

**Enrollment Form**  
**First Presbyterian Church Child Development Center**  
120 W. Hargett Street  
Raleigh, NC 27601  
919-821-1845

Child's Name \_\_\_\_\_ Name Used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Allergies \_\_\_\_\_

**INFORMATION ABOUT THE FAMILY:**

Parent #1/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent #1 Employment \_\_\_\_\_ Occupation \_\_\_\_\_

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

Home Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Parent #2/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent #2 Employment \_\_\_\_\_ Occupation \_\_\_\_\_

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

Home Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Child Lives with \_\_\_\_\_ Relationship \_\_\_\_\_

EMERGENCY CARE INFORMATION:

In case of an emergency involving my child \_\_\_\_\_, and I (we) \_\_\_\_\_ (parents / guardians) cannot be reached, I (we) authorize First Presbyterian Child Development Center to contact the following:

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of people who may pick up your child:

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Is there anyone who may NOT pick up your child:

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

Child's Previous School Attendance:

School	Dates Attended
_____	_____
_____	_____
_____	_____

In order for us to better meet your child's needs and for their classroom experience to be the most successful, please answer the following questions.

Do you have any concerns about your child's development in any of the following areas (please check all that apply):

Small motor skills \_\_\_\_\_  
(cutting, pincher grasp, feeding himself, holding a crayon etc.)

Large motor skills \_\_\_\_\_  
(walking, running, jumping, climbing, walking up steps etc.)

Behavioral Issues \_\_\_\_\_  
(hitting, biting, kicking, listening etc.)

Speech \_\_\_\_\_  
(articulation, stuttering, non-verbal etc.)

Language \_\_\_\_\_  
(following simple directions, answering questions, understanding language etc.)

Social/Emotional \_\_\_\_\_  
(shyness, inability to share, separation anxiety etc.)

Vision \_\_\_\_\_  
(discern colors, see objects at a distance, see objects close-up)

Hearing \_\_\_\_\_  
(distinguishing between different sounds, able to hear spoken words)

Please explain any items checked: \_\_\_\_\_  
\_\_\_\_\_

Has your child been evaluated for any of the following?

Speech \_\_\_\_\_ Behavior \_\_\_\_\_ Development \_\_\_\_\_ Language \_\_\_\_\_  
Results of the Evaluation \_\_\_\_\_  
\_\_\_\_\_

Has your child received or is currently receiving any preschool services at this time?

Occupational Therapy \_\_\_\_\_ Physical Therapy \_\_\_\_\_ Speech \_\_\_\_\_  
Language \_\_\_\_\_ Other \_\_\_\_\_

Services are being provided through \_\_\_\_\_

## Health Questionnaire and Medical Report

First Presbyterian Church Child Development Center

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Parent or Guardian Address \_\_\_\_\_

Medical History (to be completed by parent or guardian)

1. Does your child have any allergies?  Yes  No  
If Yes, please list allergies and explain steps taken in case of accidental exposure.

2. Is your child currently under a doctor's care?  Yes  No  
If Yes, please explain.

3. Is your child on any continuous medication?  Yes  No  
If Yes, please list the name of the medication(s) and the reason it is being given.

4. Has your child ever been hospitalized?  Yes  No  
If Yes, please list dates and reasons for hospitalization.

5. Does your child have any history of:

• diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• convulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• heart problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• significant disease or recurrent illness (please list)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• other conditions (please list)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Does your child have any mental or physical disabilities?  Yes  No  
If Yes, please explain.

Signature of Parent or Guardian \_\_\_\_\_

Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the NC Board of Medical

Examiners, a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT programs.

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ Head \_\_\_\_\_ Eyes \_\_\_\_\_  
 Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_  
 Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ GU \_\_\_\_\_  
 EXT \_\_\_\_\_ Neurological System \_\_\_\_\_ Skin \_\_\_\_\_

Results of Tuberculin Test if given: Normal                      AbNormal                      Date

Should activities be limited? Yes                      No

If Yes, please explain. \_\_\_\_\_

Any other recommendations? \_\_\_\_\_

Signature and title of authorized examiner \_\_\_\_\_

Date of Examination \_\_\_\_\_ Phone Number \_\_\_\_\_

Office Address (may use stamp)

Immunization History: The daycare operator or health official must enter the date immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all day care facilities to have this information on file.

Enter date of each dose – month / day / year

Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTaP					
Polio					
MMR					
Hib					
Hepatitis B					
Varicella					
Other					

Breast Milk Procedures  
 First Presbyterian Church Child Development Center

Our Center encourages breast-feeding. Breast-feeding has superior nutritional and immunity benefits for infants. We encourage mothers to: 1) visit the Center during the day in order to breast-feed or 2) express and store breast milk for bottle-feedings during the day. In order to handle stored breast milk in the safest way, we observe the following procedures:

1. The mother will store her milk in a bottle or bag and will refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the baby will drink at one feeding. (Storing milk in smaller amounts reduces the amount of milk wasted.) The milk must be labeled with the baby's name and the date it is to be used.
2. Storage times:
  - a. Fresh, refrigerated breast milk must be used within 7 days of the time it was expressed. (Milk that will be used within 7 days of expression should be refrigerated, rather than frozen; immunity factors in breast milk are better preserved by refrigeration.)
  - b. Frozen breast milk stored in a refrigerator freezer with a separate door must be used within 3 months of the time it was expressed.
  - c. Frozen breast milk stored in a freezer compartment inside a refrigerator must be used within 2 weeks of the time it was expressed (due to the varying temperature caused by frequent door-opening).
  - d. Frozen breast milk stored in a deep freezer at 0 degrees F must be used within 6 months of the time it was expressed.
3. It is required that frozen breast milk is thawed before being brought to the Center.
4. We ask that breast milk be brought to the Center in clean, sterilized bottles. We require that milk stored in bags be transferred into bottles at home, in order to reduce the risk of contamination.
5. At the Center, breast milk will be stored in refrigeration at 45 degrees F or below.
6. Breast milk should not be heated in the microwave. This method will create pockets of scalding milk that will burn your baby (and it destroys some of the beneficial properties of breast milk). At the Center, breast milk will be heated in the following ways:
  - a. By using a bottle warming device.
  - b. By holding the bottle under warm, running water. (Warm water will be used—rather than hot water—so as not to bring the temperature of the milk to the boiling point.)
  - c. After heating, breast milk should be swirled gently before testing the temperature. Swirling will redistribute the cream into the milk.
7. After a bottle has been used to feed an infant over a 1-hour period, the unused remainder must be discarded and cannot be returned to the refrigerator.

**Breast Milk Procedures**  
First Presbyterian Church Child Development Center

## Parent Agreement

\_\_\_\_\_ I will not be providing breast milk for use during the center day.

\_\_\_\_\_ I, agree to provide breast milk for \_\_\_\_\_ (child's name) in clean, sterilized bottles. I will store the milk in the appropriate serving size for my baby. I take full responsibility for maintaining this milk at 45 degrees F or below during home storage. I will label each bottle with my child's name, the date that the milk was expressed, and—in the case of frozen milk—the date and time that the milk was subjected to a "heat thaw" or a "cold thaw."

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First Presbyterian Church Child Development Center is required by North Carolina Childcare Law to have a current feeding schedule for each child under the age of 15 months.

Each schedule must be dated and bear the parent's signature. Therefore, we are asking you to give us a written document concerning "what" and "when" your child needs to eat. Please be as specific as possible. Parents should complete a new form each time the feeding schedule changes.

For children who have transitioned to table food, the Center provides a light breakfast, a hot lunch, and an afternoon snack. (Initially, parents may choose specific items from the menu to supplement the baby foods provided from home.)

**\*\*A note about sending milk and food from home:** Our Center requests that parents bring prepared bottles each day, rather than powdered formula. We also request that baby foods be furnished in plastic containers, in the correct amount for one feeding. All storage bottles and dishes must be labeled with the child's name and date. Prepared foods allow us to spend more time caring for our infants, and less time mixing, measuring, and transferring foods from one container to another. Thank you for helping us to keep this document up-to-date.

## Infant Toddler Feeding Schedule

First Presbyterian Church Child Development Center

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



Food/ Bottles Brought Daily (quantity):

Instructions for feeding (times):

- a. Bottles (formula, milk, juice, water)
- b. Food (cereal, baby food, table food)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Changes in Schedule**  
(must be recorded as feeding habits change)

Introduce:	Date:	New Instructions:	Parent/ Guardian and Staff Signature:
Milk			
Cereal			
Baby Food			
Juice			
Table Food			
Other			

**Information for Infants and Toddlers**  
**First Presbyterian Church Child Development Center**

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

Is your child bottle-fed? \_\_\_\_ breast-fed? \_\_\_\_ If breast-fed, do you plan to visit the center to nurse? yes or no

How do you burp your child? \_\_\_\_\_

Does your child have any feeding difficulties? \_\_\_\_\_

Feeding Times: Milk \_\_\_\_\_ Juice \_\_\_\_\_ Water \_\_\_\_\_  
Other (specify) \_\_\_\_\_

How do you feed your child? Lap \_\_\_\_ Highchair \_\_\_\_ Other (specify) \_\_\_\_\_

Can your child feed him or herself? yes or no

What words or signals does your child use to indicate that he/she is hungry? \_\_\_\_\_

Please check the following that your child uses for comfort: Pacifier \_\_\_\_ Suck thumb \_\_\_\_  
Other (specify) \_\_\_\_\_

Diapering Instructions (Note: medication forms must be completed for any ointments or creams):

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

Are bowel movements regular? yes or no About how many per day? \_\_\_\_\_

Can child: sit alone \_\_\_\_\_ crawl \_\_\_\_\_ pull self to standing \_\_\_\_\_  
walk supported \_\_\_\_\_ walk alone \_\_\_\_\_

Does child have a "fussy" time? yes or no If yes, describe when and how it is handled.

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

Has toilet training been attempted? yes or no If yes, describe methods used. \_\_\_\_\_

\_\_\_\_\_

**Infant/Toddler Safe Sleep Policy**  
**First Presbyterian Church Child Development Center**  
Revised 7/27/2016

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.

Childcare providers can maintain safer sleep environments for babies that help lower the chances of SIDS. N.C. Law requires that childcare providers caring for children 12 months of age or younger, implement a safe sleep policy, share this information with parents, and participate in training which must be renewed at least once every three years.

This facility believes that all families have a right to safe and healthy childcare and will practice the following safe sleep policy:

- All childcare staff working in our infant classrooms, or childcare staff who may potentially work in this classroom, will receive training on our Infant Safe Sleep Policy and SIDS risk reduction. This Policy will be posted in a visible place within the classroom. Periodic practice drills will be conducted for an unresponsive infant emergency.
- All parent(s)/guardian(s) of infants cared for in the infant classrooms will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.
- Infants under 12 months will always be placed initially on their backs to sleep, unless there is a signed sleep position medical waiver on file (completed by the child's current pediatrician, stating the medical reason for the alternative sleep position). If such a physician's waiver is provided, a notice will be posted for quick reference near the infant's crib/mats/cots.

The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from their backs to their stomachs, they can be allowed to adopt whatever position they prefer for sleep (**if they are over 6 months old with a "sleep position waiver", prior to six months a physician's note must accompany request to adapt sleep position**). The first few incidents of an infant rolling from his/her back to stomach does not exhibit mastery of the skill, and he/she must be returned to the back position. Once mastery has been established (by frequent demonstration of the skill), a physician/parent will be asked to complete a "sleep position waiver." (**a notice will be posted for quick reference near the infant's sleep area and the waiver will be kept in notebook in the child's classroom**).

Sleeping infants are visually checked at least once every 15 minutes. Staff will observe the infant's breathing and coloring of skin, touch him/her gently, and record time checked on the safe sleep chart, sleep position, and room temperature. (These records will be kept for at least 30 days.) Staff are especially alert to monitor a sleeping infant during the first weeks the infant is in childcare.

Steps will be taken to keep infants from getting too warm or overheating by regulating the room temperature, avoiding excess bedding, and not over-dressing or over-wrapping the baby. Room temperature will be kept between 68 and 74 degrees Fahrenheit.

Infants' heads will not be covered with blankets or bedding. The tops of infants' cribs/mats/cots will not be covered with bedding.

No loose bedding, pillows, or bumper pads will be used in cribs/mats/cots.

Infants under 12 months will not be allowed to have blankets.

No more than 2 items from home will be allowed in infants' cribs/cots/mats. These 2 items may include pacifiers, sleep sacks and soft cuddle toys. Cuddle toys will be removed from the cots/mats/cribs or placed at the foot of the crib/mat/cots after the infant falls asleep. Awake babies will be allowed supervised "tummy time" to play with center toys outside of the sleep area.

A safety approved crib/cot/mat with a firm mattress and tight-fitting center sheet will be used. Infants who fall asleep in exer-saucers or bouncy seats will be removed and placed in their cribs/mats/cots.

Only one infant will be in a crib/mat/cot at a time, unless we are evacuating infants in an emergency, or during a fire drill.

First Presbyterian Church Child Development Center is a smoke-free facility.

I, the undersigned parent/guardian of \_\_\_\_\_ (child's name), do hereby state that I have read and received a copy of the center's Infant/Toddler Safe Sleep Policy and that the Center director and/or teacher has discussed the policy with me.

Date of child's enrollment: \_\_\_\_\_

Date that child first attended the center: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

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

Signature of childcare provider: \_\_\_\_\_

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

**\*One signed copy is given to parent/guardian; one signed copy remains in child's facility record.\***

**Summary:**

**North Carolina Child Care Law for Child Care Centers**  
Division of Child Development and Early Education  
North Carolina Department of Health and Human Services  
319 Chapanoke Road  
Raleigh, NC 27603

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 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 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 rated 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.

#### **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 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.

#### **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.

### **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.

### **How to Report a Problem**

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a 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 here, or if you have questions, please call the Division of Child Development and Early Education at 919-662-4499 or 1-800-859-0829.

### **Reviewing Files:**

A public file is maintained in the Divisions' main office in Raleigh for every licensed center. These files can be viewed during work hours or requested via the Division's web site at [www.ncchildcare.net](http://www.ncchildcare.net); or, requested by contacting the Division at 1-800-859-0829.

### **Licensed centers must, at a minimum, 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 initially, and every three years thereafter. As of December 2007, 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:

Ages of children	Teacher:Child Ratio:	Max Group Size:
------------------	----------------------	-----------------

0 to 12 months	1:5	10
12 to 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

When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.

### **Space and Equipment**

To meet licensing requirements, there must be at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well-maintained, and age-appropriate. Outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

### **Records**

Centers 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.

### **Curriculum**

The Division of Child Development and Early Education does not promote or require any specific curriculum over another unless programs are using curriculum to get a quality point for the star-rated license. 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, indoor and outdoor 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.

### **Transportation**

Child care centers 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.

### **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 centers. 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.

The law and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care.

Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information about quality child care, parents can visit the Resources in Child Care website at: [www.ncchildcare.net](http://www.ncchildcare.net). For more information on the law and rules, contact the Division of Child Development and Early Education at 919-662-4499 or 1-800-859-0829, or visit our homepage at: <http://www.ncchildcare.net>.

**First Presbyterian Church Child Development Center  
Guidance and Behavior Management Policy**

Updated: 2/1/2013

When young children experience positive interactions with adults, they develop healthy self-concepts, problem-solving skills, and self-discipline. The most effective guidance occurs within the framework of passing on our values: self-discipline, compassion, responsibility, friendship, work courage, perseverance, honesty, loyalty, and faith. Most



“misbehaviors” occur because the child has not yet learned one of these values. Our goal should always be to teach the value effectively, rather than merely stopping undesirable behavior.

Skills such as sharing, taking turns, and cooperation provide an important foundation for a successful educational future. Discipline is viewed as education for better behavior, and is an important challenge in the CDC. We think of discipline as teaching self-control and the expression of feeling in socially acceptable ways. Children will always be treated with respect and dealt with in a positive way.

In order to provide effective methods for the guidance of children, First Presbyterian Child Development Center has adopted the following policy:

We Do:

- Praise and encourage.
- Provide a variety of activities so that children are active and challenged.
- Provide positive reinforcement for a job well done!
- Set reasonable limits.
- Model appropriate behavior.
- Modify the classroom environment to prevent problems before they occur.
- Listen.
- Provide alternatives for inappropriate behavior
- Provide children with the natural and logical consequences for their behavior.
- Treat children as people and respect their needs and feelings.
- Ignore minor misbehaviors.
- Explain on the child’s level.
- Seek to remain consistent in our expectations.
- Use short supervised periods of quiet time in order for the child to calm themselves.
- Provide nurturing, calming holds in the arms of a caring, trusted adult, when the child’s behavior has compromised his/her safety and/or the safety of other children.
- Consult specialist in the field of behavior therapy, in order to gain different perspectives on our teaching strategies.

We Do Not:

- Spank, shake, bite, push, pull, slap or otherwise physically punish.
- Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse.

- Shame or punish when bathroom accidents occur.
- Deny food or rest.
- Relate discipline to eating, resting or sleeping.
- Leave alone, unattended or without supervision.
- Place in locked rooms, closets or boxes; all discipline of children by children.
- Criticize, make fun of or otherwise belittle children's parents, families or ethnic groups.

As part of enrollment procedures, parents or guardians will sign a "Guidance and Behavior Management Policy Agreement" stating they have received, read, understood and agree with this policy. This agreement will be placed in the child's confidential file and a copy given to the parent or guardian.

For further information, we recommend the following books to parents:

- Conscious Discipline, by Becky Bailey
- Easy to Love, Difficult to Discipline, by Becky Bailey
- Discipline for Life: Getting it Right with Children, by Madelyn Swift
- Teach Your Children Well: A Parent's Guide to Encouraging Character and Integrity, by Madelyn Swift and Victoria Mathies

**First Presbyterian Church Child Development Center  
Prevention of Shaken Baby Syndrome and  
Abusive Head Trauma Policy**

March 2018

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

**Belief Statement**

We, First Presbyterian Church Child Development Center, 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. According to North Carolina Child Care Rule 10A NCAC 09 .0608, each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/ADT.

**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:
  - 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.

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education by call 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:(919) 790-3224

### **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:

- 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.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.

### **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, [www.ncchildcare.nc.gov/PDF\\_forms/NC\\_Foundations.pdf](http://www.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/apre/nitr/inquire\\_may\\_2016\\_070616\\_b508compliant.pdf](http://www.acf.hhs.gov/sites/default/files/apre/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
- The Science of Early Childhood Development, Center on the Developing Child

## Resources

- Wake County Human Services, Child Care Health Consultant, 919-212-7902

## Parent Web Resources

- The American Academy of Pediatrics:  
[www.healthychildren.org/English/Safety-prevention/at-hom/pages/abusive-head-trauma-shaken-baby-syndrome.aspx](http://www.healthychildren.org/English/Safety-prevention/at-hom/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/>

## Facility web resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/ Abusive Head Trauma.  
<http://cfpc.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)

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: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

# First Presbyterian Child Development Center

Please sign and date each of the following permissions or agreements.

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

## RECEIPT OF PARENT HANDBOOK AGREEMENT

I, the undersigned parent/legal guardian of the child named above, do hereby state that I have read, understood, and agree to the current First Presbyterian Church CDC Parent Handbook. The Center Director has given me the opportunity to ask any questions I may have about the Parent Handbook.

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

## SUMMARY OF THE NC CHILD CARE LAW FOR CHILD CARE CENTERS

I, the undersigned parent/legal guardian of the child named above, have received and read the Summary of the NC Child Care Law for Child Care Centers. I will consult my Center Director if I have any concerns or questions.

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

## GUIDANCE AND BEHAVIOR MANAGEMENT AGREEMENT

I, the undersigned parent/legal guardian of the child named above, do hereby state that I have read, understood and agree to the First Presbyterian Church CDC Discipline and Behavior Management Policy. The Center Director has given me the opportunity to ask any questions I may have about this policy.

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

## PROMISE OF COMMITMENT

In order to remain enrolled in good standing, I, the undersigned parent/legal guardian of the child named above, promise to do the following:

- ❖ Observe center policies,
- ❖ Cooperate with the Center's faculty and philosophy
- ❖ Pay tuition in a prompt manner

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

CHURCH FACILITIES AND GROUNDS ACTIVITY PERMISSION

I, the undersigned parent/legal guardian of the child named above, give permission for participation in activities at First Presbyterian Church CDC: within the church buildings and on the church grounds.

Signature of Parent/Legal  
Guardian\_\_\_\_\_Date\_\_\_\_\_

PHOTOGRAPH RELEASE

I, the undersigned parent/legal guardian of the child named above, grant permission to First Presbyterian Church CDC to use photographs/videos of my child for informational and professional development purposes (ex: center website, center closed Facebook page, displays, bulletin boards, classroom projects, memory keepsakes, slideshows, newsletters, celebrations and presentations). No identification will be on the photographs/videos.

I agree that my consent will continue until I withdraw it in writing to First Presbyterian Church CDC. I hereby represent that I have the legal right to issue such consent.

Signature of Parent/Legal  
Guardian\_\_\_\_\_Date\_\_\_\_\_