

J Bear Child Development Center

The following requirements apply to both centers and homes.

Transportation

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

Records

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

Discipline

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in 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 family child care homes and centers. Religious-sponsored programs which notify the Division of Child Development 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 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. 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.net. For more information on the law and rules, contact the Division of Child Development at 919-662-4499 or 1-800-859-0829, or visit our homepage at: <http://www.ncchildcare.net>.

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 work hours;
- requested via the Division's web site at www.ncchildcare.net;
- or,
- requested by contacting the Division at 1-800-859-0829.

How to Report a Problem

North Carolina law requires staff from the Division of Child Development to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be fined up to \$1,000 and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development at 919-662-4499 or 1-800-859-0829.

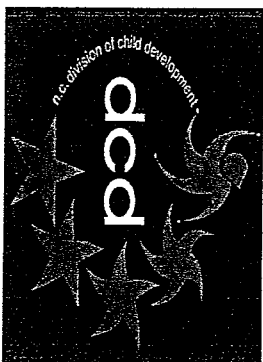
Child Abuse or Neglect

Abuse occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. Abuse may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. Neglect occurs when a child does not receive proper care, supervision, or discipline, or when a child is abandoned. *North Carolina law requires any person who suspects child abuse or neglect to report the case to the county department of social services.* In addition, any person can call the Division of Child Development at 919-662-4499 or 1-800-859-0829 and make a report of suspected child abuse or neglect in a child care operation. Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any abuse/neglect complaint or the issuance of any administrative action against the child care facility.

North Carolina Child Care Law and Rules

Division of Child Development
North Carolina Department of
Health and Human Services
319 Chapanoke Road
Raleigh, NC 27603

May 2009



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.

2,000 copies of this document were printed at a cost of \$179.64 or \$0.09 per copy.

Summary:

J Bear Child Development Center

Permission Slips

Please sign below if your child has permission to watch **PG Rated movies**

Childs Name _____

Parent's signature _____

Date _____

Please sign below if you chaild has permission to ride the **J-Bear Van**

Childs Name _____

Parent's signature _____

Date _____

J Bear Child Development Center

Parent / Guardian Agreement

The Center agrees to furnish day care for _____ from _____ to _____, Monday - Friday excluding holidays.

I agree to bring the child to the Center by 9:30 am. Each day the child will be released to me or the following persons:

Name	Address	Phone	Relation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fees
() I agree to pay the weekly fee of \$_____. I understand that payments must be made on Friday in advance of each week and that my child's enrollment may be terminated if fees are two weeks overdue.

I understand that the children may be photographed and video taped for training purposes and for media presentation. I consent to this type of filming / photography of my child.

In case of Accident or Illness while the child is under the care of the Center, I will be contacted immediately. In an emergency, please notify _____

In case no contact can be made with me, the Center will secure medical attention from my doctor who is: _____ or the Center will secure medical attention for my child at _____ Hospital. A staff person will accompany and remain with my child while receiving medical attention. Telephone number of emergency contact _____.

If I can not be reached please notify the following:

Name _____ Place _____ Phone _____

Others who may be notified are Please list names and numbers

If emergency medical attention becomes necessary. I give my permission for my child _____ receive the treatment the physician deems necessary.

I authorize the release of Medical information to the Center on _____ I understand this information will be kept confidential.

I give my permission for my child to go on the field trips planned by the Center. I will receive a memo about each field trip.

I agree to cooperate with the director, the teachers, and the teacher assistants with visits at the Center and phone communication.

Parent / Guardian _____

Director _____ Date _____

J Bear Child Development Center

Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and selfdiscipline. 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"
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 _____

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Medical Information: You must provide a complete shot record for your child with all required immunizations

Child Information

Does your child have any known allergies (such as dust, plants, animals, food, etc.)? If yes what are they?
Be Specific

Does your child take medication every day? _____ If yes name of medication _____

Why does your child take this medication? _____

Does your child have any handicaps or medical problems? _____

Emergency Care Information

Name of your child's Doctor _____ Office Phone _____

Office Address _____

Hospital Preference _____

If neither parent (or guardian) can be contacted, call

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I agree that the operator may authorize the physician of his/ her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Application Date

Parent / Guardian Signature

I, as the operator, do agree to provide 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 medication without specific instructions from the physician or the child's parent, guardian or full-time custodian.

Provisions will be made for adequate and appropriate rest and outdoor play.

Date

Operator's Signature

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Date _____

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Parental Agreement

I have received, read and agree to all operational policies, and parent involvement policies included in the parent handbook. I understand that any information obtained about my child will be kept confidential. Please keep the handbook for future reference.

I have read and understand the discipline policy contained in the parent handbook, and in the application for enrollment.

I authorize the release of medical information to J-Bear on _____.

Medication policies and procedure: I understand that my child's teacher will only give medication that is prescribed for them, labeled with child's name, dosage amount, administration time, and duration of prescribed time frame. I agree to sign a medication permission slip each week for medication to be administered to my child. I also agree not to store any type of medication or any item that would pose a safety risk in my child's| diaper bag.

Full/Part time tuition payment procedures: Tuition is to be paid each Friday for the upcoming week's care, or on arrival of the first day of care for that week. If additional care is needed for that week, we will accept payment at departure for additional hours of care.

Drop off care payment procedures: payment is expected at departure, unless prior arrangements have been made with the center director.

After school program tuition payment procedure: Tuitions is to be paid each Friday for the upcoming weeks care. I understand that the regular fee of \$_____, will be billed weekly to hold my chid's slot in the program. I agree to an additional fee of \$_____will automatically be charged for full day care any time my child is in attendance at the center for a full day when public schools are closes.

My child _____ is enrolled in the _____ classroom. The payment procedures stated on this form, and in the parent handbook and agree to abide by them. I also agree to pay any expense incurred by J-Bear to recover any unpaid balance I may have. Payments are accepted with cash or check, and a \$25.00 charge for any returned check.

I agree to work cooperatively with the center teaching staff, discussing any concerns only with teacher or director.

I agree to notify the center of any change of address, phone numbers, lace of employment, regular attendance, emergency contacts or medical needs that pertain to my child.

I understand that I will be contacted immediately in the event of an injury or accident involving my child. If emergency medical treatment becomes necessary and I can not be reached, the center will secure and accompany my child for needed medical attention that a physician deems necessary.

The center has permission to photograph/film my child for special projects, training purposes and for media purposes. I consent to this type of filming or photography.

Parent / Guardian signature

Center Directors signature

Date

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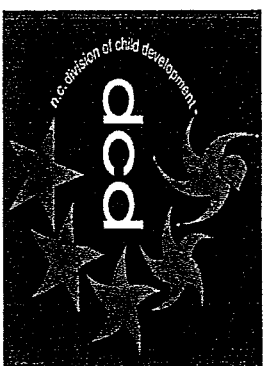
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Director _____ Date _____