

Parent Handbook



Accredited by NAEYC's
National Academy
Of Early Childhood
Programs



Partners In Learning Child Development and Family Resource Center

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Mission Statement

Our mission is to model the highest quality learning environment that stimulates families and the community to provide optimal growth and development of children.

Vision Statement

Our vision is that families and the community will have the knowledge and skills necessary to contribute significantly to the optimal growth and development of children.

Our Goals Are:

- ✓ Welcome parent participation in center activities, provide resource and referral services, parent training, and counseling to families with young children enrolled in the Center.
- ✓ Include children with diverse backgrounds and special needs in the mainstream of the childcare center and provide high quality resources and learning experiences to children of all levels of development.
- ✓ Support and encourage staff training and education to enhance quality, and to ensure the needs of children are being met.
- ✓ Establish and maintain an observation and practical experience laboratory for students enrolled in area public and private institutions.

Absences

When a child is to be absent, parents are asked to call the Center (704-638-9020) as early as possible each day. Advanced notification of vacations or days off is also appreciated.

Outdoor Play

Children will play outside daily, weather permitting. Please be sure your child is dressed appropriately for the weather. Children will remain inside on days that are rainy, cold (below 35 degrees), or extremely windy and cold. On hot days exceeding 90 degrees, only a short period of 15 to 20 minutes of outdoor play will be observed.

Rest Time

Infants and young one year olds are on their individual schedules and will sleep as needed throughout the day. All other children will have a rest period after lunch. Parents are asked to provide a small blanket and a standard sized crib sheet for their child's cot. Blankets and sheets should be labeled with the child's name and should be taken home on Friday, washed and returned each Monday.

Nutrition

Breakfast, lunch, and snack will be provided. Menus will be posted in the classrooms and on the shelf in the front lobby. It is recommended that parents not bring a different meal for their child. However, we will accommodate children's religious beliefs and food allergies.

Clothing and Shoes

Children should be dressed in washable, comfortable clothing appropriate for the season. Shoes that buckle or tie should be worn. Sandals and thongs are not appropriate for comfortable, safe play and should not be worn to the Center. Clothing should not prevent children from full participation in the Center activities. Children who are potty training should wear clothes that are easily taken on and off. One-piece suits or suspender type clothing prevent children from developing self-help skills necessary for meeting toileting needs. Children who are potty training should also have several pairs of training pants and extra sets of clothing available at the Center. Labeling with a laundry marker on the tag of the clothing items works well. **The Center is not responsible for lost or damaged clothing.**

Model Center

One goal of our Center is to be a model center demonstrating, quality childcare. Visitors and students will be observing and participating in the Center activities. College students may also plan and provide special activities with the children. For special student projects, parental permission will be requested before children are allowed to participate. Visitors, observers, and students will be required to sign in with the Center director and all visits and activities will be screened and approved by the Director. Periodically, pictures are made of the children in their classrooms. These pictures are used for bulletin boards, presentations, and possible advertisements.

Health

- *Physical:* Each child is required to have a physical examination to be enrolled in the Center. The medical form must be dated and signed by a doctor or other approved medical personnel. The medical records must include current immunization records. Medical forms with immunization records are due no later than two weeks after enrollment.
- *Illnesses:* The Center is open to care for well children. If a child is sick, arrangements should be made for his/her care at home. Children should not be brought to the Center with an excessive cold, temperature over 100.5 degrees, upset stomach or diarrhea, or suspicious rashes unless we receive a signed note from a doctor stating your child is not contagious. Children must be able to participate in regular activities. If a child becomes ill during the day, parents will be notified to pick him/her up as soon as possible. This precaution is best for the ill child as well as the other children. Children may not remain in the Center with a temperature of 101 degrees or more.
It is **STRONGLY RECOMMENDED** that children not return to the Center until they have been temperature/Tylenol free for 24 hours. Parents will be notified if children are exposed to a contagious illness/disease.

Medication Administration Policy

MEDICATIONS OF ANY KIND CANNOT BE LEFT IN BACKPACKS OR DIAPER BAGS (INCLUDING DIAPER CREAMS, OR LOTIONS and CREAMS of any kinds.)

Medications needing to be administered during the child's stay at the center will be administered by the administrative staff and kept in a locked storage area in the Administrative Assistant's office, with the exception of emergency medications. It is the parent's responsibility to speak with an administrative staff, complete and sign the medication authorization form, and inform the child's teacher that the child is on medication. Administrative staff is trained on medication administration. The staff will assure that the following 6 items are verified each time a medication is given:

- a) Right child
- b) Right medicine
- c) Right dose
- d) Right time and date
- e) Right route of administration
- f) Right documentation

The first dose of any medication must always be given at home so that the parents can observe any side effects. A current list of medications must be on file for each child, including over the counter medication and medication delivered by patch. Parents are responsible for updating the medication list for any additions or deletions.

Should a medication error occur, the Regional Poison Control Center and the child's parents will be contacted immediately. The incident will be documented in the child's record at the facility.

The Center will continue a child's **prescribed medication** during designated times that

he/she is present at the Center. However, if medications can be administered before or after school it is highly recommended. Parents are encouraged to ask their child's doctor about medication that can be prescribed as extended release and given less frequently.

NO medication will be administered to any child without specific written instructions by the child's parent, physician or authorized health professional.

Prescribed medicine must be in its original container bearing the pharmacist's label which lists the child's name, date the prescription was filled, the physician's name, the name of the medicine or the prescription number, and the directions for dosage. Prescribed medicine will be administered only to the person for whom it is prescribed. A parent may give a caregiver standing authorization for up to six months to administer prescription medication to a child, when needed, for chronic medical conditions and for allergic reactions.

No non-prescription medication will be administered without a doctor's note.

Medication cannot be given on an "AS NEEDED" basis without a written statement from the child's physician with instructions stating instances when the medication shall be administered. The medication will not be administered without signed, written dosage instructions from a licensed physician or authorized health professional.

A parent may give a caregiver standing authorization for up to 12 months to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders --- such as sunscreen, diapering creams, baby lotion, and baby powder --- to a child, when needed. The authorization shall be in writing and shall contain:

- (A) the child's name;
- (B) the names of the authorized ointments, repellents, lotions, creams, and powders;
- (C) the criteria for the administration of the ointments, repellents, lotions, creams, and powders;
- (D) the manner in which the ointments, repellents, lotions, creams, and powders shall be applied;
- (E) the signature of the parent;
- (F) the date the authorization was signed by the parent; and
- (G) the length of time the authorization is valid, if less than 12 months.

Parents must provide written notification of withdrawal of authorization for the administration of medications.

Any medication remaining after the course of treatment is completed or after authorization is withdrawn shall be returned to the child's parents. Any medication the parent fails to retrieve within 72 hours of completion of treatment, or withdrawal of authorization, shall be discarded.

Adopted February 19, 2008

Essential Oils:

- Providers should not administer natural remedies, homeopathic or homemade products to children in care. Homeopathy, or Homeopathic Medicine, is the practice of medicine that embraces a holistic, natural approach to the treatment of the sick.
- Natural remedies, homeopathic medications and homemade products are not tested by the US Food and Drug Administration for safety or effectiveness.
- The Academy of Pediatrics states that these types of products should not be given in the child care and school setting due to lack of safety information.
- Essential oils are not regulated or labeled appropriately to meet medication administration requirement for over-the-counter use.
- Although many people view essential oils the same as "applying a lotion", essential oils are a homeopathic treatment.
- According to AAP, skin irritation can occur if the pure, undiluted oils are applied directly to the skin.

Because of the above information, Partners In Learning will not administer any products that are not tested by the US Food and Drug Administration for safety and effectiveness.

Nutritional Supplements that are approved by the US Food and Drug Administration for Safety and Administration will only be given with a doctor's order.

Partners In Learning Infant/Toddler Safe Sleep Policy

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

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

Safe Sleep Practices

1. We train all staff, 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 on their **backs to sleep**, unless a signed *Alternate Sleep Position Waiver-Health Care Professional Recommendation* is in the infant's file and posted at the infant's crib. We retain the waiver in the child's record for as long as they are enrolled.
3. We may accept *Parent Waivers* for infants older than six months. *
4. We place infants on their backs to sleep even after they can easily turn over from the back to the stomach. We then allow them to adopt their own position for sleep. We document when each infant can roll from back to stomach and tell the parents. We put a notice in the child's file and on or near the infant's crib. *
5. We visually check sleeping infants every 15 minutes and record their sleep position on a *Sleep Chart*. We observe the infant's sleep position, skin color, breathing, level of sleep, and body temperature.

6. We maintain the temperature in the room where infants sleep between 68-75F and check it on the thermometer in the room. We further reduce the risk of overheating by not over-dressing or swaddling infants. *
7. We provide all infants supervised “tummy time” daily.
8. We follow N.C Child Care Rules .0901(j) and .1706(g) regarding breastfeeding. We further encourage breastfeeding in the following ways: We allow parents at any time of the day and provide a private space.

Safe Sleep Environment

9. 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.
10. We do allow pacifiers without any attachments. *
11. We do not cover infants' heads with blankets or bedding.
12. We do not allow blankets in the crib or sleep space. *We may use a sleep sack instead of a blanket.
13. We do not allow objects other than pacifiers without any attachments in the crib or sleep space and remove it once has fallen from the infant’s mouth. *
14. Infants who are developmentally ready may be placed on a cot to sleep.
15. Infants aged 12 months or younger are prohibited from sleeping in sitting devices, including but not limited to, care safety seats, strollers, swings, and infant carriers. Infants that fall asleep in sitting devices shall be moved to an appropriate sleep environment.
16. All staff will participate in *Responding to an Unresponsive Infant* practice drills twice each year.

17. We give all parents/guardians of infants a written copy of the *Infant/Toddler Safe Sleep Policy* before enrollment. We review the policy with them, and ask them to sign a statement saying they received and reviewed the policy.
18. We encourage families to follow the same safe sleep practices to ease infants’ transition to child care. *
19. We post a copy of this policy or a safe sleep practices poster in the infant sleep room where it can easily be read.
**Indicates we follow this best practice recommendation.*

Distribution: We give parents/guardians a copy of the policy. We give all staff, substitutes and volunteers a copy to review. We inform them of changes 14 days before the effective date. We give parents/guardians a copy of the policy they signed and put a copy in child's file.

Revised January 1, 2018

Partners In Learning Wellness Policy

Our program is committed to the children’s nutrition. Foods high in fat, sugar, and salt will only be offered on a limited basis. The dietary staff will monitor and limit those foods high in fat (more than 30%), sugar (more than 35% of calories from sugar), and those with added salt. These foods will not be purchased and fed to the children. A registered dietician will regularly educate the cooking staff and administration how to achieve the above guidelines. Unhealthy food such as chips, cake, doughnuts, and other sweet treats/candy will not be offered to the

children. Healthy alternatives will be allowed. The staff and families will receive literature to support the above guidelines. Staff will be encouraged to monitor the same guidelines in food eaten on campus.

Promote Breastfeeding Friendly Facility

Breastfeeding is encouraged and supported for infants of breastfeeding mothers. If a mother wants to breast feed exclusively, the staff PIL will make every effort to provide her milk to the child. A room or designated area is set aside for active breastfeeding. If the mother chooses to breastfeed in the classroom, we ask that she remain covered. The mother will be made comfortable while breastfeeding, therefore encouraging others to consider the practice. PIL staff will provide brochures and other handouts on breastfeeding and limiting the child's accessibility to other drinks.

Infant liquid consumption

Infants unable to sit are held for bottle feeding. All others sit or are held to be fed. Infants and toddler/twos do not have bottles while in a crib or bed and do not eat from propped bottles at any time.

Toddler/twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking. Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.

Solid Foods (non-liquid)

Teaching staff do not offer solid foods to infants younger than 4 months, unless that practice is recommended by the child's health care provider and approved by families.

Staff members do not offer children younger than four years these foods: hot dogs, whole or sliced into rounds: nuts; popcorn; raw peas and; spoonful's of peanut butter; or chunks of raw carrots or meat larger than what can be swallowed whole. Staff cut foods into pieces no longer than ¼ inch square for infants and ½ square for toddler/twos, according to each child's chewing and swallowing capability.

Eliminating Whole Milk for Children Over 2 Years

All children over two years will receive only 1% or skim milk. Only children under 2 years will receive whole milk. Special milk will be served upon doctor's orders or parent preference.

Increase Consumption of Fruits and Vegetables

Fruits and vegetables will be purchased weekly in season from local farmers and incorporated into the staff and children's menu. The community garden, already in place, will provide food for snacks and meals. Local farmers will educate the staff and children on how fruits and vegetables produced locally enhance their diet. Various fruits and vegetables will be highlighted in the children's educational sessions. Staff will encourage parents/ families to support good nutrition by providing educational material on increasing fruits and vegetables for meals and snacks at home. Foods high in Fat, Sugar and Salt will be limited.

Increase Consumption of Whole Grains

Most breads, pastas and cereals will be whole grain varieties. Brown rice will be served instead of white rice. Staff and teachers will role model healthy eating by consuming the above foods. Teachers will eat with their classes at snack and meal times. A registered dietician will provide training for the cooking staff about use of more whole grain varieties in daily meal planning. Parents/families will be asked to support good nutrition by following guidelines in educational material provided by PIL.

Artificially Sweetened Drinks

A registered dietician and the wellness coordinator will educate the staff on the advantages of non-sugared and naturally flavored drinks. Parents/families will be given educational materials to support limiting drinks and their role in the obesity epidemic.

100% Fruit Juices and Children

Children will not be given fruit juices. This will not be a choice for meals or snacks. A registered dietician and the wellness coordinator will educate the staff on the disadvantages of 100% fruit juices. High calorie content per volume will be stressed. PIL will provide educational materials to the parents/families addressing why the school does not allow these juices.

Increase Consumption of Water

Water will be clearly visible and available at all times to the children. This applies to both indoor and outdoor activities. Staff and teachers will ensure that water is the only drink available in unlimited amounts, and will encourage children to drink water. A registered dietician and the wellness coordinator will educate the staff in ways to make water more desirable while using healthy means. PIL will provide educational materials and explanations to the parents/families about the value of water as the primary drink, as well as ways to enhance the taste using healthy methods.

Increase Structured Physical Activity and Active Play Time

To promote lifelong physical activity, our policy will ensure that there is planned daily physical activity that is safe, engaging, and appropriate for each age group regardless of their special need or disability. PIL will keep on hand such items as hula hoops, jump ropes, etc. Staff will develop various movement stations. An approved physical education curriculum will be implemented. Each class will schedule at least one hour into their daily activity for planned age-appropriate structured physical activity. PIL will provide educational materials to encourage parents to begin a regular physical activity plan.

Increase Opportunities for Lifestyle Activity

We will recognize the importance of staff as they model appropriate activities daily, and discuss with the children the need for an ongoing lifestyle which embraces regular activity. Artwork will be posted that promotes physical activity and an active lifestyle. Parents will be encouraged to participate in scheduled activities and games during pick-up times.

There will be educational materials given to parents/families that describe the proven results of an active lifestyle.

Limit Screen Time (Television, Computer, and Videos)

Infants, toddlers, and twos will have no screen time. Children 3 and over will have one hour or less of screen time weekly. All technology will only be used for educational purposes only. Staff and teachers will encourage parents at pick-up time to engage their children in activities that increase family interaction and limit screen time. Educational materials will be provided to parents/families about the methods and advantages of limiting screen time.

Holidays/Cooking Activities

Holidays are celebrated with mostly healthy foods or with nonfood treats like stickers. Fundraising consists of selling only non-food items or healthy food.

Meal Time Role Modeling

According to the CDC 1 of 7 low-income, preschool-aged child is obese. Employees will serve as good role models making mealtime and snack time positive, cheerful, and unhurried events. Employees will sit with children during meal periods, eat the same foods the children do, offer

choices and give children an opportunity to serve themselves. It is encouraged that employees engage the children in upbeat food-related conversations, make positive comments about nutrition and encourage, but not require, children to taste all foods.

Helping children develop a healthy lifestyle-including healthy eating and physical activity-begins at home but should be reinforced in our center. Employees can help children to be active and make smart food choices by modeling these behaviors themselves. Outside food or drink will not be permitted in the class room for employee consumption. Staff with special dietary needs or religious preferences as previously discussed with the Director/Administrative Staff may eat their meals outside the classroom within the given time allowance. We will demonstrate good food and nutrition practices so our families who visit/attend our center can be confident their children are getting the nutrition they need and developing healthy eating habits that can help them avoid diet-related problems as they grow older.

Policy adopted 5/23/12

Parent Participation and Involvement

The Partners In Learning Child Development and Family Resource Center hopes to establish a partnership with parents. Parents should feel free to ask questions about day-to-day care, the curriculum, and planned activities for their children. The center staff members are concerned about each child and are available to explain ways children can learn and provide helpful information regarding child development and early childhood education. The infants, toddlers, and twos receive daily reports of their child's activities and routines throughout the day. Parents are always welcome to come and volunteer, have lunch with their child, or attend a field trip. Registration shall include both parents and parent substitutes when possible and we encourage a visit to the center by the child and his/her parent before the child begins attending the center. Opportunities will be given for care giving staff to meet with parents on a regular basis to discuss their child's needs and progress and to exchange information about the program. We have a parent support group that meets monthly and we encourage all parents to become involved. Throughout the year, parents are invited in for open houses, fall festivals, programs, lunch, etc.

Home Visit Procedure

Goals and Purpose of Home Visit:

1. To assist in promoting, within the parents, a feeling of accomplishment and self-worth as a result to their participation in the program.
2. To involve parents directly in the educational development of their children.
3. To develop individual and family goals.

Home Visitor Responsibility:

1. Set a time for home visits and always keep appointments.
2. Include parents in planning so home visits reflect family needs.
3. Do necessary referral and follow-up.

4. Include other siblings and family members if they show an interest in participating.
5. Home visitors can not be left alone to attend to any of the family's children.

Parent Responsibility:

1. Parents are to be at home for the scheduled home visit.
2. Parents are to participate in planning for home visits.
3. Parents are to participate in the home visit.
4. Parents will provide an atmosphere that will contribute to a good home visit, which may mean turning off the T.V. or radio.
5. Parents will allow siblings and family members to be included.
6. Parents will return all materials borrowed from Partners In Learning at the request of the home visitor.

Inclement Weather

In case of inclement weather, the Center will be open if at all possible. In the event that the Center cannot open or that the Center's opening is delayed due to snow or ice, announcements will be made by 5:30 a.m. on the following platforms: facebook, twitter, website, one call, and email.

Arrival and Departure

A code will be given to each family. This code will be used to enter the buildings and sign your child in and out of the computer each day. This code should not be given to any unauthorized people and will be deleted upon enrollment withdrawal. Children must be accompanied to and from their child's classroom by an adult. The teacher should be made aware of the child's arrival and departure by the parent. Each family will be required to provide a list of any authorized people that will pick up or drop off their child. The authorization is part of the contact and emergency information on the application forms. The child's teacher or the director should be notified in advance if anyone other than the regular persons is to pick up a child. For safety reasons, identification is required before your child can be released if anyone different is picking up your child. Parents, who have legal custody of their child and have a court order that prohibits one parent from seeing the child, should give the director a copy for the court order for Center files. In an effort to ensure the safety of all children, families, and staff; we reserve the right to alter the arrival and departure policy for any individual or family at any time. This is at the sole discretion of the administration. Partners In Learning is not required to give any reason or justification except that we want to ensure the safety of our children.

Operating Policies

Application: Openings are filled on a first-come, first-served basis depending on the age and developmental level of the child and the vacancies in the appropriate age group. At risk and special needs children are given priority.

Enrollment: Before enrollment and entrance into the Center, the following should be completed and/or received for each applicant:

Program Fee: \$60.00 Program Fee is due September 1 and March 1 of each year. (Subsidy will not cover this cost)

As a non-profit, we really rely on parent support and the strength of our families. The intent of this program is to increase volunteerism. Another way to meet this requirement would be to pay a program fee of \$60.00 each September 1 and March 1. Your fee will be prorated depending on your enrollment date. The program fee will allow us to continue and enhance our quality learning environment for our children and families

Weekly Fees: Effective August 1, 2017

Infants – 2 years of age	\$190.00	Before/After School	\$ 47.00week
2 year-olds	\$173.00	Wrap Around-Up to 17 hours	\$ 57.00week
3 & 4 year-olds	\$148.00	18-30 hours	\$ 82.00week
School Age-Daily Drop In	\$ 25.00	Summer Fun Camp	\$130.00week

All children that receive subsidy through the Department of Social Services will be charged an additional \$10.00 per month in addition to the parent fee.

Fees are due every, and MUST be paid one week in advance. A late fee of \$15.00 will be added to any account that is not paid by 6:00 on Monday. If tuition fees are not received by Wednesday, a reminder will be placed in your ProCare account requesting payment. Children will not be allowed to remain in the Center if tuition fee payments *fall two weeks behind.* The full tuition fee will be charged for any weeks during which a child is enrolled. Therefore, the regular tuition fee is required if a child does not attend for any reason. The cost of having a space available for a child goes on regardless of whether or not the child attends.

DSS subsidy: Parent fees are due by the 1st business day of each month. In addition to the parent fee, there is an additional \$10.00 fee per child, per month. If parent fee payments are not received by the 2nd business day of the month; a \$15.00 late fee will be applied to the account and children will not be allowed to remain in the Center and enrollment will terminate. DSS will be notified of nonpayment.

Late Pickup or Overtime Fees:

After closing - \$1.00 per minute
Over 10 hours - \$5.00 per 15 minutes

Withdrawal: At least two weeks **PAID** notice must be given if a child is to be withdrawn from the Center's enrollment.

Drop-off

Although it is not necessary to bring your child to the Center as early as 7:30 a.m., parents are encouraged to have the children at the center by 9:00 a.m. This is because the educational program begins in the morning and it is difficult for a child who arrives late. The child needs to be present for the childcare program to have positive effects. In addition, breakfast is usually

served about 8:30, and often field trips, special speakers, and group times begin right after breakfast. The children lie down for rest time between 12:30 and 2:30. It is not fair to expect a child to lie down to rest after he/she has slept late. Families who are continually unable to have

their child at the center by 9:30 a.m. may be asked to withdraw their child from the program. However, this will be determined on an individual basis.

Confidentiality

All information shared by the parents and the children's folders are confidential and only available to the child's teachers and parents and the Center administrative staff. Release of information for any child enrolled will be done so only by parental permission. Center staff and students are required to sign confidentiality agreements.

Grievances

Any concerns, questions, or grievances should be brought to a child's teacher or to the Director of the Center, immediately. If grievances are not resolved satisfactorily, concerns should be taken to the Partners In Learning Personnel Committee-first to the Chair of the Committee and then to the full Committee, if necessary. If deemed necessary, the action of the full Board shall be final.

Child Abuse Reporting Procedures

North Carolina law requires childcare professionals to report suspected cases of child abuse and/or neglect. If a staff member is alerted to the possibility of such a case that meets reporting requirements, it is the legal and moral responsibility of the staff member to inform the Director. The Director will then notify the Protective Services Unit of the Rowan County Department of Social Services who will investigate suspected child abuse or neglect.

Discipline and Child Guidance

The Center's formal Discipline and Child Guidance Policy is included in this handbook and a copy of the policy is included with the application that must be signed and returned with the enrollment application. The following steps will be taken for repeated inappropriate, disruptive, or hurtful behavior.

- Verbal redirection to a more appropriate activity or behavior. (Children will be redirected three times before being sent to "Time out" as explained in the discipline policy.
- Time with the Director or Family Inclusion Specialist will be used as a last resort for repeated inappropriate behavior.
- Partners In Learning is blessed to have a Family Inclusion Specialist and she is always available to the teachers to offer suggestions for the classroom and set up Behavior Modification Plans for the individual child.
- Parent/teacher conferences will be called to ensure a consistent effort in dealing with the problem.
- With parental permission, consultation with community resource persons may be held to help identify the child's needs and appropriate actions for specific problems.

If a child's behavior continues to be such that his safety or the safety of others is in danger and/or the rights of others are not respected thus making him/her unable to function in the group, the child will no longer be able to attend the Center. Parents will be asked by the Director to find an alternative placement for him/her. If this step is required, the Director will make every effort to assist in appropriate evaluation and placement of the child.

Suspension and Expulsion Policy Statement

It is the intent of the Partners In Learning to limit suspensions and expulsions in our early childhood education programs. Teachers, administrators, support staff, and families are the most critical ingredients of high-quality early learning programs. To that end, we strive to ensure that our staff are effectively trained, supported, and prepared to help all children excel. We also want families to be supported by being provided opportunities to attend parenting workshops, provided suggestions, opportunities to observe child in classroom while teachers are implementing challenging behavior strategies, as well as access to our Family Support Specialist for more intensive home support. Partners In Learning creates an environment focusing on prevention first, then developing clear, appropriate, and consistent expectations and consequences to address challenging behaviors in order to ensure fairness, equity, and continuous improvement to support children's social, emotional behavioral health.

Partners In Learning focuses on fostering social-emotional development by appropriately responding to challenging behavior and by incorporating preventive tools and strategies while utilizing appropriate discipline practices and policies before ever considering suspension. Partners In Learning documents evidence that every effort has been made to maintain the child's placement including, but not limited to, implementing evidence-based practices to prevent challenging behaviors. Such practices include the Center on the Social Emotional Foundations for Early Learning (CSEFEL) Pyramid Model, ongoing communication with the family, and consultation with early childhood mental health specialists, Healthy Social Behavioral Initiative specialists or other child development experts.

The following outlines developmentally appropriate social, emotional, and behavioral health promotion practices in the early childhood and child care environment.

1. Forming strong supporting, nurturing relationships with children and families including respect for cultural diversity.
2. Reinforcing children's desired behavior and implementing logical, non-punitive consequences for challenging behavior that are consistent and developmentally appropriate.
3. Paying distinct attention to the developmental appropriateness of both behavioral expectations and consequences for challenging behavior, taking into consideration the substantial developmental and experiential differences among children.

According to the National Center for Children in Poverty, approximately four to six percent of preschoolers have serious emotional and behavioral disorders that require evaluation by a licensed professional specialist or therapist. Expulsion will occur only as a last resort in extraordinary circumstances where there is a determination of a serious safety threat, significant concerns about the child's development and the program's capacity to address the child's developmental needs, or lack of family involvement (not returning calls/emails, not following through on suggestions, supporting behavior plan, etc.) when addressing these concerns. Documentation will demonstrate that all possible interventions and supports recommended by the early childhood mental health specialist, behavioral specialists or another child development expert were implemented. This

includes teacher observation to identify what may be triggering the behavior, planning and recording instructional modifications, implementing differentiated strategies, and documenting daily progress made by the child or additional modifications needed as well as other resources. Occasionally, there may be a child whose challenging behavior does not allow the child to be successful in the environment we provide.

Our staff will assist with transitioning the child and family into an alternative early childhood education placement that is prepared to appropriately support the developmental needs of the child.

Definitions:

Probation – family is made aware of challenging behavior and provided with support and behavior plan. Child/family may face suspension or expulsion if challenging behavior persists and family involvement is not acquired/maintained

Suspension- the temporary removal of a child from the assigned early childhood setting for disciplinary purposes.

Expulsion-the permanent dismissal of child from the assigned early childhood setting for disciplinary purposes.

At any point, if the family becomes aggressive (verbally or physically) expulsion will occur. Our staff and administrators need to feel a sense of safety when working with a child and family.

Serving Children with Disabilities

When a child with an Individualized Family Service Plan (IFSP) or an Individualized Education Program (IEP) exhibits persistent challenging behaviors, special considerations are enacted due to procedural safeguards and due process rights ensured under the Individuals with Disabilities Education Act (IDEA), Parts C and B. Documentation may be required by the IFSP or IEP as to the attempts to address the behaviors and alternate placement plans developed to ensure continuation of special education and related services.

1. For children age birth-to-three years of age with an IFSP, the child's Early Intervention Service Coordinator must be contacted to facilitate the development of a plan to address the behaviors in question.
2. For children ages three-through-five with an IEP who exhibit persistent challenging behaviors, early childhood programs must communicate with the school district's special education program about the behavior as soon as the concern arises.

Teachers shall maintain continuous collaboration with the specialist(s) working with the child. Discuss strategies implemented in the classroom and seek additional research based effective practices to support the child with or without an Individualized Education Plan (IEP).

Safety Policy

Our vision is that families and community will have the knowledge and skills necessary to contribute significantly to the optimal growth and development of children. It is with this commitment that we have established the following policies.

Transportation Impairment

All staff members are trained to recognize the effects of controlled substances. If there is concern that a caregiver is under the influence of substances, or there are circumstances that have impaired the ability to transport your child safely, we will request that the child be retained at the center until another caregiver can be reached. The Police and the Department of Social Services will be notified.

Children Unattended in the Car

Do not leave children unattended in the car. If assistance is needed, see the administrative staff at the front desk. Depending upon the environmental circumstances (hot/cold weather, etc.), leaving children unattended can be considered neglect. Partners In Learning staff members are required to report all observed child abuse and neglect to the Department of Social Services.

Child Safety Seats

North Carolina law **requires** all children under eight years of age or weighing less than 80 pounds be restrained in a proper child safety seat, placed in the rear seat of the vehicle. Failure to comply with this law, after one written warning by Partners In Learning personnel, will result in termination of care. Labeled car seats may be left in the observation rooms in the morning so that they are available for the return home.

*Partners In Learning will not be held responsible for any lost or stolen car seats.

Child Abuse Reporting Procedures

North Carolina law **requires** childcare professionals to report suspected cases of child abuse and/or neglect. If a staff member is alerted of the possibility of such a case that meets reporting requirements, it is the legal and moral responsibility of the staff member to inform the Director. The Director will then notify the Protective Services Unit of the Rowan County Department of Social Services who will investigate suspected child abuse or neglect. We are here to serve as an advocate for you and your family and have many community resources for a variety of needs.

A report may be made in person, by telephone, or in writing to the Department of Social Services in your county. The Rowan County address is 1813 East Innes Street, Salisbury, NC 28146. The county phone number for making reports is (704) 216-8499. Reports may also be made to the state Child Protective Services Division by calling 1-800-354-KIDS.

It is your responsibility to notify any persons who are on your child's pick-up list of our policies regarding these issues.

Adopted October 13, 2005

Aquatic Policy

For every 25 children participating in aquatic activities, there will be at least one person who has a current lifeguard training certificate. Certified lifeguards will not be counted in the required staff-child ratio. Children under the age of three will not participate in aquatic activities unless it is part of their IEP or IFSP.

The following staff-child ratios will be maintained during aquatic activities:

<u>Age of Children</u>	<u>Ratio staff/children</u>
3-4 years	1/8
4-5 years	1/10
5 years or older	1/13

Regardless of the number of children participating, a minimum of two staff will supervise aquatic activities. Adequate supervision will be maintained at all times. Half the center staff needed to meet staff-child ratio will be in the water and the other half will be out of the water with children who chose not to swim. Staff will be positioned in pre-assigned areas that will allow them at all times to hear, see, and respond quickly to children.

Parent Conduct

Parents are expected to conduct themselves in a courteous and respectful manner. The relationship between parents and teachers impacts the wellbeing of all our children and should serve as a role model for healthy, adult interactions. While issues with teachers should not be discussed in front of children, parents should feel that they can communicate their concerns and complaints directly to the caregiver of their child provided it is done in a civilized and considerate manner. Parents may also talk directly to the Director. Displays of anger or hostility are not appropriate.

Certain actions are so serious that they will lead to immediate disciplinary action. Such actions include but are not limited to:

- Comments of a sexual nature
- Racial, ethnic or religious slurs
- Violence or inappropriate language
- Smoking or drinking on school property
- Disrespect of the staff, children or other parent

Smoke-Free Policy

Due to acknowledged hazards to young children arising from exposure to second and third hand smoke, it shall be the policy of Partners In Learning CDC to provide a smoke-free environment for staff, children, and parents. This policy covers the smoking or any tobacco product and applies to both employees and non-employee participants of Partners In Learning CDC.

DEFINITION:

1. There will be no smoking in any area of the child care center including the Catawba College campus at any time.
2. There will be no smoking in any staff, volunteer or parent's vehicle at any time on campus. There will be no tobacco use in personal vehicles when transporting children on child care authorized activities.
3. There will be no smoking by staff or volunteers during PIL functions including field trips, walks, and all other off-site activities.

PIL will respect the policies and regulations of the hosting facility's smoking policy when attending trainings off-site.

4. According to the health benefits of children and the dangers of third hand smoke, PIL requires that if employees should leave the premises they must wear a smoking shirt/jacket. Upon returning to the center the shirt/jacket must be removed and left in one's personal vehicle, and wash their hands immediately.

Adopted 1/16/13

Ages and Stages Questionnaires

We have chosen the "Ages and Stages Questionnaires" (ASQ) as a tool to better help monitor your child's development. Each questionnaire contains 30 developmental items that are written in simple, straightforward language. The items are divided into four areas: communication, gross motor, problem solving, and personal-social. An overall section addresses general concerns. The teachers check *yes* to indicate an occasional or emerging response from the child, or *not yet* to indicate that the child does not yet perform the behavior. The staff then converts each response to a point value, totals these values, and compares the total score to establish screening cutoff points.

Assessments of infants and young children should be done on a regular basis because of the rapid developmental changes in the early years. Therefore the checklist will be done every 4 months of children until they reach 2 years of age and every 6 months thereafter. The teacher will place a copy of the checklist in your child's cubby. We will schedule conferences if we feel there is a need. However, feel free to call and schedule a conference if you have any questions or concerns after reviewing the questionnaire. We hope that through the use of this tool you will be better informed of your child's progress.

Make A Difference In A Child's Life!!

Volunteer

Partners In Service

Love cannot remain by itself – it has no meaning.
Love has to be put into action, and that action is service.

Mother Teresa

We are excited to introduce our new “Partners In Service” Volunteer Program. Volunteers are the heartbeat of any quality early childhood program. Volunteers can actively engage in many of the activities that make a real difference in children’s lives. We view volunteering as a means to get parents involved in their child’s education. Parent involvement is the key to a child’s school success. Volunteering provides the opportunity for you to contribute towards the building of an inclusive community and the well being of our society.

Each family at Partners In Learning will be required to volunteer six (6) hours each six (6) months. Hours will be prorated depending on your enrollment date. The types of work a volunteer can perform are many and varied. Hours will be awarded for participating in our monthly parent meetings, parenting classes, support group meetings, conferences, attending therapy sessions, assisting in the classrooms, repairing/fix-it-jobs, serving on committees, etc. Check your monthly newsletter for additional volunteer opportunities. Please let us know of any special talents or skills that you may have. Your talents and skills can be matched with your work preference to obtain a role that satisfies you and best fulfills the mission of Partners In Learning.

As a non-profit, we really rely on parent support and the strength of our families. The intent of this program is to increase volunteerism. Another way to meet this requirement would be to pay a program fee of \$60.00 each September 1 and March 1. Your fee will be prorated depending on your enrollment date. The program fee will allow us to continue and enhance our quality learning environment for our children and families.

Join more than 50 other volunteers – people who are giving their time, talent, and energy to make a quality early childhood program for your child. Be a Partners In Service Volunteer! Helping others feels good and helps you feel good about yourself.

Why Volunteer?

Because one person can make a great difference...

Summary:
**North Carolina
Child Care
Law and Rules**

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

October 2003



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

It is only when all of these conditions exist that regulation is required. The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development. 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, the history of their compliance with licensing requirements, and the program standard met by the program.

Family Child Care Homes

A family child home licensed to care for five or fewer preschool age children, and an additional three school age children. This includes preschoolers living in the home but the provider's own school-age children are not counted (Individuals caring for one or two children are exempt from being licensed.) Licenses are issued to family child care home providers who meet the following requirements:

- Home providers who received a license on or after January 1, 1998 must be 21 years old with at least a high school education or equivalent,

and mentally and emotionally capable of caring for children.

- He or she must undergo a criminal records background check.
- As of March 1998, all household members over age 15 who are present in new family child care homes when children are in care must also undergo a criminal records background check.
- All family child care home providers must have training in child development and CPR each year. They must also have first aid training every three years.

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 age-appropriate toys and activities, as well as nutritious meals and snacks for the children in care.

Child Care Centers

Licensing as a center is required when six 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 not to be licensed. 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 age 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 course work 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 have training in child development each year and must undergo a criminal records background check.

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.

Age	Teacher: Child Ratio	Maximum Group Size
0-12 months	1:5	10
12-24 months	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 for up to twelve children may keep up to three additional school-age children, depending licensed 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

To meet licensing requirements, there must be 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 age-appropriate. Outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

Curriculum

The Division of Child Development does not promote or require any specific curriculum over another. Child care programs choose the type of curriculum appropriate for the ages of the children enrolled. Activity plans must be available to parents and must show a balance of active and quiet activities. Rooms must be arranged to encourage children to explore and use materials on their own.

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 programs to make sure standards are met. All Children must be allowed to play outdoors each day (weather permitting) and must have space and time provided for rest.

The following requirements apply to both centers and homes.

Transportation

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

Records

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills practiced with safe evacuation of children must also be maintained.

Discipline

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

Parental Rights

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

The law and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information about quality child care, parents can call 1-800-CHOOSE or visit the Resources in Child Care website at: www.ncchildcare.net. For more information on the law and rules, contact the Division of Child Development at 919-662-4499 or 1-800-859-0829, or visit our homepage at: <http://www.ncchildcare.net>.

Reviewing Files

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

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

How to Report a Problem

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

Child Abuse or Neglect

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

Do You Qualify?

Child Care Subsidy Guidelines

Child Care Subsidy is available to help parents pay for quality childcare. The Rowan County Department of Social Service administers the program.

Call **Intake** at **704-216-8369** for an appointment to apply for assistance and to see if you qualify.

The following are *some* of the requirements to be eligible:

1. You must be employed 30 or more hours per week.
2. If both parents are living in the home, both must be employed 30 hours/week.
3. You may qualify if you are a full time student.
4. You may qualify if you are a part time student and part time employed.
5. Meet the income eligibility limits below.

Family Size Per year max income	Current program eligibility (based on 75% state median income)	Starting Oct. 1 Children ages 0-5 (based on 200% FPL)	Starting Oct. 1 Children ages 6-12 (based on 133% FPL)
Family of 2	\$34,164	\$31, 464	\$20,916
Family of 3	\$42, 204	\$39, 576	\$26,316
Family of 4	\$50, 244	\$47, 700	\$31,716

Source: Information provided by the N.C. Division of Child Development and Early Education

Effective October 1, 2014

IMPORTANT!

WIC Income Eligibility Criteria

Gross Income* (before taxes) cannot exceed the following amounts:

Poverty Income Guidelines, effective 4/99			
	185% of Poverty		
Size of Family	Gross Income Per		
	Year	Month	Week
1	\$15,244	\$1,271	\$294
2	\$20,461	\$1,706	\$394
3	\$25,678	\$2,140	\$494
4	\$30,895	\$2,575	\$595
5	\$36,112	\$3,010	\$695
6	\$41,329	\$3,445	\$795
7	\$46,546	\$3,879	\$896
8	\$51,763	\$4,314	\$996
For each additional family member, add:			
	\$5,217	\$435	\$101

Note: A person who currently receives Medicaid, Food Stamps, or Work First Family Assistance automatically meets the income eligibility criteria for WIC.

*185% of the FFY U. S. Poverty Income Guidelines per the Federal Register.



A HEALTHY START!

WHAT IS WIC?

WIC IS A Special Supplemental Nutrition Program for Women, Infants, and Children funded by the United States Department of Agriculture.

WIC provides at no cost:

HEALTHY FOOD

- ✓ Milk
- ✓ Juice
- ✓ Cheese
- ✓ Dried Beans and Peas
- ✓ Infant Formula
- ✓ Eggs
- ✓ Cereal
- ✓ Peanut Butter
- ✓ Infant Cereal

(The WIC Staff determine which foods a participant receives based on individual needs.)

NUTRITION INFORMATION

- ✓ Infant Feeding
- ✓ Nutrition for Healthy Pregnancy
- ✓ Child Growth and Development
- ✓ Special Diets
- ✓ Food Buying

Am I Eligible?

WIC IS FOR:

- ✓ Pregnant Women
- ✓ Breastfeeding Women who have had a baby in the last 12 months.
- ✓ Women who have had a baby in the last 6 months.
- ✓ Infants
- ✓ Children up to 5 years of age.

PERSON MUST ALSO:

✓ **Meet WIC Income Guidelines:**

(Even if you have a job, you may be eligible. If you are on Work First Family Assistance, Medicaid, or in the Baby Love Program, you already meet the income guidelines.)

✓ **Have a health risk factor based on:**

- Height and Weight Measurements
- Blood Test for Low Iron
- Health History
- Diet History

Applicants must be seen at the WIC site to determine eligibility

FINDING FREE OR LOW COST HEALTH INSURANCE FOR YOUR CHILDREN JUST GOT EASIER



What is It?

Two programs in North Carolina are now available to help children get the insurance they need. Health Check (Medicaid) provides free health insurance to children aged 0 through 20 whose families qualify. North Carolina Health Choice for Children provides free or low cost health insurance to uninsured children aged 0 through 18 whose families cannot pay for private insurance and who do not qualify for Health Check.

What are the benefits?

Eligible children will receive coverage for

- ◆ Well Child Checkups
- ◆ Medicines
- ◆ Vision & Hearing Care
- ◆ Sick Visits
- ◆ Dental Care
- ◆ Medical Equipment & Supplies
- ◆ Lab Tests
- ◆ Counseling
- ◆ Immunizations (shots)
- ◆ Hospital Care
- ◆ Therapies
- ◆ Surgery

Additional benefits may be available for children with special health care needs.

How do I know if my child is eligible?

Your child may be eligible for one of these programs if your family size and income (before taxes) is less than:

Family Size	Monthly Income	Family Size	Monthly
1	\$1,392	5	\$3,325
2	\$1,875	6	\$3,809
3	\$2,359	7	\$4,292
4	\$2,842	8	\$4,775

Valid through March 2004

Some eligible families, depending on income, may have to pay an enrollment fee and co-payment for their child's care. The fee is \$50-\$100 per year. Many families do not pay any fees at all.

How do I apply?

To apply for Health Check for North Carolina Health Choice, a person completes one application form. Application forms are in all county health department and social services offices. They may also be at other places in a county. To find out where applications are available in your county or to get an application in the mail, call 1-800-367-2229. Families need to bring or mail completed applications to the department of social services in the county where they live, **along with proof of income for the past month (wage stubs)** and their child's age.

How do I know if my child is covered?

Your local department of social services reviews all application forms. DSS will inform you by mail or phone if your child qualifies for a program. They will also tell you if you have to pay an enrollment fee. Children are enrolled in either program for one year. Families must re-apply each year.

For more information or to get an application from, contact your local department of social services or call the NC Family Health Resource Line at 1-800-367-2229.

Department of Health and Human Services