

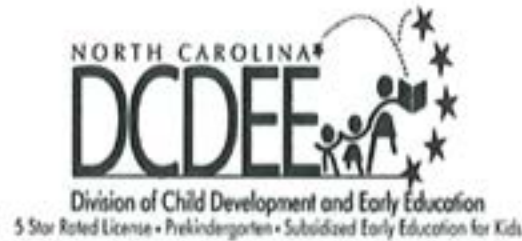
RCCA Parents,

In North Carolina, your 4 year old falls under the Division of Child Development and Early Education. We have to have a signed acknowledgement of receipt for the Summary of the NC Child Care Laws and Rules, tobacco free campus notification, and the facility's abusive head trauma prevention strategies in their file. Please read the policies and return the acknowledgment.

Thank you,  
RCCA front desk



Receipt of Summary of Child Care Law



# 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.

I have received a copy of the above North Carolina Child Care Law and Rules.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
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](http://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](http://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](http://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.

# 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.

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

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.

# Welcome to Our Tobacco-Free Child Care Facility



**Policy prohibits the use of all  
tobacco products: Everywhere, By  
Everyone, At All Times.**

**THANK YOU!**

*I acknowledge that I have received notice that  
Renaissance Daycare & Preschool is a tobacco free facility.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

### Belief Statement

We, RCCA (name of facility), 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 educating 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<sup>1</sup>. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT<sup>2</sup>.

### 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/ABT is suspected, staff will<sup>3</sup>:
  - 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<sup>4</sup>.

#### Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing [webmasterdcd@dhs.nc.gov](mailto:webmasterdcd@dhs.nc.gov).
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: \_\_\_\_\_

### Prevention strategies to assist staff\* in coping with a crying, fussing, or distraught child

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change.

If no physical need is identified, staff will attempt one or more of the following strategies<sup>5</sup>:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.
- Other \_\_\_\_\_
- Other \_\_\_\_\_

#### In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children<sup>6</sup>.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- Other \_\_\_\_\_

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

### Prohibited behaviors

Behaviors that are prohibited include (but are not limited to):

- shaking or jerking a child
- tossing a child into the air or into a crib, chair, or car seat
- pushing a child into walls, doors, or furniture

### Strategies to assist staff members understand how to care for infants

Staff reviews and discusses:

- The five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development, [ncchildcare.nc.gov/PDF\\_forms/NC\\_Foundations.pdf](http://ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf)
- How to Care for Infants and Toddlers in Groups, the National Center for Infants, Toddlers and Families, [www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups](http://www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups)
- Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of Infant/Toddler Researchers, pages 7-9, [www.acf.hhs.gov/sites/default/files/opre/nitr\\_inquire\\_may\\_2016\\_070616\\_b508compliant.pdf](http://www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf)

### Strategies to ensure staff members understand the brain development of children up to five years of age

All staff take training on SBS/AHT within first two weeks of employment. Training includes recognizing, responding to, and reporting child abuse, neglect, or maltreatment as well as the brain development of children up to five years of age. Staff review and discuss:

- Brain Development from Birth video, the National Center for Infants, Toddlers and Families, [www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth](http://www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth)
- The Science of Early Childhood Development, Center on the Developing Child, [developingchild.harvard.edu/resources/inbrief-science-of-ecd/](http://developingchild.harvard.edu/resources/inbrief-science-of-ecd/)

### Resources

List resources such as a staff person designated to provide support or a local county/community resource:

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### Parent web resources

- The American Academy of Pediatrics: [www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx](http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx)
- The National Center on Shaken Baby Syndrome: <http://dontshake.org/family-resources>
- The Period of Purple Crying: <http://ourpcc.org/info/>
- Other \_\_\_\_\_

### Facility web resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma, <http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&=1>
- Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention, [http://centerforchildwelfare.fmh.usf.edu/sb/tprev/Preventing\\_SBS\\_508-a.pdf](http://centerforchildwelfare.fmh.usf.edu/sb/tprev/Preventing_SBS_508-a.pdf)
- Early Development & Well-Being, Zero to Three, [www.zerotothree.org/early-development](http://www.zerotothree.org/early-development)
- Other \_\_\_\_\_



## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

### References

1. The National Center on Shaken Baby Syndrome, [www.dontshake.org](http://www.dontshake.org)
2. NC DCDEE, [ncchildcare.dhhs.state.nc.us/general/mb\\_ccrulespublic.asp](http://ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp)
3. Shaken baby syndrome, the Mayo Clinic, [www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461](http://www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461)
4. Pediatric First Aid/CPR/AED, American Red Cross, [www.redcross.org/images/MEDIA\\_CustomProductCatalog/m4240175\\_Pediatric\\_ready\\_reference.pdf](http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf)
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, [www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques](http://www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques)
6. Caring for Our Children, Standard 1.7.0.5: Stress <http://cfec.ncckids.org/StandardView/1.7.0.5>

### Application

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

### Communication

#### Staff\*

- Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children up to five years of age.
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age.
- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgement
- The child care facility shall keep the SBS/AHT staff acknowledgement form in the staff member's file.

#### Parents/Guardians

- Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children up to five years of age.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.
- Parents/guardians will sign an acknowledgement form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgement
- The child care facility shall keep the SBS/AHT parent acknowledgement form in the child's file.

\* For purposes of this policy, "staff" includes the operator and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.

6/1/2018

Effective Date





Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Parent or guardian acknowledgement form

I, the parent or guardian of \_\_\_\_\_  
Child's name

acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

\_\_\_\_\_  
Date policy given/explained to parent/guardian      Date of child's enrollment

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian      Date







# Do you have a child about to enter kindergarten?



## What are the changes to previous immunization requirements?

### Varicella vaccine – 2 doses

- ▶ Second dose before entering school for the first time
- ▶ Documentation of disease must be from a physician, nurse practitioner, or physician's assistant verifying history of varicella disease. Documentation must include the name of the individual, approximate date or age of infection and health care provider signature.

### Polio

- ▶ The booster (4<sup>th</sup>) dose is required on or after the 4<sup>th</sup> birthday and before entering school for the first time.

## What is the effective date of the new immunization requirements?

July 1, 2015

## Why were these immunization recommendations made requirements?

To more closely align NC with the current Advisory Committee on Immunization Practices (ACIP) recommendations. Also, Immunization requirements increase vaccination coverage therefore reducing the incidence of disease.

## Are there other vaccines required or recommended for children entering school for the first time?

Yes, the following vaccines are also required for school entry:

- ▶ DTaP (diphtheria, tetanus and acellular pertussis) – 5 doses
- ▶ Hib (haemophilus influenza type B) – 3-4 doses
- ▶ Measles – 2 doses
- ▶ Mumps – 2 doses
- ▶ Rubella – 1 dose
- ▶ Hepatitis B – 3 doses

Although not required for school entry the following vaccines are recommended:

- ▶ Pneumococcal Conjugate
- ▶ Hepatitis A
- ▶ Flu

## How are vaccine requirements monitored?

Public, charter, private, and religious schools are responsible for assessing immunization records and required to report the immunization status of kindergarten students in their facility yearly.

## What exemptions to immunizations are allowed in North Carolina?

Valid medical and bona fide religious exemptions to immunization are accepted in NC.

CONTINUED ON BACK



## Are the vaccines safe and effective?

Yes. The most common side effects are low fever, pain and swelling at the site of injection. Both vaccines protect about 90% of those who receive them.

## Where can I get vaccines and how much do they cost?

You can get the vaccines at your doctor's office or local health department. If your child is insured, the insurance may cover the costs of the vaccines. Contact your health care provider to find out how much the vaccines will cost. If your child is 18 years of age or younger, and meets one of the following qualifications, he or she is eligible to receive the vaccines from the state at no cost:

- ▶ Is eligible for Medicaid,
- ▶ Has no health insurance,
- ▶ Is Native American or Alaskan Native, or
- ▶ Has health insurance, but it does not cover the cost of vaccine.

## What should I do?

Contact your child's health care provider or local health department to schedule an appointment to receive needed vaccines.

Be sure that the doctor provides a Certificate of Immunization that documents these vaccines have been received. You will need to show proof of vaccination prior to entering kindergarten.

## How do I show proof of vaccination?

A physician, health clinic or local health department must give a Certificate of Immunization to the person who brings the child for immunization. You must give a copy of the Certificate of Immunization to your child's school to show proof of vaccinations.

## What if my child is uninsured? How can I get help paying for vaccine administration fees and other health care services my child needs?

Your child may be eligible for Health Check/ Medicaid or NC Health Choice – free or low-cost health insurance for children and teens under 19 years old (up to 21 in some cases). Both Health Check and NC Health Choice offer a rich package of benefits. If you are uninsured, apply through your department of social services to find out if you qualify. To learn more about these child health insurance programs, go to [www.NCHealthyStart.org](http://www.NCHealthyStart.org).

## How can I learn more?

Talk to your school's nurse, your health care provider, or your local health department. You can also call the NC Immunization Branch at **(919) 707-5550** or go online at [www.immunize.nc.gov](http://www.immunize.nc.gov) for more information.





# NORTH CAROLINA KINDERGARTEN HEALTH ASSESSMENT REPORT

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

## Personal Data *\*Please bring your child's shot records with you to this visit \**

Please Print Clearly - See other side for more required information

Child's Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Birth Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ (mm/dd/yyyy)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you concerned about your child's health, weight, development or behavior?   |
| <input type="checkbox"/>     | <input type="checkbox"/>    | Does anyone in your family have a condition that has affected their health, weight, development or behavior? (Please explain in the comments section) |
| <input type="checkbox"/>     | <input type="checkbox"/>    | Has your child been seen by a provider for any health, weight, development or behavior concern?   |
| <input type="checkbox"/>     | <input type="checkbox"/>    | Has your child had a dental exam by a dentist in the last 12 months?  |
| <input type="checkbox"/>     | <input type="checkbox"/>    | Has your child had a well-child visit or check-up in the last 12 months?  |

Comments: \_\_\_\_\_

Parental Consent: I agree to allow my child's health care provider and school personnel to discuss information on this form and allow the Department of Health and Human Services to collect and analyze information from this form to better understand health needs of children in NC. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Recommendations to School Personnel Based on Health Assessment

No Recommendations, Concerns or Needs  Requesting School Follow Up

### Medication

Child takes medicine for specific health conditions:

List medication(s): 1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Medication must be given and/or available at school

### Allergy

Food: \_\_\_\_\_  Insect: \_\_\_\_\_  Medicine: \_\_\_\_\_  Other: \_\_\_\_\_

Type of allergic reaction:  Anaphylaxis  Local reaction

Response required:  Epinephrine Auto-injector  Other: \_\_\_\_\_  None

### Developmental Concerns Identified (See comments below)

Child needs referral to school support team for further evaluation.

### Special Diet

Guidance: \_\_\_\_\_

### Health-Related Recommendations to Enhance School Performance

For example: sitting near the front of classroom, special equipment needs.

Please specify: \_\_\_\_\_

### School Health Forms Attached

School Medication Authorization Form  Diabetes Care Plan  Asthma Action Plan  
 Health Care Plan(s) List Condition \_\_\_\_\_

Comments: \_\_\_\_\_

Was this assessment completed in the child's regular health care provider's office?  yes  no  
If no, please provide a copy to the child's parent to give to the child's regular health care provider.

## Health Care Professional's Certification - Attach a copy of the immunization record.

I certify that the information on this form is accurate and complete to the best of my knowledge.

Provider's Name: \_\_\_\_\_  
Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Practice/Clinic Name: \_\_\_\_\_  
Practice/Clinic Address: \_\_\_\_\_  
Practice/Clinic City, State & Zip: \_\_\_\_\_  
Practice Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider Stamp Here

PARENT COMPLETE

HEALTH CARE PROVIDER COMPLETE

PARENT COMPLETE

Child's Birthdate: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ (mm/dd/yyyy) Race:  1 Other Non-White  5 Chinese  9 Other Asian  
 Sex:  1 Male  2 Female  2 White  6 Japanese  10 Unknown  
 County of Residence: \_\_\_\_\_  3 Black  7 Hawaiian  
 Zip Code: \_\_\_\_\_  4 American Indian  8 Filipino

School your child will be attending: \_\_\_\_\_ Hispanic or Latino Origin:  1 Yes  2 No

Place where your child gets regular health care: Child has:  
 1 Health Department  4 Private Doctor/HMO  1 Medicaid  2 Private Insurance/HMO  
 2 Hospital Clinic  5 Other \_\_\_\_\_  3 No insurance  4 Other : \_\_\_\_\_  
 3 Community Health Center  6 No regular place **Doctor/Practice Name:** \_\_\_\_\_

**Date of Health Assessment:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The health assessment must be conducted by a physician licensed to practice medicine, a physician's assistant as defined in General Statute 90-18, a certified nurse practitioner, or a public health nurse meeting the state standards for Health Check Services.

**Immunizations - Attach a copy of the immunization record.**

**Pertinent Illnesses, Risks or Developmental Problems:** (Please check all that apply)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Allergy  | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Orthopedic Problems                                  |
| <input type="checkbox"/> Anemia <input type="checkbox"/> At-Risk for Anemia | <input type="checkbox"/> Emotional/Behavioral  | <input type="checkbox"/> Prematurity (<32 wks. EGA)                           |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Encopresis  | <input type="checkbox"/> Seizures/Convulsions                                 |
| <input type="checkbox"/> Attention/Learning                                 | <input type="checkbox"/> Enuresis (Daytime)  | <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Trait    |
| <input type="checkbox"/> Bleeding Problems                                  | <input type="checkbox"/> Genetic Disorders   | <input type="checkbox"/> Speech/Language                                      |
| <input type="checkbox"/> Cancer/Leukemia                                    | <input type="checkbox"/> Heart Problems  | <input type="checkbox"/> Tuberculosis <input type="checkbox"/> At-Risk for TB |
| <input type="checkbox"/> Cerebral Palsy                                     | <input type="checkbox"/> Hearing Problems  | <input type="checkbox"/> Vision Problems                                      |
| <input type="checkbox"/> Cystic Fibrosis                                    | <input type="checkbox"/> Kidney Problems   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Dental Problems                                    | <input type="checkbox"/> Lead (Hx of >10 mcg/dL) <input type="checkbox"/> At-Risk <input type="checkbox"/> Test done | <input type="checkbox"/> None _____   |
|   | <input type="checkbox"/> Obesity   |   |

**Screening Results**

| Developmental | Screening Tool(s) Used:  | Developmental Domains: | Within Normal            | Concern Identified       | Referred to Specialist   | Comments: |
|---------------|--|------------------------|--------------------------|--------------------------|--------------------------|-----------|
|               |  |                        | 1                        | 2                        | 3                        |           |
|               | <input type="checkbox"/> 1 PEDS <input type="checkbox"/> 4 PSC         | Emotional/Social       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
|               | <input type="checkbox"/> 2 ASQ <input type="checkbox"/> 5 ASQ-SE       | Problem Solving        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
|               | <input type="checkbox"/> 3 CDI/CDR <input type="checkbox"/> 6 Brigance | Language/Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
|               |  | Fine Motor Skills      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
|               |  | Gross Motor Skills     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |

| Hearing | Hearing | 1000 Hz | 2000 Hz | 4000 Hz | Screening Tool Used:                  | 1 Pass                         | 2 Scheduled for re-screen due to middle ear fluid. Re-screen appt. in _____ weeks. | 3 Referral to audiologist/ENT (check if yes) | 4 Child has previously diagnosed hearing loss. Screening is not necessary. |
|---------|---------|---------|---------|---------|---------------------------------------|--------------------------------|--|--|--|
|         |         | Right   |         |         |                                       | <input type="checkbox"/> 1 OAE | <input type="checkbox"/>   | <input type="checkbox"/>                     | <input type="checkbox"/>   |
|         | Left    |         |         |         | <input type="checkbox"/> 2 Audiometry | <input type="checkbox"/>       | <input type="checkbox"/>   | <input type="checkbox"/>                     |  |

Indicate Pass (P) or Refer (R) in each box. Refer means any failure at any frequency in either ear at >20dB.

| Vision | Please remember that vision screening is not a substitute for a comprehensive eye examination.      |       |      |                   | 1 Pass (Acuity, Stereopsis, & Symptoms)                     | 2 Referral to eye doctor (check if YES) Refer if worse than 20/40 in either or both eyes, a two line difference between eyes, unable to test, failed stereopsis, or signs of disease. | 3 Child has a diagnosed vision condition and has had an eye exam in the last 12 months. Screening is not necessary. |
|--------|---|-------|------|-------------------|---|---|---|
|        |   | Right | Left | Stereopsis        | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/>  | <input type="checkbox"/>  |
|        | Far:  |       |      | Acuity Test Used: |   |   |   |
|        | Was test performed with corrective lenses? <input type="checkbox"/> yes <input type="checkbox"/> no |       |      |                   |   |   |   |

**Physical Examination**

Weight: \_\_\_\_ lbs. Height: \_\_\_\_ ft. \_\_\_\_ in.

|  |                  |                          |                          |
|--|------------------|--------------------------|--------------------------|
| Body Mass Index (BMI) - for age: _____                               | HEENT            | Normal                   | Abnormal                 |
| <input type="checkbox"/> 1 Normal (5%ile - <85%ile)                  | Dental/Oral      | 1                        | 2                        |
| <input type="checkbox"/> 2 Underweight (<5%ile)                      | Lungs            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 3 At-Risk (85%ile to <95%ile)               | Cardiac          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 4 Overweight (95%ile)                       | Abdomen          | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood Pressure: ____ / ____  | Neurological     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 1 Within Normal Range                       | Back/Extremities | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 2 > 90 <sup>th</sup> Percentile (____ %ile) | Genital          | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Skin             | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_

HEALTH CARE PROVIDER COMPLETE





### Nutrition Opt Out Form

Effective July 1, 2012, changes occurred to General Statute 110-91(2)h.1 to give parental exceptions that allow a parent or guardian of a child enrolled in a child care facility may: (i) provide food and beverages to their child that may not meet the nutrition standards adopted by the NC Child Care Commission and (ii) opt out of any supplemental food program provided by the child care facility.

Effective December 1, 2012, child care rules were ratified to implement the law. Child Care Rules .0901(c) and 1706 (b) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

I \_\_\_\_\_ plan to provide all meals, snacks and  
(Parent/Guardian Print Name)

drinks for my child and do not want his/her meals, snacks or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks or drinks for my child, I understand that the program will provide supplemental food and drink.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





## NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

### PARENT to COMPLETE THIS SECTION

**Student Name:** \_\_\_\_\_  M  F  
(Last) (First) (Middle)

**Birthdate (M/D/YYYY):** \_\_\_\_\_ **School Name:** \_\_\_\_\_

**Hispanic of Latino Origin:**  1 Yes  2 No      **Race:**  1 Other Non-White  2 White  3 Black  4 American Indian  5 Chinese  
 6 Japanese  7 Hawaiian  8 Filipino  9 Other Asian  10 Unknown

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Parent Information: Name of Parent, Guardian, or person standing in loco parentis:** \_\_\_\_\_ **Telephone(s)**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):**

\_\_\_\_\_

\_\_\_\_\_

### HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

**Medications prescribed for student:**

\_\_\_\_\_

\_\_\_\_\_

**Student's allergies, type, and response required:**

\_\_\_\_\_

\_\_\_\_\_

**Special diet instructions:**

\_\_\_\_\_

\_\_\_\_\_

**Health-related recommendations to enhance the student's school performance:**

\_\_\_\_\_

\_\_\_\_\_

**Vision screening information:**  
 Passed vision screening:  Yes  No  
 Concerns related to student's vision:

\_\_\_\_\_



January 2016

**Hearing screening information:**

Passed hearing screening:  Yes  No

Concerns related to student's hearing:

**Recommendations, concerns, or needs related to student's health and required school follow-up:**

School follow-up needed:  Yes  No

**Medical Provider Comments:**

**Please attach other applicable school health forms:**

- Immunization record attached:
- School medication authorization form attached:
- Diabetes care plan attached:
- Asthma action plan attached:
- Health care plans for other conditions attached:

**Health Care Professional's Certification**

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: \_\_\_\_\_

Date (m/d/yyyy):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:

