

Application for Enrollment

Date Application Completed: _____ Date of Admission: _____ School Location _____

Program:

Infant Toddler Young Preschool Pre-School School-Age Summer Camp Transportation

Typical hours of attendance: _____ A.M. to _____ P.M.

Monday Tuesday Wednesday Thursday Friday Full Day Half Day

Meals normally eaten at the center: Breakfast A.M. Snack Lunch P.M. Snack

Child's Information

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

Child's Physical Address: _____ Child lives with: _____

Is the child related to the primary caregiver? NO YES Male Female

Child's School (School-Age Child Only) _____ Hours of the School _____

Parent /Guardian 1 First Name: _____ M.I. _____ Last Name: _____

Address: _____

Date of Birth _____ / S.S _____ / D.L. # _____

Home Phone: () _____

Cell Phone: () _____ Email Address: _____

Work Phone: () _____ Occupation/Employer: _____

Work Address: _____ Work Hours: _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

Parent /Guardian 2 First Name: _____ M.I. _____ Last Name: _____

Address: _____

Home Phone: () _____

Date of Birth _____ / S.S _____ / D.L. # _____

Cell Phone: () _____ Email Address: _____

Work Phone: () _____ Occupation/Employer: _____

Work Address _____ Work Hours: _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

Health Care Needs : For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical plan shall be attached to the application. The medical plan must be completed by the child's parent or health care professional. Is there a medical action plan? YES OR NO

List any allergies and the symptoms and type of response required for allergic reactions:

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

List any chronic illness the child has and any medication taken for that illness:

Does your child have any medical diagnosis that requires ongoing care? Yes or No

Are you requesting that this care be provided at the facility? Yes or No

If yes, describe the care required and provide a doctor's statement for the above request.

List any particular fears or unique behavior characteristics the child has: _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child: _____

Any known allergies? _____

Any know drug allergies? _____

Physician Contact Information

Name of Physician: _____ Phone: _____

Address: _____

Name of Dentist: _____ Phone: _____

Hospital Preference Information

Hospital Name: _____ Phone: _____

Address: _____

Emergency Medical Authorization

In the event of an emergency, I give the center permission to obtain medical attention and medical transport when deemed necessary for my child _____ to the previous named hospital preference on page 2 or to the nearest available source of assistance for emergency medical care.

Parent Signature: _____ Date: _____

I, as the operator, do agree to arrange transportation to an appropriate medical resource in the event of an emergency. In an emergency, other children in the facility will be supervised by a responsible adult. I WILL NOT administer any drug or any medication without specific instructions from the physician or the child's parent or full time custodian.

Signature of Administer: _____ Date: _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up First Name: _____ M.I. _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up _____

2nd Contact/Pick Up First Name: _____ M.I. _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up : _____

3rd Contact/Pick Up First Name: _____ M.I. _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up : _____

The following is a childcare contract that acknowledges your weekly hours request. The agreement is between AMTCDC and Parent/Guardian _____ for the following child(ren) listed below.

| Name | Date of Birth | Age |
|------|---------------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |

Please be minded that all parents are allotted 10 hours a day/ 50 hours a week regardless of what is stated on your Subsidy Voucher. All schedule changes must be requested in writing for review to if accommodation could be met. Your approval/denial turn around period will be answered within a 72-hour period.

Monday: _____

Tuesday:

Wednesday: _____

Thursday:

Friday: _____

I understand that my contract hours do not transfer from week to week if I fail to maximize my time during the current week

I understand that extra time is not added to my hours if I enter late from my own scheduled time requested above

I understand that if I exceed my time on a daily basis, I must pay the late pick up fee of a \$1.00 per minute

I understand that late pick up fees are expected immediately or before services can be rendered the following day

I understand that if the daycare is closed for a holiday, teacher workday, inclement weather or if my child missed time from school being sick that the time missed is NOT added to the other days of week

Parent Signature

Date

AMTCDC Administrative Team Member Signature

Date

Tuition / Payment Information:

Current Tuition Amount: _____ Weekly Bi-Weekly Monthly Other _____

Who is responsible for payment of tuition and fees? Please indicate if parents are divorced and split tuition payment or if payment is the responsibility of an adult other than the parents/guardians listed above.

Parent Declarations:

- I was provided a copy of AMTCDC'S parent handbook
- I understand when I terminate child services that the parent handbook must be returned or pay a \$10 difference
- I was provided a copy of the summary of North Carolina Child Care Laws and Rules
- I was provided a copy of the financial policies outlined on AMTCDC Enrollment Financial Agreement
- I understand that a two week written notice must be given to terminate or pay the difference to exit immediately
- I have had an interview with an AMTCDC administrative team member in which at that time child care policies and procedure were explained. I was given the opportunity to ask questions or address concerns that I may have had in the interview process.
- I hereby agree to comply with the policies and procedures set forth in the parent handbook

Signature of Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY

| Date of Review | Parent Signature |
|----------------|------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Child's Withdrawal Date: _____

Reason for Withdrawal: _____

Thank You!

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____

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

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

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

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

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

Any mental disabilities? No ___ Yes ___ If yes, please describe: _____

Signature of Parent or Guardian _____ Date _____

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

Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____

Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____ Vision _____ Hearing _____

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

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed; _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____

Immunization History

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

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

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

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

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

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

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

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

Note: Children beyond their 5th birthday are not required to receive Hib or PCV vaccines.

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

| Record updated by: | Date | Record updated by: | Date |
|--------------------|------|--------------------|------|
| | | | |
| | | | |
| | | | |
| | | | |

Minimum State Vaccine Requirements for Child Care Entry

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



Immunization History

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

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

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

Summary of the North Carolina Child Care Law for Child Care Centers

What is Child Care? The law defines child care as:

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

It is only when all of these conditions exist that regulation is required. The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110. The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

Star Rated Licenses

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

Child Care Centers

Licensing as a center is required when six or more children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose not to be licensed. Programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Child Abuse, Neglect, or Maltreatment

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

Parental Rights

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

How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a child care center when there has been a complaint. Child care providers who violate the law or rules may be fined up to \$1000, issued an administrative action, fined and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements here, or if you have questions, please call the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829

Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every licensed center. These files can be viewed during business hours (8am-5pm) or requested via the Division's web site at www.ncchildcare.nc.gov or ; viewed from the Division's Child Care Facility Search Site <http://ncchildcaresearch.dhhs.state.nc.us/search.asp?lang=English>, requested by contacting the Division at 1-800-859-0829.

Licensed centers must, at a minimum, meet requirements in the following areas.

Staff Education and Criminal Records Background Checks

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours annually including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. One staff must complete the Emergency Preparedness and Response in Child Care training and plan. On January 1, 2013 House Bill (HB) 737 became effective. This legislation made criminal record checks a pre-service requirement. All staff must also undergo a criminal records background check initially, and every three years thereafter.

Staff/Child Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes for licensure are shown below and must be posted in each classroom. A sample staff/ratio chart can be found on the DCDEE website under "Provider Documents."

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

When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.

Space and Equipment

Centers must have at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well-maintained, and age-appropriate. Outdoor equipment and indoor furnishings must be child size, sturdy, and free of hazards that could injure children.

Program Records

Centers must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained.

Curriculum

The Division of Child Development and Early Education does not promote or require any specific curriculum over another. The Division website maintains a list of approved curriculums for four-year-old children. Activity plans must be available to parents and must show a balance of active and quiet activities. Rooms must be arranged to encourage children to explore and use materials on their own.

Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed programs to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) and must have space and time provided for rest. Centers must complete the Emergency Preparedness and Response in Child Care training and plan.

Transportation

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

Discipline and Behavior Management

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

The law and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. For more information about quality child care, parents can visit the Resources in Child Care website at www.ncchildcare.nc.gov. For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829; or visit our homepage at www.ncchildcare.nc.gov

This summary shall be posted for the public to view in accordance with GS 110-102



Division of Child Development and Early Education
 NC Department of Health and Human Services
 820 South Boylan
 Avenue Raleigh, NC 27669

Revised March 2016

Infant Feeding Plan

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

Child's name: _____

Birthday: _____
mm / dd / yyyy

Parent/Guardian's name(s): _____

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

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

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

TO BE COMPLETED BY PARENT

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

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

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

How often does your child usually feed?

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

Has your child started eating solid foods?

If so, what foods is s/he eating?

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

TO BE COMPLETED BY TEACHER

Clarifications/Additional Details:

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

If NO,

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

Is baby receiving solid food? Yes No

Is baby under 6 months of age? Yes No

If YES to both,

- o I have asked: Did the child's health care provider recommend starting solids before six months? Yes No

If NO,

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

Handouts shared with parents:

Child's name: _____

Birthday: _____
mm / dd / yyyy

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

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

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

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

My usual pick-up time will be: _____

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

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

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

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

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

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

Today's date: _____

Teacher Signature: _____ Parent Signature _____

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

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



CAROLINA GLOBAL
BREASTFEEDING INSTITUTE
Incorporating Faculty & Child Care

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<http://breastfeeding.unc.edu/>

In Collaboration With:

*NC Department of Health and Human
Services*

*NC Child Care Health and Safety Resource
Center*

NC Infant Toddler Enhancement Project

A Mother's Touch Child Development Center

8448 Haines Creek Lane, Raleigh, North Carolina 27616

Phone: 919.877.0101

5429 Kissimmee Lane, Raleigh, North Carolina 27616

3701 Sumner Blvd, Suite 130 Raleigh, NC 27616

I, the parent of _____ exercise my right as a parent to not breastfeed or express my milk at the facility during daycare operational hours. A secluded place that would require AMTCDC to provide a shield by an electrical outlet is not a necessary need for family. Currently, my child is either on the bottle or I express my milk in the comfort of my own home. My methods are as follows:

- I provide AMTCDC with clean, name labeled and dated bottles to be prepared at the daycare facility to be given to my child as directed on the Infant Feeding Plan.
- I provide AMTCDC with clean, name labeled and dated bottle that I prepare at home for my child to be given at the facility as directed on the Infant Feeding Plan.

Signed: _____ Date: _____ / _____ / _____

North Carolina

_____ County

I, _____ a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the above statement and is currently a parent of AMTCDC.

Witness my hand and official seal, this the _____ day of _____, of 20_____.

Notary Public Signature

Official Seal

My commission expires _____, 20_____



Child Care Facility: **A Mother's Touch Child Development Centers**

A safe sleep environment for infants reduces the risk of sudden infant death syndrome (SIDS) and other sleep related infant deaths. According to N.C. Law, child care providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share the policy with parents/guardians and staff. We implement the following safe sleep policy. **References:** N.C. Law G.S. 100-91 (15), N.C. Child Care Rules .0606 and .1724, Caring for Our Children

Safe Sleep Practices

1. We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants under 6 months of age on their **backs to sleep**, unless a signed *ITS-SIDS Alternate Sleep Position Health Care Professional Waiver* is in the infant's file and posted at the infant's crib. We retain the waiver in the child's record for as long as they are enrolled.
3. We do not accept *Parent Waivers* for infants older than six months.* **-OR-**
 We accept the *ITS-SIDS Alternate Sleep Position Parent Waiver*.
4. We place infants on their backs to sleep even after they can easily turn over from the back to the stomach. We then allow them to adopt their own position for sleep.
 We document when each infant can roll from back to stomach and tell the parents. We put a notice in the child's file and on or near the infant's crib.*
5. We visually check sleeping infants every 15 minutes and record what we see on a *Sleep Chart*. We check infants 2-4 month of age more frequently.*
6. We maintain the temperature in the room where infants sleep between 68-75°F and check it on the thermometer in the room.
 We further reduce the risk of overheating by not over-dressing infants*
7. We provide all infants supervised "tummy time" daily.
8. We follow N.C Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.
 We further encourage breastfeeding in the following ways:* _____
Safe Sleep Environment

9. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
10. We do not allow infants to use pacifiers. **-OR-**
 We allow pacifiers without any attachments. Pacifiers attached to clothing will be removed when placed to sleep.
 We do not reinsert the pacifier in the infant's mouth if it falls out.*
 We remove the pacifier from the crib once it has fallen from the infant's mouth.*
11. We do not allow infants to be swaddled.
12. We do not cover infants' heads with blankets or bedding.
13. We do not allow garments that restrict movement.*
14. We do not allow any objects, such as, pillows, blankets, or toys other than pacifiers in the crib or sleep space.
15. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
16. We give all parents/guardians of infants a written copy of the *Infant/Toddler Safe Sleep Policy* before enrollment. We review the policy with them, and ask them to sign a statement saying they received and reviewed the policy.
 We encourage families to follow the same safe sleep practices to ease infants' transition to child care.*
17. Family child care homes: We post a copy of this policy and a safe sleep practices poster in the infant sleep room where it can easily be read.
18. Centers: We post a copy of this policy in the infant sleep room where it can easily be read.

Ch *Indicates we follow this best practice recommendation.

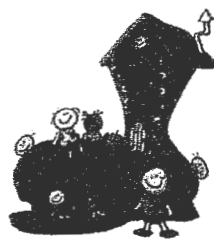
Effective date: _____ Review date(s): _____ Revision date(s): _____

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

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

Child's Enrollment Date: _____ Parent/Guardian Signature: _____ Date: _____

Facility Representative Signature: _____ Date: _____



A Mother's Touch Child Development Centers™

INFANT SAFE SLEEP ACKNOWLEDGEMENT

As a parent of a child who is enrolled at AMTCDC, I acknowledge that I have received the Infant Safe Sleep Policy along with an information packet on an Infant Feeding guide for parents and caregivers.

I hereby agree to and will abide by the policy as it is set forth and explained.

Child's Name

Parent's Name

Parent's Signature

Date

