



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 \_\_\_\_\_

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

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

#### 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### 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 \_\_\_\_\_



## Parent Agreement Contract

**I, the parent/guardian of \_\_\_\_\_ have enrolled my child at Holly Ridge Quality Childcare & Preschool in the \_\_\_\_\_ Program.**

In addition to the information and policies provided in the **Holly Ridge Quality Childcare & Preschool Parent Handbook**, I agree to:

- *Pay a registration fee of \$25.00 per child and last week's tuition prior to enrollment.*
- *Pay a deposit of \$5.00 per security card assigned to my family. \$10.00 per card that is lost or stolen.*
- *I also agree to pay weekly tuition, due each Monday, but no later than Friday. Any payments received after 6:00 p.m. on Friday will result in a \$10.00 late fee and my child will not be permitted to attend the following Monday until tuition is paid in full or an agreement is reached with administration.*
- *I understand that if I am late picking up my child after 6:00 p.m., there will be an additional late fee of \$3.00 per minute per child.*
- *There will be NO CREDIT given for absences due to illness/vacation.*
- *If for any reason I withdraw my child, I agree to pay the two-week notice. There will be NO exceptions made to this policy.*

\*Prices are subject to change.

**I have read the above agreement, HRQCC Parent Handbook and understand that I am required to give Holly Ridge Quality Childcare Center & Preschool my Social Security Number to collect a debt if necessary.**

\_\_\_\_\_  
 Parent/Guardian Signature / Social Security Number / Date

\_\_\_\_\_  
 Signature of Operator / Date

**I have received a copy of North Carolina Childcare Laws and Rules.**

\_\_\_\_\_  
 Parent/Guardian Signature / Date / Signature of Operator / Date



# Behavior Management Policies

All students are to be held by lifting under their arms using both hands and raised vertically. Student should be placed facing the adult or in such a manner they engaged to begin assisted self-soothing or positioned to de-escalate their distressed state. Student should be comfortable and unrestricted in this position. If a staff member is unable to carry a student using this method due to medical issues, another staff member will be appointed. No child above the age of three will be held if they show signs of distress by flailing extremities, throwing themselves backwards, or attempting to physically injure themselves or others.

To address children younger than three years of age: When a student is in a state of physical, emotional, or social distress in which they are unable to self-sooth, a staff member will console them with methods deemed appropriate by DHHS when soothing infants and toddlers. The students will be carried, consoled, and/or rocked. If the child continues to be distressed after a reasonable amount of time, administration will be radioed. A determination to inform parents/guardians will be made.

To address children ages three and older within HRQCC care: When a student is in a state of distress in which they are actively injuring themselves or others, staff will remove the other students from the space and radio for assistance from administration. An appointed staff member will stay with distressed student and another with the remaining students.

The staff member assigned to the distressed student will remove obstructions in order to avoid further injury. In addition, the assigned staff member will refrain from physically engaging with the distressed student.

Within a reasonable amount of time, if the distressed student does not de-escalate independently, assistance and guidance from parents/guardians will be requested by phone.

Parents or guardians of the distressed student will attend a mandatory meeting with administration and further steps to address the students social, emotional and behavioral needs will be addressed. A plan of action will be developed in order to best support the student with the resources available within HRQCC and at home. Resources and technical assistance will be requested in order to best avoid suspension or expulsion.

If the parents/guardians do not follow the collaborated action plan within a reasonable amount of time, the student may be suspended or expelled from the program to ensure the safety of all children and staff members.

A distressed student is defined as a student who is harming themselves or others, unable to listen to adults, unable to de-escalate independently.

Administration will ensure policies of behavior management and appropriate implementation of discipline policies are carried out by conducting weekly observations using the close-circuit security camera system. Administration will observe classroom interactions and engagements between staff and students. An observation chart will be maintained for accountability. Each classroom will be observed for at least five minutes, once a week, for six months.

In the event staff members need to report a concern or event pertaining to classroom management or behavioral policies, a radio is provided to each classroom and the director/owners direct phone numbers are provided to all

staff members. In addition, an anonymous method of reporting is available by placing concerns in the front lobby suggestion box.

In the event a parent needs to report a concern or event pertaining to classroom management or the implementation of behavioral policies, HRQCC's phone number, email, and website comment section dedicated to families of the center are provided. In addition, the main lobby's suggestion box provides an anonymous method of reporting for all parties.

Upon notification of inappropriate discipline, care, or mistreatment of children, administration will immediately act by observing the staff member(s) in question and prepare to speak with them directly. In addition, administration will gather evidence from closed circuit video, interview and question staff members and if necessary, interview students involved with parent/guardian consent. The staff member in question will be pulled from the classroom and the concerns will be addressed with administration. A plan of action will be developed; a write-up, additional trainings, suspension, or termination will occur.

Current employees will receive "refresher" trainings pertaining to behavior management and discipline policies on a quarterly basis at staff meetings or in writing. Signatures of receipt will be requested by administration.

New hires will receive a copy of the behavior management and discipline policies in the employee handbook. A signature is required to document receipt and acknowledgment of the policies. This documentation will be retained in each employee's staff file.

**Student's Full Name:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Discipline and Behavior Agreement Continued

## Reflection Time

“Reflection Time” is the removal of a preschool 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 the other discipline techniques. The “reflection time” space, usually a chair or comfy area in the classroom, is located away from classroom activity but within the teacher’s sight. During “reflection time,” 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 to the other children.

*Adapted from and originally prepared by Elizabeth Wilson, Student, Catawba Valley Technical College*

## Biting Policy

This is for the health and safety of each child. We want to provide a friendly learning environment for all our children.

- **If your child bites TWO times in ONE day, your child will be sent home for the rest of the day.**
- **If your child bites FOUR times in ONE week, they will be sent home for the rest of the week.**

## HRQCC II: Out of the Fenced Area Permission

I give permission for my child, \_\_\_\_\_, to participate in activities **outside the fenced area of our playgrounds**. This includes but is not limited to walking to and from the playground and playing on the covered porch in front of our center.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FREE/REDUCED CACFP APPLICATION

Dear Parent/Guardian,

We have been approved for the USDA Food Program. The food program provides the meals we serve at our center. The following information is required by the food program for every child enrolled at our facility. If you have any questions, please let us know. Thank you for your cooperation.

### Child's Name

\_\_\_\_\_

First

Middle

Last

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

Classroom (OFFICE USE): \_\_\_\_\_

Gender: Male \_\_\_ Female: \_\_\_

Race: White \_\_\_ Asian \_\_\_ Black or African American \_\_\_ Native American \_\_\_  
Pacific Islander \_\_\_ Hispanic or Latino \_\_\_

Days of Normal Care Monday Tuesday Wednesday Thursday Friday

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Milk Preference: Whole/1% Milk Soy Lactaid Free Almond Other: \_\_\_\_\_

\*\*\*\*\*

### Parent/Guardian Contact Information

\_\_\_\_\_

First

Last

Relationship to participant

Last 4 of SS#: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

# 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 #** \_\_\_\_\_





## Child Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance.

Child's full name:	Date of birth:
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Enter the date of each dose received (Month/Day/Year) or attach a copy of the immunization record.

Vaccine Type	Abbreviation	Trade Name	Combination Vaccines	1 date	2 date	3 date	4 date	5 date
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV	IPOL	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib (PRP-T) Hib (PRP-OMP)	ActHIB, PedvaxHIB **, Hiberix	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	ProQuad					
Varicella/Chicken Pox	Var	Varivax	ProQuad					
Pneumococcal Conjugate*	PCV, PCV13, PPSV23***	Pprevnar 13, Pneumovax***						

\*Required by state law for children born on or after 7/1/2015.

\*\*3 shots of PedvaxHIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

\*\*\*PPSV23 or Pneumovax is a different vaccine than Pprevnar 13 and may be seen in high risk children over age 2. These children would also have received Pprevnar 13.

**Note:** Children beyond their 5<sup>th</sup> birthday are not required to receive Hib or PCV vaccines.

**Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.**

Record updated by:	Date	Record updated by:	Date

### Minimum State Vaccine Requirements for Child Care Entry

By This Age:	Children Need These Shots:						
3 months	1 DTaP	1 Polio		1 Hib	1 Hep B	1 PCV	
5 months	2 DTaP	2 Polio		2 Hib	2 Hep B	2 PCV	
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12-16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
19 months	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years or older (in child care only)	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years and older (in kindergarten)	5 DTaP	4 Polio	2 MMR	3-4 Hib**	3 Hep B	4 PCV	2 Var

**Note:** For children behind on immunizations, a catch-up schedule must meet minimal interval requirements for vaccines within a series. Consult with child's health care provider for questions.

## Child Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

### Vaccines Recommended (not required) by the Advisory Committee on Immunization Practices (ACIP)

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 date	2 date	3 date	4 date	5 date
Rotavirus	RV1, RV5	Rotateq, Rotarix	Age 2 months, 4 months, 6 months.					
Hepatitis A	Hep A	Havrix, Vaqta	First dose, age 12-23 months. Second dose, within 6-18 months.					
Influenza	Flu, IIV, LAIV	Fluzone, Fluarix, FluLaval, Flucelvax, FluMist, Afluria	Annually after age 6 months.					

Updated August 2019

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

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

## HRQCC Parent/Guardian Permission for Student Photo and Video Release Form

A copy for each child must be on file with Holly Ridge Quality Childcare & Preschool regardless of the responses to the questions.

*For each of the following release and/or permission statements below, please indicate with a YES or a NO. Please follow each reply with a parent's/Guardian's initials. **Every Statement Must Have a Response!***

**YES/NO**

**Initials**

- |       |       |   |
|-------|-------|---|
| _____ | _____ | I give consent for photographs of my child to appear within the classroom.  |
| _____ | _____ | I give consent and agree for photographs of my child to appear within classroom projects that will be sent home with all classroom students.                    |
| _____ | _____ | I give consent and agree for photographs of my child to appear within the school.   |
| _____ | _____ | I give consent and agree for photographs of my child to appear on the school's web page and/or other news media outlets*.                                       |
| _____ | _____ | I give consent and agree for my child's name to accompany any picture of him/her that may appear on the school's web site and/or other news media outlets*.     |
| _____ | _____ | I give consent and agree for video/digital recordings of my child to occur and be viewed within the classroom.  |
| _____ | _____ | I give consent and agree for video/digital recordings of my child to occur as a classroom project that will be sent home with all classroom students.           |
| _____ | _____ | I give consent and agree for video/digital recordings of my child to occur and be viewed within the school.   |
| _____ | _____ | I give consent and agree for video/digital recordings of my child to occur and be posted for viewing on the school's web page and/or other news media outlets*. |
| _____ | _____ | I give consent and agree for my child's name to accompany any video/digital recordings of him/her that may appear on the school's web site.                     |
| _____ | _____ | I give consent and agree for my child's name to appear in print on the school's web site and/or other news media outlets*.                                      |

I hereby agree to the above terms on behalf of my child. If at any time, I want my child's photograph and/or recording to be removed from any use, I acknowledge that it is my responsibility to inform in writing Holly Ridge Quality Childcare & Preschool of my decision. By signing, Parents/Guardians agree to and give consent for their child to be photographed and/or video/digitally recorded and for their images to be displayed in the venue indicated by their responses above.

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Parent/Guardian's signature

Date

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma SAMPLE Policy

### Belief Statement

We, HRQCC (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<sup>1</sup>. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT<sup>2</sup>.

### Procedure/Practice

Recognizing:

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

Responding to:

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

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing [webmasterdcd@dhhs.nc.gov](mailto: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 strategies<sup>5</sup>:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.
- 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 children<sup>6</sup>.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- Other \_\_\_\_\_

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma SAMPLE 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](http://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](http://www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups)
- Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of Infant/Toddler Researchers, pages 7-9, [www.acf.hhs.gov/sites/default/files/opre/nitr\\_inquire\\_may\\_2016\\_070616\\_b508compliant.pdf](http://www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf)

### Strategies to ensure staff members understand the brain development of children up to five years of age

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

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

### Resources

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

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### Parent web resources

- The American Academy of Pediatrics: [www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx](http://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](http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf)
- Early Development & Well-Being, Zero to Three, [www.zerotothree.org/early-development](http://www.zerotothree.org/early-development)
- Other \_\_\_\_\_

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma SAMPLE Policy

### References

1. The National Center on Shaken Baby Syndrome, [www.dontshake.org](http://www.dontshake.org)
2. NC DCDEE, [ncchildcare.dhhs.state.nc.us/general/mb\\_ccrulespublic.asp](http://ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp)
3. Shaken baby syndrome, the Mayo Clinic, [www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461](http://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](http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf)
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, [www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques](http://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 acknowledgement
- 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.

8/29/2022

Effective Date

This policy was reviewed and approved by:

SHANNON POPE

8/29/2022

Owner/Director (recommended)

Date

KIM SHERRY

8/29/2022

DCDEE Child Care Consultant (recommended)

Date

Child Care Health Consultant (recommended)

Date

Annual Review Dates

