

Date Application Completed _____

Date of Enrollment _____



FAYETTEVILLE STATE UNIVERSITY™

CHILD'S APPLICATION FOR ENROLLMENT

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 _____

Email Address _____ Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

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

Email Address _____ 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

HEALTH CARE NEEDS:

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

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

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

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____

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

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

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

Signature of Parent/Guardian _____ Date _____

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

Signature of Administrator _____ Date _____

**North Carolina Department of Health and Human Services
Women's and Children's Health
CHILD AND ADULT CARE FOOD PROGRAM
CHILD ELIGIBILITY APPLICATION**

1. PRINT PARTICIPANT'S NAME & DATE OF BIRTH: _____

INSTITUTION NAME: _____

First Name _____ Last Name _____ Date of Birth _____

AGREEMENT#: _____

First Name _____ Last Name _____ Date of Birth _____

FACILITY NAME: _____

2. SNAP, TANF or FDPIR: If a child is a member of a SNAP or FDPIR household or TANF recipient, the child is automatically eligible to receive free Program meal benefits, subject to the completion of the application. If the household currently receives SNAP, TANF or FDPIR benefits give the case number.

Case number is: SNAP # _____ TANF#: _____ FDPIR # _____
If you have provided the case number; **DO NOT complete #3 and #4. Complete #5 and #6.**

3. A foster child is automatically eligible to receive free Program meal benefits, and a Head Start participant is automatically eligible to receive free Program meal benefits, subject to submission by Head Start officials of a Head Start statement of income eligibility or income eligibility documentation.

Is this a Foster Child? Yes No

Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children.

4. HOUSEHOLD MEMBERS MONTHLY INCOME: List all others living in your household, **DO NOT** include participant listed above. List all gross income (**before deductions**) received last month. If you did not give a SNAP, TANF or FDPIR case number or if this is not a foster child, you must complete the income information.

Names of all Other Household Members	Monthly Wages Salaries	Monthly Social Security Earnings	Monthly Public Assistance/ Child Support Earnings	Monthly Retirement Pensions Earnings	Monthly Other Earnings
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. ETHNIC IDENTITY: (Check one). Hispanic or Latino Not Hispanic or Latino

RACE (Check one or more): White Black or African American American Indian or Alaskan Native Asian Native Hawaiian or Other Pacific Islander

6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct; that the application is being made in connection with the receipt of federal funds, that Program officials may verify the information on the application; and that deliberate misrepresentation of any of the information on the application may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Adult Household Member (Required) _____ Date _____

Check if no SSN
Last Four Digits of Social Security Number
(Required for households qualifying by income)

Printed Name _____

Home Telephone # _____ Work Telephone # _____

Address _____ City _____ Zip Code _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the Program.

For Institution to be classified and completed by institution/sponsor

TOTAL HOUSEHOLD SIZE _____ TOTAL HOUSEHOLD MONTHLY INCOME \$ _____

Approved: Free Reduced Denied

Reason for denial: Income too high Incomplete application Other: _____

Withdrawn on (Date): _____

For state use only:

Verified by: _____ Date: _____

Verified classification:

Free Reduced Denied

Reason for classification change: _____

Signature of Eligibility Official (Individual at the Institution Level) – REQUIRED _____ Date _____

**Child and Adult Care Food Program (CACFP)
Child Participant Enrollment Form**

Institution Name: _____ Agreement Number: _____

Center Name: _____

Dear Parent/Guardian,

This center/program receives funding from the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs proof of enrollment for all children. Please complete the table below for each child in your family that is enrolled at this center/program. Be sure to sign and date in the space below. Thank you.

The information below should be completed by the parent or guardian.

Child's First Name	Child's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM

Normal/Typical Hours of Care: Please write in each child's usual arrival and departure time. Indicate a.m. or p.m.

Normal Days of Care: Please circle the days of the week each child is usually in attendance at the facility.

(M-Monday; T-Tuesday; W-Wednesday; Th- Thursday; F-Friday; Sat-Saturday; Sun-Sunday)

Meals Normally Eaten – Please circle the meals each child usually eats at the facility.

(B-Breakfast; AM-AM Snack; L-Lunch; PM-PM Snack; S-Supper; LPM-Late PM/Evening Snack)

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

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____ Work Telephone Number: () _____

<p>For Facility/Provider Use Only: Signature of Facility Representative/Provider: _____ Date: _____ Date each child withdrew: _____</p>
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<p>For State Use Only: Complete: _____ Incomplete _____ Reason: _____ Verified by: _____ Date: _____</p>

This institution is an equal opportunity provider.

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 # _____

Discipline and Behavior Management Policy

Name of Facility: FSU- Early Childhood Learning Center Date Adopted 8/26/2019

No child shall be subjected to any form of corporate punishment. Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following age and developmentally appropriate discipline and behavior management policy:

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their level.
11. DO use short supervised periods of time-out sparingly.
12. DO stay consistent in our behavior management program.
13. DO use effective guidance and behavior management techniques that focus on a child's development.

We:

1. DO NOT handle children roughly in any way, including shaking, pushing, shoving, pinching, slapping, biting, kicking, or spanking.
2. DO NOT place children in a locked room, closet, or box or leave children alone in a room separated from staff.
3. DO NOT delegate discipline to another child.
4. DO NOT withhold food as punishment or give food as a means of reward.
5. DO NOT discipline for toileting accidents.
6. DO NOT discipline for not sleeping during rest period.
7. DO NOT discipline children by assigning chores that require contact with or use of hazardous materials, such as cleaning bathrooms, floors, or emptying diaper pails.
8. DO NOT withhold or require physical activity, such as running laps and doing push-ups, as punishment.
9. DO NOT yell at, shame, humiliate, frighten, threaten, or bully children.
10. DO NOT restrain children as a form of discipline unless the child's safety or the safety of others is at risk.

Discipline and Behavior Management Policy

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/operator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian _____ Date _____

“TIME-IN”

“Time-In” 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 disciplinary techniques. The “time-In” space, usually a chair, is located away from classroom activity but within the teacher’s sight. During “time-In,” 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 same affection and respect shown the other children.

Adapted from original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College
Revised 2-15-2017

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

Summary of the North Carolina Child Care Law and Rule for Child Care Centers

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, 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 carried out through the Division of Child Development and Early Education. The purpose of the regulation is to protect the health and 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.

Child Care Centers

Licensing as a center is required when six or more children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose not to be licensed. 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.

Two through Five Star-Rated License

Centers that meet 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, the program standards met by the program, and one quality point option.

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, appropriate discipline, or when a child is not in a safe environment. **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 919-814-6300 or 1-800-859-0829.** Reports can be made anonymously. A person cannot be held liable for a report made in good faith. North Carolina law requires any person who suspects child abuse or neglect in a family to report that to the county department of social services.

Parental Rights

- Parents have the right to enter a 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, issued an administrative action, and may have their licenses suspended or revoked. Administrative actions must be posted in the facility. If you believe that a child care provider fails to meet the child care requirements, or if you have questions, please call the Division of Child Development and Early Education at 919-814-6300 or 1800-859-0829.

Licensed centers must, at a minimum, meet requirements in the following areas.

Education and Training

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 have current certification in CPR and First Aid. All staff must complete health and safety training and a minimum number of ongoing training hours annually. ITS-SIDS training is required the administrator and any caregiver that works with infants 12 months of age or younger. One staff member must complete the Emergency Preparedness and Response in Child Care training and plan.

Criminal Background Checks

Criminal background qualification is a pre-service requirement. All staff must undergo a criminal background check initially, and every three years thereafter.

Reviewing Facility Information

From the Division's Child Care Facility Search Site, the facility and visit documentation can be viewed <http://ncchildcaresearch.dhhs.state.nc.us/search.asp?lang=English>
A public file is maintained in the Division's main office in Raleigh for every licensed center. These files can be viewed during business hours (8am-5 pm) by contacting the Division at 919-814-6300 or 1-800-859-0829 or requested via the Division's web site at www.ncchildcare.ncdhhs.gov.

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. A sample staff/child ratio chart can be found on the DCDEE website under "Provider Documents and Forms".

Age	Teacher: Child Ratio	Maximum Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 to 3 years old	1:10	20
3 to 4 years old	1:15	25
4 to 5 years old	1:20	25
5 years old and Older	1:25	25

Centers located in a residence that are licensed for six to twelve children may care for up to three additional school-age children, depending on 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

There are space requirements for indoor and outdoor environments that must be measured prior to licensure. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well-maintained, and age appropriate. Outdoor equipment and indoor furnishings must be child size, sturdy, and free of hazards that could injure children.

Record Requirement

Centers must keep accurate records such as children's, staff, and program. 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. Prevention of shaken baby syndrome and abusive head trauma policy must be developed and shared with parent of children up to five year of age.

Curriculum and Activities

Four and five-star programs must use an approved curriculum in classrooms serving four-year-old children. Other programs may choose to use an approved curriculum to earn a quality point for the star-rated license. The Division website maintains a list of approved curriculums for four-year-old children. Activity plans must be available to parents and must show a balance of active and quiet activities. A written activity plan that includes activities intended to stimulate the developmental domains, in accordance with North Carolina Foundations for Early Learning and Development. Rooms must be arranged to encourage children to explore and 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 meet the Meal Patterns for Children in Child Care. 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 conditions permitting) and must have space and time provided for rest. They must provide age-appropriate toys and activities. Centers must complete the Emergency Preparedness and Response in Child Care training and plan.

Transportation

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

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 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. For more information about choosing quality child care, parent resources and/or the information about choosing quality child care, contact the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829; or visit our homepage at www.ncchildcare.ncdhhs.gov.

This summary shall be posted for the public to view in accordance with G.S. 110-102



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
SINCE EARLY EDUCATION INSPIRES

Division of Child Development and Early Education
NC Department of Health and Human Services
333 Six Forks Road Raleigh, NC 27609

Child Care Commission
<https://ncchildcare.ncdhhs.gov/Home/Child-Care-Commission>

Revised June 2019

FAYETTEVILLE STATE UNIVERSITY

Early Childhood Learning Center

Summary of the North Carolina Care Law for Child Care Centers

I have received a copy of the North Carolina Care Law for Child Care Centers.

Parents Name: _____

Child's Name: _____

Date: _____

****Please fill out and return this form to the office****

Safe Arrival and Departure Procedures

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

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

Print Name: _____
Signature: _____
Date: _____

TRAVEL AND ACTIVITY AUTHORIZATION

10NCAC 3U.0604(1)
G.S. 130-91(6)
RSV 8/92

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

I, _____ parent/guardian of

_____ give my permission to

Fayetteville State University-Early Childhood Learning Center for my child to participate in the

following activities:

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

Explain planned activity-when and where

Field trips away from the facility

Explain planned activity- when and where

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule.3000 when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

Parent/Guardian Signature

Date Signed

This authorization is valid from _____ to _____

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

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

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

Parent/Guardian Signature

Date Signed

This authorization is valid from _____ to _____

File in child's folder

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Belief Statement

We, **Fayetteville State University Early Childhood Learning 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 childcare, 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 (childcare centers, 10A NCAC 09 .0608, family childcare homes, 10A NCAC 09 .1726), each childcare facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT.

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 (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: **910-677-2450**.

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

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

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, [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.
- 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-eed/

Resources

The ECLC Director will ensure Staff, Families, Volunteers, and all others involved with the Center receive the necessary support.

Parent/Family web resources

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

- The American Academy of Pediatrics: www.healrthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx
- The National Center on Shaken Baby Syndrome: <http://dontshake.org/familyresources>
- The Period of Purple Crying: <http://purplecrying.info/>

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](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
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

Parents/Families/Guardians

- Within 30 days of adopting this policy, the child care facility shall review the policy with parents/families/ 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/families/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/family, parent/family's name, parent/family/s signature, and the date the parent/family signed the acknowledgement.
- The child care facility shall keep the **SBS/AHT parent acknowledgement form** in the child's file.

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

08/01/2019

Effective Date

Parent or guardian acknowledge form

I, _____, the parent or guardian of

_____ acknowledges that I have read and received a copy

Child's name

of the FSU ECLC'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



Authorization for Off Premise Activities

Due to the renovation of the Early Childhood Learning Center's playground for Preschoolers and NC Pre-K children, sometimes our play activities will involve going outside of the fenced playground area to the Lilly Gym (next door).

There may also be nature walks through the FSU campus to collect fall leaves, or going to the football field, gazebo, student center. Capel Arena and/or Seabrook Auditorium.

I, _____, parent/family/guardian of
(Parent/family/guardian's name)

_____ give permission to the FSU Early Childhood
(Child's Name)

Learning Center for my child to participate in activities that are outside of the ECLC fenced playground area.

Information about each activity will be posted in the classroom.

Parent/family/guardian's Signature

Date





PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize Fayetteville State University (university), and those acting pursuant to its authority to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g. print or digital) these recordings for any purpose that the university, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release the university and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the university.

I have read and fully understand the terms of this release.

Name: _____

Address: _____
Street

City

State

Zip

Phone: _____

Signature: N/A _____

Date: _____

Parent/Guardian Signature (if under age 18):

_____ Date: _____

Early Childhood Learning Center

Smoking Directive

The Early Childhood Learning Center (Center) is committed to maintaining a healthy environment and recognizes that the health and safety of its employees and children is the Center's highest priority. Thus, the Center has established a no smoking directive which is consistent with the laws of the State of North Carolina. Please note that this directive applies to cigarettes, lighted cigars, lighted pipes, or any other lighted tobacco product, as well as electronic cigarettes.

Employees, Student Workers and Volunteers

- Anyone who wishes to smoke must do so in an area designated as smoking by Fayetteville State University.
- Upon returning to the Center after smoking, individuals must wash their hands and are not to touch or interact with children until they have done so. It is also highly recommended that the individual freshens his or her breath to remove the smell of smoke.
- Individuals who reek of smoke may be asked to change clothes.
- Employees who escort children on outings must not smoke when in the company of the children. Parents/families accompanying children on outings must refrain from smoking while caring for children.

Health Risks

We respect that it is a personal choice to smoke, although as an organization for children we support healthy lifestyles and encourage those who can to quit. For those interested in materials related to the health risks involved with smoking and quitting, we encourage you to review the materials on these websites:

- <https://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/help-quitting-factsheet>
- <https://www.nhsinform.scot/healthy-living/stopping-smoking/help-to-stop/local-help>
- https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm
- The National Health Service (NHS) quit smoking helpline www.smokefree.nhs.uk

This policy was reviewed on _____

Print Name _____

Signature _____

Administrator's Signature _____

Date _____

