



Welcome to Harmony Place!

Please help us secure your child's spot by completing this application and returning it to the front office at least two days before your desired start date.

Childs Name: _____

Parents Names: _____

Childs Start Date: ____/____/____

Classroom _____ *Tuition Amount \$* _____

Please choose your desired schedule below:

Full Time ~

Part Time (Tues., Thurs.) ~

Part Time (Mon., Wed., Fri.)

Parents Initials: _____

Please pay the \$75.00 registration fee/ \$50.00 for School Age when submitting this application (new families). Thank you!

Date Received: ____/____/____ *Amount Received: \$* _____

Card ☐ *Cash* ☐ *Check* ☐

(For accounts manager - Please place within child's file/ Admn Initials: _____)

harmony place

- serving infants through school age care

Thank you for your interest in Harmony Place. Let us begin by introducing you to all that's important to us...

our vision

It is the vision of Harmony Place to embrace the values of true harmony by helping children learn to cooperate, problem solve, and negotiate positively with each other, our natural world, and our community in a way that lends emphasis to interdependence, and simply put...is kind. We **strive** to foster collaboration with our families and community, and thereby serve children and families well.

how we do it

Curriculum is just another word for *everything that happens* during our school day. Our curriculum is inspired by the following values:

emergent.

Children learn best when curriculum is based on the child's interest and developmental needs. We feel a child centered approach is the best approach.

supportive.

Our low ratios mean we value the ability to be responsive and caring to your child. Our role is to facilitate, guide, and set up the environment well so that your child is free to learn in meaningful ways.

influenced by Reggio Emilia Approach.

Reggio emphasizes the importance of the children's learning environment, creative expression, and ongoing reciprocal relationships between children and adults.

enhanced by our outdoor learning environment (OLE).

OLE, we believe, *is* a classroom in which children investigate, create, test, evaluate, care for, interact with, the environment (objects, materials, plants, loose parts) in a carefully designed and well facilitated outdoor space. Children call this play- we know it's learning at its best.

who we are

Harmony Place is devoted to providing an indoor and outdoor environment for children, allowing each child to create, explore, and express **themselves** in a hundred different ways- speaking to the hundred different learning and expressive languages of a child and each child's innate potential.

Date Application Completed: _____

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***CHILD INFORMATION:**

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 ☐ (Medical action plan must be updated on an annual basis and when changes to the plan occur)

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.

Signature of Administrator _____ 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.

Signature of Administrator

Date _____

**Refer a friend, and if they enroll in
Harmony Place, you will receive a \$100.00
child care credit!**

VOLUNTEER RELEASE AUTHORIZATION:

Volunteers are always welcome in our center. Volunteers will never be left responsible for the care of children, and will only be present to interact in positive, loving ways. Staff will maintain their regular ratios during visits, and the visits are under supervision of Harmony Place staff.

I understand that volunteers will be interacting with my child. I give my consent for volunteers to play and interact with my child in the supervised presence of Harmony Place staff members.

Parent/Guardian's Signature _____

I also give permission to Harmony Place for my child to be photographed and/or video taped for educational and center marketing purposes.

Parent/Guardian's Signature _____

IMMUNIZATION HISTORY:

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.

Complete in full or attach a copy of your child's shot record.
Thank you!

Enter the date of each dose – Month/Day/Year

Vaccine					
DTP/DT (circle which)					
Polio					
Hib					
Hepatitis B					
MMR (combined doses)					
Chicken Pox *					
OTHER					
OTHER					

*Required by State law for children born on or after 4/1/01

DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY:

Date Adopted: 9/2/2002

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, nonviolent, 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 will practice the following discipline and behavior management policy:

We:	We DO NOT:
<ol style="list-style-type: none">1. Praise, reward, and encourage the children.2. Reason with and set limits for the children.3. Model appropriate behavior for the children.4. Modify the classroom environment to attempt to prevent problems before they occur.5. Listen to the children.6. Provide alternatives for inappropriate behavior to the children.7. Provide the children with natural and logical consequences of their behaviors.8. Treat the children as people and respect their needs, desires, and feelings.9. Ignore minor misbehaviors.10. Explain things to children on their levels.11. Use short supervised periods of "time-out"12. Stay consistent in our behavior management program.	<ol style="list-style-type: none">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 read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Parent/Guardian's Signature _____
Date _____

TIME OUT:

"Time-out" is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time-out" space, usually a chair, is located away from classroom activity but within the teacher's sight. During "time-out," the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other children.

(Adapted from original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College)

(Distribution: one copy to parent(s) signed copy in child's facility record)

ACTIVITY AUTHORIZATION:

I, _____ (parent's name) hereby give my permission for _____ (child's name) to use all play equipment (inside and outside), to participate in all childcare activities, and to leave the center with Harmony Place staff members for field trips taken in an authorized center vehicle. I assume all risks and hazards incidental to the conduct of the activity and transportation to and from the activity site. I do further hereby release and hold harmless Harmony Place, the staff and/or all of them from any and all claims of injury and/or claims arising from participation in any activity. In case of injury to my child, I likewise waive any claims for damages that I might have against the before mentioned and likewise waive any claims against any person transporting my child to and from activities. In case of an accident or illness, I hereby authorize a representative of Harmony Place to use his/her judgment in obtaining immediate medical care.

In addition, if the facility has planned activities outside the fenced area of the facility, such as water play, relay races, etc., I will allow my child to play outside the fenced area.

Parent/Guardian's Signature _____
Date _____

I understand that this authorization is valid till the end of enrollment.
Parent/Guardian's Initials _____

The following requirements apply to both centers and homes.

Transportation

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

Program Records

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

Discipline and Behavior Management

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

Parental Rights

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

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information visit the Resources in Child Care website at: www.ncchilddcare.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: ncchilddcare.nc.gov

Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every center or family child care home. These files can be viewed during business hours (8 a.m. - 6 p.m.); requested via the Division's web site at www.ncchilddcare.nc.gov; or requested by contacting the Division by telephone at 919-527-6335 or 1-800-859-0829. 800-859-0829.

How to Report a Problem

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

Child Abuse, Neglect, or Maltreatment

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



Summary of the North Carolina Child Care Law and Rules

Division of Child Development and Early Education

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

Revised March 2016

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

What is Child Care?

The law defines child care as:

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

The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

Star Rated Licenses

Centers and homes that are meeting the minimum licensing requirements will receive a one star license. Programs that choose to voluntarily meet higher standards can apply for a two through five star license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program.

Family Child Care Homes

A family child care home is licensed to care for five or fewer preschool age children, including their own preschool children, and can include three additional school-age children. The provider's own school-age children are not counted. Family child care homes will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants. Licenses are issued to family child care home providers who meet the following requirements:

- Home providers must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children.
- He or she must undergo a criminal records background check initially, and every three years thereafter.
- All household members over age 15 must also undergo a criminal records background check initially, and every three years thereafter.
- All family child care home providers must have current certification in CPR and first aid.

complete an ITS-SIDS training (if caring for infants 0 -12 months) every three years and the Emergency Preparedness and Response in Child Care training and plan. They also must complete a minimum number of training hours annually.

All family child care homes must meet basic health and safety standards. Providers must maintain verification of children's immunization and health status. They must provide developmentally appropriate toys and activities, as well as nutritious meals and snacks for the children in care. All children must participate in outdoor play at least one hour per day, if weather conditions permit.

Child Care Centers

Licensing as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License. Programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Licensed centers must meet requirements in the following areas.

Staff

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. At least one person on the premises must have CPR and First Aid training. All staff must also undergo a criminal records background check initially, and every three years thereafter. One staff must complete the Emergency Preparedness and Response in Child Care training and plan.

Staff/Child Ratios

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

Age	Teacher/Child Ratio	Max Group Size
0-12 mths	1:5	10
12-24mths	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School-age	1:25	25

Small centers in a residence that are licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff/child ratios and group size must be met for the youngest child in the group.

Space and Equipment

Centers must have at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Outdoor equipment and indoor furnishings must be child size, sturdy, and free of hazards that could injure children.

Curriculum

Four and five star programs must use an approved curriculum in their four-year-old classrooms. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. They must have space and time provided for rest.

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. Provisions will be made for adequate and appropriate rest and outdoor play.

Operator's Signature _____
Date _____

PARENT HANDBOOK SIGNATURE CONFIRMATION:

I have read, understood, and agreed to abide by the content of the policies presented in the Harmony Place parent handbook (including the vacation and holiday fee schedule). In addition, I agree to give Harmony Place at least two weeks notice in the event that I decide to withdraw my child.

Parent/Guardian's Signature _____
Date _____

I have received and reviewed a copy of the North Carolina Child Care Rules and Laws.

Parent/Guardian's Signature _____
Date _____

Sunscreen Permission

Please help us by:

****Bringing 1 can of sunscreen, during our first week of camp, (must be the type described below) to be shared by our program during the summer****

We will provide supplemental sunscreen during the day.

I give Harmony Place permission to apply
Banana Boat Kids SPF 50 Lotion Ultramist Spray or
Equate Kids Sunscreen continuous Spray SPF 50 to my
child each day.

I understand that in order for my child to be adequately
protected from the sun, it is very important that I apply
sunscreen to my child each day before arriving to
school.

Child's name: _____

Parent's Signature: _____

Date: _____

What to Bring:

- Bring two blankets. One to place under your child & one to cover up with during naptime.
- Please leave all diaper bags at home, Instead, bring a change of clothes in a zip lock bag & one soft toy for naptime.
- If your child is potty training, you will need to provide pull-ups/diapers & wipes.
- Babies & toddlers will need jar food (as applicable), diapers & wipes.
- Bottles are to be prepared at home, dated & labeled.

Infant/Toddler Safe Sleep Policy

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

_____ (facility name) implements the following safe sleep policy:

Safe Sleep Practices

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

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

Safe Sleep Environment

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

Communication

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

*Best practice recommendation

Effective date: 2-6-23 Review date(s): 2-6-23 Revision date(s): _____

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

Child's Enrollment Date: _____ Parent/Guardian Signature: _____ Date: _____

Facility Representative Signature: [Signature] Date: _____

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

Updated December 2022



NORTH CAROLINA
Child Care Health and
Safety Resource Center
800-367-2229
healthychildcare.unc.edu

SAMPLE

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Belief Statement

We, Harmony Place Programs (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 death¹. 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/AHT².

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 will³:
 - 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 CPR⁴.

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: _____

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 strategies⁵:

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

In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children⁶.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- Other _____

Prohibited behaviors

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

- shaking or jerking a child



SAMPLE

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

- 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:

Parent web resources

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



SAMPLE

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

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-baby-syndrome/basics/symptoms/con-20034461
4. Pediatric First Aid/CPR/AED, American Red Cross, www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, www.childrenscolorado.org/conditions-and-advice/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 signed **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 signed **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.

2-6-23

Effective Date

This policy was reviewed and approved by:


Owner/Director (recommended)

2-6-23
Date

DCDEE Child Care Consultant (recommended)

Date

Child Care Health Consultant (recommended)

Date

Annual Review Dates



SAMPLE

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Parent or guardian acknowledgement form

I, the parent or guardian of _____ (child or children's 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 parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date



SAMPLE

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Staff acknowledgement form:

I _____ (staff 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



Children's Medical Report

Name of Child _____ Birthdate _____
Name of Parent or 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 _____

Address of Parent of Guardian _____

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 # _____