



**Dilworth Child Development Center
Full Time Application Infant/Toddlers 2010-2011**

Child's Name: _____ DOB: _____

Address: _____ Phone: _____

City/State/Zip: _____

DUMC Church members Yes or No

Allergies: _____ Fears: _____ Behaviors: _____

(if none- please state "None Known")

Photo Permission: () Yes () No

Observation Permission: () Yes () No

Juice Concentrate Permission: () Yes () No

(our juice concentrate is mixed with water)

Mother: _____ Home Phone: _____

Employer: _____ Cell Phone: _____

Work Phone: _____ E-Mail _____

Father: _____ Home Phone: _____

Employer _____ Cell Phone: _____

E-Mail: _____ Work Phone: _____

Persons Authorized to Pick Up My Child

(Must have one pick-up listed other than parent in cases of emergency).

Name	Relationship	Day Phone	Evening Phone

**Photo ID will be required for pick up. Anyone not authorized will require permission from guardian in writing prior to pick up time.*

Emergency Care Information

Doctor: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

Hospital Preference: _____ Phone: _____

Authorization and Consent

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Dilworth Child Development Center (Dilworth Child Development Center) to transport my child to the above named or nearest hospital or medical facility and to secure for my child the necessary medical treatment. I understand that teachers in the childcare center are trained in the basics of First Aid and CPR. I authorize them to give my child First Aid or CPR when appropriate.

Parent Signature: _____ Date: _____

Parent Signature _____ Date _____

Director Signature: _____ Date: _____

Parent
Signature: _____

Date: _____

Dilworth Child Development Center
Guidelines for Positive Discipline

A basic respect for children is reflected in positive discipline techniques, which help children learn self-discipline as they build self-esteem. Discipline encompasses all those actions taken by parents and teachers to enhance the probability that children will develop effective behaviors that are self-fulfilling, productive and socially acceptable.

1. Set realistic expectations for young children's behavior.
 - ✓ Recognize that opposition behavior is normal for children at this early stage in their development. Accept children's struggle for autonomy and independence as an important developmental milestone of crucial importance to later development, even when it results in resistance to adults.
 - ✓ Limit your expectations to what is realistic—"small expectations for small children."
 - ✓ Clarify your expectations for children so they clearly understand what you expect.
 - ✓ Involve children in the process of developing rules for behavior in the classroom or in your home.
 - ✓ As much as possible, reach consensus as parents and teachers to ensure consistency in expectations and limits for children.

2. Create an *environment* that enhances the probability that children will behave in appropriate ways. Prevention is often the very best cure.
 - Maintain a safe, childproof environment. Be sure that there are appropriate alternatives for children's exploration and play, for example, toys displayed on open shelves within easy reach.
 - Add to the environment by offering materials or activities that interest children.
 - Change the environment by reorganizing the space or rearranging items.
 - Restructure schedules to match short attention spans and need for changes in activity.
 - ✓ Anticipate possible problems before they happen and use distraction to channel children's behavior in more acceptable ways.
 - ✓ Let your own actions and interactions with children be a "model" for the qualities and behaviors you hope to foster in them. Speak and act only in ways you want children to speak and act.

3. Focus on *positive communication techniques* to gain children's cooperation.
 - Give hugs to communicate your affection for children.
 - Pay close attention to the feelings children express and show acceptance and understanding of their feelings by actively listening. (e.g.: "I can see you're feeling.....")
 - Be generous in your use of encouragement rather than praise to recognize children's efforts and improvement, not just their accomplishments, and to build their self-confidence and feeling of worth.
 - Demonstrate acceptance ("You figured that out all by yourself.")
 - Show confidence in their abilities ("I know you'll do your very best.")
 - Focus on contributions ("Thanks, I really appreciate your cooperation.")
 - Recognize effort and improvement ("It looks as if you worked very hard on that.")
 - Use reasoning and I-messages to help children understand why we expect certain behaviors from them and to set the stage for constructive problem solving.
 - Describe an unacceptable behavior ("When toys are left all over the room....")

- State your feeling (“.... I get concerned...”)
 - State the consequence (“.... because I am afraid your things will get lost or broken.”)
4. Turn destructive behavior situations into constructive ones by *giving children alternatives*.
- ✓ Observe children carefully to determine any pattern in or reasons for their misbehavior.
 - ✓ Recognize and acknowledge children’s feelings and goals, even when you cannot accept their actions. (“I can see that you like to draw, but I’m worried that crayon marks will not come off the wall.”)
 - ✓ Tell children what else they can do instead of what they cannot do. (“You can make a picture on a piece of paper.”)
 - ✓ Provide alternatives so that children are given an opportunity to learn more acceptable ways of behaving in the situation. (“Would you like to use crayons and paper or would you like paint at your easel?”)
 - ✓ Provide children with “renewal” time when they and/or you need time and space for calming- rather than “time out” as a punishment.
5. Use *natural and logical consequences* to motivate and empower children to make responsible decisions about their behavior.
- ✓ Help children to see the consequences of their behavior for other people. (“When you call her names, her feeling hurt and she doesn’t want to play with you anymore.”)
 - ✓ When children misbehave, allow them to experience the natural and logical consequences, which are related to their actions, instead of using punishment to control their behavior.
- Sometimes allow natural consequences to help children learn from the natural order of the physical world. For example, a child who chooses not to eat lunch may experience hunger later. A child who misuses a toy may find it breaks.
 - Administer logical consequences to help children learn from the social order of their world. For example, a child who spills milk on the floor is responsible for helping to clean it up. A toy is removed when a child is misusing it.

Give children the choice of how to behave, and follow through with the consequences calmly and consistently so they may learn from experience what behaviors “work”. (You may stay and dig in the sandbox with your friend; but if you are throwing sand, you’ll have to leave the area.)

- ✓ Always give the children the assurance that they may try again later to behave responsibly if they have misbehaved. (“I can see you’re not ready to play in the sandbox. You need to find something else to do now. You may try sandbox again later.”)

Avoid the use of punishment, which is inconsistent with the principles of positive discipline. In particular, the following uses of punishment are absolutely discouraged:

- Corporal punishment, including spanking
 - Cruel or severe punishment, humiliation or verbal abuse
 - Denial of food as a form of punishment
 - Punishment for soiling, wetting or not using the toilet.
6. Teach children to develop their ability to solve their own problems by *modeling conflict resolution skills*.
- Defuse anger first through active listening
 - Acknowledge and support children’s feelings
 - Collect information about what happened
 - State the problem clearly and objectively
 - Help children generate multiple solutions to the problem
 - Have children look at possible consequences of the solutions and evaluate them
 - Involve children in deciding on a solution and planning for its implementation

Child's Name: _____ **Date:** _____

DCDC Acknowledgment Pages

Permission for Walks-Circle one.

My child is **(yes)** or is not **(no)** able to participate in walks taken in the areas surrounding DCDC-, weather permitting. These walks include, but are not limited to, the DUMC/DCDC building and grounds, and a four block radius of the DUMC campus. I understand that faculty of Dilworth Child Development Center will supervise my child during walks and that infants and young toddlers will go in a buggy or stroller. I understand that a separate field trip permission slip will be sent home if my child will be leaving the Center for any extended period of time (for preschool and school age children only).

Signature of Parent (Date)

Receipt of Guidelines for Positive Discipline

I have received and reviewed a copy of the Dilworth Child Development Center "Guidelines for Positive Discipline" and I understand the contents. I agree to all procedures and conditions set forth therein.

(Signature of Parent) (Date)

North Carolina Child Day Care Law and Rules/Safe Sleep Policy Receipt

I have received a copy of the North Carolina Child Day Care Law and Rules and the NC Child Safe Sleep Policy
(please pick this up when bringing your child in)

(Signature of Parent) (Date)

Please attach a copy of your child's current immunizations records.

Child's Name: _____ **Date:** _____

CENTER'S DIRECTORY

If you would like to be included in the Center's Directory, to be distributed in your child's classroom, please sign below. The information will contain child's name, parent and guardian's name, address and telephone number.

I give permission for my child's name and information to be included in the Center's Directory:

Signature of
Parent or Guardian: _____

PHOTOGRAPHS AND PUBLICITY

Photographs of children participating in our programs may be taken from time to time and may appear in newspapers, magazines, brochures or other publications. Local TV media may on occasion film center events for on air presentation. Please sign below.

I give permission to include my child's/family photograph/image for the use in the above materials:

Signature of Parent/Guardian: _____

WITHDRAWAL NOTICE

You may withdraw your child from our program at any time. **A 30 DAY WRITTEN WITHDRAWAL NOTICE IS REQUIRED** and must be turned into the office. If the required notice is not given when your child has been withdrawn, the responsible party will be charged for the two week required notice period.

Please sign below indicating that you fully understand and agree with the above statement:

Signature of
Parent or Guardian: _____

PARENTAL PARTICIPATION

Children benefit from parental participation in the Center. We encourage parents to be actively involved in our Center by accompanying children on field trips and participating in Center events such as dinners, fund raisers, socials, work days, etc. at DCDC.

Please sign below indicating that you will actively participate in Center activities and events.

Signature of
Parent or Guardian: _____

Child's Name: _____ **Date:** _____

GENERAL ACKNOWLEDGMENTS

- ✓ I agree that in case of accident or injury, emergency medical care may be given in the event that I cannot be contacted immediately.
- ✓ I understand that teacher's will only give my child medication that is prescribed for them, labeled with dosage amount and the time to be given. I agree to sign a medical permission slip daily for medication to be administered to my child.
- ✓ I agree to always have emergency persons and correct telephone numbers of file for my child.
- ✓ I also agree that if my telephone number, place of employment, or contact persons changes I will notify the Center of the correct information immediately.
- ✓ I agree that if my child is to arrive after 9am I am responsible for making a call to the center in order for the child to be placed in the daily lunch count.

Financial Agreement:

I (we) understand that we have enrolled our child(ren) and are expected to pay registration, tuition and annual registration fees in accordance with the center policies. We understand that in the event that we do not follow the financial guidelines that applicable fees will be applied to our account.

I(we) acknowledge the Center policy for a 30 day notice in the event that we either age out of the center or choose to leave for any reason.

Please sign below indicating that you agree to the above statements.

Parent /Guardian Signature: _____

Director Signature: _____

Child's Medical Report

Name of Child: _____ Birth date: _____

Name of Parent or Guardian: _____

Address of Parent or Guardian: _____

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 _____; Others?
What/When? _____

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

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

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the NC Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program. The date of examination may not be more than one year old. Height _____% Weight _____%

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____

Throat _____ Neck _____ Heart _____ Chest _____ Adb/GU _____

Ext _____ Neurological System _____ Skin _____

Results of Tuberculin Test: Type _____ Date _____ Normal ___ Abnormal __

Should activities be limited? _____

Any other recommendations? _____

Signature of authorized Examiner/Title _____

Date of Examination _____ Phone _____

Parent Signature: _____ Date: _____

Office Address
(May use stamp)

Dilworth Child Development Center
Health Care Policies

DCDC understands that it is difficult for a parent to miss or leave, therefore it is suggested that alternative arrangements be made for occasions when children must remain at the home or be picked up due to illness.

- If your child has any of the following conditions or symptoms, we will contact you to pick up your child from the center (*within 1 hour*) in order to prevent contagion of other children and staff, and to provide comfort to your child.
- **Fever accompanied by other symptoms (Temperature of 100F taken by mouth, 99F under the arm, or 101F taken by ear using “rectal” equivalent)**
- Any rash suspicious of contagious childhood disease
- Vomiting accompanied by other symptoms (fever, rash, diarrhea, crankiness, etc.)
- Diarrhea accompanied by other symptoms (fever, rash, vomiting, crankiness, etc.) **or** uncontrolled diarrhea (stool runs out of diaper or child unable to get to toilet in time)
- Any skin rash, lesion or wounds with bleeding or oozing of clear fluid or pus
- Conjunctivitis, also called “pink eye” with white or yellow discharge- *24 hours symptom free = typically 2-3 days out of the center.*
- Mouth sores with drooling-(Typical in Hand Foot and Mouth Disease)
- Any condition preventing the child from participating comfortably in usual program activities
- Any illness or condition requiring one-on-one care
- Scabies, head lice or other infestations
- Constant, uncontrolled nasal discharge or constant, uncontrolled productive cough (raising phlegm)
- Any contagious illness which is reportable[^] to the Department of Public Health (see communicable disease list)

After a child was excluded for any of the above reasons, in order to return to the program the following conditions must be met:

- A child must be free from fever, vomiting, diarrhea (without symptoms) for a full 24 hours
- Any child prescribed an antibiotic for a current bacterial infection must take the prescription for a full 24-hour course before returning
- A child must be able to participate comfortably in all usual program activities, including outdoor time
- The child must be free of open, oozing skin conditions unless 1) a health care provider signs a note stating that the condition is not contagious **and** 2) the involved area(s) can be covered by a bandage without seepage of drainage through the bandage
- A child excluded because of lice, scabies or other infestation may return 24 hours after treatment is begun with a note from a doctor* stating the child is larvae- or nit-free
- If a child was excluded because of a reportable[^] contagious illness, a doctor’s* note stating that the child is no longer contagious is required prior to re-admission.

* If the circumstances where the child’s parent is also a doctor, the note must be a physician who is not the child’s parent.

[^] Each state publishes a listing of communicable diseases (such as measles, tuberculosis, whooping cough, etc.), which must be reported to the Department of Public Health upon diagnosis.

The final decision whether to exclude a child from the program is made by the childcare center.

FAMILY INTERACTIONS:

Usual method of discipline: _____

Who is responsible for discipline: _____

Reward for good behavior: _____

Playing Habits

Plays with others? Whom? _____

Best friends name? _____ Pet's name _____

Favorite Toy _____ Favorite subject to talk _____

about _____

PREVIOUS GROUP EXPERIENCE:

Sunday School? _____ Day Care? _____ Where _____

Nursery School? _____ Where? _____ Other _____

Has the child had any of the following experiences during the last six months?

Birth of another child? _____ Moving _____ Serious Illness _____ Death in family _____

Other _____

OTHER INFORMATION

Additional services which are different from those provided by the center's routine program, (i.e. special exercises, equipment, materials, or accommodation of special services personnel)

Other important information:

This Individual Care Plan will be updated every 3 months or sooner if requested by a parent/guardian.

PARENT SIGNATURE _____ **DATE** _____

FACULTY SIGNATURE _____ **DATE** _____

Date of change _____ Parent Initials _____ Faculty Initials _____

Date of change _____ Parent Initials _____ Faculty Initials _____

Date of change _____ Parent Initials _____ Faculty Initials _____

Date of change _____ Parent Initials _____ Faculty Initials _____

Date of change _____ Parent Initials _____ Faculty Initials _____

Date of change _____ Parent Initials _____ Faculty Initials _____

** Note: DCDC faculty place infants to sleep on their backs unless a waiver has been signed by a physician.

*** Following recommendations of the American Academy of Pediatrics, the Consumer Product Safety Commission, and the National Institute of Child Health and Human Development, soft items such as bumpers and quilts are eliminated from cribs and the use of heavyweight sleepers instead of blankets is recommended.

**** If diaper ointment or lotions are needed, a medication permission form must be signed.

All CCRI/Scholarship DCDC families are required to fill out this form.

**USDA-Women's and Children's Health- CHILD FOOD PROGRAM ELIGIBILITY FORM
MEAL BENEFIT FORM FOR SCHOOL YEAR -2009-2010**

Complete, sign and return the form to **DCDC** _____ . Please read the instructions. If you need help completing this form, call: **704-333-7225** _____ .

1. CHILD'S NAME: _____

**FOR MEAL BENEFITS IN SCHOOL, FOR MEAL BENEFITS IN CHILD CARE,
FILL OUT THIS INFORMATION: FILL OUT THIS INFORMATION:**

Child's Grade: _____ **Name of Child Care Center:** **Dilworth Child Development Center**
**FOR MEAL BENEFITS IN THE SUMMER FOOD SERVICE PROGRAM (SFSP), CHECK THIS
BOX []**

2. Is this a FOSTER CHILD? (See the instructions). If this is a foster child, check here [] and write the child's monthly personal use income here: \$ _____ . Go to section #5.

3. Are you getting FOOD STAMPS, TANF or FDPIR benefits for your child or, for Tier II day care homes, are you enrolled in any other eligible subsidized benefit program? List the CASE NUMBER. DO NOT complete section #4. Go to section #5.

Food stamp case number: _____ **FDPIR case number:** _____

TANF case number: _____

(For Parents of children in Tier II day care homes only) Other eligible program and case number:

**4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete sections #2 or #3)
List all household members, including the child listed above. List all income. Go to section #5.**

Names Current Monthly Income

Names of all other Household Members	Monthly wages/salary	Monthly Social Security earnings	Monthly Public Assistance/Child Support Earnings	Monthly retirement, Pensions or Other Earnings-specify

5. SIGNATURE AND SOCIAL SECURITY NUMBER:

PENALTIES FOR MISREPRESENTATION: *I certify that all of the above information is true and correct and that the food stamp, FDPIR, TANF or other eligible program case number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to Prosecution under applicable State and Federal laws.*

Signature of Adult: _____

Social Security Number: _____ - _____ - _____

Are you a family day care home provider applying for Tier I benefits? Y [] N []

Printed Name: _____ **Home Phone:** _____

Work Phone: _____ **Home Address:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Date:** _____

Privacy Act Statement: Unless you list the child's food stamp, FDPIR or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or TANF office to determine current certification for food stamps, FDPIR or TANF benefits. contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or le-al actions if

DCDC 2010 Enrollment Application Infant/Toddlers

incorrect information is reported. The social security number may also be disclosed to pro-rams as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigation- violations of certain Federal, State and local education, health and nutrition programs.

6. RACIAL /ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so: Please mark one or more of the following racial identities:

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Please mark one of the following ethnic identities:

Hispanic or Latino Not Hispanic or Latino

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

For Official Use Only:

Food Stamp/FDPIR/TANF or other eligible benefit program (tier II day care homes only) household categorically eligible free:

Yes No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total monthly income: _____ Household size: _____ Eligible: _____ NOT Eligible: _____

Eligibility Classification: Free _____ Reduced Price _____ Paid _____ Temporary: Free _____ Reduced Price _____

Tier I _____ Tier II _____ Time Period: _____

Determining official: _____

Signature: _____ Date: _____

Meal Benefit Form
(Translated Version - Spring 2000)
2 of 2

Meal Benefit Form
(Translated Version - Spring 2000)

All CCRI/Scholarship DCDC families are required to fill out this form.

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

Institution Name: **Dilworth United Methodist Church** Agreement Number: **7224**____
 Facility/Provider Name: **Dilworth Child Development Center 605 E. Blvd Char, NC 28203**

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below for all participants in your household that are enrolled at this facility. The information below should be completed by the parent or guardian. Please use the guides below the table to complete. Please sign and date this form below.

Participant's First Name	Participant's Last Name	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Normal/Typical Days of Care (Circle all that apply)
		____ to ____	M T W TH F	B/ lunch/ pm
		____ to ____	M T W TH F	B/ lunch/ pm
		____ to ____	M T W TH F	B/ lunch/ pm
		____ to ____	M T W TH F	B/ lunch/ pm
		____ to ____	M T W TH F	B/ lunch/ pm

Guide:

Normal hours of care: Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m. **Normal days of care:** Please circle the days of the week the participant(s) are usually in attendance at the facility. (M=Monday; T=Tuesday; W=Wednesday; TH= Thursday; F=Friday; Sat =Saturday; Sun=Sunday) **Meals Normally Eaten** – Please circle the meals the participant(s) usually eats at the facility. (B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack)

Parent/Guardian Signature: _____ **Date:** _____
 Print Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone Number: () _____ Work Telephone Number: () _____

For Facility/Provider Use Only:
 Signature of Facility Representative/Provider: _____ Date: _____
 Date the participant withdrew: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer. DHHS CAC-Enrollment (1/09)

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

Child and Adult Care Food Program Provision of Breast milk or Infant Formula and Provision of Baby Food

Name of child care provider or center: *Dilworth Child Development Center*

This institution/facility offers: **Wal-mart brand** formula for infants through the Child and Adult care Food Program. It is a parental choice whether or not to use this formula based on you and your infant's needs.*

Please select from the following choices:

_____ I will provide breast milk for my infant.

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

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

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

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

Infants name: _____ **Infant's**

Age: _____

Parent Signature: _____

Date: _____

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

DHHS CACFP (01/09)//SNP Provision Infant Formula Form

Name of Center: Dilworth Child Development Center

Infant/Toddler Safe Sleep Policy (Revised 2006)

Date Update Adopted: 8-15-2006

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 facility will practice the following safe sleep policy:

Safe Sleep Practices

1. All child care staff working in this room, or child care staff who may potentially work in this room, will receive training on our 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. We will follow this recommendation by the American Academy of Pediatrics. However, child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
5. **Visually checking sleeping infants.** Sleeping infants will be checked daily, every 15-20 minutes, by assigned 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. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care.
We 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. We will check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.
6. 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 overwrapping the baby.

Safe Sleep Environment

7. Room temperature will be kept between 68-75°F **and a thermometer kept in the infant room.**
8. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding. **We 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 we are evacuating infants in an emergency.
13. No smoking is permitted in the infant room or on the premises.
14. All parents/guardians of infants cared for in the infant room will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.

15. To promote healthy development, awake infants will be given supervised “tummy time” for exercise and for play.

Best Practices

1. All staff will participate in *Responding to an Unresponsive Infant* practice drills 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 facility's Infant/Toddler Safe Sleep Policy and that the facility's director/ owner/operator (or other designated staff member) has discussed the facility'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 facility record.

Effective date: 5/1/04

Review: #1 12/15/05

Revisions: #1 1/1/06 COM;

Application Check List:

- Completed application with all contact telephone numbers and all required signatures
- Copy of current immunization record
- Signed physical/medical statement
- USDA food Enrollment and Infant forms are required. Only fill out the “eligibility” form if you are a CCRI or scholarship participants.
- Registration fee of \$100.00 attached (minus waitlist fee)
- Tuition fee attached for current month

Turn in your completed packet to the office the week prior to enrollment.