**Enrollment Packet**

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

Date of Enrollment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Enrollment Documentation**

**\_\_\_\_ Application**

**\_\_\_\_ Medical Report (Filled out by Parent and Doctor)**

**\_\_\_\_ Current Immunization Record**

**\_\_\_\_ Discipline Policy**

**\_\_\_\_Playground Consent**

**\_\_\_\_ Off – Premise Activity Authorization**

**\_\_\_\_ Medical Release**

**\_\_\_ Medical Action Plan (If Applicable)**

**\_\_\_\_ Permission for Healthcare**

**\_\_\_\_ Parent Consent to Photo Release**

**\_\_\_\_ Aquatics Policy**

**\_\_\_ Parent Participation Policy**

**\_\_\_\_ Tobacco-Free Policy**

**\_\_\_\_ Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy**

**\_\_\_ Documentation of receipt of policies (Sign Below)**

**\_\_\_ Documentation of receipt of summary of Child Care Laws (Sign Below)**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have received copy of a summary of the NC Child Care Laws, Parent Involvement Plan, Prevention of Shaken Baby Head Trauma, and Tobacco Free policies. I have also received a copy of the Mt. Pleasant Child Development Center’s handbook and understand the contents therein. . I understand that additional copies are available in the center office at any time.**

**Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Updated file Check Date Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Enrollment Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_ Part Day \_\_\_\_\_\_\_Full Day\_\_\_\_\_\_ Drop In\_\_\_\_ School age

Room Assignment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **CHILD’S APPLICATION FOR CHILD CARE**

*To be completed and placed on file prior to enrollment*

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (MI) (Nickname)

**INFORMATION ABOUT THE FAMILY:**

Father/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Where Employed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lives With? \_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Where Employed Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lives With?\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD:**

Does your child have any known allergies: No Yes Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any chronic illnesses/conditions: No Yes Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CARE INFORMATION:**

Name of child’s doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital preference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you cannot call for your child, please give the names of persons to whom the child can be released:

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

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (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. Provisions will be made for adequate and appropriate rest and outdoor play.

 (Signature of Operator)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)\_\_\_\_\_\_\_\_\_\_

 **Child’s Medical Form**

Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_

Name of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medial 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:

**I give permission for the director or his designee to talk with my child’s physician concerning health care related to his enrollment at Mt .Pleasant Child Development Center.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian’s signature Date**

**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.

Weight \_\_\_\_\_% Height \_\_\_\_\_%

Heart \_\_\_\_\_ Chest \_\_\_\_\_ Throat \_\_\_\_\_ Neck \_\_\_\_\_ Abdomen \_\_\_\_\_

Abd/GU \_\_\_\_\_ Ext. \_\_\_\_\_ Neurological System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teeth \_\_\_\_\_ Skin \_\_\_\_\_ Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Should activities be limited? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this child been screened for lead at 12 and 24 months of age, or once before the age of six? \_\_\_ yes \_\_\_ no

Results of TB Test, if given: Type \_\_\_\_\_\_ Date \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ followup \_\_\_\_\_

Developmental Evaluation: \_\_\_\_\_ Delayed \_\_\_\_\_\_ Age appropriate

If delay, note significance and special care needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Date of Examination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of authorized examiner/title Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immunization History

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Enter the date an immunization was received in the space below or attach a copy of the immunization record to file. G.S. 130A-155(b) requires all child care facilities to have this on file.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Enter date of each dose-Month/ Day/ Year****VACCINE** | **#1** | **#2** | **#3** | **#4** | **#5** |
| **\*DTP/DT(Circle which )** |  |  |  |  |  |
| **\*Polio** |  |  |  |  |  |
| **\*HIB** |  |  |  |  |  |
| **\*Hepatitis B** |  |  |  |  |  |
| **\*MMR****(Combined Doses)** |  |  |  |  |  |
| **\*\*\* Chicken Pox** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other**  |  |  |  |  |  |

 **\*Required by State Law**

**\*\*Required by Sate law for children born after 10/1/88**

**\*\*\*Required by State law for children born on or after 7/1/94**

|  |  |
| --- | --- |
| **Records Updated by:** | **Date Updated:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 **Signature of authorized examiner/tile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_**

Revised 9/13

Discipline Policy

**CENTER’S COPY**

As adopted September 1990

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 Center will practice the following discipline and behavior management policy. Parents are encouraged to follow the same discipline management policy:

**WE:**

13. **Do** praise, reward and encourage the children.

14. **Do** reason with and set limits for the children.

15. **Do** model appropriate behavior for the children.

16. **Do** modify the classroom environment to attempt to prevent problems before they occur.

17. **Do** listen to the children.

18. **Do** provide alternatives to the children for inappropriate behavior.

19. **Do** provide the children with natural and logical consequences.

20. **Do** treat the children as people and respect their needs, desires, and feelings.

21. **Do** ignore minor misbehavior.

22. **Do** explain things to the children on their level of understanding.

23. **Do** use short supervised periods of “Time Out”.

24. **Do** stay consistent in our behavior management program.

**WE DO NOT:**

10. Spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children.

11. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.

12. Shame or punish he children when bathroom accidents occur.

13. Deny food or rest as punishment.

14. Relate discipline to eating, resting or sleeping.

15. Leave the children alone, unattended, or without supervision.

16. Place the children in locked rooms, closets, or boxes as punishment.

17. Allow discipline of children by children.

18. Criticize, make fun of, or otherwise belittle children’s parents, families, or ethnic groups.

I, the undersigned parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s full name) do hereby state that I have received and read a copy of the Center’s Discipline & Behavior Management Policy and that the Center director/coordinator (or other designated staff member) has discussed the Center’s Discipline & Behavior Management Policy with me.

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

Discipline Policy Addition, Dealing with Challenging Behaviors

(Parent Handbook page)

It would be impossible to make rules to govern every type of infraction. Good behavior must come from the heart in love and obedience to Christ. Discipline does not mean punishment. Discipline is teaching a child how to be safe, how to behave on his/her own and how to know the difference between right and wrong. In order to provide a positive wholesome atmosphere where children may engage in Christian Fellowship. It is with those expectations in mind that we have set forth the following expectations for our children:

**Expectations**

Show Respect for yourself, peers, teachers, director, church members and any volunteer staff.

Follow instructions and classroom rules as set forth by classroom teacher and director

Be an example of Godly behaviors

Refrain from damaging any school or church property

Refrain from disruptive behavior, fighting, violence of any kind and inappropriate language

Staff members may not single out a child for ridicule, threaten harm to the child or the child's family, and may not specifically aim to degrade a child or a child's family. They may not use harsh, demeaning or abusive language. We use the following age appropriate disciplinary techniques:

* Giving Appropriate Choices
* Problem Solving
* Classroom Management system( Each classroom teacher will development an age appropriate behavior management system)
* Natural and Logical Consequences
* Planned Ignoring
* Redirecting
* Time In/ Take a break
* Use of positive words

**Staff may also use the following intervention strategies to channel children's emotions and de-escalate situations:**

* Provide a clam down area
* Redirect negative behavior to an acceptable activity by encouraging the child to change activities.
* Planned Ignoring
* Help children understand consequences to behavior after the child has calmed down. .
* Using a change in focus humor or talking about something they like
* Take child on a walk
* Use outside resources available to the center and parents

**Consequences:**

First Offense – Use of classroom behavior management system

Second Offense – Calm down time outside of the classroom

Third Offense – Visit to the office, phone call and letter sent home

Fourth Offense – Meeting set up with parents to discuss strategies for staff to meet the child’s individual needs

**After we have exhausted all of the above Intervention Strategies we will make an effort to work with families and the child by offering a behavior support plan (BSP) using the following format to assist with goal setting:**

**Initial Meeting**

If a child’s extreme, uncontrollable behavior despite positive guidance techniques continues to physically or emotionally endanger staff and/or other children, a meeting with the child’s parent(s) will be requested by the Director and the child’s teachers. This will also be the case if a parent is uncooperative with staff in working toward the correction of the child’s chronic disruptive behavior. During this meeting the problem is defined in writing and goals for correction are established. A follow-up date will be set to review the issue.

**Second Meeting**

If, after the pre-determined time frame (4 weeks Max), the initial plan for helping the child fails, a second meeting will be requested by the Director. The problem will be identified again and childcare staff will enlist services from RCCR&R Regional Behavior Specialist and/ or Bringing out the Best. The staff will work with parents and specialist to insure challenging behaviors are address and appropriate care is established.

**Follow- Up Meetings**

Meetings will occur throughout the evaluation and treatment process to ensure all parties are up to date on IEP and BSP.

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**Mt. Pleasant has a no tolerance policy for behaviors that considered to be crude, racial, sexual demeaning, harassing or harmful to themselves or others. Please note that center administrators are granted the authority to exercise good judgment and apply a greater or lesser consequence than those listed above.**

The staff will use praise and, positive methods of discipline and guidance to encourage self-expression and self-direction of the children in the Center. Limits may be set at times in order to keep children from losing control or causing harm to themselves or others. Time In/ Take a Break is an option to handle a situation and allows the child to regain control of his/her actions and feelings. Time away from the group will not exceed the child’s ability to regain control. Staff will report in on going behavior challenges to the director as soon as the situation occurs.

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

 **Playground Consent Form**

**In order to remain in compliance with the NC Division of Child Development Guidelines, the following form must be completed and returned prior to enrollment.**

**The school agers playground is not fenced in so we must have authorization for this area to be used. This area is also used by the pre-school children for picnics, nature walks and special activities.**

**My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to play outside the fenced in playground under the supervision of the staff.**

**Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**It is understood and agreed by us that the church, the director, the center staff, and the church staff are hereby released from any and all claims or financial responsibilities arising out of any accidents or mishaps that may occur in connection with the operation of Mt. Pleasant Child Development Center or from any illness that may be contracted by the child during the period f their enrollment at the center.**

**Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFF-PREMISE ACTIVITY AUTHORIZATION**

Off-premise activities refer to any activity which takes place away from a licensed and approved

space. License and approved space includes primary space, outdoor space, single use rooms, or

other administrative areas that have been approved for use.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission to

Name of child

Mt. Pleasant Child Development Center INC. for my child to participate in off-premise

activities such as nature walks, riding bikes, and planned group activities that take place in the parking lot or field area. (This includes Tumblebus and Soccer Shots)

Location of off-premise activity: Parking Lot, Field or Outside Fenced Area

Purpose of the activity: To offer children a variety of gross motor activities and educational Experiences

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

This authorization is valid from \_\_\_\_/\_\_\_\_/\_\_\_\_\_to\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

DCD Child

**Medical Information and Legal Release**

**(To be completed and placed on file prior to enrollment.)**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical history (please include any major illnesses, broken bones, surgeries, diseases, hospitalizations, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Medications given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time of day given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Know allergies/food restrictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact:**

**Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H)\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Emergency Contact (in the event the parent’s cannot be reached)**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I give my permission for Mt. Pleasant CDC staff to make the emergency arrangements necessary for the care and welfare of my child while under their supervision. In a medical emergency I understand that my child may be transported to an appropriate medical facility by emergency personnel for treatment if it is deemed necessary by staff. It is understood that in some medical and/ or emergency situations, Mt. Pleasant staff may need to contact medical and/or emergency personnel before the parent, child’s physician and/or other adult acting on the child’s behalf.**

**Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permission for Healthcare**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Adults**

**In the event of an emergency, please indicate your name and phone number where you and other authorized persons can be reached.**

**Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Authorized Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Authorized Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Aid**

**In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child**

**Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency care**

**In the event of an emergency in which I cannot be reached the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.**

**Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Record Transfer**

**In the event of an emergency, I hereby authorize the transfer of my child’s health record to the local hospital.**

**Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Parent Consent/ Photo Release*

*Please sign and return this consent form to your child’s teacher. Thank you for your assistance.*

At various times your child’s enrollment at Mt .Pleasant Child Development Center Inc. , C.D.C Staff and church staff, partners/vendors of Mt. Pleasant UMC and a variety of media outlets request permission to film, video tape and photograph in our schools.

They subsequently publish, broadcast or use these materials, which often include images and depictions of students, as well as student work products.

If you consent and grant permission for your child’s likeness or work products to be used/featured by Mt .Pleasant CDC/its partners or electronic/media, please sign in the appropriate space below.

**1) Photo Consent:** I do consent and allow my child to be filmed, videotaped and/or photographed for use by my

Mt. Pleasant C.D.C, Mt. Pleasant UMC and its partners and the media, I also allow my child’s work product to be featured by Mt. Pleasant C.D.C

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

Child’s Name Parent’s Signature Date

**No Photo Consent:** I do **NOT** consent nor allow my child to be filmed, videotaped and/or photographed for use by

Mt. Pleasant C.D.C, Mt. Pleasant UMC AND its partners and the media

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

Child’s Name Parent’s Signature Date

**Aquatics Policy for: Mt. Pleasant Child Development Center Inc.**

***Aquatic Activities include anything with a body of water such as swimming, swimming instructions, wading water parks or boating.***

**Supervision of Aquatic Activities**

* For every 25 children there must be at least one person who has a current life guard training certificate. This person cannot be counted in staff-child ratios.
* Children under 3 may not participate in aquatic activities unless it is necessary for the child’s IFSP or IEP plan.
* The NC Division of Child Development ratio for swimming is as follows:

3 to 4 years old is 1 to 8

4 to 5 years old is 1 to 10

5 years or older is 1 to 13

* A minimum of two teachers is required at all times regardless of the number of children swimming.
* When you are supervising an aquatic activity you must be able to see, hear and respond quickly to all the children that you are responsible for at all times. This includes the pool area, seating, bathroom and changing areas.
* Ratios and supervision must be maintained at all times. One half of the supervision required must be in the water at all times.

**Discipline during Aquatic Activities**

* Children that exhibit behavior that is a danger to themselves or others during aquatic activities will be removed from the water and separated from the other children. Once the negative behavior has been addressed the child will have the opportunity to rejoin the group. If the behavior persists a member of management will be notified for assistance.
* Supervision of the child separated must be maintained at all times.

**Aquatic Safety Hazards**

* In the event of a threat of severe weather the teachers and children will seek shelter in a safe secure place out of danger.
* Teachers will scan the area for hazards such as glass, broken items, etc., prior to children entering the pool area. Children may enter the pool area once the hazard has been removed.
* Any obvious health risks such as release of bodily fluids in the pool children will be asked to leave the water until the health risk is resolved.
* Teachers must ensure that the *pool safety rules* are posted in the pool area and at the first visit to the pool will review with the children.

**Aquatic Field Trip and Transportation Policies and Procedures**

* Existing policies and procedures will be followed during times of aquatic play.
* Policies are made available upon hire in the staff handbook, as included in original application that is submitted to DCD by : **Stephanie Doggett**
* *An annual review of:* ***Mt. Pleasant Child Development Center Inc****. Aquatics Policy will be required*

 *by all teachers involved in aquatic play.*

I have been made aware of and have reviewed:

 1. **Mt. Pleasant Development Center Inc**. Aquatic’s policy

 2. The guidelines provided by the pool

 3. The requirements of Child Care Rule 10A NCAC 09.1403

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Participation Policy**

**Pre-enrollment Visit**

It has been our experience that all children adjust differently to new settings. We require all new enrollees make a minimum of one pre-enrollment visit. Scheduling for the visits can be made with a member of the childcare administrative staff. During the pre- enrollment visit parents and children will meet the administrative and teaching staff. Children may attend up to three days of pre- enrollment care on a modified schedule with payment of registration fee. While your child visits his/her new classroom a member of the administrative staff will review with you the parent handbook. You will also receive an enrollment packet which will need to be completely returned prior to your child’s first day.

**Opportunities for parents to communicate with staff**

Day-to-Day Communication:

Please tell your child’s classroom teacher about anything special or different about your child's day; such as an early pick up for an appointment, an approved substitute picking up your child, etc. Writing this information down is also encouraged to ensure the teacher understands the instructions completely.

Cubbies:

Every child has a cubby that is used to send home any important information, such as receipts, letters, etc. It is important to check your child's cubby daily.

Written Communication:

Frequent newsletters and calendars from teachers provide information about activities occurring in your child's class. Ideas and suggestions for the newsletter are welcome from parents. Lesson plans, a daily schedule, and snack/lunch menus are found posted in the classroom on the parent bulletin board. Quarterly newsletters along with quarterly parent information meetings will be provided to the parents by the Center.

Class dojo:

Parents may sign up for class dojo and receive text message and alerts from their child’s teacher via Dojo app.

Parent-Teacher Conferences:

Parent-teacher conferences will be held twice a year; in December and May, to discuss your child’s progress.

**Activities for parents to participate**

Mt. Pleasant Childcare Board is the governing body of Mt. Pleasant CDC which is made up of current parents, members of Mt. Pleasant UMC, MPUMC staff member, center staff representative and director. They oversee the programming, policies, financial aspects and quality of the Center. Please see director

Parent Involvement Committee allows parents to participate in the center by overseeing the hospitably of the center that will benefit the overall quality of the program. Some of the group’s initiatives include: networking with other families, learning opportunities for families such as workshops and trainings, special events, teacher recognition and development, community service projects, center enhancements, classroom volunteering opportunities and fundraising. Your participation is encouraged.

Classroom Volunteer allows parents to share their talents on their own schedule. You may join the class on a field trips, help with classroom activities, plan a special project, or share a talent.

**Grievance Procedure**

Grievance Procedure:

Any parent who has a specific concern is encouraged to discuss it with their child's classroom teacher; if it is not resolved, parents should talk with the Director of the center. If the parent feels there is still not an adequate resolution, grievances may be taken to the center's Board Chair person.

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_

**100% Tobacco –Free Policy**

**Purpose/Belief Statement**

We, Mt. Pleasant Child Development Center, understand that the use of tobacco products on child care premises and in vehicles used to transport children or during any off-premise activities is an environmental hazard and detrimental to the health and safety of children, staff, and visitors.

**Background**

Exposure of children to environmental tobacco smoke is associated with increased rates of lower respiratory illness and increased rates of middle ear effusion, asthma, and sudden infant death syndrome. Exposure during childhood may also be associated with development of cancer during adulthood.

N.C. Child Care Rule 10A NCAC 09 .0604 (h)(i)(j) Safety Requirements for Child Care Centers states that:

• Children shall be in a smoke-free and tobacco-free environment. Smoking and the use of any product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah is not permitted on the premises of the child care facility, on vehicles used to transport children or during off-premise activities. All smoking materials shall be kept in locked storage.

• Signage regarding the smoking and tobacco restriction shall be posted at each entrance to the facility and in vehicles used to transport children.

• The operator shall notify the parent of each child enrolled in the facility, in writing, of the smoking and tobacco restriction.

**Application**

This policy applies to all children, families, visitors, volunteers, and staff.

 Procedures/Practice: Smoking and the use of tobacco products are prohibited at all times:

• On the premises of the child care facility

 • On vehicles used to transport children

• During any off-premise activities sponsored by our facility Signs are posted at each entrance to the facility and on vehicles used to transport children.

Signs are posted at the entrances of the childcare and around the church to notify families, visitors, volunteers, and staff of the tobacco-free child care facility policy.

 **Communication**

 Our facility will review this policy with parents/guardians, volunteers, and staff in writing and verbally at child care-sponsored or related events. Copies of the policy are in staff and parent handbooks. We may provide materials and information provided by the local health department.

 Staff\*

• All current staff members and newly hired staff will review the Tobacco-Free Policy before providing care for children.

• Staff will sign an acknowledgement form that includes the individual's name, the date the facility’s policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgment.

• The child care facility shall keep the signed Tobacco-Free Policy staff acknowledgement form in the staff member’s file.

Parents/Guardians

 • A copy of the policy will be given and explained to the parents/guardians of newly enrolled children on or before the first day the child receives care at the facility.

• Parents/guardians will sign an acknowledgement form that includes the child’s name, date the child first attended the facility, date the operator’s policy was given and explained to the parent, parent’s name, parent’s signature, and the date the parent signed the acknowledgement

 • The child care facility shall keep the signed Tobacco-Free Policy 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.

**Enforcement**

Parents and visitors using tobacco products will be asked to refrain while on the child care premises or to leave the premises. Consequences for employees who violate the tobacco use policy will be in accordance with personnel policies.

 **Definitions**

• "Premises" – the entire child care building and grounds including but not limited to natural areas, outbuildings, dwellings, vehicles, parking lots, driveways, and other structures located on the property.

• “E-cigarette” – Any electronic oral device that employs a mechanical heating element, battery, or electronic circuit regardless of shape or size and that can be used to heat a liquid nicotine solution or any other substance, and the use or inhalation of which simulates smoking. The term shall include any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, or under any other product name or descriptor.

 • “Off-premise activity” – any event sponsored by our facility that is not on the child care facility premises, including but not limited to field trips and educational or entertainment activities.

 • “Smoking" – The use or possession of a lighted or heated cigarette, e-cigarette, cigar, little cigar, pipe, hookah or any other lighted or heated tobacco product containing, made or derived from tobacco and intended for inhalation in any manner or in any form.

• “Tobacco product” – Any product containing, made or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, or ingested by any other means, including but not limited to cigarettes, e-cigarettes, cigars; little cigars, hookah, snuff, snus, and chewing tobacco. A tobacco product excludes any product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

**Tobacco Cessation Resources**

Our facility will consult with the local health department or other appropriate health and community-based organizations to provide staff and administrators with information and access to treatment programs and services to support them in complying with this policy. The North Carolina Quit line 1-800-QUIT-NOW (1-800-784-8669) offers free coaching sessions, helps develop a plan to quit, provides reading materials, and offers counseling. See <http://www.quitlinenc.com>.

 **References**

 • NC DHHS Tobacco Prevention and Control Branch, <http://tobaccopreventionandcontrol.ncdhhs.gov/smokefreenc/>

 • Caring for Our Children 3rd Edition, Standard 3.4.1.1: Use of Tobacco, Electronic Cigarettes, Alcohol, and Drugs <http://cfoc.nrckids.org/StandardView/3.4.1.1>

• Caring for Our Children 3rd Edition, Standard 9.2.3.15: Policies Prohibiting Smoking, Tobacco, Alcohol, Illegal Drugs, and Toxic Substances <http://cfoc.nrckids.org/StandardView/9.2.3.15>

Effective and Review Dates

 Effective 05/17/2019

This policy was reviewed and approved by:

Director / Administrator Print name: Temicia Rhymer Date: 5/17/2019

**Prevention of Shaken Baby Syndrome and Abusive Head Trauma**

 We, Mt. Pleasant Child Development Center INC., 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 (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT2. **Procedure/Practice Recognizing**:

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

**Responding to**:

• If SBS/ABT is suspected, staff will:

o Call 911 immediately upon suspecting SBS/AHT and inform the director.

 o Call the parents/guardians.

  o If the child has stopped breathing, trained staff will begin pediatric CPR4.

**Reporting:**

 • Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1‐800‐859‐0829 or by emailing webmasterdcd@dhhs.nc.gov.

• Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: (336) 641-3447

 **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.

  • Take the child for a ride in a stroller

. • Turn on music or white noise.

• Get assist from another staff member

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 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%E2%80%90brain%E2%80%90wonders%E2%80%90nurturing%E2%80%90healthy%E2%80%90brain%E2%80%90development%E2%80%90from%E2%80%90birth)

• The Science of Early Childhood Development, Center on the Developing Child, developingchild.harvard.edu/resources/inbrief‐science‐of‐ecd/

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

**Parent web resources**

 • The American Academy of Pediatrics: www.healthychildren.org/English/safety‐prevention/at‐ home/Pages/Abusive‐Head‐Trauma‐Shaken‐Baby‐Syndrome.aspx

• The National Center on Shaken Baby Syndrome: [http://dontshake.org/family‐resources](http://dontshake.org/family%E2%80%90resources)

 • 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://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%E2%80%90a.pdf)

• Early Development & Well‐Being, Zero to Three, www.zerotothree.org/early‐development

**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

 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**

Staff\*

 • Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children up to five years of age.

 • All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age.

• Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgment

• The child care facility shall keep the SBS/AHT staff acknowledgement form in the staff member’s file.   Parents/Guardians

• Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children up to five years of age.

 • A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.

  • Parents/guardians will sign an acknowledgement form that includes the child’s name, date the child first attended the facility, date the operator’s policy was given and explained to the parent, parent’s name, parent’s signature, and the date the parent signed the acknowledgement

• The child care facility shall keep the SBS/AHT parent acknowledgement form in the child’s file.

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

**Effective Date December 1, 2017**

This policy was reviewed and approved by:

 Temicia Rhymer, Director December 1, 2017

**Return to Center with Enrollment Packet**

**Parent or guardian acknowledgement form**

I, the undersigned parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child or children’s name) do hereby acknowledge that I have read and received a copy of the facility's following policies:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Handbook/Operational Policies

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Participation Plan

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Summary of the NC Child Care Laws

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have read and received a copy of the facility’s 100% Tobacco-Free Policy for NC Childcare

 100% Tobacco-Free Policy for North Carolina Child Care.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have read and received a copy of this facility’s Shaken Baby Syndrome/Abusive Head Trauma Policy

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

Date of Child’s Enrollment

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

Signature of parent/guardian Date

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

Provider Signature Date