prints Form 2 (Applicant form) (Adobe reader required) from www.ncchildcare.net site, under “DHHS Criminal Record Checks” link on main page.

REQUIRED FORMS- FOR ELECTRONIC FINGERPRINTING (REFER TO ITEM 1)

4. APPLICANT INFORMATION FORM

- ***Each child care provider who visits a law enforcement agency approved for electronic fingerprinting must take a completed Applicant Information form to the agency. The information on this form must be consistent with all other forms. The type of check required for “Reason fingerprinted” must be indicated by the provider, director or program agent before visiting the law enforcement agency. If the provider has lived in the state less than the last five (5) years in a row, or is a non-resident, a “state & federal” check is required and must be indicated on the form. The Applicant Information form may be retained by the agent after use.***

5. ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION (with SBI Letterhead) - Replacement for Fingerprint Card only

- ***Each child care provider who visits a law enforcement agency approved for electronic fingerprinting must take a completed and authorized Electronic Fingerprint Submission Release of Information form. The provider (employee) must sign this form. The form must also be signed by the program owner, director or other agent to authorize the individual to be fingerprinted and have the fingerprints submitted to the SBI electronically. The owner/operator must authorize his or her own form. This form must be presented to the agent at time fingerprints are taken to be submitted electronically. A photo identification card is required before the prints are taken. The official taking the fingerprints must sign the original copy of the Electronic Fingerprint Submission Release to certify that the fingerprints were taken and return the form to the provider. You must submit the original certified copy to the Division with the other packet items when the fingerprints have been processed electronically. A copy must be kept in the employee’s personnel file.***

ADDITIONAL INFORMATION

Each provider who visits a local law enforcement agency approved to transmit fingerprints electronically must complete and take the required forms to the agency. The local law enforcement agency will not have blank forms. If the local agency is not able to process the fingerprints electronically the provider will be advised by the agent.

Each provider (or household member) must have a complete criminal record check packet submitted to the Division. **The Division will not accept an incomplete packet or items mailed separately.** You can send in each individual’s complete packet separately, or send packets for some or all individuals at one time. All the forms for one provider should be stapled in the upper

right hand corner to prevent forms from becoming mixed up and **must not be folded**. If an item is inadvertently omitted from the mailing, please do not send it separately. You must wait until the Division returns the packet to you.

If fingerprints for any provider are being submitted electronically by the law enforcement agency, the remaining packet items must be mailed to the Division immediately in a separate envelope. The envelope must be marked with a large “E” (for Electronic fingerprinting) to identify it from any other criminal record mailings. If the packet items are not received by the Division within 30 days after electronic fingerprinting has been done, the SBI results will become invalid. The provider must submit new information for the background check to be completed, including new fingerprints. INFORMATION SHOULD NOT BE MAILED TO THE SBI.

Any new employee that is hired must submit forms in the timeframe specified in rule 10A NCAC 09 .2702(a). This rule requires that new employees submit all completed forms to you within 5 working days after beginning work. You then have 3 additional working days to submit the forms to the Division. You should keep copies of the forms until a decision is received from the Division.

When the Division receives the results of the fingerprint check from the SBI, the *entire criminal history record* of the provider will be reviewed. The provider may be requested to provide additional information before a decision is made. A **letter of notification** will be sent to the provider (or household member) and the employer, program owner or other agency, as applicable. This notification will indicate if the individual is *qualified* or *not qualified*, but cannot give any specific details about the reason for a disqualification. ***A letter of disqualification prevents an individual from owning, operating, providing transportation, working, or being employed as a child care provider/employee in a child care program in North Carolina. If the individual lives in a home where child care is provided, a letter of disqualification may require that the individual not be present when children are in care; that child care may no longer be funded; or that child care may no longer be provided in the home.*** Included in the disqualification letter will be details about appealing the decision that was made.

FOR EMPLOYEES WHO PREVIOUSLY COMPLETED THE CRIMINAL RECORD CHECK PROCESS

If you, or a new employee submitted criminal record check forms from *another* child care program, child care rule .2702 states that if the date of qualification (based on fingerprinting) on the Notice is within the last 12 months then new fingerprint cards do not need to be submitted. The rules do require that a current original local criminal record report be submitted to the Division. (Current means dated within the last 90 days.) Along with the new local criminal record, the provider must submit a new *Identifying Information* form with the identification number of your child care program. Copies of all submitted forms must be maintained in the personnel file. If you, or your new employee have a Notice with a **qualification date** that is more than 12 months ago, all forms, including the fingerprint card(s), must be submitted.

*If forms were previously submitted by another child care program but the *Notice of Qualification* has not been received, please attach a note to the new forms with the name of the former child care program and include the date the initial forms were submitted (if known).

3 YEAR RE-CHECK FOR QUALIFICATION

Effective November 1, 2007, Child Care Rule 10A NCAC 09 .2702 requires that all child care providers and household members who are employed or remain at the same facility for three (3) consecutive years be subject to a modified criminal record check by the Division. On *each* three (3) year anniversary date of employment at the facility, owners and employees (who have a previous Notice of Qualification) must submit the completed Identifying Information (DHHS-004) form to the Division. *For a family child care home, the owner, employee(s), and household member(s) shall complete and submit the Identifying Information form to the Division on each three year anniversary from the date the child care home was opened or issued license, or from the date of eligibility as household member.* The Division will notify the provider (or household member), employer, or other agency of the result of the three (3) year review.

A complete criminal record check packet has the following 3 items:

√	A completed <i>Identifying Information</i> form (bubble form) with Release Statement - Form DHHS-004 (revision of DCD-0050)
√	One completed fingerprint card (Applicant Card -Form FD258) OR Original Electronic Fingerprint Submission Release form with Certification from approved law enforcement agency that fingerprints were submitted electronically to the SBI.
√	An <i>original certified</i> local criminal record (history) check from the Clerk of Court’s office in the county where the person lives (with raised seal), or State Repository for out of state residents, and must be dated within the last 90 days.

The envelope (with fingerprint card) must be addressed exactly as written below and marked “CONFIDENTIAL”

DHHS CRIMINAL RECORD CHECK UNIT
CHILD CARE TEAM
2201 MAIL SERVICE CENTER
319 CHAPANOKE ROAD, SUITE 120
RALEIGH NC 27699-2201

FOR ELECTRONIC SUBMISSION, PLEASE MARK ENVELOPE WITH A LARGE “E”
AND ADDRESS ENVELOPE MARKED “CONFIDENTIAL” TO:

DHHS – CRIMINAL RECORD CHECK UNIT
DOCD – ELECTRONIC PROCESS
2201 MAIL SERVICE CENTER
319 CHAPANOKE ROAD, SUITE 120
RALEIGH NC 27699-2201

PLEASE DO NOT FOLD OR BEND FORMS

Questions – 1-800-859-0829 (in State calls only) or (919) 773-2856

NOTICE
CHILD CARE PROVIDER MANDATORY CRIMINAL HISTORY CHECK

North Carolina law requires that a criminal history check be conducted on all persons who provide child care in a licensed or registered child care facility, and all persons providing child care in nonlicensed child care homes, or facilities that receive state or federal funds.

“Criminal history” includes county, state, and federal convictions or pending indictments of any of the following crimes: the following Articles of Chapter 14 of the General Statutes: Article 6, Homicide; Article 7A, Rape and Kindred Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 26, Offenses Against Public Morality and Decency; Article 27, Prostitution; Article 39, Protection of Minors; Article 40, Protection of the Family; and Article 59, Public Intoxication; violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5; or similar crimes under federal law or under the laws of other states. Your fingerprints will be used to check the criminal history records of the State Bureau of Investigation (SBI) and the Federal Bureau of Investigation (FBI).

If it is determined, based on your criminal history, that you are unfit to have responsibility for the safety and well-being of children, you shall have the opportunity to complete, or challenge the accuracy of, the information contained in the SBI or FBI identification records.

If you disagree with the determination of the North Carolina Department of Health and Human Services on your fitness to provide child care, you may file a civil lawsuit in the district court in the county where you live.

Any child care provider who intentionally falsifies any information required to be furnished to conduct the criminal history shall be guilty of a Class 2 misdemeanor.

PRIOR CONVICTION/PENDING INDICTMENT STATEMENT

(Please check one)

___ I swear, under penalty of perjury, that I **have** been convicted of a crime and/or I **have** pending indictments or pending charges that are not minor traffic violations.

___ I swear, under penalty of perjury, that I **have not** been convicted of a crime, **nor** have any pending indictments or pending charges, other than a minor traffic violation.

I also swear that I am _____, am not ___ under a deferred prosecution agreement or on probation for a crime. If I have been convicted of a crime, have pending indictments or pending charges, am under a deferred prosecution agreement, have received a Prayer for Judgment, or am on probation for a crime, I understand that my employment is conditional pending approval from the Division of Child Development. I also understand that I may submit to the Division of Child Development additional information concerning the conviction or charges that could be used by the Division in making the determination of my qualification for employment. The Division may consider the following in making their decision: length of time since conviction; nature of the crime; circumstances surrounding the commission of the offense or offenses; evidence of rehabilitation; number of prior offenses; and my age at the time of occurrence.

 Signature Printed Name Date

The Division of Child Development makes no representations regarding this person's eligibility to provide child care based solely on this Statement.

INSTRUCTIONS**MANDATORY NOTICE STATEMENT**

- **Each employee must receive a statement concerning the mandatory criminal record check.**
- **Each employee must sign a Prior Conviction/Pending Indictment statement.**
- **This form is a sample form and can be copied. Maintain an original form for ongoing use as new employees are hired.**
- **If you choose to develop your own form it must contain the text that is substantially similar to the text on this form.**
- **The signed form is to be kept in the provider's personnel file.**

NOTICE
CHILD CARE PROVIDER MANDATORY CRIMINAL HISTORY CHECK

North Carolina law requires that a criminal history check be conducted on all persons who provide child care in a licensed or registered child care facility, and all persons providing child care in nonregistered child care homes, or facilities that receive state or federal funds.

“Criminal history” includes county, state, and federal convictions or pending indictments of any of the following crimes: the following Articles of Chapter 14 of the General Statutes: Article 6, Homicide; Article 7A, Rape and Kindred Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 26, Offenses Against Public Morality and Decency; Article 27, Prostitution; Article 39, Protection of Minors; Article 40, Protection of the Family; and Article 59, Public Intoxication; violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5; or similar crimes under federal law or under the laws of other states. Your fingerprints will be used to check the criminal history records of the State Bureau of Investigation (SBI) and the Federal Bureau of Investigation (FBI).

If it is determined, based on your criminal history, that you are unfit to have responsibility for the safety and well-being of children, you shall have the opportunity to complete, or challenge the accuracy of, the information contained in the SBI or FBI identification records.

If you disagree with the determination of the North Carolina Department of Health and Human Services on your fitness to provide child care, you may file a civil lawsuit in the district court in the county where you live.

Any child care provider who intentionally falsifies any information required to be furnished to conduct the criminal history shall be guilty of a Class 2 misdemeanor.

PRIOR CONVICTION/PENDING INDICTMENT STATEMENT

(Please check one)

___ I swear, under penalty of perjury, that I **have** been convicted of a crime and/or I **have** pending indictments or pending charges that are not minor traffic violations.

___ I swear, under penalty of perjury, that I **have not** been convicted of a crime, **nor** have any pending indictments or pending charges, other than a minor traffic violation.

I also swear that I am _____, am not ___ under a deferred prosecution agreement or on probation for a crime. If I have been convicted of a crime, have pending indictments or pending charges, am under a deferred prosecution agreement, have received a Prayer for Judgment, or am on probation for a crime, I understand that my employment is conditional pending approval from the Division of Child Development. I also understand that I may submit to the Division of Child Development additional information concerning the conviction or charges that could be used by the Division in making the determination of my qualification for employment. The Division may consider the following in making their decision: length of time since conviction; nature of the crime; circumstances surrounding the commission of the offense or offenses; evidence of rehabilitation; number of prior offenses; and my age at the time of occurrence.

 Signature Printed Name Date

The Division of Child Development makes no representations regarding this person's eligibility to provide child care based solely on this Statement.

**INSTRUCTIONS
MANDATORY NOTICE STATEMENT**

- **Each employee must receive a statement concerning the mandatory criminal record check.**
- **Each employee must sign a Prior Conviction/Pending Indictment statement.**
- **This form is a sample form and can be copied. Maintain an original form for ongoing use as new employees are hired.**
- **If you choose to develop your own form it must contain the text that is substantially similar to the text on this form.**
- **The signed form is to be kept in the provider's personnel file.**

Select & Print associated forms: Child Care Electronic Prints Form 1 (SBI Release) & Child Care Electronic Prints Form 2 (Applicant form) (Adobe reader required) from www.ncchildcare.net site, under "DHHS Criminal Record Checks" link on main page.

INSERT

APPLICANT FORM

Select & Print associated forms: **Child Care Electronic Prints Form 1 (SBI Release)** &
Child Care Electronic Prints Form 2 (Applicant form) (Adobe reader required)
from www.ncchildcare.net site, under "DHHS Criminal Record Checks" link on main page.

PAGE 1

INSERT

SBI RELEASE
ELECTRONIC FINGERPRINT
SUBMISSION RELEASE OF INFORMATION

Select & Print associated forms: *Child Care Electronic Prints Form 1 (SBI Release)* & *Child Care Electronic Prints Form 2 (Applicant form)* (Adobe reader required) from www.ncchildcare.net site, under "DHHS Criminal Record Checks" link on main page.

SIDE 2

INSTRUCTIONS
ELECTRONIC FINGERPRINT
SUBMISSION RELEASE OF INFORMATION

- This form must accompany remainder of *packet items* when fingerprints are submitted electronically to the SBI by a law enforcement agency.
- All items must be mailed to the Division of Child Development.
- This form must be signed by the person being fingerprinted.
- This form must be authorized by the owner, director, or other agent of the child care program for the person to be fingerprinted and have the fingerprints submitted to the SBI electronically. Form must be completed prior to visiting the law enforcement agency.
- It can be copied but you can not develop your own form.
- Maintain an original form for ongoing use.
- Do not mail form to the SBI.

SAMPLE FINGERPRINT CARD

(Take this information with you when you go to get your fingerprints taken.)

IMPORTANT: When you get your fingerprints taken, your card must contain the circled information shown on the sample below, along with your identifying information. It is very important that the three circled boxes below are filled in with these exact words whether typed or printed by hand. If they are not, the SBI will not be able to return the results of the fingerprint check to the Division of Child Development. The actual fingerprint cards (Form FD-258) are available from your local police department, sheriff's offices and other private individuals or companies that offer fingerprinting services. You may have your fingerprints taken at any of these locations.

Please Note - Only 1 completed fingerprint card is required. If you have lived in North Carolina for less than the last 5 years in a row, a state and national check will be performed.

APPLICANT	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK						FBI	LEAVE BLANK		
		LAST NAME NAM	FIRST NAME	MIDDLE NAME							
		1									
SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA	O R I	NCBCIOOO ST BU OF INV RALEIGH, NC				DATE OF BIRTH DOB			
13		2						3			
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP CTZ		SEX 5	RACE 6	HGT 7	WGT 8	EYES 9	HAIR 10	PLACE OF BIRTH POB	
14		4		11							
DATE 15	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		LEAVE BLANK								
16		YOUR NO. OCA		CLASS _____ REF. _____							
EMPLOYER AND ADDRESS		FBI NO. FBI									
DOCD (CRC) 2201 Mail Svc Center Raleigh NC 27699		ARMED FORCES NO. MNU									
		SOCIAL SECURITY NO. SOC									
REASON FINGERPRINTED		MISCELLANEOUS NO. MNU									
Child Care Provider N.C.G.S. 110-90.2		12									

17				
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
18				

SAMPLE

INSTRUCTIONS FOR COMPLETING APPLICANT FINGERPRINT CARD FOR CHILD CARE

EACH FINGERPRINT CARD MUST CONTAIN THE INFORMATION SHOWN BELOW.

- A. OCA Print or type in “DCD00000”**
- B. Employer and Address: Print or type**
“DOCD
2201 MAIL SVC CENTER
RALEIGH NC 27699-2201”
- C. Reason Fingerprinted: Print or type (For State Only) “CHILD CARE PROVIDER**
N.C.G.S. 110-90.2”
- (For State & Federal) “CHILD CARE PROVIDER**
N.C.G.S. 110-91”

Complete other blocks as indicated.

1. NAM - Complete last name, first name, and middle name of individual being fingerprinted.
2. AKA - List any and all alias names or nicknames, maiden name or other married name.
3. DOB - List date of birth numerically - month, day, and year. Example: May 31, 1948 should be shown as 05 31 48.
4. CTZ - Indicate American citizenship (US), or indicate other nationality.
5. SEX - Male (M), Female (F)
6. RACE: White (W) Black (B) Hispanic (H) American Indian or Alaskan Native (I)
 Asian or Pacific Islander (A) Other (O)
7. HGT - Height in feet and inches using all numerics. Example: 6' 01"=601
8. WGT - Weight in pounds using all numerics. Example: 135lbs. = 135
9. EYES - List eye color: BLK - Black BLU - Blue BRO - Brown
 GRY - Gray GRN - Green HAZ - Hazel
10. HAIR - List hair color: BLK - Black BLN - Blond or Strawberry
 BRO - Brown GRY - Gray or partially SDY - Sandy
 RED - Red or Auburn BAL - Bald (if hairless or lost most of hair)
11. POB - Indicate city and state where the individual was born. Abbreviate State.
12. SOC - Social Security Number of individual.
13. SIGNATURE - Legible signature of person being fingerprinted must appear in this space.
14. CURRENT RESIDENCE - Complete number, street, city, state, and zip.
15. DATE - Indicate date fingerprints were taken.
16. Signature of person taking the fingerprints.
17. & 18. Fingerprint impressions.

NOTICE
CHILD CARE PROVIDER MANDATORY CRIMINAL HISTORY CHECK

North Carolina law requires that a criminal history check be conducted on all persons who provide child care in a licensed or registered child care facility, and all persons providing child care in nonlicensed child care homes, or facilities that receive state or federal funds.

"Criminal history" includes county, state, and federal convictions or pending indictments of any of the following crimes: the following Articles of Chapter 14 of the General Statutes: Article 6, Homicide; Article 7A, Rape and Kindred Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 26, Offenses Against Public Morality and Decency; Article 27, Prostitution; Article 39, Protection of Minors; Article 40, Protection of the Family; and Article 59, Public Intoxication; violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5; or similar crimes under federal law or under the laws of other states. Your fingerprints will be used to check the criminal history records of the State Bureau of Investigation (SBI) and the Federal Bureau of Investigation (FBI).

If it is determined, based on your criminal history, that you are unfit to have responsibility for the safety and well-being of children, you shall have the opportunity to complete, or challenge the accuracy of, the information contained in the SBI or FBI identification records.

If you disagree with the determination of the North Carolina Department of Health and Human Services on your fitness to provide child care, you may file a civil lawsuit in the district court in the county where you live.

Any child care provider who intentionally falsifies any information required to be furnished to conduct the criminal history shall be guilty of a Class 2 misdemeanor.

PRIOR CONVICTION/PENDING INDICTMENT STATEMENT

(Please check one)

____ I swear, under penalty of perjury, that I **have** been convicted of a crime and/or I **have** pending indictments or pending charges that are not minor traffic violations.

____ I swear, under penalty of perjury, that I **have not** been convicted of a crime, **nor** have any pending indictments or pending charges, other than a minor traffic violation.

I also swear that I am _____, am not ____ under a deferred prosecution agreement or on probation for a crime. If I have been convicted of a crime, have pending indictments or pending charges, am under a deferred prosecution agreement, have received a Prayer for Judgment, or am on probation for a crime, I understand that my employment is conditional pending approval from the Division of Child Development. I also understand that I may submit to the Division of Child Development additional information concerning the conviction or charges that could be used by the Division in making the determination of my qualification for employment. The Division may consider the following in making their decision: length of time since conviction; nature of the crime; circumstances surrounding the commission of the offense or offenses; evidence of rehabilitation; number of prior offenses; and my age at the time of occurrence.

Signature

Printed Name

Date

The Division of Child Development makes no representations regarding this person's eligibility to provide child care based solely on this Statement.

Maintain Original Form in Employee Personnel File

INSTRUCTIONS**MANDATORY NOTICE STATEMENT**

- **Each employee must receive a statement concerning the mandatory criminal record check.**
- **Each employee must sign a Prior Conviction/Pending Indictment statement.**
- **This form is a sample form and can be copied. Maintain an original form for ongoing use as new employees are hired.**
- **If you choose to develop your own form it must contain the text that is substantially similar to the text on this form.**
- **The signed form is to be kept in the provider's personnel file.**

INFORMATION FOR LIVE SCAN FINGERPRINTING FOR CHILD CARE

The North Carolina Department of Health and Human Services has specific requirements in order to process fingerprints that have been submitted electronically to the State Bureau of Investigation (SBI).

Before a child care applicant can use the Live Scan (electronic fingerprinting) service, they must do the following:

- Use the agency guide to select an approved law enforcement agency;
- Call the approved law enforcement agency for information on what day(s) and time(s) they perform Live Scan services;
- Complete and sign the Electronic Fingerprint Submission Release of Information (on SBI letterhead) form, and have the form completed and signed by your employer, or other agent that is authorizing the fingerprinting;
- Complete the Applicant Information form; and
- Bring a photo identification card and the exact fee amount to the law enforcement agency.

The following will be printed on each fingerprint card in the designated areas by the law enforcement agency, along with the applicant’s identifying information:

<u>Employer and Address</u>	<u>OCA</u>	
DHHS Criminal Record Check Unit 2201 Mail Service Center Raleigh, NC 27699-2201	DOCD00000	(child care)

Reason Fingerprinted Section

The child care program has its own identifying title and North Carolina General Statute (NCGS) reference that is required to be printed on the fingerprint card. Please make sure to provide the law enforcement agency with the following titles and NCGS reference that corresponds with the type of applicant.

Child Care

Child Care Provider

NCGS 110-90.2 **State Only**

(this designation is for those applicants that have lived in NC for more than five (5) consecutive years)

Child Care Provider

NCGS 110-90.1 **State and Federal**

(this designation is for those applicants that have **not** lived in NC for more than five (5) consecutive years)

Certification of Form

The official taking the fingerprints must sign the original copy of the *Electronic Fingerprint Submission Release of Information* form to certify (by seal or stamp) that the fingerprints were taken. The certified Release will be given to you on the day the fingerprints are transmitted to the SBI for processing.

Applicants will not be able to have their fingerprints taken by Live Scan without the following:

- The correct, **completed** forms
 1. Electronic Fingerprint Submission Release of Information Form (on SBI letterhead)
 2. Applicant Information Form
- Photo Identification
- Fee

Once applicants are fingerprinted by Live Scan, the Certified Electronic Fingerprint Release form, the bubble sheet (DHHS-004) and a current, certified local history from the applicant's county of residence must be submitted to the Department of Health and Human Services Criminal Record Check Unit at the following address:

DHHS Criminal Record Check Unit
Child Care Team
2201 Mail Service Center
Raleigh, NC 27699-2201
Attention: Electronic Fingerprinting

The SBI/FBI are processing Live Scan fingerprints in a matter of days so it is imperative for prompt notification that the required paperwork be sent to DHHS **the same day** the fingerprints are taken to avoid delays. DHHS will not release any results of the fingerprinting until the required paperwork is complete and on file.

Contact Information

If you have any questions, please feel free to contact the DHHS Criminal Record Check Unit at (919) 773-2856 or 1-800-859-0829 (in state calls only).

CHILD CARE:

**Pat Andrews
Sherrie Koonce**

APPLICANT INFORMATION

Name: Last: _____ Date of Birth: _____

First: _____ Place of Birth: _____

Middle: _____ Residence: _____

Maiden Name: _____

Aliases: _____ Employer and Address: DOCD, 2201 Mail Service Center, Raleigh, NC, 27699-2201

Sex: Male _____ Female _____
(Circle Appropriate Box)

Race: _____
(Write the appropriate letter in the space provided)

W - White, B - Black, I - American Indian,
A - Asian or Pacific Islander, U - Unknown

Height: _____

Weight: _____

Eye Color: _____
(Write the appropriate letters in the space provided)

BLK - Black GRY - Gray MAR - Maroon
BLU - Blue BRO - Brown GRN - Green
HAZ - Hazel PNK - Pink XXX - Unknown

Hair Color: _____
(Write the appropriate letters in the space provided)

BAL - Bald BLK - Black BLN - Blond or strawberry
BRO - Brown GRY - Gray or partially
RED - Red or Auburn SDY - Sandy

Reason Fingerprinted (Must indicate one):

State Check Only _____ (Over 5 yrs in NC)
NC Day Care Provider, NCGS 110-90-2

State and Federal Check _____ (Less than 5 yrs in NC)
NC Day Care Provider, NCGS 110-90-1 to 110-91

Social Security Number: _____
(*Optional)

Your Case NO. (OCA): DOCD00000

Type of Transaction: NFUF _____

NC FP Card Type: CCP _____

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

This form is to be submitted to the Division of Child Development with all other required items for a criminal history check to be conducted. Do NOT send this form to the SBI.



ROY COOPER
ATTORNEY GENERAL

NORTH CAROLINA
STATE BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE

3320 GARNER ROAD
PO Box 29500
RALEIGH, NC 27626-0500
(919) 662-4500
FAX: (919) 662-4523



ROBIN P. PENDERGRAFT
DIRECTOR

**ELECTRONIC FINGERPRINT
SUBMISSION RELEASE OF INFORMATION**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and Identification Section to perform either a national criminal history record check or a NC state only check in connection with my fitness to be a child care provider/employee, or other household member of a child care program regulated by the Department of Health and Human Services, Division of Child Development pursuant to NCGS 114-19.5, 110-90.1 to 110-91.

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I understand that the above named agency cannot provide a hard copy of the results of this criminal history record check to me.

Applicant's Name _____ DOB _____

Date _____ Applicant's Signature _____

I authorize the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically.

Date _____ Agency Authorized Official's Signature _____

Printed Name _____

Address _____

Phone Number _____

I certify that I have taken the fingerprints of the above named subject and have forwarded them electronically to the SBI/Criminal Information and Identification Section.

Date _____ Signature of Official taking Fingerprints _____

Agency Seal/Certification _____

This form is to be submitted to the Division of Child Development with all other required items for a criminal history check to be conducted. Do NOT send this form to the SBI.



A Nationally Accredited State Agency

An ASCLD/LAB Accredited Laboratory Since 1988



SAMPLE FINGERPRINT CARD

(Take this information with you when you go to get your fingerprints taken.)

IMPORTANT: When you get your fingerprints taken, your card must contain the circled information shown on the sample below, along with your identifying information. It is very important that the three circled boxes below are filled in with these exact words, whether typed or printed by hand. If they are not, the SBI will not be able to return the results of the fingerprint check to the Division of Child Development. The actual fingerprint cards (Form FD-258) are available from your local police department, sheriff's offices and other private individuals or companies that offer fingerprinting services. You may have your fingerprints taken at any of these locations.

Please Note - Only 1 completed fingerprint card is required. If you have lived in North Carolina for less than 5 years, a state and national check will be performed.

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK							EBI LEAVE BLANK	
		LAST NAME NAM		FIRST NAME			MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED 13		ALIASES AKA 2		O R I NCBCIOOO ST BU OF INV RALEIGH, NC							DATE OF BIRTH DOB MONTH DAY YEAR 3	
RESIDENCE OF PERSON FINGERPRINTED 14		CITIZENSHIP CTZ 4					SEX 5	RACE 6	HGT 7	WGT 8	EYES 9	HAIR 10
DATE 15	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 16			YOUR NO. OCA DOCD00000		LEAVE BLANK						
EMPLOYER AND ADDRESS DOCD 2201 Mail Svc Center Raleigh NC 27699-2201		B		FBI NO. FBI		CLASS _____						
REASON FINGERPRINTED Child Care Provider N.C.G.S. 110-90.2		C		ARMED FORCES NO. MNU		REF. _____						
				SOCIAL SECURITY NO. SOC 12								
				MISCELLANEOUS NO. MNU								

		17			
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE	
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE	
		18			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

SAMPLE

INSTRUCTIONS FOR COMPLETING APPLICANT FINGERPRINT CARD FOR CHILD CARE

EACH FINGERPRINT CARD MUST CONTAIN THE INFORMATION SHOWN BELOW.

- A. OCA Print or type in** **DOCD00000**
- B. Employer and Address: Print or type**
DOCD
2201 MAIL SERVICE CENTER
RALEIGH NC 27699-2201
- C. Reason Fingerprinted: Print or type** **CHILD CARE PROVIDER**
N.C.G.S. 110-90.2

Complete other blocks as indicated.

1. NAM - Complete last name, first name, and middle name of individual being fingerprinted.
2. AKA - List any and all alias names or nicknames, maiden name or other married name.
3. DOB - List date of birth numerically - month, day, and year. Example: May 31, 1948 should be shown as 05 31 48.
4. CTZ - Indicate American citizenship (US), or indicate other nationality.
5. SEX - Male (M), Female (F).
6. RACE: White (W) Black (B) Hispanic (H) American Indian or Alaskan Native (I)
Asian or Pacific Islander (A) Other (O)
7. HGT - Height in feet and inches using all numerics. Example: 6' 01"=601.
8. WGT - Weight in pounds using all numerics.. Example: 135lbs. = 135
9. EYES - List eye color: BLK - Black BLU - Blue BRO - Brown
GRY - Gray GRN - Green HAZ - Hazel
10. HAIR - List hair color: BLK - Black BLN - Blond or Strawberry
BRO - Brown GRY - Gray or partially SDY - Sandy
RED - Red or Auburn BAL - Bald (if hairless or lost most of hair)
11. POB - Indicate city and state where the individual was born. Abbreviate State.
12. SOC - Social Security Number of individual.
13. SIGNATURE - Legible signature of person being fingerprinted must appear in this space.
14. CURRENT RESIDENCE - Complete number, street, city, state, and zip.
15. DATE - Indicate date fingerprints were taken.
16. Signature of person taking the fingerprints.
17. & 18. Fingerprint impressions.

2010 General Information For Child Care Providers

Department of Health and Human Services

Criminal Record Check Unit

What To Submit

- **New applicants** or applicants **qualified over a year ago** at a previous facility:
 1. Current, certified local history (less than 90 days old)
 2. Completed fingerprint card (Applicant FD 258)
 3. DHHS 004 form (brown bubble sheet)
- Applicants **qualified (through a fingerprint check) less than one year ago** at a previous facility:
 1. Current, certified local history (less than 90 days old)
 2. DHHS 004 form (brown bubble sheet)
- Applicants applying for the **3 year re-qualification** (on each 3 year anniversary of employment):
 1. DHHS 004 (brown bubble sheet)*

***Applicants who live out of state** are required to submit a current, local history from the clerk of court in their county of residence. DHHS doesn't have access to out of state records.
- Applicants who are submitting fingerprints via **Live Scan** must send in the completed Live Scan forms with all the other required paperwork on the **same day** they are fingerprinted. Results of the fingerprint check will not be released until all required forms are complete and on file with DHHS.

When to Submit

- Applicants have 5 days after hire to submit the complete/accurate paperwork to their director/owner.
- Director/owner has 3 additional days to submit the complete/accurate paperwork to Raleigh.

Where to Submit

- Mailing address: DHHS Criminal Record Check Unit/Child Care Team
2201 Mail Service Center
Raleigh, NC 27699-2201
- Unit phone number: (919)773-2856 or (800)859-0829 (in state only)
- Unit email address: DHHS.CRC.UNIT@dhhs.nc.gov

Things to Remember When Submitting CRC Paperwork

- Failure to submit a complete & accurate packet is **a violation of Child Care Rule 10A NCAC 09 .2702(c)**.
- Full, legal name of applicant is written/signed exactly the same on all 3 forms. **Do not use** nicknames or middle names as first names. If a name is **hyphenated**, it must be hyphenated on all paperwork.
- Only one (1) Applicant FD 258 fingerprint card is submitted and the card is not altered (white out, etc.).
- **A Division of Child Development issued ID#** (usually 8 digits) is included in Box #11. The only exception is for new family child care home **owners**.
- A date of hire is required in box #14. Date of hire is when an applicant is hired, when the FCCH was licensed, when a household member moved into the FCCH or when the household member turns 16.
- Disqualified applicants must contact DHHS for re-application **prior** to working in child care. Disqualified applicants are not eligible for hire or re-hire until a **subsequent** qualifying letter has been issued.

2010 Checklist for Child Care Providers

Department of Health and Human Services Criminal Record Check Unit

This is a tool to ensure complete and accurate paperwork. **Do not send it to DHHS.**

Applicant's Name: _____

Date of Hire: _____

LOCAL HISTORY (must be submitted for every applicant)

- _____ Included with packet
- _____ From the clerk of Superior court's office in the county of the **applicant's residence**
- _____ Less than 90 days old
- _____ Is the original with a certified seal (no photocopies)
- _____ Name on the local is correct & is exactly the same as shown on the bubble sheet and fingerprint card

BROWN BUBBLE SHEET-DHHS 004 (must be submitted for every applicant)

- _____ Included with packet
- _____ It is the new brown bubble sheet (not the old purple, green or blue sheets)
- _____ It is the original (no photocopies) and it is not torn, folded or mutilated in any way
- _____ It is filled out completely (front and back) and with a **#2 pencil**
- _____ A Division of Child Development ID# has been filled out in Box #11
- _____ A date of hire is written in Box #14*
- _____ The Authority For Release is signed by the applicant in pen on the back of the form. If the applicant is less than 18 yrs old, the parent or legal guardian's signature is required in addition to the applicant's signature.
- _____ Name on the bubble sheet/release is correct & is exactly the same as shown on the local & fingerprint card

FINGERPRINT CARD (submitted for new applicants or applicants qualified over a year ago)

- _____ Included with packet for new applicants/applicants qualified over a year ago at another facility
- _____ Correct type of card (FD 258)
- _____ All personal data, including signature, has been completed
- _____ Fingerprints were rolled by a trained professional (local law enforcement agency)
- _____ Only one (1) card has been submitted
- _____ Name on card is correct and is exactly the same as shown on the local and bubble sheet

LIVE SCAN FORMS (submitted when prints are taken electronically & a fingerprint card is not submitted)

- _____ Included with packet for new applicants/applicants qualified over a year ago at another facility **and** a fingerprint card has not been submitted.
- _____ Correct type of forms (for child care providers)
- _____ The form has been signed by the applicant, law enforcement agency that is taking the prints and the director/owner of the child care facility.
- _____ Name on forms is correct and is exactly the same as shown on the local and bubble sheet.

***DATE OF HIRE:** An applicant's date of hire is **one** of the following circumstances; 1. The date an individual was hired as an employee of a center or family child care home; **or** 2. The date the family child care home was licensed; **or** 3. The date a household member turns 16 years old **after** the family child care home was already licensed; **or** 4. The date when a household member moves into the family child care home **after** the family child care home was already licensed.

NOTE: Applicants applying for the 3 year re-qualification only have to submit the DHHS 004 (brown bubble sheet) form on each 3 year anniversary date of employment*. All 3 year re-qualification applicants should indicate "3 year re-check" in Box #10. **DHHS will accept 3 year re-qualification requests up to 6 months in advance of the employment anniversary.**

*Applicants who live out of state are also required to submit a current, local history from the clerk of superior court in their county of residence. DHHS doesn't have access to out of state records.

North Carolina Division of Child Development Credential Application
Early Childhood Credential (NCECC), Family Child Care Credential
(NCFCCC) and School-Age Child Care Credential (NCSACCC) (DCD.0168)

DCD Use Only
WFID# _____

A. APPLICANT INFORMATION—Fill in every blank or write N/A. Please print or type.				SSN (last 4 digits):	Date of Birth (mm/dd/yy):
Mr./Ms.	First Name:	MI:	Last Name:		/ /
Maiden Name:			Email Address:		
Home Mailing Address (Include Apt # or lot #, if applicable):			City:	State:	Zip:
Home Phone (include area code): ()		Cell Phone (include area code): ()		County of Residence:	

B. FACILITY EMPLOYMENT INFORMATION—If you are currently employed in a child care center or family child care home regulated by the Division of Child Development (DCD) you must provide all of the following:					
Facility ID# (on license):		Facility Name:			
Facility Address:			City:	State:	Zip:
Facility Phone #: ()	Date of employment (at this facility): / /	Date Employment ended: / /	# of hours worked per week on a regular basis: Check one: <input type="checkbox"/> 0-19 <input type="checkbox"/> 20-40 <input type="checkbox"/> 40+		
Current position at this facility (check one): <input type="checkbox"/> Director <input type="checkbox"/> Co-Director <input type="checkbox"/> Asst. Director <input type="checkbox"/> Family Child Care Home Provider <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Floater <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Group Leader <input type="checkbox"/> Other:					
If you were employed in a different DCD regulated facility at the time you completed the Credential coursework, you must provide all of the following:					Facility Name:
Facility ID# (on license):		Date of employment (at this facility): / /	Date Employment ended: / /	# of hours worked per week on a regular basis: Check one: <input type="checkbox"/> 0-19 <input type="checkbox"/> 20-40 <input type="checkbox"/> 40+	

C. EDUCATIONAL BACKGROUND—Check all that have been completed. Attach all college level official transcripts. Please check here <input type="checkbox"/> if the NC Community College is mailing your official transcript separately.					
High School Info (REQUIRED):		<input type="checkbox"/> High School Diploma (HSD)	<input type="checkbox"/> Adult HSD	<input type="checkbox"/> GED	Year graduated from HS or GED Program:
		<input type="checkbox"/> Currently Enrolled	<input type="checkbox"/> None:		
<input type="checkbox"/> AA/AAS	Major:	College:	<input type="checkbox"/> MA/MS	Major:	College:
<input type="checkbox"/> BA/BS	Major:	College:	<input type="checkbox"/> EdD/PhD	Major:	College:
Are you currently enrolled in a NC Community College Early Childhood curriculum program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of NC Community College: _____					
If all or part of your educational expenses have been paid by a scholarship, please check all that apply: <input type="checkbox"/> TEACH <input type="checkbox"/> Center Paid <input type="checkbox"/> CDA <input type="checkbox"/> Grant <input type="checkbox"/> Other: _____					

D. COURSE INFORMATION: Read the instructions for Section D. before proceeding!						
Course Code	Instructor's Name or Signature	Name of NC Community College where coursework completed	Date of Enrollment (mm/dd/yy)	Date Course Completed (mm/dd/yy)	# of Hrs. Absent	Grade
EDU 111						
EDU 112						
EDU 113						
EDU 119						
EDU 145						
EDU 235						
EDU 263						

Note: Successful completion of the credential coursework in regard to the certificate is determined by the NC Division of Child Development and is subject to laws, rules and regulations in effect upon completion of individual courses. I understand that approval of my credential certificate is conditional upon, but not limited to, successful completion of the coursework and receipt of a high school diploma or GED.

Check for accuracy, sign and date your application. Mail completed application with official transcripts. (see address on bottom of page 2) Please allow 8-12 weeks to receive your certificate.

This statement must be signed and dated by applicant: I attest to the accuracy of the above information.

Signature _____ Date: _____

Applicant should retain a copy of this form and any attached documentation for his/her records.

Please read these instructions carefully. (Keep this page for your reference.)

Incomplete forms will be returned and will delay processing.

YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS FORM to be considered for a credential certificate. Please print clearly in ink or type your answers. If a question does not apply to you, write N/A ("Not Applicable") in the space.

Applicant should retain a copy of this form and any attached documentation for his/her records.

Section A. Applicant Information:

Complete all requested information in this section. Please include your maiden name (if applicable). Do not abbreviate street names, cities or counties.

Section B. Facility Employment Information:

Note: Students completing any credential coursework after 12/31/2008 who are not also on a T.E.A.C.H. scholarship will not receive a bonus award.

Section C. Educational Background:

High School Information (*this is a required field*): Check one. **To qualify for any of the credential certificates, the applicant must have a High School Diploma** (from a regionally accredited high school), **Adult High School Diploma or GED**. High school diplomas do not need to be submitted unless specifically requested by DCD. Please know that DCD may request proof of high school diploma or GED at anytime.

College: Check all that have been completed. **Official transcripts must be attached for ALL completed college level coursework, certificates, diplomas and/or degrees.** Please do not attach copies of in-service training documentation as these are not considered college coursework. Photocopies of transcripts, student or internet copies, and grade reports are NOT accepted. For any coursework over 10 years old to be counted, you must have earned a certificate, diploma or degree or be currently enrolled in a degree program with credit given on a current official transcript for this older coursework.

***Accredited** is defined as an institution of higher education having nationally recognized regional accreditation by one of the six regional accrediting agencies. (For schools outside the U.S.A., the recognized system of the specified country's accreditation process will be accepted).

Section D. Course Information:

Credential Certificates:

NC Early Childhood Credential (NCECC) = EDU 111 and EDU 112 OR EDU 119

NC Family Child Care Credential (NCFCCC) = EDU 111 and EDU 113 OR EDU 113 and EDU 119

NC School-Age Child Care Credential (NCSACCC) = EDU 145 and EDU 235 OR EDU 145 and EDU 263

Credential Course Names:

EDU 111—Early Childhood Credential I, **EDU 112**—Early Childhood Credential II, **EDU 113**—Family Early Child Credential,

EDU 119—Introduction to Early Childhood Education, **EDU 145**—Child Development II,

EDU 235—School-Age Development & Program, **EDU 263**—Development of School-Age Program

- 1. Instructor's Name or Signature:** Provide name of course instructor. *If a course was completed before March 1, 2001*, the actual instructor or Early Childhood Department Chair must sign this form and fill in the appropriate boxes.
- 2. Name of NC Community College Where Coursework Completed:** Provide name of NC Community College where you enrolled in the course, not name of facility or building where course was held.
- 3. Date of Enrollment:** Provide date of first class you attended for this course. Example: 01/15/02 **NOT** Spring 2002
- 4. Date Completed Course:** Provide date of last class you attended for this course. Example: 12/15/02 **NOT** Fall 2002
- 5. # of Hrs. Absent:** *If you completed the course before July 1, 1999*, the number of hours missed must be provided by the instructor or department chair.
- 6. Grade:** Attach official NC Community College transcripts to the form to verify course grades.

NOTE:

- To qualify for the NCSACCC, you must have completed EDU 145 and EDU 235 or EDU 263 after March, 1999.
- All courses (EDU 111, EDU 112, EDU 119, EDU 113, EDU 145, EDU 235, and/or EDU 263) must be completed at a NC Community College with a grade of C or better to qualify for a credential certificate.
- Grade PE (Credit Received), CE (Credit by Exam) or EL (Experiential Learning) disqualifies you from receiving the credential certificate.

Mail to:

Division of Child Development
Workforce Education Unit
2201 Mail Service Center
Raleigh, NC 27699-2201

Questions?

Call the Workforce Education Unit
919-662-4567 or 1-800-859-0829

Website:

www.ncchildcare.net

ADDITIONAL CAREGIVER FILE CHECKLIST

Name of Employee: _____ Date of Employment: _____

The following items must be included in the additional caregiver's file including substitutes. Items with an * go in the emergency substitute file. To get more detailed information about each record listed below, go to the corresponding chapter of the Family Child Care Home Handbook noted in parentheses. Forms are available online at www.ncchildcare.net.

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Verification of age – 21 years-old. (Chapter 1) 18 years-old if emergency substitute*	Prior to license	
<input type="checkbox"/> Tuberculin (TB) Test (Chapter 1)	Prior to license	
<input type="checkbox"/> First Aid Training Certificate or card (Chapter 1)	Prior to hire date Renew every three years	
<input type="checkbox"/> CPR Certification (Chapter 1)	Prior to hire date Renew every two years	
<input type="checkbox"/> Copy of HS Diploma or GED (Chapter 1) Not required if additional caregiver works less than five hours.	Prior to hire date	
<input type="checkbox"/> Criminal History Check* (Chapter 1) Keep until you receive the qualifying letter from the Division.	By the end of the fifth working day	
<input type="checkbox"/> DCD Qualifying Letter (Chapter 1)	NA	
<input type="checkbox"/> Modified Criminal Record Check* (Chapter 1)	Every 3 years	
<input type="checkbox"/> Health Questionnaire (Chapter 1)	Within 60 days of employment date Annual compliance visit	
<input type="checkbox"/> ITS-SIDS Training (Chapter 1)	Within 4 months of hire date, if applicable, and every 3 years	
<input type="checkbox"/> In-service Training Record and Documentation for each training event (Chapter 1) Not required for an additional caregiver that works less than five hours.	Annual compliance visit	
<input type="checkbox"/> Early Educator Certification (Chapter 1)	Prior to start date	
<input type="checkbox"/> Child Care Requirements and Law Review statement* (Chapter 1)	Prior to providing care	

Review Statement

I have reviewed NC General Statute 110 and the NC Child Care Requirements with, _____, the additional caregiver and/or emergency substitute in my Family Child Care Home as required in .1701(d).

Print name

Operator Signature

Date