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child development center
Mount Pleasant United Methodist Church

Date of Birthday _____

Date of Enrollment_____

Date Received by Parent _____

Enrollment Packet

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
___ Food Program
____ 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 a 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 its contents. 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

_____
_____
_____
_____

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CHILD'S APPLICATION FOR CHILD CARE

To be completed and placed on file before enrollment

Name of Child _____ Birth date _____
(Last) (First) (MI) (Preferred Name)

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____
Address _____ Zip Code _____
Where employed _____ Business Phone _____
Email _____

Mother/Guardian's Name _____ Home Phone _____
Address _____ Zip Code _____
Where employed _____ Business Phone _____
Email _____
Child Custody Agreement _____

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 a 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 people to whom the child can be released:

_____

_____

I agree that the operator may authorize the physician of his/her choice to provide emergency care if neither the family physician nor I 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 an emergency. In an emergency, 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 _____

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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 childcare 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**_____

Updated 08/26

Discipline Policy

CENTER'S COPY
As adopted September 1990

Praise, positive reinforcement, and calm-down periods are effective tools used for behavior management. 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 the 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

(Please Keep for Your Records)

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 the 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 develop an age-appropriate behavior management system)
- Natural and Logical Consequences
- Planning
- 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 calm-down area

- Redirect negative behavior to an acceptable activity by encouraging the child to change activities.
- Planning
- 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

Updated 08/26

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 try 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 predetermined time frame (4 weeks Max), the initial plan to help the child fails, the Director will request a second meeting. The problem will be identified again, and childcare staff will enlist services from the RCCR&R Regional Behavior Specialist and/ or bringing out the Best. The staff will work with parents and specialists to ensure challenging behaviors are addressed, 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 the IEP and BSP.

.Mt. Pleasant has a no-tolerance policy for behaviors that are crude, racial, sexually 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 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 ongoing behavior challenges to the director as soon as the situation occurs.

Parent Signature _____ Date _____

Outdoor Activity Authorization and Acknowledgment

To comply with the North Carolina Division of Child Development and Early Education (DCDEE) regulations, this authorization form must be completed and returned before your child enrolls at Mt. Pleasant Child Development Center.

Because a fence does not fully enclose the school playground, written parental permission is required before children may use this area. The playground and surrounding outdoor areas are used for supervised outdoor play, picnics, nature walks, physical activities, and other planned educational experiences.

Outdoor Activity Authorization

I permit my child, _____, to participate in outdoor activities in areas that are not enclosed by a fence while under the direct supervision of Mt. Pleasant Child Development Center staff.

Parent/Guardian Signature: _____ Date: _____

Acknowledgment

I understand that Mt. Pleasant Child Development Center takes reasonable precautions to provide a safe environment and that children will be supervised by qualified staff during all activities. I recognize that participation in normal childhood activities, both indoors and outdoors, involves inherent risks, and that accidents or illnesses may occur despite appropriate supervision and reasonable safety measures.

By signing below, I acknowledge these risks and agree with them, except in cases involving negligence or willful misconduct. I will not hold Mt. Pleasant United Methodist Church, the employees or volunteers of Mt. Pleasant CDC financially responsible for injuries, accidents, or illnesses that may occur during my child's participation in the center's normal operations and activities.

Parent/Guardian Signature: _____ Date: _____

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OFF-PREMISE ACTIVITY AUTHORIZATION

Off-premises activities are any activities that take place outside the childcare center's licensed and approved indoor or outdoor spaces. Licensed and approved spaces include classrooms, playgrounds, single-use rooms, and other areas approved by the North Carolina Division of Child Development and Early Education.

I, _____, the parent/legal guardian of

Child's Name: _____,

permit my child to participate in supervised off-premises activities conducted by **Mt. Pleasant Child Development Center, Inc.**

These activities may include, but are not limited to:

- Nature walks
- Riding bicycles or tricycles
- Planned group activities in the church parking lot or field area such as **Soccer Shots, Kona Ice, visits from Fire or Police Departments, etc.**

Location of Activities:

- Church parking lot
- Field area
- Other designated outdoor areas located outside the licensed fenced playground

Purpose of Activities:
To provide children with a variety of gross motor, recreational, and educational experiences in a safe, supervised environment.

I understand that all off-premises activities will be supervised by center staff and conducted in accordance with the center's safety procedures.

Parent/Guardian Signature: _____ Date_____

Date: ___

This authorization is valid for one year from the date signed:

_____/_____/_____**To** _____/_____/_____

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Medical Information and Legal Release

(To be completed and placed on file before 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 emergencies, 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 _____

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Permission for Healthcare

Child's Name _____ **D.O.B.** _____
Child's Physician _____ **Phone** _____
Address _____
Child's Dentist _____ **Phone** _____
Address _____

Authorized Adults (One Contact must be listed)
In the event of an emergency, please indicate your name and phone number where you and other authorized people 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 deemed necessary for my child
Parent's signature _____ **Date** _____

Emergency care
In the event of an emergency in which I cannot reach the physician listed above and the local hospital is 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** _____

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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 hospitality 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 trip, 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 Chairperson.

Parent signature _____ Date _____

100% Tobacco –Free Policy

Purpose/Belief Statement

We, Mt. Pleasant Child Development Center, understand that the use of tobacco products on childcare 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 childcare 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 childcare 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 childcare facility policy.

Communication

Our facility will review this policy with parents/guardians, volunteers, and staff in writing and verbally at childcare-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 acknowledgement.

• The childcare 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 childcare 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 childcare premises or to leave the premises. The consequences for employees who violate the tobacco use policy will be in accordance with personnel policies.

Definitions

• "Premises" – the entire childcare 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

Updated 08/26

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

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

Parent web resources

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

• The National Center on Shaken Baby Syndrome: http://dontshake.org/family-resources

• The Period of Purple Crying: http://purplecrying.info/ Facility web resources

• Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma, http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&=+

• Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention, http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf

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

References

1. The National Center on Shaken Baby Syndrome, www.dontshake.org

2. NC DCDEE, ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp

3. Shaken baby syndrome, the Mayo Clinic, www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461

4. Pediatric First Aid/CPR/AED, American Red Cross, www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf

5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, www.childrenscolorado.org/conditions-and- advice/calm-a-crying-baby/calming-techniques

6. Caring for Our Children, Standard 1.7.0.5: Stress http://cfoc.nrckids.org/StandardView/1.7.0.5

Application

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

Communication

Staff*

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

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

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

• The child care facility shall keep the 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

Connect • Laugh • Explore • Love

Mount Pleasant
child development center
Mount Pleasant United Methodist Church

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

Updated 08/26

North Carolina Department of Health and Human Services
Division of Child and Family Well-Being, Community Nutrition Services Section
Child and Adult Care Food Program

INFANT AND CHILD INCOME ELIGIBILITY APPLICATION

CACFP Child & Adult Care Food Program

INSTITUTION NAME: EC CANADA & ASSOCIATES, INC.

FACILITY NAME: Mt. Pleasant Child Development Center 72

AGREEMENT #: 6417

1. PARTICIPANT'S NAME & DATE OF BIRTH:

First Name Last Name Date of Birth

First Name Last Name Date of Birth

2. SNAP, TANF or FDPIR case number:

SNAP# _____ **TANF#:** _____ **FDPIR #** _____.

If you have provided the case number; DO NOT complete #3 and #4. **Skip to complete #5 and #6.**

3. Is this application for a:

Foster Infant/Child? ☐ Yes ☐ No Homeless Infant/Child? ☐ Yes ☐ No Infant/Child from a migrant family? ☐ Yes ☐ No

4. HOUSEHOLD MEMBERS MONTHLY INCOME:

Names of All Other Household Members	Monthly Wages / Salaries	Monthly Social Security	Monthly Public Assistance / Child Support	Monthly Retirement Pensions	Other Monthly Income
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$

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 only if 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 infant/child for free or reduced-price meals. You must include the last four digits of the social security number or check the "no SSN" box of the adult household member who signs the application if qualifying by income. The last four digits of the social security number is not required when you apply on behalf of a foster infant/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 infant/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 infant/child is eligible for free or reduced-price meals and for administration and enforcement of the Program.

To be completed by Institution/Sponsor

TOTAL HOUSEHOLD SIZE TOTAL HOUSEHOLD MONTHLY INCOME $

Approved: ☐ Free ☐ Reduced-Price ☐ Denied

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

Withdrew on (Date):

For state use only:

Verified by: _____ Date: _____

Verified classification:

☐ Free ☐ Reduced-Price ☐ Denied

Reason for classification change: _____

Signature of Eligibility Official (Individual at the Institution Level) - Required Date - Required

North Carolina Department of Health and Human Services
Division of Child and Family Well-Being, Community Nutrition Services Section
Child and Adult Care Food Program
Infant and Child Enrollment Form

CACFP Child & Adult Care Food Program

INSTITUTION NAME: EC CANADA & ASSOCIATES, INC.

FACILITY NAME: Mt. Pleasant Child Development Center 72 AGREEMENT#: 6417

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 infants and children. Please complete the table below for each infant and/or child in your family enrolled at this center/program. Be sure to sign and date in the space below.

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

Infant/Child's First Name	Infant/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: Write in each infant/child's usual arrival and departure time. Indicate a.m. or p.m.

Normal Days of Care: Circle the days of the week each infant/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 - Circle the meals each infant/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: ( ) _____

For Facility/Provider Use Only:
Signature of Facility Representative/Provider: _____ Date: _____
Date each infant/child withdrew: _____

For State Use Only: Complete: _____ Incomplete _____ Reason: _____ Verified by: _____ Date: _____