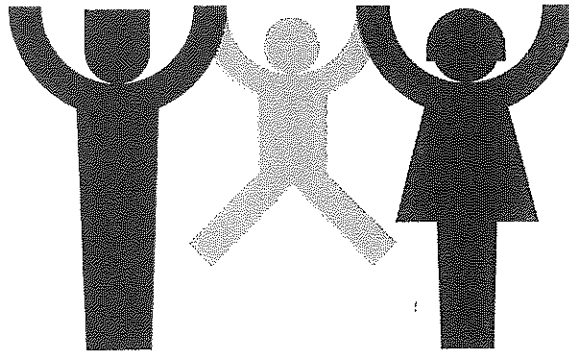


# ENROLLMENT PACKAGE

## **EARLY CHILDHOOD CENTER**



**West Market Street  
United Methodist Church**

---

**312 West Friendly Avenue  
Greensboro, NC 27401**

**Phone: (336) 378-6093**

**Fax: (336)378-0483**

**EARLY CHILDHOOD CENTER**  
**West Market Street United Methodist Church**

312 W. Friendly Avenue • Greensboro, NC 27401 • (336) 378-6093



Dear Parent:

Welcome to the Early Childhood Center. We look forward to getting to know your child and your family. Enclosed please find your child's enrollment package for our center. In order to meet state license requirements and to protect your child's safety we require all paperwork including the Physician's Medical Form & Immunization Record to be turned in no later than one week prior to your child's first day of attendance.

If we can assist you with the enrollment package please contact us.

Phone: (336) 378-6093

Fax: (336) 378-0483

Website: [www.eccgreensboro.org](http://www.eccgreensboro.org)

Email:

Director: Marian Dotts [mdotts@eccgreensboro.org](mailto:mdotts@eccgreensboro.org)

Assistant Director: Lisa Butterworth [lbutterworth@eccgreensboro.org](mailto:lbutterworth@eccgreensboro.org)

Administrative Assistant: Beverly Black [bblack@eccgreensboro.org](mailto:bblack@eccgreensboro.org)

Sincerely,

Marian Dotts  
ECC Director



# Child Enrollment Form

<b>OFFICE USE ONLY:</b> Program: <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day <input type="checkbox"/> After school First Day of Attendance: _____ Classroom assignment: _____
--

Child's Name: \_\_\_\_\_  
(First) (Middle) (Last) (Name used by parent)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ ( ) Male ( ) Female  
(Month, Day, Year)

**FAMILY INFORMATION:** Child lives with: \_\_\_\_\_

1. Parent # 1 \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_ Pager # ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_

2. Parent #2 \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_ Pager # ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

3. Which parent should be listed on tax statements, payment receipts, and financial reports?  
 \_\_\_\_\_ Parent #1 or \_\_\_\_\_ Parent #2

4. ECC emails invoices and payment receipts. Printed copies are available upon request to the front desk.  
 Please list the email address to send you these forms: Email Address: \_\_\_\_\_

5. Who has legal custody of the child for whom application is being made? \_\_\_\_\_  
 It is the parent's responsibility to notify the school of any custody changes and to provide documentation while the child is enrolled at Early Childhood Center.

6. How did you hear about our program? \_\_\_\_\_ Why did you choose us? \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_

I agree that the administrator or his/her designee may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately. 911 will be called to provide all emergency transportation. I also give permission for the director or his/her designee to talk with my child's physician concerning health care related to his enrollment at the Early Childhood Center. I agree to pay all expenses incurred for such emergency medical care.

\_\_\_\_\_  
Parent #1's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent #2's Signature

\_\_\_\_\_  
Date

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent/guardian, or full time custodian.

Center Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Family Enrollment Agreement

So that each parent understands Center policies, we ask that you read the following information and sign this form indicating your agreement and understanding of the policies set forth.

1. Upon enrollment, a handbook will be furnished to each parent that will include general regulations and procedures of the Child Care program. I understand any policy changes will be given to me in writing.
2. I understand the Early Childhood Center voluntarily follows enhanced licensing requirements through our center policies and classroom practices, staff education requirements and reduced staff to child ratios in our classrooms.
3. I understand that I am responsible for keeping the information in my child's file up-to-date and in no way will hold the Early Childhood Center responsible for failure to notify me in case of emergency because of incorrect or out-of-date information.
4. I hereby agree that the Center and staff are released from liabilities arising from illnesses that may be contracted by my child while on the premises of the Early Childhood Center. I fully realize that my child will be subjected to communicable diseases.
5. I give permission to the Early Childhood Center to take my child on field trips and places of interest. Announcements regarding field trips are normally posted one week prior to the date of the trip.
6. I agree that my child may be outside the fenced area on occasions such as nature walks. Infants and toddlers may take rides outside the fenced area in a Bye Bye Baby Buggy.
7. I understand that children in the 3 year old and older classrooms participate in Chapel Time as described in the parent handbook. My child has permission to participate \_\_\_ Yes \_\_\_ No.  
I understand alternative care will be provided during Chapel Time for my child if I choose for my child to not participate.
8. I understand The Early Childhood Center participates in community awareness activities and that individuals and/or community professional may come into my child's classroom. My child may be photographed and/or video taped and newspapers, television stations, church newsletters, colleges and universities may use those images. If I choose for my child not to participate in these activities I will provide a written statement to the director.
9. I understand The Early Childhood Center staff will take photographs of my child to be displayed in the center. If I do not wish for my child to be photographed I will provide a written statement to the director.
10. The Center is not responsible for the loss of personal property whether the loss occurs by theft, fire, or any other cause.
11. The Early Childhood Center admits children of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to children at the Center. It does not discriminate in the administration of its personnel or educational policies, admission policies, or other programs.
12. As parents, we agree to bring any and all questions and criticisms to the person most directly involved. If we have concerns regarding the care or program provided to our child, we agree to make these concerns known to the teacher. If a satisfactory conclusion is not reached, then we will contact the Child Care Director.
13. I understand my child may be withdrawn if my tuition is not paid in full by the 10th of the month and I have not made a financial arrangement with the director or the assistant director.
14. **Occasionally families ask to get in touch with their child's classmates, please check yes if you will allow us to share your families information with other families in our program. Check no if you do not wish to be included. \_\_\_ Yes \_\_\_ No**
15. I have read and understand ECC Wellness Policy as explained in the Parent Handbook.
16. I understand a copy of the Summary of NC Child Care Law with Enrollment packet.
17. I understand I will be charged a late arrival fee of \$1.00 per minute when I arrive after my child's program closes. Additional Fees will be charged after the first 2 events. Full Day closes at 6:00PM, Half Day closes at 1:00PM.

I have read the enrollment agreement. By signing this agreement I am indicating my support and agreement to the policies as stated in this agreement and the Parent Handbook. I understand I will any policy changes in writing.

\_\_\_\_\_  
Parent #1's signature

\_\_\_\_\_  
Parent #2's signature

\_\_\_\_\_  
Date



## Discipline Guideline CHILD'S FILE COPY

As adopted April 1990

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this Center will practice the following discipline and behavior management policy.

Parents are encouraged to follow the same discipline management policy:

### WE:

1. Do praise, reward and encourage the children.
2. Do reason with and set limits for the children.
3. Do model appropriate behavior for the children.
4. Do modify the classroom environment to attempt to prevent problems before they occur.
5. Do listen to the children.
6. Do provide alternatives to the children for inappropriate behavior.
7. Do provide the children with natural and logical consequences.
8. Do treat the children as people and respect their needs, desires, and feelings.
9. Do ignore minor misbehavior.
10. Do explain things to the children on their level of understanding.
11. Do use short supervised periods of "Time Out".
12. Do stay consistent in our behavior management program.

### WE DO NOT:

1. Spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children.
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. Shame or punish the children when bathroom accidents occur.
4. Deny food or rest as punishment.
5. Relate discipline to eating, resting or sleeping.
6. Leave the children alone, unattended, or without supervision.
7. Place the children in locked rooms, closets, or boxes as punishment.
8. Allow discipline of children by children.
9. Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name) do hereby state that I have received and read a copy of the Center's Discipline & Behavior Management Policy and that the Center director/coordinator (or other designated staff member) has discussed the Center's Discipline & Behavior Management Policy with me.

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



## Discipline Guideline PARENT'S COPY

As adopted April 1990

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this Center will practice the following discipline and behavior management policy.

Parents are encouraged to follow the same discipline management policy:

### WE:

1. Do praise, reward and encourage the children.
2. Do reason with and set limits for the children.
3. Do model appropriate behavior for the children.
4. Do modify the classroom environment to attempt to prevent problems before they occur.
5. Do listen to the children.
6. Do provide alternatives to the children for inappropriate behavior.
7. Do provide the children with natural and logical consequences.
8. Do treat the children as people and respect their needs, desires, and feelings.
9. Do ignore minor misbehavior.
10. Do explain things to the children on their level of understanding.
11. Do use short supervised periods of "Time Out".
12. Do stay consistent in our behavior management program.

### WE DO NOT:

1. Spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children.
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. Shame or punish the children when bathroom accidents occur.
4. Deny food or rest as punishment.
5. Relate discipline to eating, resting or sleeping.
6. Leave the children alone, unattended, or without supervision.
7. Place the children in locked rooms, closets, or boxes as punishment.
8. Allow discipline of children by children.
9. Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name) do hereby state that I have received and read a copy of the Center's Discipline & Behavior Management Policy and that the Center director/coordinator (or other designated staff member) has discussed the Center's Discipline & Behavior Management Policy with me.

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



## Child's Medical Form

Name of child \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Name of Parent \_\_\_\_\_  
 Address of Parent \_\_\_\_\_

<b>Medial History (May be completed by parent)</b>	
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: _____	
I give permission for the director or his designee to talk with my child's physician concerning health care related to his enrollment at The Early Childhood Center.	
_____ Parent or Guardian's signature	_____ Date

<b>PHYSICAL EXAMINATION</b>	
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.	
Weight _____ % Height _____ %	
Heart _____ Chest _____ Throat _____ Neck _____ Abdomen _____	
Abd/GU _____ Ext. _____ Neurological System _____	
Teeth _____ Skin _____ Head _____ Eyes _____ Ears _____ Nose _____ Vision _____ Hearing _____	
Should activities be limited? _____ Yes _____ No If yes, explain _____	
Recommendations: _____	
Has this child been screened for lead at 12 and 24 months of age, or once before the age of six? ___ yes ___ no	
Results of TB Test, if given: Type _____ Date _____ Normal _____ Abnormal _____ followup _____	
Developmental Evaluation: _____ Delayed _____ Age appropriate	
If delay, note significance and special care needed: _____	
Any other recommendations? _____	
Date of Examination _____	
Signature of authorized examiner/title _____	Phone # _____





## Immunization History

Must be completed by a medical professional or  
attach a copy of the physician's record.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.

Enter date of each dose – Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP/DT (circle which)					
*Polio					
**Hib					
***Hepatitis B					
**MMR (combined dose)					
****Chicken Pox					
Prevnar					
Other					
Other					

- \*Required by State Law
- \*\*Required by State Law for children born on or after 10/1/88
- \*\*\*Required by State Law for children born on or after 7/1/94
- \*\*\*\*Required by State Law for children born on or after 4/1/01

RECORDS UPDATED:	DATE UPDATED:

A physician's copy of your child's immunization record is acceptable to replace this form.



## Safe Arrival and Departure Procedures

10A NCAC 09 .0604(t) Each center shall establish safe procedures for pick-up and delivery of children. These procedures shall be communicated to parents, and a copy shall be posted in the center where they can be seen by the parents.

- Upon arrival, all children must be accompanied inside the facility by an adult.
- Staff must be notified of the child's arrival.
- Upon the child's departure, an adult must come inside the facility and notify staff that the child is leaving.
- Children will only be released to persons listed on the child's application as authorized by the parent/guardian. Staff will request to view a driver's license to verify identity of persons other than known parent/guardian.
- Authorization from parent/guardian is required in writing when anyone other than the designated person(s) as listed on the child's application arrives to pick up the child.
- When a child is transported by the facility to the child's home, an adult must be available to receive the child from the bus or van.
- Sign children in and out according to the program's policies. Daily arrival and departure times must be recorded/
- Children must never be left unattended.



## Security Key Identification & Request Form

ECC utilizes a security key system to gain entrance to our facility. Every family enrolled is required to use a security key. We ask that parents not permit individuals they do not know to enter the building. When the buzzer rings an administrator can see and or speak to the individual to determine whether to permit them entrance to the building. You will need to buzz in until your keys are made. This is generally done within a few days of enrollment.

Every family enrolled is required to have a minimum of one (1) security key. You will need to complete the information below and attached payment to order your security keys. Please order keys for those individuals who will bring or pick up your child on a regular basis.

Families who habitually buzz the door to gain entrance will have a new key issued and will be expected to pay for the key. It is not an option for parents or caregivers to not use their key to enter the building.

**Please complete the following information to order your security door key(s). Keys are \$10.00 each.**  
**PAYMENT MUST BE ATTACHED TO THIS FORM.**

Parent's name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print first and last name)

Child's name: \_\_\_\_\_

The initial key is to be issued to: \_\_\_\_\_  
(Please print first and last name)

To request additional keys we must have the information listed below for each key.

Please **print** the name of the individuals who will use these keys. A different name for each key is required.

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

Office use only: First Day: _____ Class Assignment: _____ Key(s)made: _____ Key(s)invoices: _____
---



## PAC Activities

### Harris Teeter

ECC proudly joins Harris Teeter's Together In Education program to help raise funds for our school. It's easy and it's FREE. You only have to link your VIC card once each school year. If you participated in the past, please be sure re-link your VIC card. You can link your VIC card by:

1. Giving the cashier at the time of check-out, our school code (4776), and your VIC card the next time you are shopping at Harris Teeter.
2. Go to [www.harristeeter.com](http://www.harristeeter.com) and look for the Together In Education section to link your VIC card online, using our school code (4776).
3. Look for a PAC member at the Open Houses and they will collect your information for you and enter it online in order to assist you.

Once your VIC card is linked, ECC will receive a percentage of your Harris Teeter brand purchases (Harris Teeter, Premier Selection, H.T. Traders, Harris Teeter Naturals, Your Pet, Hunter Farms, Highland Crest, and More Value). Please keep these brands in mind when making your selections. This program does not interfere with your VIC card savings or cost you any money.

### Campbell's Labels

The Campbell's Labels for Education program is a great way to get FREE merchandise for our classrooms. Participating in the program is easy – simply save the UPC bar code along with the "Labels for Education" symbol from each participating Campbell product. Place them in the collection box at the PAC Information Station in the Atrium at ECC.

### Pizza/Chick-Fli-A Lunches

Another fundraiser that benefits everyone is providing lunch for the children approximately once a week, September through May. Kids get a cool lunch, parents have to pack lunch one day less a week, and ECC raises funds. Lunch consists of either pizza or chicken nuggets along with a fruit and a vegetable. Order forms will be made available in September. Please be mindful of the deadline to sign up.

### Attractions Books: Dining and Value Guide

This is our first fall fundraiser and it's so easy! Your child will receive a book in his/her folder early in September (you are under no obligation to purchase the book). You can keep the book and submit a check for \$25. After purchasing a book for your family, pick up some extra books at the front desk and take them to work, church, or family gatherings and sell them. For every book sold, ECC gets \$10. This is another good fundraiser for ECC.

### Basket Raffle

PAC hosts a basket raffle each spring, typically during the *Week of the Young Child* celebration. Each classroom is assigned a theme basket and parents are asked to either donate items to fill the baskets or solicit donations from local businesses. Past basket themes have been Parents' Night Out, Princess, Super-Hero, Family Night Out, and many more.

### Greensboro Grasshopper Baseball Parking

During the baseball season WMSUMC generously gives ECC the opportunity to collect parking fees for several Grasshopper games. For each game two volunteers are needed, and it only takes 90 minutes of your time.

### Teacher Appreciation Breakfasts/Desserts/Snacks

Each month, September – May, PAC sponsors either a breakfast or afternoon snack for the ECC staff. Every classroom is assigned a date to bring goodies for these special treats. The sign-up sheet will be placed in your classroom at least a week prior to the event. This is an easy way to express our gratitude for the ECC teachers and staff.

### Room Representatives

We'd love to have 2 parents serve as Room Representatives for each class. Room Representatives serve as liaisons between the teachers, PAC and parents, often assisting with communication. They will also coordinate any efforts that require parent participation.

## PAC Activities Sign Up

Thank you for your time and for being a part of ECC.

Name: \_\_\_\_\_

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

Child's Class: \_\_\_\_\_

Email address: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

I would like to assist with the following:

- Room Representative
- Teacher Appreciation End-of-Year Luncheon
- Assist in serving a pizza/chicken lunch
- Basket Raffle
  - Coordinator
  - Solicit an item from a business/organization
  - Assemble baskets
- Grasshopper Baseball Parking
  - Coordinator
  - Work the parking lot for a game

Do you have a special talent that you'd like to offer or teach children?

---

---

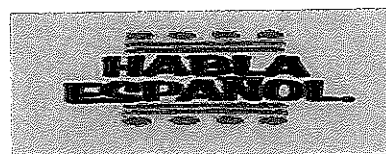
Do you have professional skills that could be shared?

---

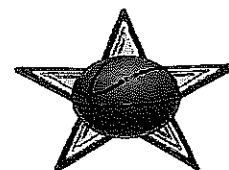
---

# ENRICHMENT PROGRAMS

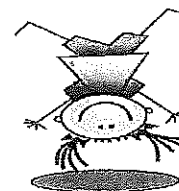
*KINDER SPANISH \$15 REGISTRATION FEE/\$40 MONTHLY FEE*



*LITTLE HOOPER'S BASKETBALL \$10 PER WEEK/ 8 WEEK SESSIONS*



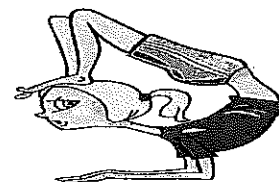
*TUMBLE BUS \$15 REGISTRATION FEE ONLINE/  
\$25 REG FEE IF LEFT ONSITE/\$39 MONTHLY*



*KINDERMUSIK \$50 MONTHLY/ \$240 PAY IN FULL IS A DISCOUNT*



*YOGA SPROUTZ \$8 PER SESSION/WEEKLY SESSIONS*





## 2016 – 2017 Calendar

August, 23, 24	Half-Day Program Visitation 9am – 12 am
August 25	Last Day of Summer Half-day Program and Summer Camp
August 26	ECC Closed for Teacher Work Day
August 29	First Day of Half-Day Fall Program 2016
September 1	Center Wide Parent Night Open House 6:30pm-8:00pm
September 5	ECC Closed – Labor Day Holiday
September 12-16	Scholastic Book Fair
October 25, 26, 27	Children's Fall Pictures Taken
November 11	ECC closes at 12:00PM Professional Development Day
November 24, 25	ECC Closed – Thanksgiving Holidays
December 23, 26	ECC Closed – Christmas Holidays
January 2, 2017	ECC Closed – New Year's Holiday
January 16	ECC Closed – Martin Luther King Holiday
Jan 30 <sup>th</sup> – Feb 3 <sup>rd</sup>	Registration for Fall Half-day Program ECC Families
Feb 27 <sup>th</sup> – March 3 <sup>rd</sup>	Registration Summer half-day & Summer Camp for ECC Families
March 15 <sup>th</sup>	ECC closes at 12:00PM Professional Development Day
April – Dates TBD	Children's Spring Pictures Taken
April 14 <sup>th</sup>	ECC Closed – Good Friday
May 29	ECC Closed – Memorial Day Holiday
June 9 <sup>th</sup>	Last Day of Half-Day Program
June 12 <sup>th</sup>	First Day of Summer Half-day Program and Summer Camp
July 4	ECC Closed – Independence Day Holiday
August 24 <sup>th</sup>	Last Day of Summer Half-day Program and Summer Camp
August 25 <sup>th</sup>	ECC Closed for Teacher Work Day
August 28 <sup>th</sup>	First Day of Half-Day Fall Program 2016
August 31 <sup>st</sup>	Center Wide Parent Night Open House 6:30pm-8:00pm

The following requirements apply to both centers and homes.

#### Transportation

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

#### Program Records

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

#### Discipline and Behavior Management

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

#### Parental Rights

- [E1] Parents have the right to enter a family child care home or center at any time while their child is present.
- [E2] Parents have the right to see the license displayed in a prominent place.
- [E3] Parents have the right to know how their child will be disciplined.

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information visit the Resources in Child Care website at [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov). For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829 (In State Only), or visit our homepage at: [ncchildcare.nc.gov](http://ncchildcare.nc.gov)

#### Reviewing Files

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

- [E1] viewed during business hours (8 a.m. -5 p.m.);
- [E2] requested via the Division's web site at [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov); or
- [E3] requested by contacting the Division by telephone at 919-527-6335 or 1-800-859-0829 -800-859-0829.

#### How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829.

#### Child Abuse, Neglect, or Maltreatment

Every citizen has a responsibility to report suspected child abuse, neglect or maltreatment. This occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. It may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. It also occurs when a child does not receive proper care, supervision, discipline, or when a child is abandoned. **North Carolina law requires any person who suspects child maltreatment at a child care facility to report the situation to the Intake Unit at Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829.** Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any maltreatment complaint or the issuance of any administrative action against the child care facility. **North Carolina law requires any person who suspects child abuse or neglect in a family to report the case to the county department of social services.**



# Summary of the North Carolina Child Care Law and Rules

## Division of Child Development and Early Education

North Carolina Department of  
Health and Human Services  
820 South Boylan Avenue  
Raleigh, NC 27699  
Revised March 2016

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.