



333 Jeremiah Boulevard  
Charlotte, NC 28262  
704-598-9665

<b>For Office Use Only:</b>		
Parent I.D.	_____	
Registration/Resource Amt. & Date	_____	
AEL Teacher	Room	Start Date
_____	_____	_____

## APPLICATION FOR ADMISSION 2021-2022 Infants through Pre-Kindergarten

**Student Information**

**Requested Start Date:** \_\_\_\_\_

Student's Legal Name \_\_\_\_\_  
(Last) (First) (Middle)

Preferred Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_  
(Resident & Mailing Address) (City) (State) (Zip) (Home Phone)

Place of Birth: \_\_\_\_\_ Ethnicity \_\_\_\_\_

Is student a United States citizen? Yes  \* No  \*If no, appropriate immigration papers must be submitted with application

Student resides with (check one): Both Parents  Mother  Father  Guardian

List any legal authority or parental restrictions: \_\_\_\_\_  
(Please provide legal documentation, if applicable)

Last preschool/daycare provider: \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Provider address: \_\_\_\_\_  
(Street Address & P.O. Box No.) (City) (State) (Zip)

May we contact previous preschool / daycare provider? Yes  No

How did you hear about Northside? \_\_\_\_\_

Has student ever attended AEL? Yes  No  If yes, which class \_\_\_\_\_

List the names and grades of any other children in immediate family who are currently attending or applying at Northside?  
\_\_\_\_\_

**Father/Guardian**

Father/Guardian's Name \_\_\_\_\_ Title \_\_\_\_\_  
(Last) (First) (Middle) (Mr., Rev, Dr., etc.)

Preferred Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 digits of Social Sec. No. \_\_\_\_\_

Residence & Mailing Address \_\_\_\_\_  
(Street Address & P.O. Box No.) (City) (State) (Zip)

Relationship to Student \_\_\_\_\_ Marital Status \_\_\_\_\_ Email Address \_\_\_\_\_

Are you an NCA Alumna? Yes  No  If yes, graduation year \_\_\_\_\_ Church you regularly attend \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Have you personally received Jesus Christ as your Savior? Yes  No  Do you regularly attend church? Yes  No

Do you attend Sunday School? Yes  No  Are you an active church member? Yes  No

**Mother/Guardian**

Mother/Guardian's Name \_\_\_\_\_ Title \_\_\_\_\_  
(Last) (First) (Middle) (Mrs., Ms., Dr., etc.)

Preferred Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 Digits of Social Sec. No. \_\_\_\_\_

Residence & Mailing Address \_\_\_\_\_  
(Street Address & P.O. Box No.) (City) (State) (Zip)

Relationship to Student \_\_\_\_\_ Marital Status \_\_\_\_\_ Email Address \_\_\_\_\_

Are you an NCA Alumna? Yes  No  If yes, graduation year \_\_\_\_\_ Church you regularly attend \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Have you personally received Jesus Christ as your Savior? Yes  No  Do you regularly attend church? Yes  No

Do you attend Sunday School? Yes  No  Are you an active church member? Yes  No

First person to contact for information or in an emergency (select one): Mother/Guardian  Father/Guardian   
 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Primary Policy Holder's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ S.S.#: \_\_\_\_\_

**Emergency Contacts (May be contacted if parents unavailable and are authorized to pick up child):**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

**With whom may student be released to other than parent:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Is there a medical action plan attached? Yes  No

List known food restrictions, physical, emotional, or behavior needs, and regularly administered medications:

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

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

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

List any types of medication taken for health care needs: \_\_\_\_\_

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

**PLEASE READ CAREFULLY. BY SIGNING THIS APPLICATION, I/WE UNDERSTAND AND AGREE THAT:**

1. My primary reason for selecting Northside Academy for Early Learning (Academy) is to provide a Christ-centered education for my child to complement the Biblical teachings set forth for the Christian home and church. (Proverbs 22:6)
2. Having read the most recent Parent-Student Handbook, I agree to fully support AEL personnel, programs, policies, disciplines, and activities by prayer and communication, and, where possible, to serve as a volunteer in various capacities. I also agree to allow the teacher/Academy's discretion in the discipline of my child while in the Academy's care. I further agree to discipline my child as needed in the home. Should serious problems arise, I agree to come to the Academy to work with my child and school personnel.
3. Should my child not respond favorably to the Academy, I will not try to change the Academy to fit my needs but agree to quietly withdraw.
4. I give permission to list my family's address and phone number in a school directory.
5. I give permission to use my child's photograph and/or name in school publications, including but not limited to newsletters, newspapers, television releases, school website, advertising, social media such as Facebook, and promotional materials.
6. My child may take part in all Academy activities, including games, sports, field trips, and activities outside of a fenced area. Some field trips or activities may involve taking children into a multi-level structure.
7. The Internet is a vast repository of information providing unprecedented educational opportunities for our students. I give permission for my child to use the Internet in classroom settings and search for information on acceptable user sites.
8. I agree to hold the Academy and its agents harmless for any liability to our child or any guardian or parent thereof because of any claims on behalf of my child against the Academy or any agent thereof because of any injury or alleged injury to our child. Should for any reason legal action be taken against Northside Christian Academy or any employee or agent thereof on our child's behalf and the Academy or its agents not be found at fault, we agree to pay any attorney fees, court fees, damages or other costs that Northside Christian Academy or its agents should incur to defend itself against such action.
9. The Academy will not administer over-the-counter medications or prescription drugs without a parent's signature on the daily medicine chart (available from teacher) for infants through K4. In the event of a medical emergency, I give permission for my child to receive first aid from an Academy employee and/or treatment as required by a physician.
10. I understand the Academy's administration has full discretion in the grade placement, promotion, and final acceptance of my child.
11. I have read and will comply fully with the most recent age-appropriate Rates and Fees/Financial Policy, including any withdrawal and/or payment penalties. I understand my, or my child's, failure to comply with Academy policies may result in my child's immediate dismissal, and that school records and report cards may be held until all fees are paid.
12. I understand that my tuition must be two weeks prepaid.
13. I understand if my account becomes 2 weeks delinquent, a warning may be given regarding the status of my account.
14. I understand if my account becomes 4 weeks delinquent, my child(ren) will not be allowed to return until my account is current and 2 weeks tuition has been prepaid.
15. I understand delinquent accounts may be turned over to a collection agency and if my account is turned over to an agency, I will be responsible for any/all collection fees.
16. I understand that I will have to set up a FACTS account payment plan with either a bank account or credit card account for payment. All credit card payments will incur a 2.85% processing fee that will be paid by the guarantor.
17. I understand for my child(ren) to participate in any add-on programs such as dance or soccer, my child(ren)'s tuition must be prepaid for a least 2 weeks. All add-on programs will collect their fees directly from the parent(s).

\_\_\_\_\_  
 (Father/Guardian Signature & Application Date)

\_\_\_\_\_  
 (Mother/Guardian Signature & Application Date)

**Northside Academy for Early Learning admits students of any race, color, national and ethnic origin, to all the rights, privileges, programs, and activities generally accorded or made available to students at the Academy. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, athletic and other Academy-administered programs.**

**2021/2022 FAMILY COVENANT  
NORTHSIDE ACADEMY FOR EARLY LEARNING**

We, the parents of \_\_\_\_\_, commit to the following:  
Student(s) Name(s)

1. We as parent(s) or guardian(s) accept God's responsibility which says, "Train up a child in the way he should go and when he is old, he will not depart from it," (Prov. 22:6), do affirm that we will support the goals and principles of this training in the home. We promise that the home will provide a secure haven of safety, free from influences that we recognize as harmful.
2. We have carefully examined the Statement of Faith on the reverse side of this document and agree with the purpose and philosophy of Northside Academy for Early Learning and desire to join hands with this school ministry in the total education of our children.
3. We pledge our loyalty to the aims and purpose of Northside Academy for Early Learning and will bring any criticisms directly to the persons involved according to the guidelines in Matthew 18:15-17.
4. The teachers and administration are given full discretion in the discipline of our children, within the guidelines stated in the Parent/Student Handbook, and we will support the Academy in this discipline.
5. Northside Academy for Early Learning reserves the right to dismiss, suspend or otherwise discipline any student who does not adhere to the policies as stated in the Parent/Student Handbook. We pledge that if for any reason our child does not cooperate with the disciplinary standards of the Academy, we will withdraw him/her without delay in cooperation with the administration and avoid discussion with those not involved, so as to avert a spirit of dissension and division at either our child's expense or the Academy's.
6. Northside Academy for Early Learning agrees to work closely with the parents or guardians in helping the students learn to solve their school-related problems. This will include provision of competent teachers, a full and balanced age-appropriate curriculum, regular reporting to parents, supervision of the children and cooperation with the home.
7. We understand that Northside Academy for Early Learning is a ministry of Northside Baptist Church and operates on the principle of faith. Tuition and fees are set according to an approved budget in an effort to make Christian child care and education affordable to those who desire it for their children. As the Lord provides, we will prayerfully consider gifts to help meet financial needs and improvements for the Academy. We commit to uphold Northside Academy for Early Learning consistently in prayer.
8. We understand that as the Academy has made a financial commitment to us by hiring teachers, purchasing books and supplies, and reserving classroom space for my child, that we have an unconditional financial obligation to pay tuition in accordance with the most recent Rates, Fees & Financial Policy. We also understand all registration fees are non-refundable, and that delinquent payment may result in our student's withdrawal from the Academy.

**We have read the Family Covenant carefully and hereby agree to its terms:**

\_\_\_\_\_  
Father or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financially Responsible Party- if other than Parent/Guardian

\_\_\_\_\_  
Date

## ***Statement of Faith***

1. Without apology, Northside Academy for Early Learning holds to the Statement of Faith of the Northside Baptist Church of Charlotte, North Carolina.
2. We believe in the verbal inspiration and authority of the Scriptures. We believe that the Bible reveals God, the fall of man, the way of salvation, and God's plan and purpose in the ages.
3. We believe in God the Father, God the Son, and God the Holy Spirit.
4. We believe in the Deity and Virgin Birth of Jesus Christ.
5. We believe that salvation is "by grace," plus nothing and minus nothing. The conditions to salvation are repentance and faith.
6. We believe that men are justified by faith alone and are accounted righteous, before God, only through the merit of our Lord and Savior Jesus Christ.
7. We believe in the visible, personal, and pre-millennial return of Jesus Christ.
8. We believe in the everlasting conscious blessedness of the saved and the everlasting conscious punishment of the lost.

# Prevention of Shaken Baby Syndrome and Abusive Head Trauma

## Belief Statement

We, Northside Academy for Early Learning, 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@dhhs.nc.gov.
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: 704-336-3000

## 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.

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.

Parent's  
Keep

# 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 understanding of 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, [nccchildcare.nc.gov/PDF\\_forms/NC\\_Foundations.pdf](http://nccchildcare.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:

- Northside Academy for Early Learning center director/assistant director

## Parent web resources

- The American Academy of Pediatrics: [www.healthychildren.org/English/safety-prevention/athome/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx](http://www.healthychildren.org/English/safety-prevention/athome/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://purplecrying.info/>
- Preventing Shaken Baby Syndrome: A Guide for Health Departments and Community-Based Organizations: <https://www.cdc.gov/violenceprevention/pdf/preventingsbs.pdf>

## 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&=+>
- Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention, [http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing\\_SBS\\_508-a.pdf](http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf)
- Early Development & Well-Being, Zero to Three, [www.zerotothree.org/early-development](http://www.zerotothree.org/early-development)
- Preventing Shaken Baby Syndrome: A Guide for Health Departments and Community-Based Organizations: <https://www.cdc.gov/violenceprevention/pdf/preventingsbs.pdf>

# 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-babysyndrome/basics/symptoms/con-20034461](http://www.mayoclinic.org/diseases-conditions/shaken-babysyndrome/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-andadvice/calm-a-crying-baby/calming-techniques](http://www.childrenscolorado.org/conditions-andadvice/calm-a-crying-baby/calming-techniques)
6. Caring for Our Children, Standard 1.7.0.5: Stress <http://cfoc.nrckids.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 acknowledgment
- 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.

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Effective Date: June 1, 2017

Parents  
Keep

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Parent or Guardian Acknowledgement Form

I, the parent or guardian of \_\_\_\_\_,

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

Date policy given/explained to the parent/guardian: \_\_\_\_\_

Date of child's enrollment: \_\_\_\_\_

Printed Name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Parents  
Please sign  
& return





**Child Care & Academy  
For Early Learning**

**Discipline Policy**

We fully recognize the right of every parent in Biblical methods of discipline. We support and work in cooperation with parents who place their children in our facility.

In discipline, we hold that praise and reinforcement are effective methods of managing the behavior of children. We desire to see each child develop self-discipline, respect for others, and a value system based upon the Scripture.

Therefore, we will practice the following discipline/behavior management policy:

**WE:**

1. DO praise, reward, and encourage the children.
2. DO establish boundaries for the children.
3. DO set a good Christian example before them each day.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO deny privileges for unacceptable behavior.
7. DO provide the children with natural and logical consequences for their behavior and maturity.
8. DO respect the children's needs, desires, and feelings.
9. DO attempt to discipline without damaging the children's self-esteem.
10. DO remove misbehaving children from the rest of the children for short periods of time.
11. DO explain things to the children on their level.
12. DO emphasize disciplining with love and consistency.
13. DO believe in working with and through our parents in order to develop good behavior in our children.
14. DO deny the privilege of attending the Academy to children who do not respond to methods listed above.

**WE:**

1. DO NOT spank, bite, slap or otherwise physically punish the children.
2. DO NOT use any form of profanity before the children.
3. DO NOT punish the children when bathroom accidents occur.
4. DO NOT deny meals or rest as punishment.
5. DO NOT leave the children unattended or without supervision.
6. DO NOT allow discipline of children by other children.
7. DO NOT place children in locked rooms, closets, or boxes as punishment.
8. DO NOT criticize, make fun of, or otherwise belittle children's parents, families or ethnic groups.

God gives children to parents, not to a church or the state. Therefore, when all forms of discipline patiently administered fail to result in a child being controllable, we will call the parent and ask that they come to the Child Care/Academy to discipline their child within one hour.

I, \_\_\_\_\_ the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read and received a copy of this, the Discipline Policy and that the Director has discussed the Discipline Policy with me.

I agree to comply, as well as pledge loyalty and prayerful support to Northside's teachers, procedures, policies, and disciplines. I also agree to allow the teacher/Northside's discretion in the discipline of my child while in their care. In the event that a child should inflict injury upon another child such that he/she bleeds, needs to seek medical attention, or bites another child twice in one day, the child will be suspended for the rest of the day and possibly the next. Discretion of the Director will determine the length of suspension. No financial reimbursements will be made for days of suspension. Should my child not respond favorable to the Child Care/Academy for any reason, I will not try to change the Child Care/Academy for any reason, I will not try to change the Child Care/Academy to fit my needs, but agree to quietly withdraw.

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

# AEL Policies

Please ✓ as you have read and agreed.

Child's Name: \_\_\_\_\_

I have received a copy of the Northside Academy for Early Learning's Parent Handbook and agree to read and uphold the policies and procedures.

My child has permission to be outside the fenced area while attending childcare at Northside Childcare and AEL.

I have received and agreed to read the North Carolina Child Care Laws and Rules.

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

Date: \_\_\_\_\_

# OFF PREMISE ACTIVITY AUTHORIZATION

Off-premise activities refer to any activity which takes place away from a licensed and approved space. License and approved space includes primary space, outdoor space, and single use rooms, or other administrative areas that have been approved for use.

I, \_\_\_\_\_ parent/guardian of  
\_\_\_\_\_ give my permission to  
Northside Childcare and Preschool for my child to participate in an off-premise activity.

Location of off-premise activity: Northside Christian Academy Campus

Purpose of the activity: Walk/Physical Health, Stroller Ride, or attend special performances or events

Additional information: \_\_\_\_\_

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

Date Signed \_\_\_\_\_

This authorization is valid from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
(up to 12 months)

### **Space and Equipment**

There are space requirements for indoor and outdoor environments that must be measured prior to licensure. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Indoor and outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

**Licensed centers must also meet requirements in the following areas.**

### **Staff Requirements**

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. All staff who work directly with children must have CPR and First Aid training, and at least one person who completed the training must be present at all times when children are in care. One staff must complete the Emergency Preparedness and Response (EPR) in Child Care training and create the EPR plan. All staff must also undergo a criminal background check initially, and every three years thereafter.

### **Staff/Child Ratios**

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

Age	Teacher: Child Ratio	Max Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 to 3 years old	1:10	20
3 to 4 years old	1:15	25
4 to 5 years old	1:20	25
5 years and older	1:25	25

### **Additional Staff/Child Ratio Information:**

*Centers located 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.*

### **Reviewing Facility Information**

From the Division's Child care Facility Search Site, the facility and visit documentation can be viewed. A public file is maintained in the Division's main office in Raleigh for every licensed center or family child care home. These files can be viewed during business hours (8 a.m. -5 p.m.) by contacting the Division at 919-814-6300 or 1-800-859-0829 or requested via the Division's web site at [www.ncchildcare.ncdhhs.gov](http://www.ncchildcare.ncdhhs.gov).

### **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/or may have their licenses suspended or revoked.

Administrative actions must be posted in the facility. 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 919-814-6300 or 1-800-859-0829.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Child Development  
and Early Education

# Summary of the North Carolina Child Care Law and Rules (Center and FCCH)

Division of Child Development  
and Early Education

North Carolina Department of  
Health and Human Services  
333 Six Forks Road  
Raleigh, NC 27609

Child Care Commission  
<https://ncchildcare.ncdhhs.gov/Home/Child-Care-Commission>

Revised June 2019

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 health, safety, and 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.

### 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 home operators must be 21 years old and have a high school education or its equivalent. 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:

### Child Care Centers

Licensure 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. Recreational 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.

### 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. Local 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 page located on the Child Care website at: [www.ncchildcare.ncdhhs.gov](http://www.ncchildcare.ncdhhs.gov). For more information on the law and rules, contact the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829 (In State Only), or visit our homepage at: [ncchildcare.ncdhhs.gov](http://ncchildcare.ncdhhs.gov).

### 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, appropriate 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 919-814-6300 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.**

### 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 ratios must be maintained.

### Record Requirements

Centers and homes must keep accurate records such as children's, staff, and program. 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. Prevention of shaken baby syndrome and abusive head trauma policy must be developed and shared with parents of children up to five years of age.

### 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.

### Training Requirements

Center and family child care home staff must have current CPR and First Aid certification, ITS-SIDS training (if caring for infants, 0 to 12 months), prior to caring for children and every three years thereafter. Emergency Preparedness and Response (EPR) in Child Care training is required and each facility must create an EPR plan. Center and home staff must also complete a minimum number of health and safety training as well as annual ongoing training hours.

### Curriculum and Activities

Four- and five-star programs must use an approved curriculum in classrooms serving four-year-olds. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans and schedule must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. A written activity plan that includes activities intended to stimulate the development domains, in accordance with North Carolina Foundations for Early Learning and Development. 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 family child care home and center must ensure the health and safety of children by sanitizing areas and equipment used by children. For Centers and FCCHs, meals and snacks must be nutritious and meet the Meal Patterns for Children in Child Care. 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. Children must have space and time provided for rest.

### Two through Five Star Rated License

Centers and family child care 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, and one quality point option.

### Criminal Background Checks

Criminal background qualification is a **pre-service requirement**. All staff must undergo a criminal background check initially, and every three years thereafter. This requirement includes household members who are over the age of 15 in family child care homes.

# Children's Medical Report

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name of Parent or Guardian \_\_\_\_\_  
Address of Parent of Guardian \_\_\_\_\_

**A. Medical History** (May be completed by parent)

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_
  2. Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason? \_\_\_\_\_
  3. Is the child on any continuous medication? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_
  4. Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_ If yes, when and for what? \_\_\_\_\_
  5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_ ; diabetes No \_\_\_ Yes \_\_\_ ; convulsions No \_\_\_ Yes \_\_\_ ; heart trouble No \_\_\_ Yes \_\_\_ ; asthma No \_\_\_ Yes \_\_\_ .  
If others, what/when? \_\_\_\_\_
  6. Does the child have any physical disabilities: No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_
- Any mental disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

Height \_\_\_\_\_ % Weight \_\_\_\_\_ %

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_  
Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_ Ext \_\_\_\_\_  
Neurological System \_\_\_\_\_ Skin \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_  
Results of Tuberculin Test, if given: Type \_\_\_\_\_ date \_\_\_\_\_ Normal \_\_\_ Abnormal \_\_\_ followup \_\_\_\_\_

Developmental Evaluation: delayed \_\_\_\_\_ age appropriate \_\_\_\_\_  
If delay, note significance and special care needed; \_\_\_\_\_

Should activities be limited? No \_\_\_ Yes \_\_\_ If yes, explain: \_\_\_\_\_  
Any other recommendations: \_\_\_\_\_

Date of Examination \_\_\_\_\_

Signature of authorized examiner/title \_\_\_\_\_ Phone # \_\_\_\_\_



## Infant/Toddler Safe Sleep Policy

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

AEL

(facility name) implements the following safe sleep policy:

### Safe Sleep Practices

1. We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants under 12 months of age on their backs to sleep, unless:
  - **the infant is 6 months or younger** and a signed ITS-SIDS Alternate Sleep Position Health Care Professional Waiver is in the infant's file and a notice of the waiver is posted at the infant's crib.
  - **the infant is 6 months or older** (choose one)
    - We do not accept the ITS-SIDS Alternate Sleep Position Parent Waiver.\*
    - We accept the ITS-SIDS Alternate Sleep Position Parent Waiver.

We retain the waiver in the child's record for as long as they are enrolled.
3. We place infants on their back to sleep even after they are able to independently roll back and forth from their back to their front and back again. We then allow the infant to sleep in their preferred position.
  - We document when each infant is able to roll both ways independently and communicate with parents. We put a notice in the child's file and on or near the infant's crib.\*
4. We visually check sleeping infants every 15 minutes and record what we see on a Sleep Chart. The chart is retained for at least one month.
  - We check infants 2-4 month of age more frequently.\*
5. We maintain the temperature between 68-75°F in the room where infants sleep.
  - We further reduce the risk of overheating by not over-dressing infants\*
6. We provide infants supervised tummy time daily. We stay within arm's reach of infants during tummy time.
7. We follow N.C Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.
  - We further encourage breastfeeding in the following ways: \* \_\_\_\_\_

### Safe Sleep Environment

8. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
9. We do not allow pacifiers to be used with attachments.
10. Safe pacifier practices:
  - We do not reinsert the pacifier in the infant's mouth if it falls out.\*
  - We remove the pacifier from the crib once it has fallen from the infant's mouth.\*
11. We do not allow infants to be swaddled.
  - We do not allow garments that restrict movement.\*
12. We do not cover infants' heads with blankets or bedding.
13. We do not allow any objects other than pacifiers such as, pillows, blankets, or toys in the crib or sleep space.
14. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
15. We give all parents/guardians of infants a written copy of this policy before enrollment. We review the policy with them and ask them to sign the policy.
  - We encourage families to follow the same safe sleep practices to ease infants' transition to child care.\*
16. Posters and policies:
  - **Family child care homes:** We post a copy of this policy and a safe sleep practices poster in the infant sleep room where it can easily be read.
  - **Centers:** We post a copy of this policy in the infant sleep room where it can easily be read.
    - We also post a safe sleep practices poster in the infant sleep room where it can easily be read.\*

### Communication

17. We inform everyone if changes are made to this policy 14 days before the effective date.
  - We review the policy annually and make changes as necessary.\*

\*Best practice recommendation.

Effective date: \_\_\_\_\_ Review date(s): \_\_\_\_\_ Revision date(s): \_\_\_\_\_

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

Child's Enrollment Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Infant Feeding Schedule

The information you provide below will help us to do our very best to help your baby grow and thrive.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

## **General Instructions-**

Please tell us about your baby's feedings at our center.

I would like my child to be fed the following while in your care, please circle:

- **Daily Bottles** (Formula, Breastmilk, Cow's Milk, Other)  
How many bottles you bring from home daily: \_\_\_\_\_  
**\*All bottles must be labeled with your child's First name/Last name & current date:**
- Amount in bottles: \_\_\_\_\_ OZ. \_\_\_\_\_
- How often does your child feed: \_\_\_\_\_

I would like my child to be fed the following while in your care, please circle:

- **Food**  
(Cereal, Baby food, Table food/School lunch, Other)  
**\*All cereal & baby food must be labeled with your child's First name/Last name & current date:**  
**\*If school lunch please highlight what your child can eat on AEL's current menu.**
- How many oz. of cereal/baby food: \_\_\_\_\_
- Mixed with how many oz. from your child's bottle: \_\_\_\_\_
- How often does your child eat cereal/baby food: \_\_\_\_\_

- Does your child use a pacifier?            Y        N
- If sleeping wake my child up to feed?    Y        N

**\*\*\*\*Must be completed for ALL children less than 15 months old.**

**\*\*\*\*Must be posted in classroom.**

**\*\*\*\*Must be updated and signed by the parents every month.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## Milk Alternative Form

I \_\_\_\_\_ plan to opt out of the school milk and provide milk or its nutritional equivalent 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 milk for my child, I understand that the program will provide supplemental food and drink.

---

Parent Signature

---

Date



## Nutrition Opt Out Form

Child Care Rules .0901(d) and .1706(c) 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

**Medication Administration Permission for Over-the-Counter Topical Medications and Fluoridated Toothpaste**

Parent/guardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, powders and fluoridated toothpaste. Sunscreen and baby lotion are examples. Only accept items in their original containers and clearly labeled with the child's name. Keep insect repellents in locked storage and all other items out of reach of children when not in use.

Child's Name \_\_\_\_\_

Permission is given to apply the following (name/type) \_\_\_\_\_

Amount \_\_\_\_\_ Expiration date, if applicable \_\_\_\_\_

Fluoridated toothpaste should be a rice sized smear for children under 3 and pea sized for children 3 and over.

Permission may be given for up to 12 months. Permission valid from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Where to apply the ointment, repellent, lotion, cream, powder or fluoridated toothpaste:

- all exposed skin       diaper area       other (specify) \_\_\_\_\_
- face only       toothbrush

When to apply the ointment, repellent, lotion, cream, or powder:

- before going outside       after each diaper change       other/as needed for (specify) \_\_\_\_\_
- after a bowel movement       before tooth brushing

Describe how to apply the ointment, repellent, lotion, cream, or powder. \_\_\_\_\_

**I give permission to my child care provider to apply the medication listed above as instructed:**

\_\_\_\_\_  
Parent/guardian name

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date



## Permission to Administer Medication for Chronic Medical Conditions And Allergic Reactions

*Authorization must be provided for staff to administer prescription or over-the-counter medication to a child, when needed, for chronic medical conditions and for allergic reactions. Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.*

Child's Name: \_\_\_\_\_ Medical Condition: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Criteria for giving the medication: \_\_\_\_\_

Amount and frequency of dosage: \_\_\_\_\_

Describe how the medication is to be administered: \_\_\_\_\_

From : \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_ *Permission may be given for up to 6 months*

I give permission to my child care provider to apply the medication listed above as instructed.

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

\_\_\_\_\_  
Date

## Medication Administration Permission Form

10A NCAC 09 .0803 (centers) and .17209(b) (family child care homes)

Parent/guardian completes, signs, and dates the Medication Administration Permission Form. The person accepting this form must attach the Medication Administration Record(s) to this form.

Permission valid from date:	To date:
-----------------------------	----------

**Only complete this box if the medication is for a child who has a chronic medical condition or an allergy**

This document is written permission to administer this medication for up to 6 months.

Specific chronic medical or allergic condition: \_\_\_\_\_

Child has an:  Medical Action Plan (required)

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

Medication name:	Expiration date:
------------------	------------------

**When to give medication (choose one):**

Give medication on these specific dates and times:

Give medication as needed. List the specific symptoms or circumstances needed to give the medication and how often it can be given. Ex. If Suzy has a rash and is scratching it, apply this ointment to the rash. Wait at least 6 hours before reapplying.

Dosage (how much medication to give): \_\_\_\_\_

Route (how to give the medication): \_\_\_\_\_

Special instructions on how to give medication: \_\_\_\_\_

Possible reactions or side effects: \_\_\_\_\_

Child has received at least one dose of medication at home without reactions or side effects.

Prescribing health care professional name:	Phone:
--	--------

Pharmacy:	Phone:
-----------	--------

**I give authorization to give medicine and to call the prescribing health care professional or pharmacy if needed**

Parent/guardian name: \_\_\_\_\_

Parent/guardian signature: _____	Date: _____
----------------------------------	-------------

**Medication received, returned, or disposed of:**

Received from parent/guardian	Date	Amount	Parent/guardian signature	Child care provider signature
Returned to parent/guardian	Date	Amount	Child care provider signature	Witness signature
Disposed of medicine	Date	Amount	Child care provider signature	Witness signature



## Medication Administration Record

10A NCAC 09 .0803 (centers) and .1720 (family child care homes)

Person who gives the child the medicine completes this Medication Administration Record. Copy this page when you need more lines to record medication administration. Attach page to the Medication Administration Permission.

**If an error occurs and the child requires medical attention, call 9-1-1 and/or Poison Control (800-222-1222) immediately.**

Child's name:						
Medication name:						
Date given	Time given	Dose given	Route	Name of person giving medication	Signature of person giving medication	Reaction/side effect, if observed
Date	Time	Error or mishap while giving medication		Parent/guardian notified?	Child care provider signature	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		





Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

**PLACE  
PICTURE  
HERE**

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_

**THEREFORE:**

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

**FOR ANY OF THE FOLLOWING:  
SEVERE SYMPTOMS**



**LUNG**

Shortness of breath, wheezing, repetitive cough



**HEART**

Pale or bluish skin, faintness, weak pulse, dizziness



**THROAT**

Tight or hoarse throat, trouble breathing or swallowing



**MOUTH**

Significant swelling of the tongue or lips



**SKIN**

Many hives over body, widespread redness



**GUT**

Repetitive vomiting, severe diarrhea



**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A  
COMBINATION**  
of symptoms  
from different  
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS**



**NOSE**

Itchy or runny nose, sneezing



**MOUTH**

Itchy mouth



**SKIN**

A few hives, mild itch



**GUT**

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

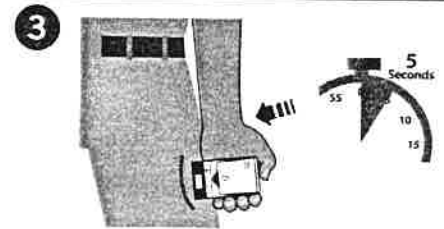
Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_



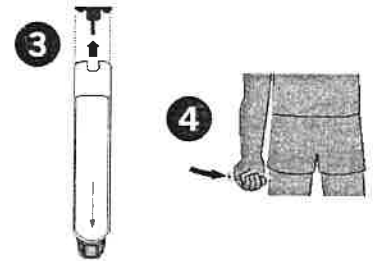
### HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



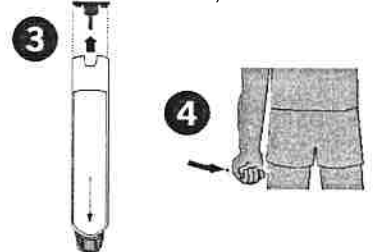
### HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



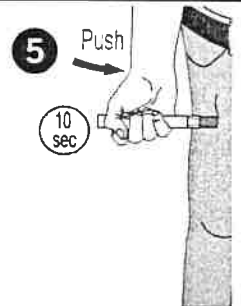
### HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



### HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENAClick®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



### ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

### OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

#### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_  
 DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

#### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 NAME/RELATIONSHIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_