ENROLLMENT CHECK LIST

1. **Application**
2. **Contract**
3. **Operational Policies** – Please sign after reading entirely. Keep as reference and become familiar with the material
4. **Children's Medical Report** – Section B to be completed and signed by licensed physician.
5. **Immunization History**
6. **Discipline and Behavior Management Policy**
7. **Travel and Activity Authorization** – Selecting *Blanket Permission for All Given Activities* will avoid frequent completion if this form. Please note that parents will always be informed before their child is transported anywhere.
8. **Infant Feeding Schedule** – For children under 15 months old.
9. **Alternative Sleep Position Waiver**
    a. Physician Recommendation *(up to 6 months of age)*
    b. Parent Request *(over age of 6 months)*
10. **Infant/Toddler Safe Sleep Policy**
11. **NC Child Care Law and Rules** – Sign and date
12. **Photo & Video Release Form**
13. **Food Program Enrollment**
    a. **Building for The Future**
    b. **Enrollment Forms (CACFP)**
    c. **Non-Dairy Milk Substitution**
    d. **Medical Statement for Meal Modifications**
    e. **Infant Milk & Food Provisions**
14. **Shaken Baby Syndrome Policy** *(sign & date)*

Date Application Completed_____ Date of Enrollment_____

SKYERS CDC
CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually

CHILD Date of Birth: _____

Full Name:_____

Last First Middle Nickname

Child's Physical Address:_____

FAMILY INFORMATION: Child lives with:_____

Father/Guardian's Name_____ Home Phone_____

Address (if different from child's)_____ Zip Code _____

Work Phone_____ Cell Phone_____

Mother/Guardian's Name_____ Home Phone_____

Address (if different from child's)_____ Zip Code _____

Work Phone_____ Cell Phone_____

CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
Name	Relationship	Address	Phone Number
Name	Relationship	Address	Phone Number

HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes☐ No☐

List any allergies and the symptoms and type of response required for allergic reactions._____

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

List any particular fears or unique behavior characteristics the child has_____

List any types of medication taken for health care needs_____

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

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional_____ Office Phone _____

Hospital preference_____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian_____ 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.

Date Application Completed_____ **SKYERS CDC** Date of Enrollment_____

CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually

Signature of Administrator_____ Date_____

SKYERS CHILD DEVELOPMENT CENTER, LLC

Provider-Parent/Guardian Contract

I agree to enroll my child, _____, in the Skyers Child Development Center, LLC beginning on _____. I have received and read the center's Operational Policies and agree to comply with all rules and responsibilities stated in them.

1. Care will normally begin at _____o'clock and end at _____ o'clock.
2. Care will include breakfast, lunch and a p.m. snack. Meals for infants are upon demand.
3. The parent will provide food for the following:
   _____
   _____
4. The charge for care of the child is $_____ per _____. There will be a charge of $5 per 15-minute increment, if the child is picked up after 6:05pm. and dropped off before 6:55am.
5. Payment to Skyers Child Dev. Center will be made in the following manner:
   credit card _____ check _____
   by _____ on Fridays for the upcoming week.
   (name of person paying)
   Checks are payable to *Skyers Child Development Center (Skyers CDC)*

Payment is due regardless of attendance.

6. Children may be taken from the center only by the person(s) signed below, by person(s) listed on the Application for Enrollment, and/or under the conditions specified in the Operational Policies.

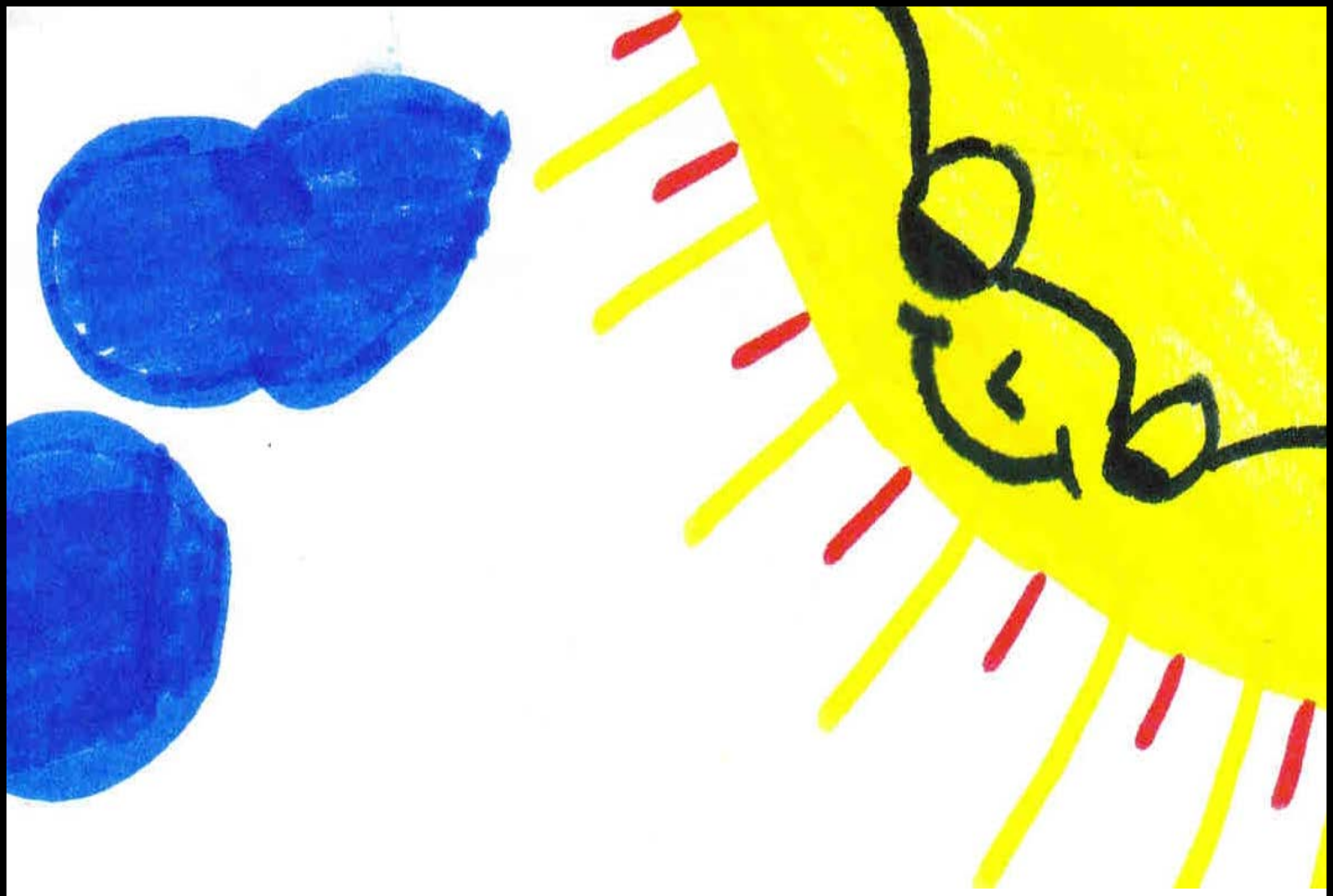
By signing this contract, parent(s)/guardian(s) agree to abide by the written policies. The center may amend the policies by giving the parent(s)/guardian(s) a copy of the new or changed policies at least two weeks before they go into effect.

Father/Legal Guardian's signature _____Date_____

Mother/Legal Guardian's signature _____Date _____

Provider's signature _____Date _____

Co-signer's signature _____Date _____
If the parent or legal guardian is under age 18, a co-signer must sign this agreement and act as a guarantor to the contract and agree to be bound by all financial terms.



PARENT HANDBOOK OF OPERATIONAL POLICIES

Skyers Child Development Center, LLC
7023 Beatties Ford Rd
Charlotte NC 28216
(704) 395-3481 / Phone
(704) 395-3456 / Fax
skyerscdc@bellsouth,net

Janette Skyers, Director

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SKYERS CHILD DEVELOPMENT CENTER, LLC
OPERATIONAL POLICIES

Welcome to the Skyers Child Development Center. These policies were developed with all parties in mind. Our goal is to provide a safe and nurturing environment where we encourage children to meet their maximum potential in the areas of physical, emotional, mental and social well-being. Our "open door" policy is to encourage parents/guardians to communicate freely and visit at any time.

DAYS/ HOURS/AGES

We are open Monday-Friday from 7:00am to 6:00 pm. Care is provided for children from birth to 12 years old. We also provide drop-in care where our service is not required on a regular basis. Space availability for drop-in students is dependent on regular attendees.

RATES/PAYMENT/OTHER FEES

Infant /Toddler: newborn to 2 years

- Full days - $175/week

Preschool/Pre-K: 3 to 5 years

- Full days - $160/week

School Age: 5 to 12 years

- Full days - $125/week

Before School: 4 to 12 years

- $50/week

After School: 4 to 12 years

- $65/week

Before/After School: 4 to 12 years

- $110/week

Drop-In: All Ages

- Full days - $50/day

Regardless of attendance, tuition is due weekly. We accepted cards and checks. Checks are payable to Skyers Child Development Center (Skyers CDC). Please retain your cancelled checks to serve as receipts for payment. An annual report of tuition payments will be forwarded each January for tax purposes.

REGISTRATION FEE

A one-time registration fee of $100 is due before the first day of attendance. A non-refundable $50 deposit and completion of all enrollment forms are required to hold a spot for your child. A spot cannot be held indefinitely. The $50 deposit is deducted from the registration fee.

LATE PAYMENT FEE

Payment is late if it is not received by closing on the due date. A late charge of $5.00 per day will be added to your fee if your tuition is not received by closing on the following day. Special arrangements must be made for payment if the facility is closed.

If payment is not made and your child has been absent for three or more consecutive days without explanation, the child's space will no longer be guaranteed.

RETURNED CHECKS

There is a $30.00 charge for "insufficient funds" checks. If there are two occurrences of returned checks, all future payments must be made by money orders or cashier's checks.

LATE PICK UP CHARGE/EARLY DROP OFF

If a parent/guardian is late picking up their child, there is a $5.00 charge for each 15-minute increment.

CHANGES

Fees are subject to change. Four weeks notice will be given before any change is implemented.

ENROLLMENT PROCEDURES

Along with paying the registration fee, the following forms must be read, completed and /or signed prior to the first day of your child's attendance:

- Application
- Contract
- Operational Policies
- Identifying and Emergency Information
- Medical Report (Current immunization required)
- Discipline and Behavior Management Policy
- Permission to Administer Medication (if applicable)
- Infant Feeding Schedule (under 15 months old)
- Travel and Activity Authorization
- Child Enrollment Form for Child & Adult Care Food Program (CACFP)
- Infant/Toddler Safe Sleep Policy
- NC Child Care Law and Rules

CLOSINGS

The schedule for paid holidays is listed below. If the holiday falls on a weekend, the Center will close the same day as the federal and state offices. Christmas is traditionally scheduled as a five-day holiday.

- New Year's Day
- Martin Luther King Jr.
- President Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day

- Thanksgiving Day and the following day
- Week of Christmas

VACATION
Tuition is due regardless of attendance. Payment obligation is based on the days you agree to use the center, not on actual days of attendance.

SEVERE WEATHER
In the event of severe weather, the Center will follow the advice of our local television and radio station. If it is necessary to close, parents will be called to pick up their children.

SUPPLIES/PROVISIONS
The parent/guardian should provide the following items:

- 2 Sheets and 2 blankets for rest time
- Change of clothes
- Diapers and wipes
- Bottles and drink containers must be labeled with the child's name & date

All items should be labeled with the child's name

SIGN IN AND OUT
An adult signature is required when dropping off and picking up your child. A Sign IN/OUT Record will be available.

TERMINATION POLICY/ SCHEDULE CHANGE
Before removing your child from the Skyers Child Development Center or changing his/her schedule, two weeks notice is required in writing. This allows reasonable time to fill the spot. If your child does not continue to attend the Center for the duration of the two weeks, you will be required to pay all fees up to the two weeks notice. All remaining fees are due on the first day of the last week of attendance. The Center will also give a written, two-week notice to the parent/guardian if it should become necessary to terminate your contract.

DISCIPLINE POLICY
Time-out and/or redirection will be the discipline approach used with children in care. No form of corporal punishment will be used at any time on any child for any reason. No child will be punished in relation to food, rest or toileting accidents. A copy of the discipline policy will be reviewed before enrollment and a copy of the signed policy will remain as a part of the child's file. A copy shall also be given to the parent/guardian.

ADMINISTRATING MEDICATIONS

A Medication Permission Form must be completed in full and must contain information on dosage and time(s) to be given. Prescription and over-the-counter drugs will be given under the following conditions:

- The medication is in the manufacturer's original container
- The medicine is prescribed or recommended for the child by a physician
- The child's name is written on the bottle label
- The expiration dated on the bottle has not passed

The parent/guardian must bring an appropriate dispenser for your child.

FIRST AID & CPR CERTIFICATION

The staff is certified in CPR and First Aid. These certifications are kept current. First aid supplies are available at all times for use if necessary.

EMERGENCY INFORMATION REQUEST

Health and emergency information is kept on file for each child and should be updated by the parent as necessary.

TRANSPORTATION PROCEDURES AND PERMISSION

Transportation is not provided for attendance purposes. When transportation is provided for field trips, written parental permission and emergency information is kept in the vehicle. Children will only be transported in approved car seats or safety restraints. The parent/guardian will always be informed before their child is transported anywhere. The Center needs parents to volunteer for field trips.

PICK-UP

At the time of enrollment, parents are asked to designate who may pick up their child. No child will be permitted to leave with any person other than those who have been designated by the parent in writing. If the designated person/s is unable to pick up the child, a written permission or a phone call is required prior to pick up. All adults who are not known by the staff must show a valid photo identification before the child is released.

FIRE DRILLS

Fire Drills are conducted with the children on a monthly basis to insure that everyone knows the procedure to follow in case of a fire. The Center keeps a record of monthly fire drills, which are available for review.

ABUSE AND NEGLECT REPORTING PROCEDURES

At any time a child is suspected of being abused or neglected, the Center is required by law to report any suspicions to the Department of Social Services in Mecklenburg County.

ACCIDENTS & INJURIES

All efforts are made to provide a safe indoor and outdoor environment for the children. First aid will be administered when necessary. Once the child has been cared for and comforted, the parent will be contacted and informed about the incident. In instances where immediate medical attention is required, the health care professional will be contacted first and the parent will be contacted second. In the case of a serious or life

threatening injury, 911 will be called. If you cannot be reached, your emergency contact person will be called.

REPORTING INJURIES

If a health care professional has to care for your child, an Incident Report will be completed and filed.

ILLNESS

Children who become ill while at the Center will be separated from the other children and their parent/guardian will be called to pick up their child within an hour. Children also need to be picked up within an hour, if the staff becomes ill. The second contact person will be called if a child cannot be picked up within the hour. A child with the following symptoms may not attend the child care:

- Temperature of 100 degrees axillary or 101 degrees orally …be fever free without medication for 24 hours before returning
- Diarrhea characterized to be more than the child's normal pattern
- Two or more episodes of vomiting within a 12 hour period
- Have scabies or lice
- Difficulty breathing or severe coughing
- Excessive running nose
- Strep throat… return 24 hours after antibiotic treatment begins
- Pertussis (whooping cough)…return 5 days after antibiotic treatment begins
- Skin problems: impetigo or ringworm…return 24 hours after treatment begins
- Tuberculosis…return when health professional states that the child is not infectious
- Red eye with white or yellow discharge… return 24 hours after treatment
- Chicken pox or rash suggestive of chicken pox

Whenever a physician's treatment is administered, a doctor's note is required before the child can return. We want to keep all of the children as healthy as possible. Please contact the Center if your child has a contagious condition, so other parents and the staff may be advised of the situation and respond appropriately.

SANITATION

HANDWASHING

Our hands may look clean, but they are most likely covered with germs. It is very important to wash our hands often and in the proper manner. Children's hands will be washed upon entering the Center, before and after meals, after bathroom visits and diapering, after outside play and after blowing or wiping nose. Hands are also washed after handling a sick child. Parents/guardians must also wash their hands if they visit the classrooms.

DIAPERING

The staff hands are washed after diapering each child. The child's hands are also washed after each diaper change. Soiled diapers are placed in a covered, leak-proof container, which is emptied and cleaned daily. Soiled clothes are placed in a plastic bag to be taken home. The diapering area and any equipment and supplies that are touched are cleaned and disinfected.

INFANT/TODDLER ROOM

Shoes are not allowed on mats and/or rugs in the Infant/Toddler Room in order to maintain a sanitary area for the children to have tummy time and crawl around freely.

ADDITIONAL SAFETY TIPS

To minimize accidents while playing:

- Child's nails should be trimmed at all times.
- Hanging earrings are not allowed.
- Necklaces are not allowed.
- Hats with string are not allowed.

POTTY TRAINING

Parents should first introduce the potty to their child. When the child is comfortable with being trained at home, we will start training at the Center. Please avoid clothing with many buttons and snaps. This hinders easy access and the child's independence.

FOOD

A nutritious breakfast, lunch and snack are provided daily. We stop serving breakfast at 8:30, lunch is around 11:30-12:00, and an afternoon snack at 4:00pm. Breakfast consists of milk, vegetable or fruit, and carbohydrate. Lunch consist of milk, protein, carbohydrate, and 2 vegetables and/or fruits. Snack is 100% juice or milk and a fruit, vegetable or carbohydrate. A variety of food is prepared, so the children do not tire of the same food.

Food brought to the Center for a special occasion such as a birthday or holiday and is to be shared with other children must be purchased from an establishment that is inspected by health officials.

PROGRAM DESCRIPTION

Some of the activities that your child may look forward to are as follows:
singing favorite songs, reading stories, painting, outdoor play, sand and water play, block, and manipulative and dramatic play. Children also get the opportunity to learn numbers, letters, colors, shapes and science. Special nurturing and cuddling are the infants' favorite. Playing is your child's work. When children play and interact with a variety of toys that stimulate their social, emotional, physical and thinking skills, their minds and bodies are preparing for future success. Talk and listen to your child. Take an interest in what they have accomplished at the center each day. This will set the tone for the remainder of the evening.

PARENT INVOLVEMENT

Parents have the right to visit the Skyers Child Development Center at any time while their child is present. They are encouraged to participate. Some ways of participation include birthday celebrations, holiday or seasonal parties, donations for special projects and teacher wish lists, reading a story to the children, field trips, or sharing a special

talent. Parents are always encouraged to discuss their child's progress and/or concerns they may have with the staff.

I have read and received a copy of the operational policies for the Skyers Child Development Center. The policies have been discussed with me. I understand the policies and agree with them.

Father/Legal Guardian's Signature _____ Date_____

Mother/Legal Guardian's Signature _____ Date_____

DCD 0108
12/99

Children's Medical Report

Name of Child_____Birthdate _____

Name of Parent or Guardian_____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No___ Yes___ If yes, what?_____

_____

2. Is child currently under a doctor's care? No___ Yes___ If yes, for what reason?_____

_____

3. Is the child on any continuous medication? No___ Yes___ If yes, what?_____

_____

4. Any previous hospitalizations or operations? No___ Yes___ If yes, when and for what?_____

_____

5. Any history of significant previous diseases or recurrent illness? No___ Yes___ ; diabetes No___Yes___; convulsions No___ Yes___; heart trouble No___ Yes___; asthma No___ Yes___.
   If others, what/when?_____

6. Does the child have any physical disabilities: No___ Yes___ If yes, please describe:_____

_____

Any mental disabilities? No___ Yes___ If yes, please describe:_____

Signature of Parent or Guardian_____**Date**_____

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

Head_____ Eyes_____ Ears_____ Nose_____ Teeth_____Throat_____
Neck_____ Heart_____Chest_____Abd/GU_____Ext_____
Neurological System_____Skin_____Vision_____Hearing_____
Results of Tuberculin Test, if given: Type_____date_____ Normal___Abnormal_____followup_____

Developmental Evaluation: delayed_____age appropriate_____
If delay, note significance and special care needed;_____
_____

Should activities be limited? No___ Yes___ If yes, explain: _____
Any other recommendations:_____
_____
_____

Date of Examination_____

Signature of authorized examiner/title_____**Phone #**_____

Revised 7-09

Immunization History

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 doses)					
***Chicken Pox					
OTHER					
OTHER					

*Required by state law.
**Required by state law, however the requirement for the booster dose, #4, is temporarily suspended.
***Required by State law for children born on or after 4/1/01.

Records Updated by:	Date Updated:

Discipline Policies and Procedures

We strongly believe that children need nurturing relationships and a quality environment to thrive. **Positive relationships** foster healthy development. We create these nurturing relationships when we:

- Create trust by supporting children's exploration
- Incorporate lessons in children's play
- Respond to children's words and infants' babbling
- Encourage children as they learn new skills
- Build trusting relationships with families

We also create a **quality environment** by including:

- Predictable and supportive schedules and transitions
- Acceptance of children
- Curricula that caters to all areas of child development
- Teaching strategies that are developmentally appropriate and culturally sensitive
- Engaging activities to help children learn

An ounce of prevention is worth a pound of cure, so we create **preventive strategies** to deal with challenging behaviors:

- Through careful and objective observations, one anticipates wants and needs
- Successful strategies include flexibility and individualization
- Modify environment to prevent and reduce conflict which leads to challenging behaviors
- Create rules and expectations according to the developmental stages of children

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 facility:

DO

1. Praise, reward, and encourage
2. Reason with and set limits
3. Model appropriate behavior
4. Modify the classroom environment attempting to prevent problems before they occur
5. Listen to children
6. Provide alternatives for inappropriate behavior

7. Provide natural and logical consequences
8. Treat children as people and respect their needs, desires, and feelings
9. Ignore minor misbehaviors
10. Explain things to children on their level
11. Use short supervised periods of "time-out"
12. Stay consistent in our behavior management program

DO NOT

1. Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse
3. Shame or punish when bathroom accidents occur
4. Deny food or rest as punishment
5. Relate discipline to eating, resting, or sleeping
6. Leave children alone, unattended, or without supervision
7. Place 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

To ensure proper discipline and behavior management techniques are being implemented, we…

- Review weekly lesson plan
- Routinely observe classroom in person & via security camera
- Train a new hire our Discipline Policy and Procedure before the first day of work
- Practice on-going training and review of pertinent topics to staff members
- Encourage staff to be accountable and supportive of each other
- Encourage families to have purposeful conversations with their children
- Listen to and trust the children

Procedures for staff to confidentially report observations or suspicions of inappropriate treatment of children

- Suspicion is enough reason to make a report because the burden of proof is not on the staff member
- It's mandatory that a staff immediately reports inappropriate treatment of a child to the supervisor and/or director
- All reports by staff members regarding inappropriate behaviors are held in the strictest confidence. If the observation or suspicion is reported immediately, the reporting staff will not experience any consequence.

- Inappropriate behavior is considered an emergency, so there is always access to the director via cell phone even if the director is not on site.
- The staff member observing or suspecting the inappropriate behavior is responsible to report the behavior to DSS and/or DCDEE if the director refuses to do so

Procedures for administrators to respond to inappropriate treatment, discipline, or care

- The director immediately interviews the staff member and child that are a part of the alleged allegation
- The parent/guardian is then informed of the incident
- DSS and/or DCDEE is finally contacted

Consequences for staff who fail to comply with the discipline policies and procedures

- The staff member who is allegedly guilty of inappropriate treatment to a child is immediately suspended from work without pay
- Upon the conclusion of their investigation, the staff member will be terminated if DSS and/or DCDEE concludes that neglect or abuse took place

I, the undersigned parent or guardian of _____, do hereby state that I have read and received a copy of the facility's Discipline Policies and Procedures and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline Policies and Procedures with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian _____

Date: _____

TRAVEL AND ACTIVITY AUTHORIZATION

10 NCAC 3U .0604(1)
G. S. 110-91(6)
REV 8/92

SAMPLE FORM

☐ Blanket permission for this activity
☐ Special 1-time permission only
☒ Blanket permission for all given activities

I, _____ parent/guardian of
name of parent/guardian

_____ give my permission to
name of child

_____ for my child to participate in the
name of
following activities

Trips in the van/automobile (facility or parent-owned)

Details of trip will be shared at the time of the event
_____
Explain planned activity — where and when

Field trips away from the facility

Details of trip will be shared at the time of the event
_____
Explain planned activity — where and when

I understand that the facility will use the appropriate child restraint devises and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

_____
Parent/Guardian Signature

_____
Date Signed

This authorization is valid from _____/_____/_____ to _____/_____/_____

In addition, if the facility has planned activities outside the fenced area of the facility,

☐ I will allow my child to play outside the fenced area; or

☐ I will not allow my child to play outside the fenced area.

_____
Parent/Guardian Signature

_____
Date Signed

This authorization is valid from _____/_____/_____ to _____/_____/_____

File in child's folder

SAMPLE
FORM

Infant Feeding Schedule

Name of Child _____Date_____

Date of Birth _____

Instructions

1. Food/Bottles Brought Daily (quantity):

2. Instructions for Feeding:

    A. Bottles (breast milk, formula, milk, juice)

    B. Food (baby food, cereal, table food)

3. I plan to nurse: (approximate time) ❑ _____

_____
Parent Signature

Changes in Schedule (Must be recorded as eating habits change)

Food:	Date to Introduce:	New Instructions:	Parent or Staff Signature:
Milk			
Baby Food			
Juice			
Cereal			
Table Food			

**Must be completed for all children less than 15 months old*

ALTERNATIVE SLEEP POSITION WAIVER
Physician Recommendation

Child's Name: _____Date of Birth: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____Work Phone: _____

Fax: _____ Email: _____

The child's primary care physician must complete the following section.

Name of Primary Care Physician: _____

Name of Practice: _____

Address: _____

Phone: _____ Pager: _____Fax: _____

Email: _____

The NC Child Care Law requires child care facilities to place all infants on their backs to sleep. At the advice of the child's physician, the center may be authorized to use an alternative sleep position for the child due to medical reasons.

The above named child has the following medical condition that necessitates an alternative sleep position:

_____

Please describe the appropriate sleep position for the above named child:

_____

Effective Dates of Waiver: **from** _____/_____/_____ **to** _____/_____/_____

Physician's Signature: _____ Date: _____

"I, as the parent or guardian of the above mentioned child, do hereby release and hold harmless the child care facility listed below, its officers, directors, and employees, from any and all liability whatsoever associated with harm to my child due to Sudden Infant Death Syndrome (SIDS). I affirm and acknowledge that I been provided with information concerning SIDS. I further authorize the child care facility and its employees to place my child in an alternative sleep position, at the recommendation of my child's primary care physician, as described above."

Parent/Guardian Signature: _____ Date: _____

An authorized official with the child care facility must complete the following section.

Name of Child Care Facility: _____ID #:_____

Facility Representative's Signature: _____ Date: _____

ALTERNATIVE SLEEP POSITION WAIVER

Parent Request

This waiver may only be used for infants over the age of 6 months.

Child's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

This child care facility follows the safe sleep practice of placing all infants on their backs to sleep. As the parent or guardian of the above named child, you may request that he/she be placed to sleep in an alternative sleep position.

❑ **I would like my child placed to sleep in an alternative sleep position.**
(you must check the box for this waiver to be valid)

Please describe the requested sleep position for the above named child:

_____

_____

_____

Effective Dates of Waiver: **from** _____/_____/_____ **to** _____/_____/_____

"I, as the parent or guardian of the above mentioned child, do hereby release and hold harmless the child care facility listed below, its officers, directors, and employees, from any and all liability whatsoever associated with harm to my child due to Sudden Infant Death Syndrome (SIDS). I affirm and acknowledge that I have been provided with information concerning SIDS.

I further authorize the child care facility and its employees to place my child in an alternative sleep position, as described above."

Parent/Guardian Signature: _____ Date: _____

An authorized official with the child care facility must complete the following section.

Name of Child Care Facility: _____ ID Number: _____

Facility Representative's Signature: _____ Date: _____

NC DCD *September 2003*

Name of Center: _____

Infant/Toddler Safe Sleep Policy Sample (Revised)

Date Adopted: _____

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's clinical history.

Child care providers can maintain safer sleep environments for babies that help lower the chances of SIDS. N.C. law requires that child care providers caring for children 12 months of age or younger, implement a safe sleep policy, share this information with parents and participate in training.

In the belief that proactive steps can be taken to lower the risks of SIDS in child care and that parents and child care providers can work together to keep babies safer while they sleep, this facility will practice the following safe sleep policy:

Safe Sleep Practices

1. All child care staff working in this room, or child care staff who may potentially work in this room, will receive training on our infant Safe Sleep Policy.
2. Infants will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a waiver notice will be posted at the infant's crib and the waiver filed in the infant's file.
3. The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer for sleep.
4. We will follow this recommendation by the American Academy of Pediatrics. However, child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
5. **Visually checking sleeping infants**. Sleeping infants will be checked daily, every 15-20 minutes, by assigned staff. The sleep information will be recorded on a Sleep Chart. The Sleep Chart will be kept on file for one month after the reporting month. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care.

   We will check to see if the infant's skin color is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly. We will check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.
6. Steps will be taken to keep babies from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping the baby.

Safe Sleep Environment

7. Room temperature will be kept between 68-75°F **and a thermometer kept in the infant room.**
8. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding. **We may use a sleep sack instead of a blanket.**
9. No loose bedding, pillows, bumper pads, etc. will be used in cribs. We will tuck any infant blankets in at the foot of the crib and along the sides of the crib mattress.
10. Toys and stuffed animals will be removed from the crib when the infant is sleeping. **Pacifiers will be allowed in infants' cribs while they sleep.**
11. A safety-approved crib with a firm mattress and tight fitting sheet will be used.
12. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency.
13. No smoking is permitted in the infant room or on the premises.
14. All parents/guardians of infants cared for in the infant room will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.
15. **To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.**

Best Practices

1. All staff will participate in *Responding to an Unresponsive Infant* practice drills twice each year, in April and in October, in conjunction with fire drills.

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Infant/Toddler Safe Sleep Policy and that the facility's director/ owner/operator (or other designated staff member) has discussed the facility's Infant/Toddler Safe Sleep Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____ Date: _____

Signature of Child Care Provider: _____ Date: _____

Distribution: one signed copy to parent(s)/guardian(s); signed copy in child's facility record.

Effective date: 5/1/04

Review: #1 12/15/05

Revisions: #1 1/1/06 COM;

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.

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. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care.

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 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. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any abuse/neglect complaint or the issuance of any administrative action against the child care facility.

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

December 2007

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 and the program standards met by the program.

Family Child Care Homes

A family child care home is licensed to care for five or fewer preschool age children, 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 must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children.
- He or she must undergo a criminal records background check initially, and every three years thereafter.
- All household members over age 15 who are present in family child care homes when children are in care must also undergo a criminal records background check. As of December 2008, criminal records rechecks will be done every three years.
- All family child care home providers must have training in CPR each year and in ITS-SIDS and first aid every three years. They also must complete a minimum number of training hours annually.

All family child care homes must meet basic health and safety standards. Providers must maintain verification of children's immunization and health status. They must provide developmentally appropriate toys and activities, as well as nutritious meals and snacks for the children in care.

Child Care Centers

Licensing as a center is required when six or more children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose 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 care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours annually including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. All staff must also undergo a criminal records background check. As of December 2008, criminal records rechecks will be done every three years.

Ratios

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

Age	Teacher : Child Ratio	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 licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.

Space and Equipment

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 developmentally 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.

Skyers Child Development Center, LLC

Photo & Video Release Form

I do herby grant to Skyers CDC the unlimited right to use and/or reproduce photographs, video, and voice of my child and myself in any legal manner for the internal and/or external promotional and informational activities of Skyers CDC.

I agree to allow mine and my child's picture, video, and child's work to be published on the Skyers CDC internet/intranet web pages and publications. I also agree for myself and to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of Skyers CDC in which they are involved.

I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

Student's Name _____

Father/Guardian Signature _____ Date_____

Father/Guardian Name (please print) _____

Father/Guardian Address _____

_____

Mother/Guardian Signature _____ Date_____

Mother/Guardian Name (please print) _____

Mother/Guardian Address _____

_____

Witness Signature _____ Date_____

Witness Name (please print) _____

Combined Enrollment And Eligibility Form For CACFP July 1, 2017 through June 30, 2018

This Center Participates In The Child And Adult Care Food Program: **Site #: 892**

Skyers CDC LLC

First Name Include Nicknames	Last Name	Date of Birth	Normal Drop Off And Pick Up Times		Indicate Child's Normal Days of Care	Indicate Normal Meals Child Receives Daily[1]
			Drop Off :	Pick Up :	M TU W TH F S SU	B AM LU PM SU EVE
			Drop Off :	Pick Up :	M TU W TH F S SU	B AM LU PM SU EVE
			Drop Off :	Pick Up :	M TU W TH F S SU	B AM LU PM SU EVE
			Drop Off :	Pick Up :	M TU W TH F S SU	B AM LU PM SU EVE

[1] B=Breakfast AM= Morning Snack LU= Lunch PM= Afternoon Snack SU=Supper EVE=Evening Snack

Check One Ethnicity Below:

Hispanic ☐

Non-Hispanic ☐

Check One Or More Race(s) Below:

☐ American Indian Including South or Central America/Alaskan Native

☐ Black/African American ☐ Asian ☐ White

☐ Native Hawaiian/Other Pacific Islander

***Enter Confidential Eligibility Information In Boxes A, B, C, and/or D**

Everyone signs in Box E :

Box A

Name any children on this form who are enrolled in Head Start:

1._____ 2._____ 3._____ 4._____

Box B

Name any children on this form who are Court Appointed Foster Children living with you or Homeless Children you are hosting (including children evacuated from Japan or Bahrain): See Box B On Back

1._____ 2._____ 3._____ 4._____

Box C

Enter a case number here if you have one:

SNAP (Food Stamps) #_____ **TANF #**_____ **FDPIR#**_____

Box D

IF you enter nothing in Box C AND your before-tax household income falls below the guidelines on the back in Box D, enter names and income amounts below for all people in your household other than the children on this form. Include Yourself!:

Names of other household members	Monthly wages	Monthly Social Security Check	Monthly child support or public assistance	Monthly retirement pensions check	Monthly Other Earnings
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$

ONLY IF you fill out Box D, enter last 4 digits of your Social Security # XXX-XX-☐☐☐☐ Check if you don't have a SS # ☐

Box E EVERYONE Signs HERE :

Date: _____ **Parent/Guardian Signature:** _____ **Print Name:** _____

Street Address:_____ **City:** _____ **Zip:** _____

Phone:_____ **Alternate Phone:** _____

I certify that all of this information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that Program officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal criminal laws.

Office use only: Total household size:_____ Total monthly household income $_____

Approved: ☐ Free ☐ Reduced

☐ Paid-Reason: ☐ Income over guidelines ☐ Incomplete ☐ Other

Signature of Eligibility Official_____ Date ___/___/_____

State Use Only:

Verified By:_____

Verified Classification : ☐ Free ☐ Reduced ☐ Paid

Reason For Change _____

Enrollment And Eligibility Form For CACFP July 1, 2017 through June 30, 2018

USDA is an equal opportunity employer and provider.

Child Nutrition Program, Inc. Sponsor 7484

To Centers:

1. Aid parents in filling in name, date of birth, normal hours and days of care and normal meals.
2. If ethnic and racial ID. is not made, make a discreet visual assessment and record on the form.
3. **Fax this form to us immediately upon receipt. 704-334-4060**

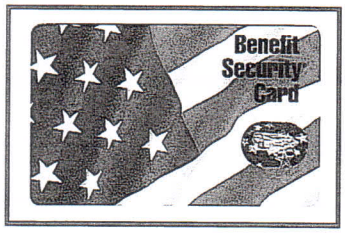
Get this form to our office during a child's first month of enrollment or your reimbursement may be adversely effected.

Box B

Foster or Homeless Child (Including children evacuated From *Japan and Bahrain)

Indicate if child is a Foster Child or is homeless. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. Additionally, when a host family applies for free and reduced price meals for their own children, the host family may include the homeless family as household members if the host family provides financial support to the homeless family. In such cases, the host family must also include any income received by the homeless family.

*Certification from the agency which assisted with the evacuation or is providing shelter is required.



Box C

Income information you give us will in no way reduce your benefits.

Any information you give us concerning income or ethnic and racial identity is confidential.

Box D

Check this table to see if your household income falls below these figures. Then, write your income in the table on the front.

Household size	Weekly income	Monthly income	Yearly income	Household size	Weekly income	Monthly income	Yearly income
1	$430	1,860	22,311	5	1,024	4,437	53,243
2	$578	2,504	30,044	6	1,173	5,082	60,976
3	$727	3,149	37,777	7	1,322	5,726	68,709
4	$876	3,793	45,501	8	1,471	6,371	76,422
Each additional person:	+$149	+645	+7,733	Each additional person:	+149	+645	+7,733

Net Income (before taxes or any other deductions) to report from last month in Box B:

Earnings From Employment	Welfare/Child Support/Alimony	Social Security	Military Households	Other Income
wages/salaries/tips strike benefits unemployment compensation workers comp net income from self-owned business or farm	public assistance payments TANF payments alimony/child support payments	pensions supplemental security income retirement income veteran's payments social security	all cash income including housing/uniform allowances DOES NOT include in-kind benefits not paid in cash (base housing, clothing, food, medical care, etc.)	disability benefits cash from savings interest/dividends income from estates/trusts/investments regular contributions from persons not living in the household net royalties/annuities net rental income any other income

To Parents:

We are a Sponsoring Organization for The Child and Adult Care Food Program. This Federal program supplements your Center's nutrition program. The goal of the food program is to support your Center in serving your children healthy meals. If you can supply income information on this form, it will help us all in assuring your children are given high quality meals. We are available to answer any questions you may have. 704-375-3938 800-352-1547

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of social security number if an adult household member who signs fills out the Household Income Information. The Social Security number is not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families(TANF) for Food Distribution Program on Indian Reservations(FDPIR) case number for your child or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a Social Security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the Program. If a child is a Head Start participant, the child is automatically eligible to receive Program meal benefits, subject to submission by Head Start officials of a Head Start Statement of income eligibility or income eligibility documentation.

USDA is an equal opportunity employer and provider.

Prevention of Shaken Baby Syndrome and Abusive Head Trauma
Policy

Belief Statement

We, _Skyers Child Developmnet Ctr._ (name of facility), believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death[1]. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT[2].

Procedure/Practice

Recognizing:

- Children are observed for signs of abusive head trauma including irritability and/or high pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

Responding to:

- If SBS/ABT is suspected, staff will[3]: ○
    - Call 911 immediately upon suspecting SBS/AHT and inform the director.
    - Call the parents/guardians.
    - If the child has stopped breathing, trained staff will begin pediatric CPR[4].

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing webmasterdcd@dhhs.nc.gov.
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: 919-527-6335

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

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies[5]:

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

In addition, the facility:

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

Prevention of Shaken Baby Syndrome and Abusive Head Trauma
Policy

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

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

Strategies to assist staff members understand how to care for infants Staff reviews and discusses:

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

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

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

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

___Shawn Wilson / Child Care Mecklenburg Nurse 704-432-1975_____

_____

Parent web resources

- The American Academy of Pediatrics: www.healthychildren.org/English/safety-prevention/athome/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx
- The National Center on Shaken Baby Syndrome: http://dontshake.org/family-resources
- The Period of Purple Crying: http://purplecrying.info/
- Other _____

Facility web resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma, http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&=+
- Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention, http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf
- Early Development & Well-Being, Zero to Three, www.zerotothree.org/early-development

Prevention of Shaken Baby Syndrome and Abusive Head Trauma
Policy

References

1. The National Center on Shaken Baby Syndrome, www.dontshake.org
2. NC DCDEE, ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp
3. Shaken baby syndrome, the Mayo Clinic, www.mayoclinic.org/diseases-conditions/shaken-babysyndrome/basics/symptoms/con-20034461
4. Pediatric First Aid/CPR/AED, American Red Cross, www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, www.childrenscolorado.org/conditions-andadvice/calm-a-crying-baby/calming-techniques
6. Caring for Our Children, Standard 1.7.0.5: Stress http://cfoc.nrckids.org/StandardView/1.7.0.5

Application

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

Communication

Staff*

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

Parents/Guardians

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

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

2/17/17

Effective Date

Prevention of Shaken Baby Syndrome and Abusive Head Trauma
Policy

Parent or guardian acknowledgement form

I, the parent or guardian of _____

Child's name

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

_____ _____

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

_____

Print name of parent/guardian

_____ _____

Signature of parent/guardian **Date**

Prevention of Shaken Baby Syndrome and Abusive Head Trauma
Policy

Staff acknowledgement form:

I _____ (name) acknowledge that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

_____

Date policy given/explained to staff person

_____ _____

Staff signature **Date**