

HEALTH CARE NEEDS: Any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to this application.

Is there a medical action plan attached? YES NO

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

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

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

*List any types of medication taken for health care needs

*Any other information you want to share that has a direct bearing on assuring safe medical treatment for your child

*List any Chronic Illness (Allergy requiring EpiPen, Asthma, Diabetes, Seizures, Sickle Cell Anemia) the child has & medication taken for that illness _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____

Office Phone _____

Hospital Preference _____ Phone _____

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

SIGNATURE OF PARENT/GUARDIAN

DATE

I, as the GLA representative, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instruction from the physician or the child's parent, guardian, or full-time custodian.

SIGNATURE OF GRACELIFE ACADEMY REPRESENTATIVE

DATE



PermissionForm

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

Parents Signature _____ Date _____

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

Parents Signature _____ Date _____

I give permission for Grace Life Academy to provide juice for my child, _____.

Parents Signature _____ Date _____

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: Please attach a copy of the immunization record.

VACCINE	DOSE #1	DOSE #2	DOSE #3	DOSE #4	DOSE #5
DTP/DT					
POLIO					
HIB					
MMR					
VARICELLA					
HEP B					

Name of Facility: GraceLife Academy

Discipline and Behavior Management Policy

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

We:

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

We:

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

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

Date of Child's Enrollment: _____

Signature of Parent or Guardian _____ Date _____

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

“Time-Out”

"Time-out" is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time-out" space, usually a chair, is located away from classroom activity but within the teacher's sight. During "time-out," the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other children.

Adapted from original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College

Nutritional Guidelines

The following Nutritional Guidelines are mandated by the state of North Carolina.

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

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

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

LUNCH REQUIREMENTS	1 - 2 Year Olds	3 - 5 Year Olds	5 - 12 Year Olds
Meat, Poultry, Fish, Cheese	1 ounce	1 1/2 ounces	2 ounces
Egg	1/2 egg	3/4 egg	1 egg
Peanut Butter	2 tablespoons	3 tablespoons	4 tablespoons
Vegetable	1/4 cup	1/2 cup	3/4 cup
Fruit	1/4 cup	1/2 cup	3/4 cup
Bread	1/2 slice	1/2 slice	1 slice
Rice/Noodles/Potatoes	1/4 cup	1/4 cup	1/2 cup
Crackers	4 crackers	6 crackers	8 crackers

I have reviewed the Nutritional Guidelines and agree to comply with them as long as my child is enrolled at GraceLife Academy.

Child's Name _____

Parent Signature _____ Date: _____

PARENT HANDBOOK:

Agreement of Policies

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

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

Parent's Signature: _____

Date: _____

RECEIPT OF THE NORTH CAROLINA LAW AND RULES

I, the parent of _____

have received the brochure summary of the NC Child Care Law
and Rules.

Signature _____

Date: _____

The following requirements apply to both centers and homes.

Transportation

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

Program Records

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care.

Discipline and Behavior Management

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

Parental Rights

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

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information visit the Resources in Child Care website at: www.ncchildcare.nc.gov. For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829 (In State Only), or visit our homepage at: ncchildcare.nc.gov

Reviewing Files

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

- viewed during business hours (8 a.m. -5 p.m.);
- requested via the Division's web site at www.ncchildcare.nc.gov; or
- requested by contacting the Division by telephone at 919-527-6335 or 1-800-859-0829 -800-859-0829.

How to Report a Problem

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

Child Abuse, Neglect, or Maltreatment

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



Division of Child Development and Early Education
5 Star Rated License • Prekindergarten • Subsidized Early Education for Kids

Summary of the North Carolina Child Care Law and Rules

Division of Child Development and Early Education

North Carolina Department of Health and Human Services
820 South Boylan Avenue
Raleigh, NC 27699

Revised March 2016

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.

What Is Child Care?

The law defines child care as:

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

The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

Star Rated Licenses

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

Family Child Care Homes

A family child care home is licensed to care for five or fewer preschool age children, including their own preschool children, and can include three additional school-age children. The provider's own school-age children are not counted. Family child care homes will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants. Licenses are issued to family child care home providers who meet the following requirements:

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

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes for licensure are shown below and must be posted in each classroom.

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

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

Space and Equipment

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 developmentally appropriate. Outdoor equipment and indoor furnishings must be child size, sturdy, and free of hazards that could injure children.

Curriculum

Four and five star programs must use an approved curriculum in their four-year-old classrooms. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

Health and Safety

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

complete an ITS-SIDS training (if caring for infants 0 -12 months) every three years and the Emergency Preparedness and Response in Child Care training and plan. They also must complete a minimum number of training hours annually.

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

Child Care Centers

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

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

Licensed centers must meet requirements in the following areas.

Staff

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

Staff/Child Ratios

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

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

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

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

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

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

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

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

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

Parent (or Legal Guardian)

Date

POTASSIUM IODIDE IN CHILD CARE FACILITIES

FACTS FOR PARENTS/GUARDIANS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy



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

Background

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

Procedure/Practice

Recognizing:

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

Responding to:

If SBS/AHT is suspected, staff will:

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

Call the parents/Guardians.

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

Reporting:

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

References

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

Application:

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

Date of Child's enrollment _____

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

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date: _____

Infant/Toddler safe sleep policy
gracelifeacademy 
of Pineville

A safe sleep environment for infants reduces the chances of sudden infant death syndrome (SIDS) or other sleep related infant deaths. According to N.C. Law, child care providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share the policy with parents/guardians and staff. We implement the follow in safe sleep policy

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

Safe Sleep Practices

1. We train all staff and substitutes caring for infants aged 12 months or younger on how to implement our Infant/Toddler safe sleep policy
2. We always place infants on their backs to sleep. *Exception: A signed Health Care Professional Recommendation Alternate Sleep Waiver is in the infant's file and posted at the infant's crib.*
3. We place infants on their backs to sleep even after they can easily turn over from the back to the stomach. We allow them to adopt their own position for sleep.
4. We document when each infant can roll from back to stomach and tell parents. We put a notice up on or near child's crib.
5. We visual check sleeping infants every 15 minutes and record what we see on a Sleep Chart. We document the infant's sleep position, breathing and skin color.
6. We maintain the temperature in the room where infants sleep between 68-75 F and check it on the thermometer in the room.
7. We further reduce the risk of overheating by not over-dressing or over-wrapping infants.
8. We provide all infants supervised "tummy time" daily
9. We follow N.C. Child Care Rules .0901 (j) and .1706 (g) regarding breastfeeding.

Safe Sleep Environment

1. We use Consumer Product Safety Commission approved cribs or the approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
2. We allow pacifiers without any attachments.
3. We do not cover infants' heads with blankets, bedding or bibs.
4. We allow one lightweight receiving blankets. We tuck them in at the foot and along the sides of the crib.
5. We do not allow objects other than pacifiers in the crib or sleep space.
6. We give all parents/guardians of infants a written copy of the Infant/Toddler Safe Sleep Policy before enrollment. We ask them to sign a statement saying they have received and reviewed the policy.
7. We encourage families to follow the same safe sleep practices to ease infants' transition to child care.

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

Parent/Guardian Signature: _____

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

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

Facility Representative Signature: _____ Date: _____

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. 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

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

	Frequency of Feedings	Approximate amount per feeding	Details about feeding
Mother's Milk			
Formula			
Cow's milk			
Cereal			
Baby Food			
Table Food			
Cup			

ALL FOOD, BOTTLES, CUPS, ETC MUST BE LABELED WITH THE CHILD'S NAME AND DATE

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

My usual pick-up time will be: _____

Clarifications/Additional Details:

Handouts shared with parents: Yes _____ No _____

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

Today's Date: _____ Parent Signature: _____

Teacher's Signature: _____

*****CHANGES MUST BE LISTED ON THE BACK*****

ANY CHANGES MUST BE NOTED BELOW AND INITIALED BY BOTH THE TEACHER AND THE PARENT.

DATE	CHANGE TO FEEDING PLAN	PARENT INITIALS	TEACHER INITIALS